OIT Newsletter

INDIAN HEALTH SERVICE ⊕ OFFICE OF INFORMATION TECHNOLOGY

MARCH 2012

What's Inside

About This Issue

This issue introduces a new and more polished look to the OIT Newsletter—courtesy of Dan Blackbird of the Web Services Team. Many thanks, Dan!

Topics of particular interest covered in this issue include a new web application for finding healthcare facilities and a new secure data transfer service for transmitting large files and encrypted e-mail messages.

And, don't miss the updates relating to Meaningful Use and the ICD-10 Conversion.

Happy reading!

Hot Topic

Finding Healthcare Facilities Just Got Easier!

by LT Michael McSherry, Web Services Manager, and Denean Standing-Ojo, Assistant Web Services Manager

The Web Services program is very pleased to announce the release of the **Find Health Care** website (www.ihs.gov/findhealthcare)!

This website answers one of the most commonly asked questions we receive from patients: "I live in ___ state; where is my closest IHS hospital/dentist/clinic?" Based on these interactions, we established requirements for the basic information people need to know about an IHS facility—location, phone number, address, services, facility image, and website.

We collected and verified the information, working closely with the Office of Environmental Health & Engineering (OEHE) and the Division of Epidemiology & Disease Prevention (DEDP). The new website also includes Tribal and Urban facility information.

Unfortunately, data alone won't get someone from point A to point B easily. So we decided to leverage the power of Google Maps. This lets us display not only the location of a facility on a map, but also provide users with visual and textual directions on how to get to the facility of their choice from their current location. (See example below.)

The Find Health Care website has the ability to print, e-mail, and link the directions to a facility. The site also allows for searching by facility name if a user is interested in locating a specific health facility.

In the future, Web Services will expand the information about each location to include hours of operation, number of beds, additional contact information, and much more. Stay tuned!

Hot Topic

USET: Providing Technical Support for EHR Deployment & MU

by Byron Jasper, Deputy Director for Public Health, United South and Eastern Tribes, Inc.

United South and Eastern Tribes, Inc. (USET) is a non-profit, inter-tribal organization that collectively represents its 26 federally recognized member Tribes at the regional and national level. USET is dedicated to:

♦ Enhancing the development of Indian Tribes.

♦ Improving the capabilities of Tribal governments.

♦ Assisting the member Tribes and their governments in dealing effectively with public policy, health, and environmental issues.

USET currently provides support to American Indian/Alaskan Native (AI/AN) people in the vast 12-state area (TX, LA, MS, AL, FL, SC, NC, NY, MA, RI, CT, ME) known as the IHS Nashville Area, which comprises a great variety of indigenous peoples' cultures and heritages.
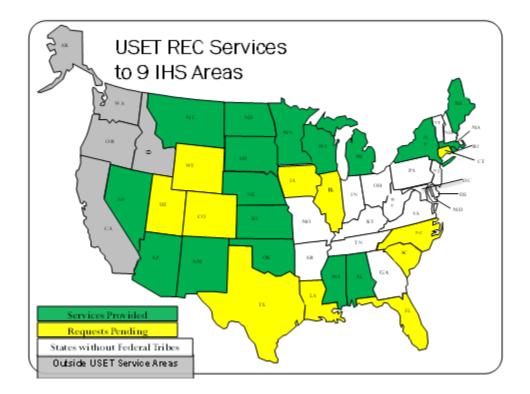
During FY2011, USET was awarded a sub-recipient contract from the National Indian Health Board (NIHB). In April 2010, the NIHB received approval for a cooperative agreement under the HITECH Act (*Health Information Technology for Economic and Clinical Health Act (HITECH) - Regional Extension Center (REC))*, funded under the American Recovery & Reinvestment Act (ARRA). This cooperative agreement established an NIHB REC at the national level for American Indian/Alaskan Native (AI/AN) people. There are sixty-two RECs across the United State, but only one National REC—the NIHB AI/AN National REC. All RECs are coordinated through the HHS Office of the National Coordinator for Health IT (ONC).

The purpose of USET's sub-recipient contract with the NIHB AI/AN National REC is to provide health information technology services, including:

♦ Electronic health record (EHR) technical support.

♦ Training for Tribal health care providers in EHR Meaningful Use (MU)

♦ Workflow and health information technology (IT) workforce development.

Providers who demonstrate MU of the EHR by achieving health and efficiency goals are eligible for the Centers for Medicare and Medicaid Services - Incentive Payment Program. Under its NIHB-REC sub-recipient contract, USET provides technical EHR and MU support services to IHS/Tribal/Urban Indian healthcare programs in nine IHS Areas (see the map below). The California Rural Indian Health Board (CRIHB), Northwest Portland Area Indian Health Board (NPAIHB), and the Alaska Native Tribal Health Consortium (ANTHC) are providing EHR and MU technical assistance to the California, Portland, and Alaska IHS Areas respectively.

USET: Providing Technical Support for EHR Deployment & MU continued

USET is serving as the NIHB AI/AN National REC lead for Meaningful Use (MU) activities. In addition, USET has developed capacity through its 17 clinical and health IT consultants to provide RPMS-EHR lab, nursing, pharmacy, IT, and health information management (HIM) technical support services. It has also provided health information technology services to 123 facilities across nine IHS Areas. To date, USET has also provided assistance for over 20 web-based EHR and MU training sessions as well as assisted in functional interoperability and health information exchange with state immunization registries.

ICD-10 Conversion

Meet the Area ICD-10 Coordinators

by Janice Chase and Kathleen Keats, ICD-10 Program

With the planning for the transition to ICD-10 well underway, critical stakeholders of the project leadership have been engaged—the Area ICD-10 Coordinators! These twelve individuals have a major responsibility ahead of them and need your support.

Each Area Office has assigned a Coordinator to help facilitate the ICD-10 activities for the Area's respective IHS, Tribal, and Urban (I/T/U) facilities and programs. The Coordinators come from varied backgrounds: provider, billing office, coder, health information management, and information technology and management. They generally have a number of years of service in IHS and understand the importance of the transition to ICD-10.

To prepare the Area ICD-10 Coordinators, the IHS National ICD-10 Team provided an orientation that covered the basics of ICD-10, timelines for the transition, project structure, roles and responsibilities, tools and templates, and an Action Plan. The Coordinators are following the detailed Action Plan, which outlines steps and timelines spanning the next two years.

The Action Plan is based on the implementation plan from the American Health Information Management Association (AHIMA) and breaks the project into four phases. In the first phase, from October 2011 through May 2012, the Area Coordinators are concentrating on:

- Establishing a multi-disciplinary team.
- Obtaining points-of-contact in each facility.
- Building the project management plan.
- Generating ICD-10 awareness.
- Conducting an impact analysis.
- Building Area training plans and assisting with facility training plans.
- Creating a budget.
- Working with sites to update RPMS with the latest releases and patches.

The Coordinators may be contacting individual service units and Tribal or Urban programs to identify a local ICD-10 contact person, to further spread the awareness of the ICD-10 transition, to find out the level of training necessary for positions, to understand impacts to work, and to ensure that staff are prepared for the transition.

A simplified Action Plan is available as four phase documents on the IHS ICD-10 website. These phase documents are appropriate for anyone who is interested in the ICD-10 transition, and especially those working on the transition at each facility.

Meet the Area ICD-10 Coordinators continued

The table below contains the names of the ICD-10 Coordinators by Area:

Aberdeen Area Office	Heather McClane, Heather.McClane@ihs.gov
Alaska Area Office	Kenneth Glifort, Kenneth.Glifort@ihs.gov
Albuquerque Area Office	Jacque Candelaria, Jacque.Candelaria@ihs.gov
Bemidji Area Office	Barbara Fairbanks, Barbara.Fairbanks@ihs.gov
Billings Area Office	Deanna Dennis, Deanna.Dennis@ihs.gov
California Area Office	Michelle Martinez, Michelle.Martinez2@ihs.gov
Nashville Area Office	Kristina Rogers, Kristina.Rogers@ihs.gov
Navajo Area Office	Beverly Becenti, Beverly.Becenti@ihs.gov
Oklahoma Area Office	Angela Kihega, Angela.Kihega@ihs.gov
Phoenix Area Office	Luane Brien, Luane.Brien@ihs.gov
Phoenix Area Office	Maria Strom, Maria.Strom@ihs.gov
Portland Area Office	Peggy Ollgaard, Peggy.Ollgaard@ihs.gov
Tucson Area Office	Bernard DeAsis, Bernard.DeAsis@ihs.gov

For questions or more information, please contact Janice Chase (Janice.Chase@ihs.gov), Kathleen Keats (Kathleen.Keats@ihs.gov), or your local Area ICD-10 Coordinator.

For immediate information on ICD-10 progress in Indian Country, visit the ICD-10 website at http://www.ihs.gov/icd10/. The ICD-10 Prep Listserv is active and accepting subscribers: http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=201.

Meaningful Use Initiative

A Great Resource: MU Office Hours

by the IHS Meaningful Use Team

The Meaningful Use Team launched MU Office Hours in the Fall of 2011. Since that time, the MU Team has covered many topics, and participant attendance has grown. These sessions covered a variety of CMS EHR Incentive Program topics that included Patient Volume, Public Health Measures, the Patient Wellness Handout, Registration and Attestation, and how to run the Performance Measures Reports and Clinical Quality Measures Reports.

The intent of MU Office Hours is to be informational and to help with training and outreach across Indian Country. This is also a time for direct interaction with the MU Team to ask questions about Meaningful Use, voice concerns, or just learn something new. One way participants can benefit from the MU Office Hours is through a series of online and audio sessions. These sessions are moderated by a member of the MU Team and include a brief presentation followed by an open question-and-answer period. MU Office Hours is intended for anyone interested in MU.

Sessions are recorded, and a link to the recording is sent out on the MU ListServ following each session, along with a copy of the PowerPoint presentation used during the session. The PowerPoint presentations are then posted on the MU website in the Toolkit section.

Upcoming MU Office Hours topics will include MU Attestation, Patient Volume Logic, Performance Measures, C32, and the Clinical Quality Measures Report. Join the MU Team for an hour each Wednesday starting at 1:00 pm Mountain Standard Time for a great informational session about Meaningful Use!

To be notified about the next MU Office Hours and to access past Office Hours presentations, please sign up for the MU Listserv. To register for the MU Listserv, go to http://www.ihs.gov/meaningfuluse and click on the Join the MU Listserv link.

Technology Update

New Electronic Messaging Initiatives at the IHS

by Daniel Sheehan, CES Federal Lead

In the second half of 2011, the IHS Central Email Service (CES) finished two major projects that are intended to improve productivity and simplify the tasks of IHS staff by providing new services and functionality. The projects are described below.

E-mail System Upgrade

Less than two years after the CES staff completed the migration of the IHS e-mail service back to its own system, they have completed upgrading that system to the latest software version, Exchange Server 2010, which includes several enhancements, some of which are visible to users.

For example, you can now 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, when using the latest e-mail client, Outlook 2010, you have many new options, such as being able to publish your calendar to the Internet and to view "MailTips" that show you important information about a message and its recipient before you send the message (e.g., the person is out of the office).

Along with the user-visible features, the upgrade includes replication of the entire e-mail system, housed in the Rockville MD Data Center, to the Data Center in Albuquerque NM—including 100% of all mailboxes! This major augmentation of the CES will allow the IHS to resume e-mail system operations in a short time span, even in the event of a full loss of the Rockville Data Center.

New Secure Data Transfer Service

The CES team has completed deployment of the new Secure Data Transfer Service that will allow IHS users to send messages and large files to external recipients securely. This service was previously called the "Secure E-mail Service," but was renamed to avoid confusion with existing e-mail services and to indicate that this tool can be used to transfer large files in addition to basic messages securely.

This service is primarily web based, with e-mail being the notification method to let recipients know they have messages/files to pick up. Official announcement of this service, including details about it, will be distributed to the IHS community shortly.

This service is intended to empower IHS healthcare providers to transmit patient healthcare information in a secure and compliant manner to patients and other medical professionals outside of IHS. While FIPS 140-2 compliant, however, the service has not yet been certified by NIST, and as such should not be used to transfer HIPAA or PII information until the certification process is completed. (A second notification will go out to the community when that occurs.)

Once the solution is NIST-certified, it will move us one step closer to meeting specific Meaningful Use (MU) criteria. In the meantime, this service can be used to send secure messages that do not contain HIPAA or PII information or to transfer large files between users both inside and outside the IHS—an often requested feature.

CPIC Corner

Operational Analysis

by Carl Gervais, IHS CPIC Manager

What Is an Operational Analysis?

According to the *Capital Programming Guide V2.0, Supplement to OMB Circular A-11, Part 7: Planning Budgeting and Acquisition of Capital Assets,* an Operational Analysis (OA) is a method of examining the ongoing performance of an operating asset investment and measuring that performance against an established set of cost, schedule, and performance goals.

Beyond the typical developmental performance measures of cost and schedule performance, an Operational Analysis should seek to answer more subjective questions in the specific areas of:

- Customer Satisfaction
- Strategic and Business Results
- Financial performance
- Innovation

The Office of Management and Budget (OMB) Memorandum M-05-23 reiterates the requirement for all federal agencies to perform an annual Operational Analysis for all ongoing major IT projects in steady state operations.

What Are the Objectives of an OA?

The objectives of an Operational Analysis are to:

- Demonstrate that the existing investment is:
  - Meeting the needs of the Agency.
  - Delivering expected value
  - Being modernized and replaced, consistent with the Agency's Enterprise Architecture.
- Identify smarter and more cost-effective methods for delivering performance and value.

OA at IHS

An OA has either been completed or is currently underway for each of IHS's major investments (RPMS, IOAT, NPIRS). An in-depth, overall system assessment will be conducted on each investment once every three years, and a less comprehensive OA will be conducted annually.

The IHS Operational Analysis "How-to" Guide is posted at:

http://www.ihs.gov/CIO/cpic/index.cfm?module=resources&option=howTo

If you would like more information, please contact Mr. Carl Gervais, CPIC Manager at carl.gervais@ihs.gov.

News to Use

RPMS & EHR Training Update
By Kimberlee Crespin-Richards, OIT Training Coordinator

Completed Training

During the past quarter (October – December 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 (EHR):

AREA	SESSIONS	EST. PARTICIPANTS
Aberdeen	4	48
Albuquerque	4	42
Alaska	4	49
Bemidji	4	57
Billings	6	54
California	5	42
Nashville	6	55
Navajo	5	66
Oklahoma City	6	65
Phoenix	8	136
Portland	5	61
Tucson	1	7
Web-Based	63	1022
TOTALS	121	1704

RPMS FY12 Training Curriculum

The RPMS FY12 curriculum includes classroom, satellite classroom, and web-based training sessions with an emphasis on resource utilization. In the second quarter of FY12 OIT has 36 classroom sessions, 40 satellite classroom sessions, and 28 web-based sessions planned.

RPMS & EHR Training Update continued

Scheduled Training and Registration

The following RPMS and EHR training is planned for Q2 2012. To register for OIT sponsored training, please visit the following link:

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

Aberdeen

- Feb 13-17: EHR Essential Skills for CACs
- March 6-7: POS
- March 12-13: CHR PCC- Bemidji- Coding Only
- March 12-15: CHR PCC- Bemidji- Coding/Data Entry
- March 19-23: Public Health Nursing RPMS Informatics

Alaska

- Feb 6-10: EHR for Community Health Aide Practitioners
- Feb 13-17: EHR Essential Skills for CACs
- Feb 21-24: EHR & RPMS Onsite Set-Up
- Feb 29: EHR-RPMS Reintegration - Pharmacy Training
- March 1: EHR-RPMS Reintegration - Physician Training
- March 1: EHR-RPMS Reintegration - HUC Training- AM
- March 1: EHR-RPMS Reintegration - Nurse Training- PM
- March 1: EHR-RPMS Reintegration - Nurse Training- EVE
- March 2: EHR-RPMS Reintegration - Nurse Training- AM
- March 2: EHR-RPMS Reintegration - Nurse Training- PM

- March 6-8: Patient Registration Audit
- March 6-8: Patient Registration
- March 12-14: PCC Data Entry I
- March 12-14: PCC Data Entry I- Audit
- March 15-16: PCC Data Entry II
- March 15-16: PCC Data Entry II- Audit
- March 19-23: Public Health Nursing RPMS Informatics
- March 27-29: Basic 3rd Party Billing/AR
- March 27-29: Basic 3rd Party Billing/AR- Audit

Albuquerque

- Feb 13-17: EHR Essential Skills for CACs
- Feb 28-March 1: Patient Registration
- March 6-8: Ensemble 202
- March 12-17: Review of Stage2Final Rule

- March 14-15: EDR Supplemental Training
- March 19-23: Public Health Nursing RPMS Informatics
- March 27-28: BH Data Entry
- March 29-30: BH Manager Utilities & Reports

Bemidji

- Feb 13-17: EHR Essential Skills for CACs
- March 13-15: QMAN/VGEN/Reporting
- March 19-23: Public Health Nursing RPMS Informatics

- March 26-27: CHR PCC- Bemidji- Coding Only
- March 26-27: CHR PCC- Bemidji- Coding/Data Entry

RPMS & EHR Training Update continued

Billings

- Feb 14-17: CSV
- March 6-7: POS
- March 19-23: Public Health Nursing RPMS Informatics

California

- Feb 13-17: EHR Essential Skills for CACs
- Feb 28-March 1: Patient Registration
- March 12-14: PCC Data Entry I
- March 15-16: PCC Data Entry II
- March 19-23: Public Health Nursing RPMS Informatics
- March 27-29: Basic 3rd Party Billing/AR

Nashville

- Feb 13-17: EHR Essential Skills for CACs
- Feb 22: EHR RPMS Onsite Assessment
- March 6-7: POS
- March 19-23: Public Health Nursing RPMS Informatics

Navajo

- Feb 6-8: PCC Data Entry I
- Feb 9-10: PCC Data Entry II
- Feb 13-17: EHR Essential Skills for CACs

Oklahoma City

- Feb 13-17: EHR Essential Skills for CACs
- Feb 28-March 1: iCare - Population Management Tool
- March 6-7: POS
- March 19-23: Public Health Nursing RPMS Informatics
- March 27-28: BH Data Entry
- March 29-30: BH Manager Utilities & Reports

Phoenix

- Feb 7-8: CHR PCC PHX- Coding Only
- Feb 7-10: CHR PCC PHX- Coding/Data Entry
- Feb 13-17: EHR Essential Skills for CACs
- Feb 28 - March 1: QMAN/VGEN/Reporting
- March 6-8: Patient Registration
- March 19-23: Public Health Nursing RPMS Informatics

Portland

- Feb 6-8: PCC Data Entry I
- Feb 9-10: PCC Data Entry II
- Feb 13-17: EHR Essential Skills for CACs

Tucson

- Feb 28 - March 1: QMAN/VGEN/Reporting
- March 6-8: Patient Registration

RPMS & EHR Training Update continued

WebEx

- Feb 7: E-RX Drug File Optimization Training Session 4
- Feb 8: Health Info Exchange and MPI- User Training
- Feb 9: Diabetes Management System
- Feb 10: Immunization Patient Menu/Lists & Letters
- Feb 14: iCare Nuts and Bolts I
- Feb 14: E-RX Drug File Optimization Training Session 5
- Feb 15: Immunization- Reports
- Feb 16: Diabetes Management System
- Feb 16: iCare Nuts and Bolts II
- Feb 23: iCare Office Hours
- Feb 28-March 2: CSV
- March 6: RPMS Suicide Reporting Form

- March 6: Patient Merge
- March 7: RPMS Suicide Reporting Form
- March 14: iCare: CMET Part I
- March 15: Diabetes Management System
- March 15: iCare: CMET Part 2
- March 21: iCare: Office Hours
- March 21: PIMS Scheduling
- March 22: Diabetes Management System
- March 22: CHR PCC Reports
- March 23: POC Billing Basics
- March 23: PIMS Scheduling
- March 29: Diabetes Management System

Contributors

- Janice Chase, RHIT, is the Federal Lead for HIM Applications, ICD-10, and CMS Integrated Data Repository, responsible for the management and oversight of planning and implementation of these programs. She is based in Tucson AZ.

- 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.

- Byron Jasper, D.D.S., Deputy Director-Public Health, United South and Eastern Tribes, Inc., is responsible for Public Health program management within USET, and for coordinating USET's RPMS-EHR and MU technical support services to nine IHS Areas under a National Indian Health Board - HITECH Regional Extension Center grant. Dr. Jasper has worked in Indian country for the past 39 years.

- Kathleen Keats, MBA, MSIT, is a program manager with Data Networks Corporation supporting the OIT with ICD-10, CIO activities, capital planning, and health IT initiatives. Kathleen is based in lovely Aberdeen SD.

- Michael McSherry, a Lt. in the U.S.P.H.S., is the IHS Web Manager, responsible for oversight, policy development, Section 508 compliance, and management of web activities for IHS. He is based in Albuquerque NM.

- 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.

- Dan Sheehan is the Federal Messaging Team Lead for the IHS Central E-mail Service (CES), responsible for enterprise level messaging for the entire Agency. 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 Acting IHS CIO Dr. Howard Hays. 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. (All articles are subject to change without notice.)