Indian Health Service

OIT Newsletter

Office of Information Technology

AUGUST 2010

Inside This Issue

2010 Indian Health Information Management Conference

By: Kathleen Keats

Another successful Indian Health Information Management Conference (IHIMC) was held May 10-14, 2010 at the Scottsdale Plaza Resort in Scottsdale, Arizona. The conference attracted top keynote speakers: Dr. David Blumenthal, the National Coordinator for Health Information Technology, Robert Wells, a well-known humorist, and H. Sally Smith, a highly respected tribal leader from Alaska. The conference title, "Healthcare 2010 & Beyond: Opportunities, Choices, Challenges, & Solutions," describes the broad topics of the conference. The 400+ participants chose from a wide variety of topics in seven different tracks:

TRACK 1 OPPORTUNITIES: The Opportunities Track presented Information Technologies that are coming but are not yet ready for full implementation. This forward-looking track included technologies that are currently being developed or tested, that will be available to I/T/U organizations within the year, or that may take several years to arrive. Discussions addressed what will be coming, when it might arrive, and how it will be useful to I/T/U organizations. Highlights included knowledge management from RPMS data and data sharing strategies.

TRACK 2 CHOICES: The Choices Track contained sessions affecting various aspects of IT in IHS or outside. Highlights included RPMS experiences in West Virginia and Hawaii, M-health, Enterprise Architecture, and Cost Analysis with RPMS data.

TRACK 3 CLINICAL: The Clinical Track provided a broad array of topics on various aspects of health IT in patient care. Modules were available for EHR and iCare, EHR Inpatient, EHR Well Child and RPMS & EHR for small facilities.

TRACK 4 SECURITY: The Security Track was designed to cover a wide variety of cyber security topics that affect IHS and Tribal facilities. The IT Security Program and its relationship with the HHS Security program were discussed as were the basics of the NIST Security framework. Participants could also learn the latest about malicious software and certification and accreditation of systems.

TRACK 5 PRACTICE MANAGEMENT: The Practice Management Track covered some updates and solutions that have been developed in response to the many challenges faced by Tribal and IHS facilities. This track offered innovative solutions to several common problems experienced with revenue management throughout Indian Country. Updates to the RPMS practice management modules were provided.

TRACK 6 HANDS-ON LAB: The Hands-On Lab Track focused on supporting the conference tracks by providing hands-on use of technologies that support Indian Health Care Management. Participants could practice with Vista Imaging, Clinical Reminders, and Ensemble Lab, among others.

TRACK 7 MEANINGFUL USE: The Meaningful Use Track provided the new requirements for certification of Electronic Health Records (EHRs) to support achievement of Stage 1 Meaningful Use (MU) during 2011-2012 and the incentive programs available for demonstration of MU. Meaningful Use affects everyone using and supporting RPMS and the EHR. Dr. Doug Fridsma from the Office of the National Coordinator for Health IT gave an overview of the EHR certification program and Pierce Graham-Jones of the Federal Communications Commission described the upgrades needed for broadband access in Indian Country. IHS leaders in IT provided updates on MU progress and what Areas, providers, and facilities need to do to prepare for achieving MU. The Meaningful Use track set up table in front of the conference room manned with IHS employees and contractors set to answer MU questions and to give out printed materials.

2010 Indian Health Information Management Conference (continued)

By: Kathleen Keats

Some presentations from the conference are available on the conference website:

http://www.ihs.gov/IHIMC/index.cfm?module=dsp_ihimc_presentations

Planning for next year's conference has already started. Comments and session feedback will factor into the session offerings and speaker selections for the next conference. Look for announcements about the 2011 conference and plan to attend this exciting event!

Hot Topics

Healthcare Information and Management Systems Society

By: George Huggins

Indian Health Service has renewed its subscription to the Healthcare Information and Management Systems Society (HIMSS) Organizational Affiliate Program. HIMSS is the healthcare industry's membership organization focused exclusively on providing leadership for the optimal use of healthcare information technology and management systems for the betterment of healthcare.

Indian Health Service is excited about our continued relationship with HIMSS and we encourage you to take full advantage of the benefits of HIMSS membership. Please share this information with any other employees you think might be interested in HIMSS.

As an Organizational Affiliate, we have the opportunity to extend HIMSS individual membership to all employees in our organization. If you are already a HIMSS member and would like to convert your membership to the free program, or if you are new to HIMSS and would like to join for the first time, please visit Indian Health Service's HIMSS Member Sign-up. If you already have a free membership as a part of this program, you do not need to do anything. Your membership has already been renewed for the new subscription year.

Please note that this tool is only for member registration. Once the user has created their membership, he or she will navigate to the HIMSS member center to log-in and view their information and member benefits www.himss.org.

The URL below is for Indian Health Service's HIMSS Member Sign-Up, your online member registration tool.

https://marketplace.himss.org/membergateway/default.aspx?code=IHSIND09

You will be asked to enter some contact information and answer some demographic questions. The whole process will take about 5-minutes. Once you have completed your online registration, you will be directed to HIMSS.org where you can access your member exclusive benefits.

If you encounter any issues or have questions regarding HIMSS membership or the Organizational Affiliate program, please reach out to our contact at HIMSS:

Learn more about the Organizational Affiliate program at
http://www.himss.org/ASP/orgAffiliate.asp

Hot Topics

Office of Information Technology-Sponsored Training and Upcoming Events

By: Kimberlee Crespin-Richards

The following table lists OIT-sponsored RPMS and Electronic Health Record (EHR) training completed from April through June 2010.

Area	Sessions	Area	Sessions
Aberdeen	4	Phoenix	4
Albuquerque	10	Portland	3
Anchorage	10	Sacramento	8
Bemidji	7	Tucson	3
Billings	2	WebEx	64
Nashville	7	Window Rock	7
Oklahoma City	8		
TOTAL			137

To read summaries of all OIT-sponsored RPMS training sessions, see the new training pamphlet at:
http://www.ihs.gov/Cio/RPMS/Training/docs/TrifoldRPMSTrainingFINAL.pdf

To locate the Area Office training coordinator, please visit:
http://www.ihs.gov/Cio/RPMS/Training/docs/AreaTrainingCoordinators.doc

To view schedule and access course information, select the provider below:
http://www.ihs.gov/Cio/RPMS/index.cfm?module=home&option=OITTrainingLinks

To register for OIT-sponsored RPMS and EHR training, visit the following link:

http://www.ihs.gov/Cio/RPMS/index.cfm?module=Training&option=index&sortChoice=Title&newquery=1

We are also happy to report that we are currently working on the FY11 OIT training plan. This year 365 participants completed the OIT training needs assessment! We are eager to include participant feedback as we collaborate with the Federal Leads and Area Training Coordinators to develop a plan for your Area. Check the training website in August for FY11 posted sessions.

Hot Topics

Office of Information Technology-Sponsored Training and Upcoming Events (continued)

By: Kimberlee Crespin-Richards

Scheduled training from August 2010 through September 2010:

Aberdeen	Oklahoma (continued)
August 16-19 EHR for HIM- Sioux Falls, SD	August 24-26 EHR Outpatient On-Site Setup- Ponca City, OK
Sept. 6-9 EHR Inpatient- Remote Medsphere Assistance- Pine Ridge, SD	Sept. 7-9 EHR Outpatient On-Site Setup- Nowata, OK
Albuquerque	Sept. 15-16 BH v4.0 Data Entry- Oklahoma City
August 9 OIT Orientation- Albuquerque	**Phoenix**
August 10-11 BHS v4.0 Manager Utilities & Reports- Albuquerque	August 31-September 1 Patient Registration- Phoenix
August 16-19 EHR for HIM- Albuquerque	**Portland**
August 23-24 BH v4.0 Data Entry- Albuquerque	Sept. 7-8 BH v4.0 Data Entry- Portland
August 25-26 BHS v4.0 Manager Utilities & Reports- Albuquerque	Sept. 9-10 BH v4.0 Manager Utilities and Reports- Portland
Sept. 13-17 EHR for Inpatient- Albuquerque	Sept. 12-14 EHR Outpatient On-Site Setup- Oakville, WA
Sept. 27- Oct. 1 EHR Inpatient Onsite Setup and Test- Zuni, NM	**Sacramento**
Anchorage	Sept. 1-3 EHR Outpatient Assessment- End User- Hoopa, CA
August 10-12 Basic Site Manager - Anchorage	Sept. 20-21 EHR Outpatient Assessment- End User- Chico, CA
August 16-19 EHR for HIM - Anchorage	Sept. 22-24 EHR Outpatient Assessment- End User- Tuolumne, CA
August 25-26 iCare a Population Management Tool - Anchorage	**WebEx**
Sept. 14-15 BH v4.0 Data Entry- Anchorage	August 9 OIT Orientation- WebEx
Sept. 16-17 EHR Inpatient- Go Live and Training- Ruby, AK	August 10 PIMS Scheduling- WebEx
Sept. 16-17 BH v4.0 Manager Utilities and Reports- Anchorage	August 31 PIMS Admit/Discharge/Transfer- WebEx
Sept. 20-24 EHR for Community Health Aid Practitioners- Fairbanks, AK	Sept. 9 iCare: HIV Management System- WebEx
Sept. 27- Oct. 1 EHR Inpatient Onsite Setup and Test- Fairbanks, AK	Sept. 15 iCare: What's New- WebEx
Billings	Sept. 15 Basic Third Party Billing- WebEx
August 16-20 EHR Inpatient- Remote Medshpere Assistance- Browning, MT	Sept. 16 Basic Accounts Receivable- WebEx
Nashville	Sept. 21 Clinical Scheduling for Windows- WebEx
August 17-19 Community Health Rep PCC- Nashville	**Window Rock**
Oklahoma City	August 16-19 EHR for HIM - Chinle, AZ
August 10-11 Advanced Third Party Billing/AR- Oklahoma City	August 23-25 PCC Data Entry I - Window Rock
August 16-19 EHR for HIM- Ada, OK	August 26-27 PCC Data Entry II - Window Rock

Hot Topics

Capital Planning and Investment Control (CPIC) Evaluate Stage of the Enterprise Performance Life Cycle (EPLC)

By: Carl Gervais

In the last several newsletter articles we have explored the Select and Control stages of the CPIC process. In review, Information Technology (IT) projects that meet the mission of IHS and help to improve health care of the American Indian/Alaska Native population are selected and monitored to ensure that they effectively and efficiently meet the business need requirements originally outlined. The evaluation stage of the CPIC process begins once an IT project moves into production to become an IT system.
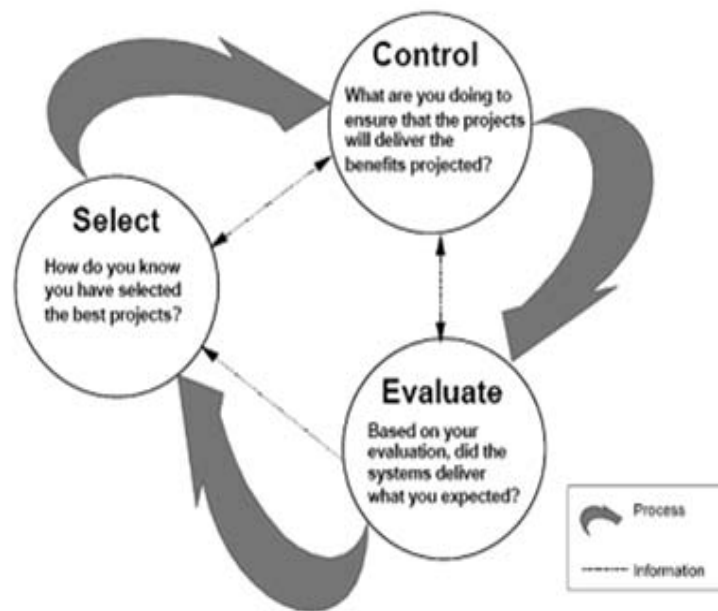
Once an IT project has been implemented into the full-scale production environment then it becomes an IT system. It is during the Evaluate stage that the IT system is evaluated to determine if the final product continues to meet the original business need requirements.

There are two major objectives of this phase.

- The first objective is to determine if of the end product meets the original expectation of the business need.
- The second objective of this stage is to gather and dissect lessons learned from the project, which provides input to continuously improve the CPIC process.

The Evaluate stage is made up of two EPLC Phases. Each of the two phases has specific deliverables and required outcomes to ensure effective implementation and management of the IT project throughout its lifecycle.

Capital Planning and Investment Control (CPIC) Evaluate Stage of the Enterprise Performance Life Cycle (EPLC) (continued)

By: Carl Gervais

Operations and Maintenance EPLC Phase

The outcome of the Operations and Maintenance Phase is the successful operation of the asset against current cost, schedule, and performance benchmarks.

The main deliverables for the Operations and Maintenance Phase:

- Annual Operation Analysis
- Disposition Plan
- System Re-Certification and Accreditation
- Post-Implementation Review

Disposition EPLC Phase

The outcome of the Disposition Phase is the deliberate and systematic decommissioning of the asset with appropriate consideration of data archiving and information security, migration of data or functionality to new assets, and incorporation of lessons learned over the project life cycle.

The main deliverables for the Disposition Phase:

- Lessons Learned
- Project Archives

The outcome and main deliverables of the EPLC phases ensure that proper select, control, and evaluation of IT projects are achieved. It is through this process that OIT provides more effective and efficient use of ever dwindling IT budget dollars.

If you have any questions or would like more information on the EPLC Phases, or for a copy of the Enterprise Performance Life Cycle Framework document, please contact Carl Gervais CPIC Manager, at carl.gervais@ihs.gov or 505-248-4197 or visit the CPIC Website at http://www.ihs.gov/CIO/cpic/.

Hot Topics

Update on Meaningful Use

By: Tiffany Stack, Mary Beth Leaf, and Stephanie Klepacki

Meaningful Use (MU) has very quickly gone from an obscure concept to a hot topic. While the subject matter has gained national recognition, though, the IHS MU Team still has a lot to do to get its message out and understood. And since the last OIT Newsletter, the Team has been busy doing just that!

UPDATES

MU played an integral role at this year's annual National Combined Councils meeting in March and the Indian Health Information Management (IHIM) Conference in May. The MU Team had its own track. Members of the Team and representatives from the Office of the National Coordinator for Health Information Technology (ONC) and the Federal Communications Commission (FCC) provided presentations on subjects ranging from ONC's electronic health record (EHR) certification criteria, Centers for Medicare and Medicaid Services (CMS) MU requirements, the impact of MU on Indian Country, health information exchange, and broadband, security and privacy.

The turnout for the MU track was impressive and we were pleased with the excellent feedback received. The information presented at the conference is posted on our website.

http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use

Update on Meaningful Use (continued)

By: Tiffany Stack, Mary Beth Leaf, and Stephanie Klepacki

Recognizing the complexities and importance of the Meaningful Use project and its far-reaching effects on Indian Country, the MU Team is collaborating with the EHR RPMS Implementation Team, Clinical Applications Coordinator (CAC) Team, and the Improving Patient Care (IPC) group to form a National MU/IPC Team. This Team is in its infancy. In fact, its first informal meeting followed the IHIMC. A second conference call was held with Dr.Cullen, the MU Team, and the IPC Director, Dr. Avery, and her staff to further the planning efforts towards a meeting in Rockville in August to build a joint program "strawman." The scope and role of this group is still taking shape, but the impetus for this collaboration is to streamline efforts, improve the dissemination of information and, ultimately, ease the transition into a certified EHR for the entire Indian Health System – providers, hospitals and patients in Indian Country. The MU Team will continue to work toward this objective and to keep you updated on our efforts.

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DID YOU KNOW?

- On April 15, 2010 President Obama signed into law legislation that allows physicians who treat patients in hospital-based outpatient clinics to be eligible for the MU incentive payments?

- The best way to stay informed about MU is to subscribe to the MU listserv? See the "Mission Critical" section of this article for more information.

- Each Area Office was asked to designate a MU Coordinator by May 5, 2010. These MU Coordinators have been selected and are posted on the homepage of the MU website.

RULES OF THE ROAD

As discussed in the March newsletter, the Centers for Medicaid and Medicare Services (CMS) are the body which defines the process to achieve meaningful use of a certified EHR and the incentive

Hot Topics

Update on Meaningful Use (continued)

By: Tiffany Stack, Mary Beth Leaf, and Stephanie Klepacki

program eligibility, while ONC defines the requirements for EHRs to be certified. They are jointly providing the framework with which our providers and hospitals must navigate in order to achieve MU, receive incentives and improve patient care across Indian Country.
CMS released its draft rule in January 2010 and collected public comments through March 15, 2010. In parallel, ONC issued an Interim Final Rule (IFR) in January 2010 that specifies the initial set of standards, implementation specifications and certification criteria for all EHRs.

This period between versions was spent making an enormous effort to collect feedback from multiple sources, identifying functionality that needed to be added and/or revised in the RPMS EHR and making headways on those changes to the EHR functionality.

Now that CMS and ONC have both issued their final rulings on July 13, 2010, the team is busy identifying precisely what changes are needed for the RPMS EHR system to achieve certification and identifying what information and training will best support our providers and facilities to help them achieve meaningful use of the certified RPMS EHR. Check back here for details on the Final Rules and what they mean to you, your facility and your patients!

HOW DOES THIS AFFECT ME?

Obviously this is the question everyone is asking, but sometimes we need a zoom lens to clearly understand how it affects us. Analysts on the MU Team want to help answer that question and have developed a series of Incentive Payment Estimators that allow hospitals and providers to zero-in on their individual eligibility options rather than looking at the big picture.

Following is the link to the Incentive Payment Estimators located on our Resources page. A recorded training session is located on the Training page of the website.

http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use_resources
http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use_training

Download the Estimator! Listen to the training session! Get familiar with it! Send in your questions to the MU ListServ! We want to make sure you're using it correctly. After you've taken it for a test drive (or two), send your questions and feedback to the MU listserv – we want to hear your comments! We have hosted Q&A sessions on the use of these estimators and will do so again in the future as needed.

AROUND TOWN

In April, ONC awarded another round of ARRA funding for the development of Regional Extension Centers (RECs). These RECs are being established to facilitate the adoption and implementation of EHRs and achievement of MU at a grassroots level. One such awardee was the National Indian Health Board (NIHB). Unlike the other RECs, the NIHB REC's scope is nationwide, and they are charged with assisting the eligible Tribal and Urban providers and hospitals with adopting a certified EHR, whether it is RPMS or another certified commercial EHR product, and achieving MU of their certified EHRs.

Clearly our focus here at IHS is on improving patient care across Indian Country. We have an active outreach effort aimed at promoting two-way communication with state Medicaid and health information exchange (HIE) programs as well as the NIHB REC. We'll be participating in these

Update on Meaningful Use (continued)

By: Tiffany Stack, Mary Beth Leaf, and Stephanie Klepacki

exchanges and reporting back what we hear to our stakeholders, to Area and Tribal leadership.

JUST FOR FUN

Also, the newly-appointed MU Coordinators are there to help you and yours "Get Ready for MU!"

Being as dedicated to the MU effort as we are, we want to bring it to life, so to speak. Therefore, we decided to have a mascot – the MU Cow – and we want your help naming our mascot as she helps us "Get MU-ving!" "Got MU?"

Please send your suggestions to the MU Listserv.

MISSION CRITICAL

We want to keep you informed at all times! We have a number of tools to help us do that.

IHS OIT Meaningful Use Website:

http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use

Meaningful Use Listserv: You'll find a link to a MU listserv on MU website. We encourage you to sign up to receive updates and to ask questions. Instructions for signing up for the list serve are available at:

http://www.ihs.gov/recover/documents/listservsubscribe.pdf

Subscribe to RSS: The Meaningful Use website also has an RSS feed that you can subscribe to so you can stay informed as the site is updated. Subscribing is easy:

1. Click the "Subscribe" link at the top of the web page.

2. When the subscribe page opens, click the "Subscribe to this feed link.

3. In the dialog box that appears, click the "Subscribe" button.

Ongoing Training: We will continue to host web-based training sessions to further educate you on the process of achieving MU and its related subjects. Future training sessions will be announced via the listserv and posted on our website on the training page.
http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use_training

Hot Topics

What is your password IQ?

By: Cathy Federico, CISSP IHS ISSO

Your password is more than just a key to your computer or online account. If your password falls into the wrong hands, a Bad Guy can impersonate you online easily, tinker with your bank accounts, engage in financial transactions, or change your account information. Find out how much you know about safe password practices by taking the quiz below, the answers are on the following page.

1. How often should you change your password?
   a. Every 30 days
   b. Every 60 days
   c. Every 90 days
   d. When IT tells you to

2. One of your co-workers is working on a critical report this weekend and needs access to some of your files. How should you give her your password?
   a. Send it in an email message
   b. Call her on the phone and tell her the password
   c. Don't give it to her or anybody else
   d. Write it on a piece of paper, seal it in an envelope, and mail it to her

3. What is the most common (and the weakest) password used in 2009?
   a. Password
   b. 123456
   c. Qwerty
   d. Abc123

4. What characters should you use in a password to make it strong?
   a. Letters only
   b. Numbers only
   c. Letters and punctuation
   d. All of the above

5. How long should a strong password be?
   a. Five characters
   b. Eight characters
   c. As long as possible
   d. Size doesn't matter

6. Now that you are an expert, choose the strongest password from this list:
   a. Mickey.Mouse
   b. M1ck3y.m0u53
   c. 3.1416**
   d. Ad@46-Hiz
   e. Aristotle

Hot Topics

What is your password IQ? (continued)

By: Cathy Federico, CISSP IHS ISSO

1. Answer: (a) – And the more often you replace your strong password with another strong password, the better.

2. Answer: (c) – If she needs access to your files, call your IT department and ask them to give her access without the use of your password.

3. Answer: (a) – Actually, the list is in order, according to PC magazine. If you are using these passwords or anything like them, you might as well just give people access to your computer or your bank account.

4. Answer: (d) – The more complex a password is, the harder it is for a person to guess it. Some systems and websites may not allow you to use all of the punctuation symbols, but most allow some of them.

5. Answer: It depends! For technical reason, a minimum length of 8 characters is recommended. But not all eight character passwords are equally strong. For example 'football" wouldn't be hard to guess, but guessing the 8 characters of 7xkM*vh$ presents a real challenge.

6. Answer: (d)

   (a) is obviously easy to guess, even though it's long enough; (b) is "hacker-speak" for Mickey Mouse – a bad idea; (c) contains no letters – and it's the approximate value of Pi; and (e) is a proper name.

Strong Password Checklist:

- ✓ At least 8 characters
- ✓ At least one number
- ✓ At least one uppercase and one lowercase letter
- ✓ At least one symbol (examples: &, !, @, #, $, ^, *)
- ✓ No proper names or words (English or otherwise)
- ✓ No personal information, like your SSN, phone number, or date of birth
- ✓ No repeating characters
- ✓ No easy-to-guess patterns like 123qwerty
- ✓ No well-known mathematical values (like Pi) or equations (E=mc2)

For questions about password requirements for Indian Health Service, please contact the OIT Help Desk (IHS) at support@ihs.gov.

For these and other Security tips visit http://www.sans.org.

Hot Topics

M.O.R.E. Optometry

By: Catherine Alleva

The Multi-Program On-line Recruitment Enterprise (M.O.R.E.) Optometry system is a new web application that has been deployed on both the IHS Internet and the Intranet. The Internet component contains recruitment information and is geared toward people that are looking for jobs in the Optometry field. It includes a Request for Information component that collects candidate information and creates an electronic record of a candidate in a searchable database. IHS Optometry recruiters can then share this information and add documents and notes to these electronic records through the Intranet component. The Intranet component also contains a complete content management system for the dissemination of Optometry program specific information to IHS staff across the country.

The Optometry point of contact for the system is Dr. Michael Candreva and the application developer is Catherine Alleva. Optometry is the fifth IHS discipline to implement the MORE system. Other disciplines include Dental, Nursing, Pharmacy, and Physicians.

For more information on the IHS Optometry Program Web site, please contact Barbara Cohn at Barbara.Cohn@nih.hhs.gov or go to http://www.ihs.gov/optometry/index.cfm?module=home.

Hot Topics

EHR Well Child Module

By: Clarence Smiley

Well Child care is one of the most common yet clinically complex services. Typically, the well child "record" is captured on a series of special encounter forms with each form corresponding to a specific age group from birth through adolescence. Each form contains age-specific guidelines for developmental screening, anticipatory guidance, examinations, immunizations, nutritional counseling, and patient education. The ideal situation is that children are scheduled for well child appointments and the forms correspond to the age of the child being seen at the time of encounter, however; experience tells us that this type of precision is rarely, if ever achieved.

The Indian Health Service (IHS) has developed an electronic solution by developing and releasing the Electronic Health Record Well Child Module (EHR WCM). The EHR WCM was officially released March 2010.

The objective of the Well Child Module is to use information technology to standardize well child care throughout the IHS and to lay the groundwork for the inclusion of age-specific guidelines and reminders for well child care into the EHR. The EHR WCM is designed to work within the context of the EHR and can be set up as a tab within the EHR application. EHR WCM is also designed to be in compliance with a set of national guidelines and standards that were provided by a group of senior pediatricians in the IHS. As a rule guidelines and standards are taken from nationally recognized sources such as Bright Futures, the American Academy of Pediatricians, the Ages and Stages Child Monitoring Program, and the IHS Patient Education advisory group. The WCM contains four basic EHR components; (a) Pediatric Growth Grids, (b) Ages and Stages questionnaires, (c) Guidelines for anticipatory guidance, screening exams, lab tests, etc, and (d) Well Child patient education components.

The objectives of the EHR Well Child Module are to:

1. Standardize and improve well child care throughout the IHS,

2. Present correct age-specific guidelines to the provider at the time of encounter using current nationally recognized guidelines,

3. Enable the components of the Well Child Module to be incorporated into the EHR.
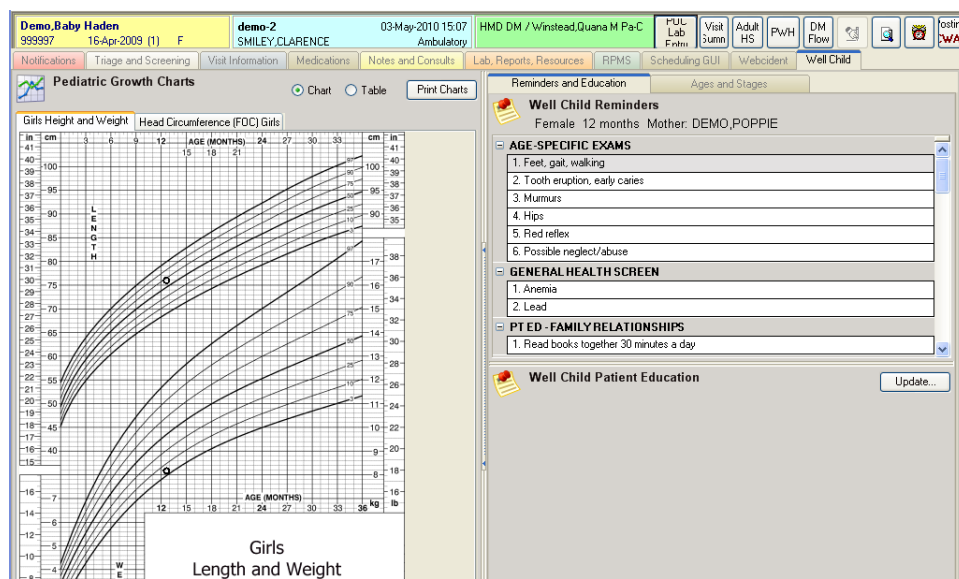
EHR Well Child Module (continued)

By: Clarence Smiley

Features of the new Well Child Module (WCM)

1. Knowledgebase and Knowledgebase Manipulator

From the moment a child is born until age 21, there are thousands of age-specific guidelines and reminders that apply to well child care. The EHR WCM contains a knowledgebase in RPMS that serves as a repository for age-specific guidelines and reminders. The Knowledgebase Manipulator is a tool used by WCM that will enable providers to edit the knowledgebase and to determine exactly which age-specific guidelines and reminders will be displayed when utilizing the module. See example below.

2. ASQ Screening

The Ages and Stages (ASQ) questionnaire is a commercial instrument for monitoring childhood development. The ASQ contains a set of 19 age-specific questions for the child's parent to answer. The questionnaire is then scored by well child care personnel and results are entered into the EHR application at the point of care. ASQ results are stored as "measurements" in RPMS and are displayed on the new Well Child Health Summary.

EHR Well Child Module (continued)

By: Clarence Smiley

Features of the new Well Child Module (WCM)

3. Informal Development Screening

For sites that are not able to conduct ASQ screening on every visit, the WCM can be configured to display representative milestones from the Denver Developmental Screening Test (DDST) and these milestones will display on the EHR WCM. The child's age determines exactly which milestones will display as well as the percentage of children at that age who are expected to pass a particular milestone.

4. Intervention Reminders

Special exams and interventions are due throughout childhood. The WCM will provide the following age-specific exams, questions, and reminders:

- Special risk exams
- Age-specific exams
- General screening exams
- Autism screening questions
- Immunization reminders

5. Anticipatory guidance

Anticipatory guidance is a cornerstone of well child care. There are literally thousands of age-specific topics, general patient education topics, and nutrition counseling topics available for display. Using the Knowledgebase Manipulator the WCM will enable providers to display only topics and standards they choose to display during an encounter. Topics include substance abuse, behavioral health, community interaction, oral health, etc…

EHR Well Child Module (continued)

By: Clarence Smiley

6. EHR Growth Grids

Users will be able to generate and print height/weight charts, BMI grids, and Head Circumference charts when applicable. Information can also be displayed as a table versus chart. See example below for growth charts.
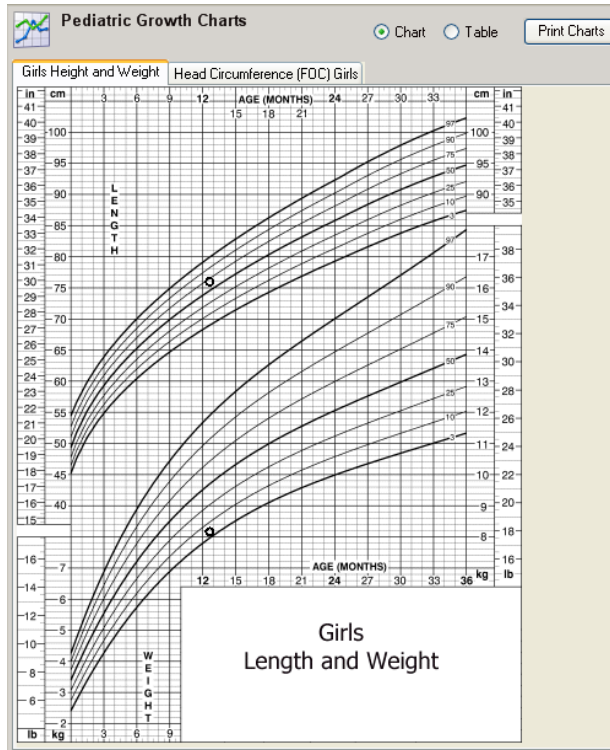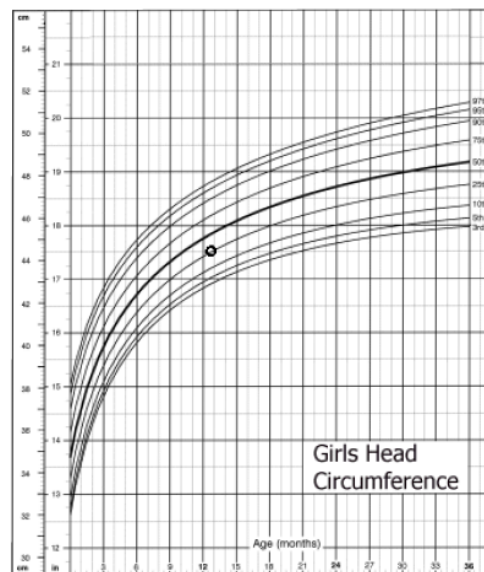

7. Well Child patient education component

The new EHR Well Child patient education component will allow users to document and record any patient education provided to the patient at the time of encounter. Age-specific patient education topics are presented to the provider at the time of encounter. Selected patient education topics are immediately updated in EHR/RPMS. See example below for an example of the EHR Well Child Patient Education Update component.

EHR Well Child Module (continued)

By: Clarence Smiley

Summary of the new Well Child Module

The EHR WCM is designed to utilize information technology to standardize and improve the delivery of well child care offered to patients of the IHS. The WCM leverages the power of information technology and automated decision support in two specific ways:

- Capture and encapsulate data gathered during well child care encounters that previously was only collected piecemeal over an extended amount of time.

- Customize and present age-specific guidelines and reminders to the pediatrician at the time of encounter.

One important note is that technically, the EHR WCM is in the PCC+ namespace but sites that do not run PCC+ need only to install the software and they do not have to setup and configure PCC+ for this module to run. If you are NOT running PCC+ at your site, installation is a very simple process. All you need to do is install the KIDS build on the RPMS server, run the setup executable on the EHR server (usually they are same server), and then incorporate WCM into your EHR template using EHR Design mode. NO PREVIOUS RELEASES OR PATCHES OF PCC+ ARE NEEDED. By taking this path you are installing a pure EHR application totally independent of PCC+.

The name of the patch to look for is VENv2.6 patch 1.

For more information on the WCM, please contact Susan Richards at susan.richards@ihs.gov or Clarence Smiley at clarence.smiley@ihs.gov.

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About the IHS OIT Newsletter

The IHS OIT Newsletter is published several times throughout the year by the IHS OIT. 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). If you have images that you would like added, please send them with the article. All articles are subject to change without notice.

THANK YOU