



Indian Health Service
OIT Newsletter
Office of Information Technology



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About This Issue

This issue introduces our new (acting) Chief Information Officer, Dr. Howard Hays, and brings us up to date on ICD-10 and Meaningful Use progress. It also offers information on Web Services activities and standards and explains the CPIC Work Breakdown Structure.

Last but not least, it contains the latest information about RPMS and EHR training.

Thanks for your ongoing interest and support of the Office of Information Technology.

And happy reading!



Hot Topic

From the CIO's Desk

by CAPT Howard Hays (MD, MSPH, FAAFP), IHS CIO (Acting)

In August of this year I was asked by Dr. Susan Karol, IHS Chief Medical Officer, to come to Rockville on a detail to serve as the Chief Information Officer (CIO) for IHS on an acting basis. I am grateful for the confidence shown by Headquarters by this appointment, and for the support expressed by OIT staff and by many customers and colleagues in the field, both Federal and Tribal. I have relocated to the OIT office in Rockville and am gaining an appreciation for life at Headquarters.

For those who don't know me already, I just entered my 25th year in IHS. I've served as a Medical Officer in four locations (Fort Thompson SD, White Earth MN, Anchorage AK, and Phoenix AZ), as Clinical Director at Fort Thompson and White Earth, and in several other short term roles. I've worked for the Office of Information Technology since 2002, starting out as the national lead on the Electronic Health Record (EHR) project and moving to the Resource and Patient Management System (RPMS) Investment Manager in 2007.

As we start Fiscal Year 2012, we are faced with a lot of demands and very stringent budget limitations. We will need to focus our efforts on what is really important. In FY2012 our top priority will be on RPMS development for the ICD-10 transition, because in less than two years our facilities won't be able to bill for services without using ICD-10. This will require a big training effort as well, and OIT will be working with other offices and other agencies to ensure system-wide training. We will also be focusing on Meaningful Use, so that RPMS is ready for Stage 2 and that providers and hospitals using RPMS will remain eligible for incentive payments. We will continue to modernize RPMS to meet the needs of IHS, Tribal and Urban (I/T/U) customers, and will continue to provide highly available and reliable e-mail and network services, continuously monitoring the entire system to ensure that it remains secure. We'll also be doing a little bit of reorganizing within the Office of Information Technology, which I guess is the prerogative of any new executive. I have great confidence in OIT's staff and our ability to provide the essential technologies that support health care delivery across the I/T/U.

One of the recurring themes I hear in connection with my new duties goes something like "when people go to Headquarters they tend to lose touch with what's happening in the field." Well, my observation so far is that people at HQ really do remember and care about IHS' mission and what is going on at our hospitals and clinics; but in case I start acting like I don't remember, I'll trust to you all to keep me honest. I look forward to working with you.



Hot Topic

Progress Toward the ICD-10 Transition

by Janice Chase and Kathleen Keats, Practice Management

The Indian Health Service is moving toward compliance with the mandate from the Department of Health and Human Services (HHS) that all Health Insurance Portability and Accountability Act (HIPAA) covered entities will transition to the ICD-10 code set (International Classification of Diseases, Tenth Edition) by October 1, 2013. This massive undertaking will affect almost every healthcare employee and contractor in Indian Country.

The IHS National ICD-10 Project Team has been created to oversee the activities, planning, implementation, and outreach that must occur in order for a successful transition. Federal Lead, Janice Chase, Office of Information Technology, is supported by Barry Dickman, Contractor Lead, as well as many volunteers from IHS Divisions and Offices and Tribal and Urban programs. Together, these critical stakeholders are working toward understanding the requirements and their impacts.

Communications and Outreach have been an important focus for the project team. Presentations have been given to Area Directors, IHS management and staff, Tribal leaders, and Urban programs through conferences and/or invitations to meetings. Information is always available on the IHS ICD-10 Web site (<http://www.ihs.gov/icd10/>) and through the ICD-10 Prep Listserv:

http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=201

In order to find out how many changes are necessary for the Resource and Patient Management System (RPMS), a gap analysis is being conducted. Early indications are that over 64 namespace applications could be affected in some way. More detailed analysis is necessary to understand the total impacts, and work is progressing in this area. The technical members of the ICD-10 team are collaborating with the Department of Veterans Affairs (VA) to share information, design strategies, and determine technical approaches. Since a good part of the RPMS is based on the VA's health information system, it is advantageous for joint collaboration.

Training is a high priority and critical to the success of the transition. Coders, billers, health information managers, and providers will have the challenge of learning and applying the more granular ICD-10 code set. ICD-9 has about 13,500 codes compared to ICD-10's over 68,000 diagnostic codes and over 87,000 procedures codes with only an estimated 20 percent that have a one-to-one precise match between the two versions. The specificity of ICD-10 will be an asset when describing the condition or disease in patient care, but the learning curve may be steep initially. Clinical documentation may need to be improved to support the granularity of ICD-10. Train-the-trainers opportunities are being investigated for suitability for the IHS transition.

Revenue impacts and potential changes in the business cycle are important parts of the transition, and care is being taken to understand the changes, to plan accordingly, to mitigate risk, and to communicate to stakeholders.

The ICD-10 transition is a complex endeavor, but the planning that the IHS team and Tribal and Urban stakeholders are doing is creating a successful environment for change.



Hot Topic

IHS Assists with Redesign of Surgeon General's Website

by LCDR Mark Rives, Deputy Director (acting) of OIT

Staff members from OIT are assisting with the redesign of the United States Surgeon General's website. The effort began in the spring of 2010 when RADM Theresa Cullen was approached with a request by the Office of the Surgeon General for assistance in redesigning SurgeonGeneral.Gov. The effort, initially begun by LCDR Mark Rives (OIT) and LT Michael McSherry (OIT), gained assistance from LCDR Michelle Ruslavage (USET) during the fall of 2010. The IHS team has been assisting the Office of the Surgeon General to make changes that will help bring the message and efforts of the US Surgeon General to a wider audience.



LCDR Michelle Ruslavage, LCDR Mark Rives (not pictured), and LT Michael McSherry review proposed design changes to SurgeonGeneral.Gov with LT Christine Collins.

"They want a more modern look and want the website to be more interactive," commented LCDR Rives. "It was tough at first, because they had an idea in their head, and turning their requirements into something we could work with was the first hurdle."

The redesigned website is currently still in the developmental stage but is expected to be released later this year pending departmental approval. The website is expected to contain information about the Surgeon General's initiatives, a calendar of events, links to information about the Commissioned Corps of the USPHS, and news feeds and links to other topical information.

For more information on the United States Surgeon General, Dr. Regina Benjamin, and the initiatives of the Surgeon General can be found at www.surgeongeneral.gov





Meaningful Use

The Key to Success! Meaningful Use Updates

by the Meaningful Use Team

Fall is right around the corner and so are some important Meaningful Use updates and deadlines to remember. The next sections discuss current Patient Volume Report patch releases, information and dates to keep in mind about registration and attestation, and the changes that have taken place with the Meaningful Use Team this summer.

Patient Volume Report Patch Updates and Patient Volume Calculation

The Patient Volume Reports for individual Eligible Professionals (EPs) and for Hospitals wanting to participate in the Medicaid Electronic Health Record (EHR) Incentive program were released as part of the Third Party Billing Package, v. 2.6 Patch 7, on August 23, 2011.

The Patient Volume Group Reports for Eligible Professionals are in Beta testing and will be released soon.

- ◆ For more information regarding Patch 7, a recorded WebEx training session is available at:

<https://ihs-hhs.webex.com/ihs-hhs/Isr.php?AT=pb&SP=MC&rID=50303872&rKey=9eb186644005a19a>

- ◆ The Addendum to the User Manual is located at:

http://www.ihs.gov/RPMS/PackageDocs/abm/abm_0260.07o.pdf

The Patient Volume Reports calculate the percentage of Medicaid patients that EPs and hospitals serve. Patient Volume is calculated on the year prior to the participation year, and minimum volume thresholds must be met to participate in the Medicaid EHR Incentive program. EPs participate in the Medicaid program based on a calendar year. Hospitals participate in the Medicaid program based on a Federal fiscal year.

EPs practicing predominantly at FOHC/RHC and Tribal clinics will use a Needy Individual calculation method for determining Patient Volume for the Medicaid program. The Patient Volume Reports will calculate the Medicaid and CHIPS program encounters for providers, which will be added to other 'needy' encounters for the final volume figures.

Medicare and Medicaid EHR Incentive Program Registration

Registration for both the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs are open. Providers are urged to register for the Medicare and/or Medicaid EHR Incentive Program(s) as soon as possible to avoid payment delays. Keep in mind that providers can register before they have a certified EHR.

Please note that according to the CMS Web Site, although the Medicaid EHR Incentive Programs opened in January 2011, some states are not prepared to participate. Check with state programs to see what functionality is currently being offered. Unfortunately, Eligible Professionals will not be able to register for a Medicaid EHR Incentive Program until their state's program has been launched and is fully functional.

Continued on next page

Meaningful Use Updates *continued*

Hospitals who register for both Medicare and Medicaid may pre-register for the Medicaid EHR Incentive Program before their state launches but will be placed in a "pending state validation" status for eligibility in the Medicaid Incentive Program.

Medicare and Medicaid EHR Incentive Program Attestation

Medicare eligible professionals, eligible hospitals, and critical access hospitals will have to demonstrate meaningful use through CMS' web-based Registration and Attestation System at:

<https://ehrincentives.cms.gov/hitech/login.action>.

For the Medicaid EHR Incentive Program, providers will use their state's Attestation System. Scheduled launch dates for their Medicaid EHR Incentive Programs can be found at:

<http://www.cms.gov/apps/files/statecontacts.pdf>.

Important Dates to Remember:

- ◆ **September 30, 2011** - Last day of the Federal fiscal year. Reporting year ends for eligible hospitals and CAHs.
- ◆ **October 3, 2011** - Last day for eligible professionals to begin their 90-day reporting period for calendar year 2011 for the Medicare EHR Incentive Program.
- ◆ **November 30, 2011** - Last day for eligible hospitals and critical access hospitals to register and attest to receive an Incentive Payment for Federal fiscal year (FY) 2011.
- ◆ **December 31, 2011** - Reporting year ends for eligible professionals.

NM HITC and Vendor Fair

The Meaningful Use National Team members had the pleasure of attending and staffing an information table at the New Mexico Health Information Technology Conference and Vendor Fair, presented by the New Mexico HIT Regional Extension Center in Santa Fe, New Mexico.

The Meaningful Use Team was able to network with IHS providers and local and state Medicaid agencies during the two-day conference held September 16th and 17th at Santa Fe Community College in Santa Fe, New Mexico. Presentations were held to teach providers how using an EHR could improve their practice and patient care. Other topics included information about Meaningful Use, CMS incentives, privacy and security, the New Mexico Health Information Collaborative, workforce training programs, and EHR financing options.



*MU National Team Business Analyst,
Carmen Land, greeting providers at the NM
HIT Conference and Vendor Fair's MU Table*

Continued on next page

Meaningful Use Updates continued

The Meaningful Use National Team - Together At Last!

The Meaningful Use National Team, based in Albuquerque, New Mexico, is finally complete with three new additions to the team, joining Cecelia Rosales, the MU National Team Lead:

- ◆ **Dallas K. Hunt** is the MU National Team Communications Analyst.
- ◆ **Carmen J. Land** is a MU National Team Business Analyst who is working with Meaningful Use Performance Measures
- ◆ **Richard Kashinski** is a MU National Team Business Analyst who is working with Meaningful Use Patient Volume Reports.

The MU National Team's responsibilities include:

- ◆ Analyzing rules pertaining to Meaningful Use and certification standards
- ◆ Developing training and informational materials
- ◆ Conducting training sessions
- ◆ Developing and maintaining a Meaningful Use Web site and Listserv
- ◆ Developing and testing reports to measure Meaningful Use performance and patient volume

Together, the MU Team looks forward to continuing and expanding services to promote the Indian Health Service's mission by advocating Meaningful Use.

The Meaningful Use Field Team

The Meaningful Use Field Team has also had many changes. Please see the link below for the correct contact in your Area:

<http://www.ihs.gov/meaningfuluse/pdf/MUFieldContactList.pdf>



Hot Topic

DITO Staff Tour AIHC

by LCDR Mark Rives, Deputy Director (acting) of OIT

After attending the Indian Health Service IT Reform and Project Management Summit in July, members of the Division of Information Technology Operations (DITO) toured the Albuquerque Indian Health Center (AIHC) to see first-hand how systems users interact with technology. They then met with AIHC staff to discuss how information technology is used in the clinical setting. The Division of IT Operations, led by LCDR Mark Rives, encompasses the IHS Central Email Services (CES) team, Rockville LAN Support, Enterprise Technical Services (ETS), the IHS Web Services Team, Network Operations, and the IHS National Help Desk.

"We're very thankful the staff at AIHC made time to talk with us" said LCDR Rives. "The tour brought a real and very tangible aspect of how the products and services we provide are used in day-to-day operations in the delivery of patient care. The use of IT in the clinical setting is vastly different than in an office setting, and it was great for the DITO staff to see the way clinicians use our products and services. The information we make available and the communication we facilitate are a critical component of improving patient care. It was great to see how we play a part in that."

AIHC staff discussed many of the challenges they must overcome to provide IT services to the facility. They also provided the DITO staff with feedback on how to improve the services used by IHS users. The discussions included everything from "how email is used to by users at the facility" to "how the local IT staff implement and maintain systems."

"I'd like to see a more active dialogue within our IT community. We always leave events like this with valuable information, and I hope to keep the communication within our community going," concluded LCDR Rives.



*Left to right:
LT Steven Miller, Dan Sheehan,
Ken Johnson, Steve Carnes,
Serena Hernandez, and LCDR
Columbus Nettles discuss the use
of IT in the AIHC pharmacy.*



Project Management

Work Breakdown Structure 101

by Carl Gervais, CPIC Manager

In this day of dwindling budgets it is more important than ever that good Project Management practices are utilized for all IHS IT projects. One of the cornerstones of Project Management best practices is the use of the Work Breakdown Structure or WBS. In this article we will touch on some of the basic concepts of the WBS.

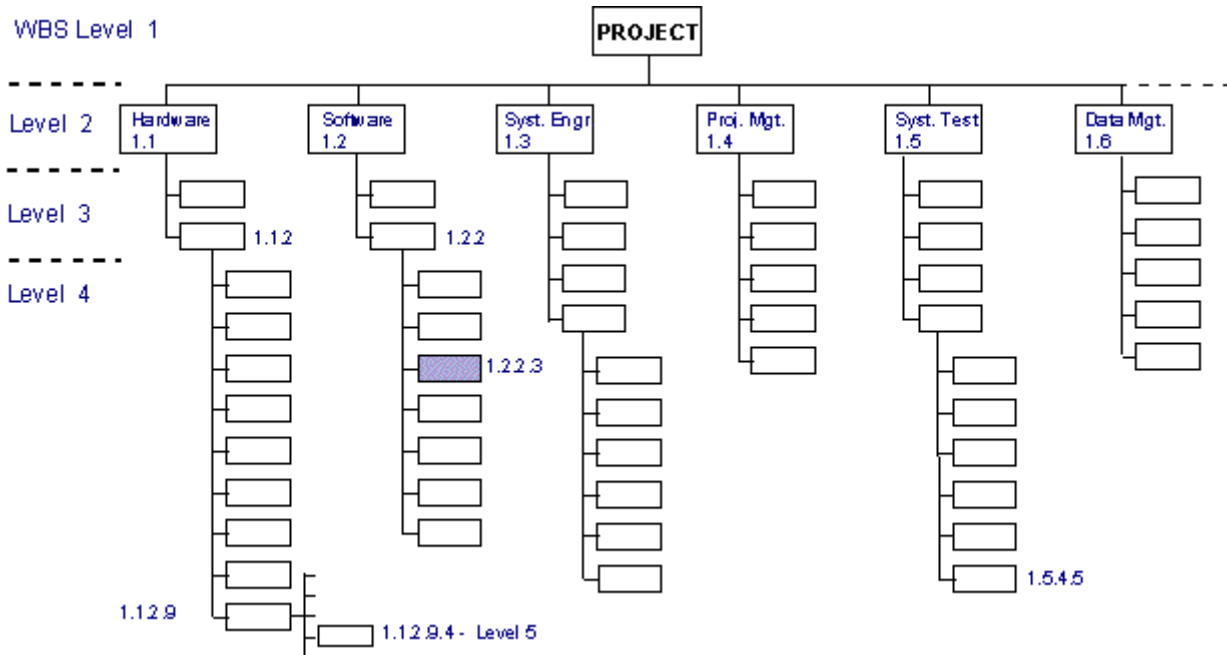
What Is a Work Breakdown Structure?

The Work Breakdown Structure (WBS) is defined by the Project Management Body of Knowledge 4th Edition (PMBOK Guide) as:

"A deliverable-oriented hierarchical decomposition of the work to be executed by the project team to accomplish the project objectives and create the required deliverables."

In plain language, a work breakdown structure is a results-oriented family tree that captures all the work of a project in an organized way. It is often portrayed graphically as a hierarchical tree. The fundamental objective of a WBS is to provide a framework for organizing and managing the work. Remember a WBS is not a schedule, but is a plan that describes the "What" of a project, whereas the schedule defines the "When" and "Who".

WBS Format for System Development Projects



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Work Breakdown Structure 101 *continued*

Why Should We Use a WBS?

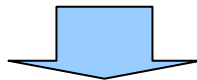
There are at least three reasons to use a WBS. First, a WBS is mandated by the Enterprise Performance Lifecycle (EPLC) Framework for all IHS IT projects. The EPLC requires a WBS as a deliverable in the Planning Phase of your IT project to ensure that the project management process helps to more accurately and specifically define and organize the scope of the total project. The second reason for using a WBS in your projects is to help with assigning responsibilities, resource allocation, monitoring the project, and controlling the project. The WBS makes the deliverables more precise and concrete so that the project team knows exactly what has to be accomplished within each deliverable. This also allows for better estimating of cost, risk, and time because you can work from the smaller tasks back up to the level of the entire project. Finally, it allows you to double check all the deliverables' specifics with the stakeholders and make sure there is nothing missing or overlapping.

How Do You Develop a WBS?

The process of developing a WBS is concerned with the actions necessary to define, organize, and subdivide work required to meet project goals to a work package level. The WBS is usually drafted jointly by the Project Manager, the project team, and stakeholders. Work packages are the lowest level of the WBS and are pieces of work that are specifically assigned to one person or one team of people to be completed. This is also the level at which the project manager has to monitor all project work.

1) Start with: Identifying the Major Deliverables (Level 1)

What are the final products or deliverables that must be produced to achieve the project's objectives and satisfy the business need identified by the project stakeholder?



2) Divide each of the major deliverables into component deliverables (Level 2)

What are the primary intermediate deliverables required to meet of each of the major deliverables? Decomposing the work into smaller chunks.



3) Divide each of the components into work packages (Level 3)

What are each of the tasks required to ensure that all of the top-level components are completed to meet the major deliverables of the project?



News to Use

Web Guidelines: Do we have to follow them?

by Denean Standing-Ojo, Assistant Web Services Manager

"Government websites have standards?" That was my reaction when I joined Web Services. It seemed unlikely, because when I tried to find information on government websites, it was sometimes an impossible task. In all fairness though, government websites have come a long way, and it is the standards, laws, and guidelines that come from the Federal (OMB), OpDiv (HHS), and Agency (IHS) levels that help us create a better end-user experience.

I know many of us are familiar with *Section 508 of the Rehabilitation Act*, which makes sure all Federal websites meet a certain level of accessibility for people with disabilities, but there are many more that affect **IHS.gov**.

A few of the Federal laws and regulations include:

- ◆ Privacy Act
- ◆ Freedom of Information Act (FOIA)
- ◆ Plain Writing Act
- ◆ Information Quality
- ◆ Records Management
- ◆ No Fear Act
- ◆ Digital Rights, Copyright, Trademark and Patent Laws

We also have standards that ensure a certain level of consistency, usability, and customer service across **IHS.gov**. You can imagine how confusing it might be to our customers if all of our websites did not have some kind of uniformity.

Some of these standards include having:

- ◆ The IHS header and footer
- ◆ Left navigation with text links
- ◆ Arial font for body content
- ◆ Correct spelling and grammar
- ◆ A "Contact Us" link or page
- ◆ Page titles that reflect the content
- ◆ 508 compliant documents

So, to answer the question: YES, we have to follow the web guidelines. This does not mean that all of our websites currently do, but we are getting there with the help of all of you!

For more information about all the web standards and to find the **IHS.gov** Web Standards Checklist, visit:

http://www.ihs.gov/webservices/index.cfm?module=dsp_ws_policy





News to Use

RPMS & EHR Training Update

By Kimberlee Crespin-Richards, Training Coordinator

Completed Training

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

AREA	SESSIONS	EST. PARTICIPANTS
Aberdeen	5	72
Albuquerque	3	30
Alaska	8	97
Bemidji	3	23
Billings	3	31
California	4	52
Nashville	5	58
Navajo	1	15
Oklahoma City	4	45
Phoenix	4	61
Portland	4	47
Web-Based	33	989
TOTALS	77	1520

RPMS FY12 Training Curriculum

The RPMS FY12 curriculum includes classroom, satellite classroom, and web-based training sessions with an emphasis on resource utilization. While RPMS has conducted numerous classroom and web-based sessions, satellite classroom sessions are a newer training method. Satellite classrooms enable the OIT trainer to teach the session in the Area Office classroom via the web utilizing a local SME to proctor classroom participants. Satellite classrooms are beneficial for many reasons including:

- ◆ More participants receive the necessary package information
- ◆ More participants complete critical hands-on training
- ◆ Local SMEs gain knowledge and experience proctoring the training sessions thereby developing local resources
- ◆ Training limitations due to budgetary and resource constraints are mitigated

Scheduled Training and Registration

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

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



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.
- ◆ **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.
- ◆ **The Meaningful Use Team**, led by Federal Lead Cecelia Rosales, assists providers and hospitals in Indian Country to attain Meaningful Use incentives.
- ◆ **LCDR Mark Rives**, MSCIS, MBA, is the acting Deputy Director of the Office of Information Technology for the IHS and is based in Rockville, MD. He is a member of the Crow Creek Band of the Sioux tribe of South Dakota.
- ◆ **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 IHS Acting 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