Indian Health Service

OIT Newsletter

Office of Information Technology

April 2008

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"Any sufficiently advanced technology is indistinguishable from magic."

Arthur C. Clarke

Welcome to the IHS OIT Newsletter

This spring the OIT newsletter staff compliments each of you for your unlimited potential. This issue highlights only a few of the things you have accomplished in recent months. It is said that "Skies upon skies are available for your flight…" We know this is true for you.

Teagan R. Geneviene, Editor

IHS Areas Receive CDC Awards

42nd National Immunization Conference

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Centers for Disease Control, Atlanta, GA

Hot Topics

Efforts of IHS Staff Result in Awards

CDC 42nd National Immunization Conference Awards

By: Amy Groom, MPH

The Centers for Disease Control and Prevention held their 42nd National Immunization Conference this March. This event brings together a wide variety of local, state, federal, and private-sector immunization partners to explore science, policy, education, and planning issues related to immunization in general, and vaccine-preventable disease. The intention is to provide information that will help participants provide comprehensive immunization coverage for all age groups and explore innovative strategies for developing programs, policy, and research to promote immunization coverage for all age groups.

Please join us in congratulating the following IHS Areas, who received awards from Dr. Anne Schuchat, Director of the CDC's National Center for Immunization and Respiratory Diseases (photo at left):

- Phoenix Area – Highest Immunization Coverage – Achieved 90% coverage with the 43133 vaccine series for 2-year-old children
- Oklahoma Area – Most Improved Coverage – Improved coverage for 2-year-olds with the 43133 series from 64% in 2006 to 83% in 2007.
- Navajo Area – Most Complete Reporting – Captured over 95% of the User Population in the 2-year-old immunization reports

CDC Immunization Conference Award Recipients

Find information about the *RPMS Immunization Module* online at: http://www.ihs.gov/CIO/ca/ca-immunization-module.asp

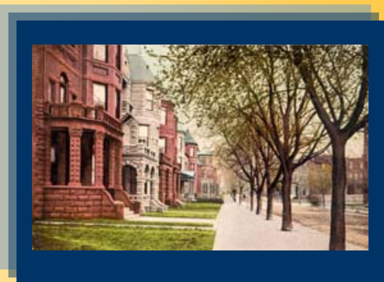
Extensive information/resources for Immunization are available online at: http://www.ihs.gov/medicalprograms/epi/index.cfm?module=health_issues&option=immunizations&cat=sub_4

AIRA Service Excellence Award

In addition, the Indian Health Service received the Service Excellence Award from the American Immunization Registry Association (AIRA) for its work in the following areas:

- Promoting data exchange between the RPMS system and state immunization information systems (IIS)
- "***Working Together on Data Exchange: A Guide to IHS and IIS Interfaces***" document developed by Cecile Town in conjunction with Scott Hamstra (Sells) and John Parker (Chinle).

Additional information about the Immunization Registry System is available online at: http://www.vdh.state.va.us/epidemiology/immunization/registry.htm



Richmond, Virginia

Hot Topics

Director's Initiative

Director's Health Promotion/Disease Prevention Initiative

This Initiative is aligned with the President's *Healthier US*, HHS *Steps to a Healthier US*, and *Healthy People 2010*. Significant health challenges currently faced by American Indian and Alaska Native people include the increasing chronic diseases and poor health conditions that are related to lifestyles. These include issues such as obesity, physical inactivity, poor diet, substance abuse, and injuries. To help meet these challenges, the Indian Health Service (IHS) has launched a Health Promotion and Disease Prevention (HP/DP) Initiative to develop a coordinated and systematic approach in effort to enhance preventive health approaches at the local, regional, and national levels.

Goals

The intention of the HP/DP Initiative is to create healthier American Indian and Alaska Native communities. Goals include developing, coordinating, implementing, and disseminating effective health promotion and chronic disease prevention programs. There will be collaboration with key stakeholders. They will build on individual, family, and community strengths and assets. To this end, the IHS has:

- Established an HP/DP Policy Advisory Committee to provide oversight and policy guidance to the agency.
- Established a Prevention Task Force to develop a strategic plan to enhance and improve disease prevention and health promotion efforts by identifying diseases with the greatest disparities and developing a framework to address these diseases.

Continuing Efforts

- Establish HP/DP coordinators in the 12 IHS Areas to support IHS, Tribal, and Urban programs in developing, implementing, and evaluating health promotion and chronic disease prevention efforts
- Create and expand federal, corporate, foundation, and academic partners to support healthier behaviors
- Promote and expand community and clinical health promotion and chronic disease prevention best practices
- Build the capacity for effective health promotion practices at the local level by increasing the knowledge, skills, and capacities of Tribal, IHS, and Urban program health workers and leaders
- Promote and adopt environmental, school, and worksite polices that support healthier behaviors
- Develop a clearinghouse of best practices, resources, training, and community assessment tools to enhance community access
- Develop communication materials to raise awareness to specific health concerns
- Conduct continuous process, impact, and outcome evaluations that are aligned with GPRA and Healthy People 2010 objectives

Additional information is available online at:

http://www.ihs.gov/NonMedicalPrograms/DirInitiatives/index.cfm?module=fact_hpdp

Develop

Coordinate

Implement

Disseminate

EFFECTIVE HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION PROGRAMS

Making life better for the people we serve.

CIMTAC Current Membership by Area

Aberdeen
Elaine Miller, MD – Aberdeen Area Office
Mike Forman, Pharmacist – Aberdeen Area Office

Alaska
Deb Doornbos, RN – Alaska Native Medical Center (ANMC)

Albuquerque
Bemidji
Billings
JoLynn Davis, RN – Wind River

California
Don Carlos Steele, MD – Santa Rosa

Nashville
Navajo
John Parker, RN – Chinle
Bill Flood, MD – Inscription House
Peter Stuart, Psychiatrist – Chinle by Telemedicine

Oklahoma
Jonathan Merrell, RN – WW Hastings Hospital

Portland
Miles Rudd, MD – Warm Springs Service Unit
Rhonda Nelson, Podiatrist – In transit from Ft. Defiance

Phoenix
Ty Reidhead, MD – White River
Kathy Ray, CNM – Parker/Colorado River Service Units
David Kvamme, Laboratory Technologist – White River
Denise Grenier, Social Worker – ITSC Tucson

Tucson
Scott Hamstra, MD – Sells Hospital

Hot Topics

CIMTAC – Clinicians Information Management Technology Advisory Council

By: Kathy Ray

CIMTAC is the professional specialty group (PSG) for providers – doctors and nurses. We work to improve delivery of health care services for American Indian and Alaska Native (AI/AN) people by identifying, defining, prioritizing, and advocating for the information resource management and technology needs of healthcare providers in Indian Health, Tribal, and Urban (I/T/U) facilities.

Our primary responsibilities are to determine and evaluate, from the perspective of practicing clinicians, the information management and technology requirements needed to provide safe, efficient, economical, and effective health care. We make recommendations to the Chief Information Officer about strategic planning. CIMTAC also provides expertise and support for similar efforts by other non-clinician groups.

CIMTAC was formed by a group of clinicians in the 90's. We meet twice a year, usually in Albuquerque, NM. Reports are presented by the CIO, RPMS Program Management Officer, and various other IT personnel. Package managers present on certain packages status, such as CRS updates. Enhancement requests are reviewed, and recommendations made. Merits of new package ideas are discussed. In brief, we try to make life better for the people we serve by improving the clinician's life through the use of information technology.

While thinking about how best to increase knowledge about CIMTAC, the ***Review of and Response to the Top 15 Priorities on the Physician/Nurse PSG Prioritized Functionality List*** by Stan Griffith in September of 2000 comes to mind.

1. PCC Encounter Form that Allows Immediate Billing
2. Electronic Interface between Contract Labs and PCC
3. Customizable PCC Encounter Form
4. a. Multi-path Turn-Around PCC Encounter Form
   b. Point of Care Data Entry
5. Electronic Signatures
6. Integrated Superbill/Health Summary/PCC Encounter Form
7. Electronic Signatures in Lab Package
8. Integrated Flow Charts/PCC Encounter Forms
9. Scanned Textual Data Entry
10. Customizable Medication List that Can be Defined and Maintained by Individual Providers
11. Knowledge Couplers
12. RPMS Applications Interoperability
13. OB/ER/Surgical Logs
14. GUI Interface for Direct Problem List Editing
15. Web-based Access (for RPMS)

During this year we will be making a new priority list. Recently input was requested from the field through various *listservs*. That information was presented to CIMTAC at the March meeting. Various actions have been planned based on that information. One action is the revival of the CIMTAC listserv. This listserv will be used to disseminate information, and to use as a discussion board. We are also considering creation of a CIMTAC web page where we can post various reports and information.

If you are a clinician in an unrepresented area, have an interest in being a member of CIMTAC, and would have your facility/area support, please contact me about membership.

Future articles are planned about our group, our goals, and plans. Feel free to contact me with questions or comments: kathy.ray@ihs.gov

Hot Topics

IHS Electronic Dental Record (EDR)

By: Dr. George Chiarchiaro, DDS, MHA

Why an EDR?

The current IHS – electronic health management system, the Resource and Patient Management System (RPMS), has a Dental Data System (DDS) that does not adequately meet all of the clinical, front office, reporting, and enterprise level support required by IHS dental programs. It is critical for Division of Oral Health (DOH) dental operations to have state of the art, enterprise-wide, electronic dental software application that can be integrated with RPMS to improve the efficiency and effectiveness of dental care delivered to the approximately 1.9 million American Indian/Alaska Natives that the IHS serves.

History of EDR

The DOH conducted extensive market research to identify the best government or commercial electronic dental record software application that would serve IHS. Based on all factors considered during the pilot testing, the Dentrix Enterprise Solution was selected for use by the IHS.

EDR Interfacing with RPMS

As the EDR is implemented across the IHS, it will communicate with the RPMS through a series of one-way interfaces. The EDR will be the primary dental data repository in sites using the EDR. The following interfaces between EDR and RPMS are planned:

- Patient Registration demographic data from RPMS to EDR
- Dental visit and procedure data from EDR to RPMS
- Patient scheduling data from EDR to RPMS
- Dental clinical notes from EDR to EHR

EDR personnel will develop and test interfaces and tools to monitor interface operations to assure effective and secure data transfer between EDR and RPMS.

EDR Implementation

Technical and management support services will assist the EDR Project Management Office (PMO) in planning, coordinating and managing the nationwide implementation of the EDR.

Additional information regarding the EDR Project can be found online by visiting:

www.doh.ihs.gov/edr

Questions about the EDR Project?

Contact: George Chiarchiaro, DDS, MHA
EDR Project Manager
(405) 951-3818
george.chiarchiaro@ihs.gov

As the EDR is implemented across the IHS, it will communicate with the RPMS through a series of one-way interfaces.

The EDR will be the primary dental data repository in sites using the EDR.

Hot Topics

Nationwide Health Information Network (NHIN)

By: David Parker, RN, MHS

Background

The Nationwide Health Information Network (NHIN) is the critical portion of the health IT agenda intended to provide a secure, nationwide, interoperable health information infrastructure that will connect providers, consumers, and others involved in supporting health and healthcare. The NHIN will enable health information to follow the consumer, be available for clinical decision making, and support appropriate use of healthcare information beyond direct patient care so as to improve health.

The NHIN seeks to achieve these goals through the following actions:

- Develop capabilities for standards-based, secure data exchange nationally.
- Improve the coordination of care information among hospitals, laboratories, physicians' offices, pharmacies, and other providers.
- Ensure appropriate information is available at the time and place of care.
- Ensure that consumers' health information is secure and confidential.
- Give consumers new capabilities for managing and controlling their personal health records, as well as providing access to their health information from EHRs and other sources.
- Reduce risks from medical errors and supporting the delivery of appropriate, evidence-based medical care.
- Lower healthcare costs resulting from inefficiencies, medical errors, and incomplete patient information.
- Promote a more effective marketplace, greater competition, and increased choice through accessibility to accurate information on healthcare costs, quality, and outcomes.

The Office of the National Coordinator is advancing the NHIN as a "network of networks," built out of state and regional health information exchanges (HIEs) and other networks so as to support the exchange of health information by connecting these networks and the systems they, in turn, connect.

NIHN-Connect

The Indian Health Service is participating in the NIHN-C (Connect) by serving on several inter-agency workgroups which are responsible for creating the NIHN-C infrastructure. These workgroups are designed to allow a forum where solutions can be developed for challenges that have been identified in the development of the NIHN-C.

Workgroup activity is also focused on creating the documentation (Data Use and Reciprocal Support Activities or *DURSA*) which ensures data will be secured.

"Information is a source of learning. But unless it is organized, processed, and available to the right people in a format for decision making, it is a burden, not a benefit."

William Pollard

New Column!

Information Systems Advisory Committee (ISAC)

Background

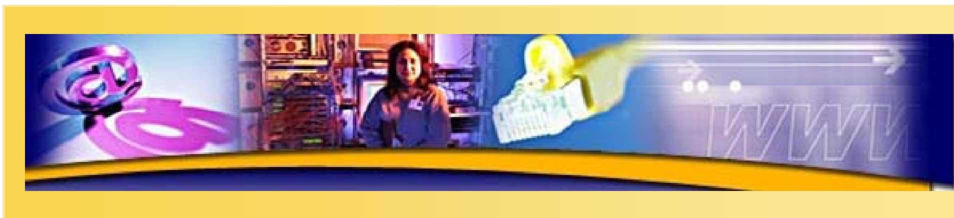
Resulting from an Information Systems Workgroup (ISW), the Information Systems Advisory Committee (ISAC) was established in 1999 to guide the development of a co-owned and co-managed Indian health information infrastructure and information system. The goal of the ISAC is to assure the creation of flexible and dynamic information systems that assist in the management and delivery of health care and contribute to the elevation of the health status of American Indian and Alaska Native people.

The ISAC will assist in ensuring that information systems are available, accessible, useful, cost effective, and user friendly for local level providers, while continuing to create standardized aggregate data that supports advocacy for Indian health programs at the national level.

ISAC Priority List

- Electronic Health Record: Institute a graphical user interface (GUI) for the Resource and Patient Management System (RPMS). Institute a state-of-the-art Computerized Patient Record (CPR) – it must have the ability to manage clinical alerts/pathways, and it must contain data integrated from the various facilities a patient has visited. This includes VistA Imaging.
- Billing (Revenue Generation, Cost Avoidance): Provide a quality billing/general ledger system that is integrated into the Indian Health Service's (IHS) Health Information System.
- Data Quality and Accuracy: Ensure quality public health and administrative data for all I/T/Us.
- Training (User Support): Provide effective information technology and data management training at all levels.
- Telemedicine Coordination: Provide a clearing house and coordination point for quickly evolving telemedicine experience in the IHS. In addition, it would determine central points of repository for digital files.
- Master Person Index (MPI): Implement an MPI solution for Indian health that enables the secure sharing of patient data between operationally and regionally diverse systems. The VHA MPI solution will be tested for possible use as this solution.
- Decision Support System: Provide universally accessible decision support information that positively impacts the management and delivery of health care. This includes the Executive Information System Support (EISS) software application.
- Infrastructure/Architecture: Facilitate the improvement and growth of I/T/U information processing platforms and their interconnectivity, using standardized systems and processes.
- Cost Accounting: Provide a quality cost accounting system that is integrated into the IHS Health Information System.
- Security: Design and provide methods and standards to assure the privacy of all patient related data that will meet or exceed HIPAA and other government security requirements.

Additional information is available online at:
http://www.ihs.gov/cio/isac/members.cfm



Welcome

A column providing information about the ISAC will be a regular feature in the IHS OIT Newsletter.

We can look forward to continued updates from the ISAC.

Visit the IHS Security Web Site at:
http://security.ihs.gov/

It is important to remember that a social engineer can easily find even the most benign piece of information useful, including:

- Miscellaneous trivia, such as rumors, abbreviations, and office slang
- Internal procedures (especially those pertaining to security)
- Phone/email directories and organizational charts
- Maps depicting physical building layouts and network diagrams
- Other IT-related items (system names and types, passwords, network protocols, software versions)
- Personal information about the private lives of employees

Updates

Information Security Tips

From: Cathy Federico, CISSP, and our Security Team

Inside the Mind of a Social Engineer

Social engineering is a deceptive act in which individuals are convinced to share valuable information about a person or agency for malicious intent. Exposing this information to a social engineer can lead to serious security and privacy concerns. If a social engineer obtains a social security number (SSN), this information may possibly be used to create fraudulent credit card accounts or a new identity. A social engineer can ascertain organizational information and vulnerabilities by viewing public mediums such as agency websites, position vacancies, press releases, and out-of-office email messages. Additionally, they often "name drop," or aggressively issue commands or threats to encourage their victims to provide them with sensitive information.

We should all be aware of these manipulative schemes. If you think that you may have been a victim of such a scheme, please contact your Chief Information Security Officer (CISO) or security point of contact (POC) immediately. For more information on Social Engineering, refer to the December 2007 article in the *Noticebored Information Security Awareness Newsletter*, "Social Engineering," online at:

http://www.noticebored.com/html/social_eng.html

Tips on Managing Email

By: Geoffrey Wachs, USPHS

In an effort to keep my mailbox size small, I have discovered some useful tips that might aide others trying to do the same. For example, I save my old e-mails for reference to my computer and our server (on an Outlook Data File). I found that if I convert my Word files to Adobe, then that condenses the size of the files, and if I include the website link, then I do not have to attach the file in the e-mail. The following are a few more suggestions that I have found helpful, as well as accompanying websites:

- The "Help Documentation" section is useful on the following website. I added this website to my favorites:

  https://workgroups.ihs.gov/sites/HHSMail/Default.aspx

- The Microsoft website is a great reference because it offers free self-paced training courses. If we all utilize these free services, we might be able to save our local IT departments some time from in-house training, resolving problems, etc:

  http://office.microsoft.com/en-us/training/default.aspx

- I also did a quick watch of the Microsoft "Manage the size of your mailbox," at the following link:

  http://office.microsoft.com/training/training.aspx?AssetID=RC010294911033

- I also use the Rules and Alerts. It helps with managing *Listserves*, etc. The following website contains more information on creating rules:

  http://office.microsoft.com/en-us/outlook/HP052428971033.aspx

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About the IT News

The IT News is published several times throughout the year by the IHS Office of Information Technology. 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 Teagan Geneviene at: teagan.geneviene@ihs.gov

All articles should be no longer than 1200 words in length and should be in an electronic format (preferably MS Word). All articles are subject to change without notice.