

OIT Tribal Shares Improvement Plan
September 16, 2011

This plan has been developed with extensive input from tribal representatives. The plan demonstrates a commitment to an ongoing process to ensure effective partnership with tribes and tribal organizations and to produce the very best information technology and services for American Indian and Alaska Native people. In December of 2008 the Office of Information Technology proposed changes to its service packages and corresponding tribal shares. The proposal was perceived as an “all or nothing” directive in violation of the Indian Self-Determination and Education Assistance Act and the response from tribal representatives was understandably negative. Considerable time has since been devoted to consultation with tribes in an effort to re-establish the trust necessary to work together to address common IT issues that are fundamental to the delivery of health services throughout the federal, tribal and urban Indian health system. This plan offers a path for moving forward. The first recommendation, if approved, will lay to rest the “all or nothing” issue. The second recommendation, if approved, will establish a reasonable process with appropriate checkpoints and prior notice for proposing changes to OIT programs, services, functions and activities and associated tribal shares. The remaining recommendations will improve OIT operations, enhance communication and promote collaboration between OIT and the tribal, urban and federal health programs. In fact, the ISAC recently added recommendation number five to assure that communication and collaboration are supported as well as emphasized. Additional information regarding the OIT Tribal Shares Improvement Project is available at www.ihs.gov/TribalShares

Recommendations

1. OIT programs, services, functions and activities (PSFAs), “or portions thereof,” shall be available for transfer as tribal shares.

This is how OIT tribal shares* have been negotiated for almost twenty years, reflects the work of the I/T/U IT Shares Workgroup, is consistent with letters received from tribes prior to the listening sessions as well as statements by tribal representatives during the listening sessions, and reaffirms IHS’s commitment to the Indian Self-Determination and Education Assistance Act which authorizes the transfer of programs, services, functions and activities, “or portions thereof.” No further action is required if this recommendation is approved.

*(The only exceptions to this are the \$85M ARRA IT funds and the FY 2010 \$16.251M HIT increase that “...shall be allocated at the discretion of the Director of the Indian Health Service...” H.R. 2996, 111th Cong.(1st Sess. 2010))

2. Proposed changes to OIT Tribal Share options or PSFAs will be reviewed and approved by ISAC prior to going out to Tribes for formal consultation before the start of the negotiation cycle for which the changes apply.

This recommendation has been strengthened by adding the requirement for ISAC review and approval before formal tribal consultation. No further action is required if this recommendation is approved.

3. OIT, working in collaboration with the ISAC, will begin refining service lines and packages, including pricing, Tribal Share options and, if desirable, organization realignment, focusing on the IOAT investment while concurrently beginning work on RPMS and NPIRS/NDW, as outlined below.

The Workgroup report, letters from Tribes and input from Listening Sessions call for increased tribal participation in developing tribal shares options and describing PSFAs to assure buy-in through effective partnership. As stated in the Workgroup report, "...consultation must begin with joint problem or need determination rather than with a proposed solution that Tribes are asked to respond to or rubber stamp." To facilitate additional tribal participation, the ISAC will convene an Ad Hoc ISAC IT Tribal Shares Workgroup to assist with this and all following recommendations. The Workgroup's meetings and activities will, to the greatest extent possible, be conducted in a manner that enables broad tribal participation and all work products will be posted on the IT shares website www.ihs.gov/TribalShares.

- 3A. Reassess the culture and function of OIT within a proven industry business model, including realigning Headquarters, Area Offices and sites, defining centers of excellence, and developing a marketing strategy that includes rebranding the IHS health information system.

Letters from Tribes and input from the Listening Sessions reinforce this recommendation but raise questions regarding a "proven industry business model" appropriate to IHS and realignment of HQ, Area Offices and sites in the shared (I/T/U) operational environment of IHS. The Ad Hoc ISAC IT Tribal Shares Workgroup will work with OIT staff to establish the scope of this activity as well as milestones and a timeline for completion.

- 3B. Fund and stabilize core services and develop optional service line packages which include "right size" services and products, pricing, identification of core services and their costs, and a time and materials option.

The funding and organizational aspects of this recommendation were discussed during the Listening Sessions. A menu of services and associated costs at the most detailed level possible is preferred to the current (Premier, Regular and Economy) packages. Terms like "core services," which might imply nonseverable and conflict with "portions thereof" requirements, and "right size," which could be interpreted very differently depending on service setting, will have to be clearly defined before meaningful progress can be made in

refining OIT service lines and packages. The Ad Hoc ISAC IT Tribal Shares Workgroup will work with OIT staff to establish the scope of this activity as well as milestones and a timeline for completion.

3C. Update the current IHS PSFA Manual to include RPMS modernization and add an IT supplement to include:

- Addition of “value added” services.
- Adequate and up-to-date information in the PSFA Manual and IT supplement so they can be used by Tribes to negotiate the transfer of PSFAs.
- The identification of interdependent PSFAs in order to explain their dependencies.
- The determination of an update cycle for the IT supplement.

The Workgroup report, letters from Tribes and input from Listening Sessions all recognize the dynamic nature of IT and the need for up-to-date PSFAs as new technology is planned for and implemented. An IT supplement, that includes detailed information, should complement the more general information in the IHS PSFA Manual. The ISAC revised the original recommendation slightly by substituting “dependencies” for “indivisibility” to comply with “...or portions thereof.” The Ad Hoc ISAC IT Tribal Shares Workgroup will work with OIT staff to establish the scope of this activity as well as milestones and a timeline for completion.

4. Other Recommendations for OIT:

4A. Recommend that as IT options are developed, I/T/U needs are considered, including:

- Support of linkages and interfaces for RPMS and non-RPMS Sites
- Support Tribal leverage of resources and cost containment
- Consider needs of all patients served by the I/T/Us

The importance of considering I/T/U needs and including I/T/U participation in planning and decisionmaking was emphasized by the Workgroup, Listening Session participants and in letters submitted by Tribes. The ISAC revised the original recommendation to include all I/T/U needs and replaced “non-IHS” with “non-RPMS” to be broadly inclusive regardless of the health IT solution selected (RPMS, COTS, etc.). The Ad Hoc ISAC IT Tribal Shares Workgroup will work with OIT staff to establish the scope of this activity as well as milestones and a timeline for completion.

4B. Expand the IHS IT Strategic Planning process to include an active role for Tribal partners in the development of the strategic plan and provide an opportunity to include tribal assessments of IT needs and strategies.

The need for active tribal participation has been recognized for many years and voiced throughout the IT shares process. Meeting this need might require changes to the planning process at the local, Area and HQ levels and extend to tactical, operational and

other planning activities. The Ad Hoc ISAC IT Tribal Shares Workgroup will work with OIT staff to establish the scope of this activity as well as milestones and a timeline for completion.

- 4C. Develop an Equipment Inventory that includes future equipment upgrade and replacement needs for all I/T/U service sites.

This recommendation is essential to meeting the expanded planning requirement and fully accounting for all IHS IT resources. The Ad Hoc ISAC IT Tribal Shares Workgroup will work with OIT staff to establish the scope of this activity as well as milestones and a timeline for completion.

- 4D. Develop a Workforce Development Plan to address future I/T/U IT staffing needs aligned with overall agency plans.

This recommendation is essential to meeting the expanded planning requirement and fully accounting for all IHS IT resources. The ISAC modified this recommendation to include aligning with overall agency plans. The Ad Hoc ISAC IT Tribal Shares Workgroup will work with OIT staff to establish the scope of this activity as well as milestones and a timeline for completion.

- 4E. Develop a complete, accurate and transparent IHS IT budget which reflects total annual funding from all sources, expenditures for all purposes, unmet need relative to health IT industry standards, and potential funding opportunities (e.g., Meaningful Use incentives, 3rd Party collections).

The IHS IT budget has been a topic of much interest during the IT Shares discussions. The need for greater transparency has been emphasized. A separate accounting of ARRA IT funding has been requested. IT expenditures are made by all programs, using almost all program accounts at all levels (HQ, Area Office, facility) of the organization. In addition, 3rd Party collections are used to purchase IT products and services at the facility level. Very little of this is accurately accounted for today. No IT expenditures by Tribal or Urban programs are currently included in IHS IT reports. All IT expenditures will be required for health industry comparisons. The ISAC modified this recommendation for clarity. The Ad Hoc ISAC IT Tribal Shares Workgroup will work with OIT staff to establish the scope of this activity as well as milestones and a timeline for completion.

- 4F. Establish a consolidated IT budget line.

This recommendation has usually been discussed in terms of consolidating OIT budget accounts to reduce confusion. The Ad Hoc ISAC IT Tribal Shares Workgroup will work with OIT staff to establish the scope of this activity as well as milestones and a timeline for completion.

4G. Develop a methodology to identify IHS IT Research and Development needs.

IHS has a relatively limited research budget but it is important to remember that RPMS originated at IHS's Office of Health Programs Research and Development (OHPRD) in Tucson, where it was built on the Department of Veterans Affairs Decentralized Hospital Computer Program (DHCP), since renamed Veteran's Health Information System Technology Architecture (VistA). OHPRD no longer exists but IHS continues to leverage VA research and development and is participating in the VA's VistA modernization project. The Ad Hoc ISAC IT Tribal Shares Workgroup will work with OIT staff to determine how best to address this issue.

5. Implement communication and collaboration technologies that facilitate shared design, development, acquisition, implementation, training, support, and evaluation of innovative information systems as well as dissemination of best practices throughout the I/T/U community.

This new recommendation developed by the ISAC should leverage and expand existing listserv, webex and associated capabilities, build on related work being done for the Improving Patient Care initiative, enable effective participation in the Department of Veterans Affairs VistA Modernization activities, and promote organizational and technical advances in IHS IT. The Ad Hoc ISAC IT Tribal Shares Workgroup will work with OIT staff to determine how best to proceed.