



Indian Health Service  
**OIT Newsletter**  
*Office of Information Technology*



**NOVEMBER 2010**

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**About This Issue**

October was Health Literacy Month, and so many of the articles in this issue focus on the different health information technology tools that have been developed to address health literacy and the broader scope of health communications.

Additionally, the iCare Team provides an in-depth look at the new Care Management Event Tracking (CMET) module, which provides clinicians with a new tool for patient follow-up. And ETS reports on the upcoming rollout of the new VPN for remote users.

Lastly, a series of articles—*News to Use*—provide useful pointers on a variety of topics, including how to save on software purchases and how to improve the usability of IHS websites.

Happy reading!





## Health Literacy and Communication

### What Is Health Literacy?

By Chris Lamer, RPMS Investment

Health literacy is defined as:

“The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

But health literacy is very complex. Many factors affect health literacy, such as reading skills, numeracy, culture, language, understanding of pictures, signage, and the ability to understand and synthesize all of this information into a plan to maintain or improve health.

The U.S. Department of Health and Human Services included an objective to improve the health literacy of the population in Healthy People 2010 under the Health Communication and Health IT goal. See some of these objectives in the table below:

| HP 2020 OBJECTIVE  | HOW IHS USES HIT TO MEET  |
|--|---|
| Increase individuals’ access to the Internet.  | Currently, IHS is assessing the number of patients who have access to the Internet. The patient registration package collects this information from patients presenting to clinic.        |
| Improve the health literacy of the population.   | The IHS has created a standardized data set for documenting patient education and is developing a patient goal setting tool that will increase patients in health decisions.              |
| Increase the proportion of quality, health-related Web sites.  | The IHS is creating guidelines and standards to ensure patients and clinicians benefit from <a href="http://www.ihs.gov">www.ihs.gov</a> .  |
| Increase the proportion who use electronic personal health management tools.   | The IHS has released version 2 of the Patient Wellness Handout (PWH) this year and plans to release the Personal Health Record (PHR).   |
| Increase the proportion of providers who use health information technology to improve individual and population health.  | The iCare application provides the ability to manage information for a patient, a panel of patients, or an entire population.   |
| Increase the proportion of providers and governmental health agencies that use advanced connectivity to optimize electronic health information exchange to improve individual and population health. | New tools such as the Master Patient Index (MPI) and Health Information Exchange (HIE) will improve connectivity among health care systems and the Nationwide Health Information Network. |



## ***Health Literacy and Communication***

### **Innovations in Health/Patient Education**

*By Mary Wachacha*

The IHS Health Education program and the Office of Information Technology have diligently worked to improve many aspects of the process for health and patient education within the IHS. In partnership with OIT, many new IT innovations have been developed and/or improved that help to improve the provision of, and documentation of, health/patient education.

- ◆ **Patient Education Protocols and Codes (PEPC):** New software has been developed by OIT that assists the PEPC committee to make required changes in RPMS in a timelier manner.
- ◆ **Goal Setting:** We continue to improve the documentation/coding of health/patient education by improving the Goal Setting component in the Electronic Health Record.
- ◆ **Patient Registration:** Patient Registration staff ask a series of questions to patients:
  - ◆ **Internet Access?** Knowing the general number of patients with access to the Internet in an area assists in planning various methods of communication with our patients.
  - ◆ **E-mail Address?:** If the patient has an e-mail address, staff will be able to use e-mail to provide specific and generic health information, and send newsletters, and iCare will be able to contact panels of patients with pertinent information. (See the article on page 8.)
  - ◆ **Alternate Phone Number?** Having a cell phone number opens another avenue for contacting patients—appointment reminders, quick ‘tweets’ of relevant information, etc.
- ◆ **Improved Website:** A new web page for Health Education is in development by OIT. It will enable providers and patients to download health/patient education handouts.
- ◆ **Health Communications:** At [www.ihs.gov](http://www.ihs.gov), Health Education developed a new website devoted to improved health communications with our patients. This includes: health literacy, patient/health education materials, and tips improving patient-provider communications.
- ◆ **Patient Education Handouts:** New patient/health education handouts will be standardized to ensure that materials are written at appropriate reading levels and are culturally-relevant.
- ◆ **CRS Education Report:** A report is now available that specifically reports on the health/patient education that is occurring at every facility. This report provides information, such as number of patients receiving education and the topics, time spent, and the education provider.
- ◆ **Health Literacy:** A toolkit is being developed to encourage the integration of the impact a patient’s health literacy has on the patient’s understanding of their health care.
- ◆ **Media Development:** Health Education and OIT have developed Guidelines for the development of videos and other media within the Indian Health Service.
- ◆ **2011 PEPCs:** The new 2011 Patient Education Protocols and Codes are being field-tested. A new patch for the 2011 PEPCs will be released in the near future. New 2011 PEPC booklets are now available from [Mary.Wachacha@ihs.gov](mailto:Mary.Wachacha@ihs.gov). Please indicate the number of booklets you need, along with your name and mailing address.
- ◆ **The PEPC national committee will meet in June of 2011.** New requests for health/patient education topics are encouraged. Please send requests to Mary Wachacha.



## ***Health Literacy and Communication***

### **Keeping Up with Health Communication**

*By Chris Lamer, RPMS Investment*

Patient access to the Internet was assessed in 2007 through a voluntary RPMS report. This report showed that an average of 20% of the IHS user population had access to the internet; this percentage varied between 5% in the Alaska area and 37% in the Portland area. Although a follow-up assessment has not been performed, it is known that Internet access has increased across the country, largely due to new access points and the surge in smart-phone usage. Cell phone usage in general has increased, as well as text messaging.

New technology and increased access to information has led to the emergence of a new patient, called the **electronic patient** or **e-patient**. The e-patient is defined by Wikipedia as someone “who uses the Internet to gather information about a medical condition of particular interest to them, and who uses electronic communication tools in coping with medical conditions.”

The Internet is filled with healthcare resources. Patients can find drug or disease information, drug interactions, and latest treatment updates online or through free smart-phone applications. It is important to recognize that not all information from the Internet is trustworthy, but patients who know where to look can find information that will help them make the right personalized health decisions. We, as a health care system, need to recognize and acknowledge that patients have access to various forms of health information and will require our support in ways that are different. All forms of communication and information sharing must be evaluated for the future.

The **Patient Registration** application recently released a new patch that helps us to continue to identify patients who have access to the Internet as well as collecting patients’ e-mail addresses, gaining permission to e-mail them generic health education materials, and to identify their preferred method for receiving information, which can include phone, mail, or e-mail. As reported in another article, methods for secure messaging are being evaluated to facilitate open and secure communication with patients. The **Personal Health Record (PHR)** may be another tool for patients to communicate in the future. Advances in the adoption of remote monitoring and smart-phone utilization will also serve as new tools that can further improve communication and sharing of knowledge.

It is easy to forget that patients have goals for coming to the healthcare system that may not be the same as the clinical goals that are developed around practice guidelines. It is important to take the time to listen to patients, identify what they want out of the visit and to align those needs with the care provided. A **patient goals application** will be available in RPMS and the EHR soon; it will enable clinicians to document and follow up on patient goals to help track and monitor those actions that the patient is engaged in. By providing support, guidance, and knowledge we can help to improve patient satisfaction while often reducing the risks and complications associated with many chronic conditions.

Since the integration of newer technology will provide new options for patients to be better informed, it is important to understand that they may have more questions and greater needs in making appropriate health decisions. Universal precautions, use of low health literacy resources, clear communication, and patient goal-setting are ways that we can help patients engage in their self-care activities and potentially improve their health and that of the community.



## ***Health Literacy and Communication***

### **Patient-Centric Meaningful Use**

*By the Meaningful Use Team*

With all of the activity to support attaining Meaningful Use (MU) of the Electronic Health Record (EHR), we can lose sight of the impact on our patient population. Our patients already have the benefit of an EHR, so what are the improvements attained with achieving Meaningful Use? Here are a few:

- ◆ Computer-based Provider Order Entry (CPOE)
- ◆ Health Information Exchanges with other providers
- ◆ Drug-Drug and Drug-Allergy Checks
- ◆ Patient reminders for those 5 and younger and 65 and older
- ◆ Medication Allergy and Problem Lists for providers
- ◆ E-prescribing

Some features have been active in the IHS Resource and Patient Management System (RPMS) for a while, but some are new. And some enhancements are of particular importance for maintaining health information:

- ◆ **Electronic Copy of Health Information** - One MU criterion calls for patients to receive an electronic copy of their health information—including diagnostic tests, a problem list, a medication list, and medication allergies—within three business days of the request. Eligible providers and hospitals will meet this measure if they can do so more than 50% of the time.
- ◆ **Electronic Discharge Instructions** - Eligible hospitals and critical-access hospitals have a measurement criterion to provide electronic discharge instructions, if requested by the patient upon discharge. The successful completion of this measure is if more than 50% are fulfilled.
- ◆ **Clinical Summaries** - Eligible providers have a separate measure to provide clinical summaries to patients within three business days of the request. As with similar measures, the successful achievement is if more than 50% are fulfilled in the timeframe.
- ◆ **Patient Specific Education** - Patient education is an important facet of managing personal health. The certified EHR is used to identify patient-specific education resources. If the provider/hospital provide this to more than 10% of unique patients, this measurement is met.
- ◆ **Personal Health Record** - The Personal Health Record (PHR) enables patients to manage their health information in an on-line format. The PHR can fulfill the measure of providing patients with electronic access to their health information within four business days of availability. If this is done for more than 10% of unique patients, the criterion is met.

Although all of the Meaningful Use health IT and clinical measures are aimed at improving patient care, the specific measures identified in this article are those that the patient can manage or request. With these new tools, patients can better manage the communication with their providers and become more informed health consumers.

For more information about Meaningful Use, subscribe to the MU Listserv or go to the MU Website:

[http://www.ihs.gov/recovery/index.cfm?module=dsp\\_arra\\_meaningful\\_use](http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use)



## *Health Literacy and Communications*

# Secure E-Mail Between Medical Providers and Patients Coming to IHS

*By Matt Parkinson, DITO*

E-mail has become the primary method for communication between IHS employees, Tribal organizations, and other recipients outside of our organization. However, under the rules of the Health Insurance Portability and Accountability Act (HIPPA), IHS healthcare providers and employees are prohibited from sending Personally Identifiable Information (PII) or patient information via e-mail in an unsecured fashion.

To address this and improve the quality of, and access to, care through improved provider/patient communication, the IHS Central E-mail Service (CES) team is piloting a new e-mail encryption technology that will enable IHS staff to securely send e-mail to their patients or other recipients outside of the IHS. The solution, called **Cisco Iron Port PXE Encryption**, was selected because, unlike other encryption technologies, it requires no training or advance coordination between the IHS healthcare provider and the patient/recipient.

Once the pilot testing phase is complete and the technology is in full production (currently scheduled for the end of January 2011), users of the IHS CES will be able to easily secure messages by simply choosing to set the Confidential flag on the e-mail before sending. This informs the Iron Port PXE tools to encrypt the message before transmitting the content to the recipient's e-mail service provider outside of the IHS private network. When the message is received by the patient or other recipient, they need only register with the **Cisco Registered Envelope Service (CRES)** website once to open the content of this and all future encrypted messages from IHS staff.

The IHS CES Team extends many thanks to the Area Chief Medical Officers for helping identify volunteers and to the volunteers themselves who are helping us test and deliver this technology to the Indian Health Service.

Additional details about this technology can be found at the Cisco website at the following URL:

[http://www.ironport.com/technology/ironport\\_pxe\\_encryption.html](http://www.ironport.com/technology/ironport_pxe_encryption.html).

You can also send queries directly to the CES Team, at:

[Postmaster@ihs.gov](mailto:Postmaster@ihs.gov)





## ***Hot Topic***

# **New Care Management Event Tracking Module in iCare**

*By Lindsay Félix and Cindy Gebremariam, RPMS Investment*

The Care Management Event Tracking (CMET) module (v1.0) in the iCare v2.1 release is a major milestone in the continuing effort to provide a comprehensive population management tool that enables providers to proactively manage their patients.

The functionality for CMET was informed by the Women's Health workgroup, who identified the need for a way to electronically track and manage their patients' care, so that patients receive appropriate and timely follow-through.

CMET was designed to act like an old fashioned "tickler" file, in that providers are made aware of procedures that have been completed, so that they can look for results and make decisions about their patients' care. The Women's Health workgroup wanted to feel confident that they could avoid the "fall through the cracks" syndrome, which CMET accomplishes by informing providers of the need for action.

## ***The CMET Steps***

CMET organizes patient care management into four sequential steps:

1. **Initial Event** - Procedures, screenings, and/or exams related to four categories: Breast, Cervical, Colon, and Skeletal.

**Note:** Subject Matter Experts (SMEs) have defined over 50 Events for CMET v1.0 with a concentration on Women's Health events. It is expected that the list of events that can be tracked through CMET will be expanded, based on user feedback.

2. **Documentation of a Finding** - Abbreviated results that have been pre-defined for each Event.
3. **Recommendation for Follow-up** - The clinician's recommendation for what the next step will be, whether that is routine screening or further diagnostic studies.
4. **Patient Notification** - The final step makes the patient aware of both the results and the recommendations for follow-up.

## ***Working with CMET Information***

Providers can view and track the progress of their patients' care from several viewpoints:

- ◆ Main View - Displays CMET-related information for the entire site.
- ◆ Panel View - Displays CMET-related information for a specific population.
- ◆ Patient View - Displays CMET-related information for an individual patient.

*Continued on next page*







## *The CMET Module in iCare continued*

### ***Installation and Setup***

The installation of iCare v2.1 does not require users to start using CMET: it simply adds a new functionality that did not exist in previous versions. Attendance at one or more of the CMET WebEx training sessions prior to use is strongly recommended. You can register for these sessions through OIT Training office website:

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

The process for setup is relatively simple:

- ◆ Site Manager loads and sets up the background job.
- ◆ iCare Package Manager or Taxonomy Editor checks taxonomy contents.
- ◆ iCare Package Manager assigns CMET Package Manager.
- ◆ CMET Package Manager sets up Tickler Timeframes and Batch Processing values.
- ◆ Users establish preferences related to Layouts and CMET filters.

### ***Resources for Learning More***

A CMET listserv has been established to share best practices, answer questions, and in general support the Care Management Event Tracking functions. Users are encouraged to sign up for this listserv.

For more information on the CMET module, please contact Cindy Gebremariam at:

[Cynthia.Gebremariam@ihs.gov](mailto:Cynthia.Gebremariam@ihs.gov).



## Hot Topic

# New VPN Ready to Roll Out

By Kathryn Lewis, DITO

### What Is a VPN?

Like commercial corporations, IHS has a number of “road warriors” who travel regularly to perform their duties. These people—as well as telecommuters—need to be able to access the IHS network from the road or from their home offices.

To enable such access, IHS uses a **Virtual Private Network (VPN)**—a computer network that uses a public telecommunication infrastructure (e.g., the Internet) to provide remote users with secure access to our IHS network.

### About the New VPN

A recent ARRA project for OIT has been the development of a new VPN for IHS—one that plugs the security holes of the previous one. To this end, the new VPN incorporates the following:

- ◆ Two-factor authentication of remote users, with either a physical token (Entrust) or a verification phone call (PhoneFactor).
- ◆ Citrix products to provide secure access to applications, such as MS Word and Excel.

The new VPN also lets you establish a remote session with a machine on the IHS network, so that you can access their applications (e.g., EHR). However, due to security requirements, it also imposes certain limitations; for example, you can save and access files only on your network drive, not locally to your laptop or home computer.

### User Migrations

As of now, the new VPN is ready to roll out to the field. All testing of equipment configurations and security settings is complete. A test group of users has been working with this VPN for several months, using both Entrust and PhoneFactor authentication. Additionally, the Enterprise Technology Services (ETS) team has held communications and training sessions with the OIT Help Desk and the NOSC, to ensure that they are ready to provide support for the new VPN.

The next step, to migrate the remaining VPN users, begins on November 30<sup>th</sup>. This migration will occur in phases, with groupings determined by the type of two-factor authentication chosen by the user—PhoneFactor or the Entrust physical token. The migration will probably start with PhoneFactor users while the Entrust tokens get shipped.

If you have been authorized to use the VPN, you may have already received one of the series of notifications, which start two weeks in advance of your planned migration date. As part of the notifications, you will also be provided with the *IHS VPN User Guide*, which explains two-factor authentication and gives instructions for logging in and working with the new VPN.

**NOTE:** If you currently are not an authorized VPN user but believe you need remote access, please discuss your requirements with your supervisor.



## News to Use

# ISDP: Are You Paying Too Much for Software?

By Jamie Bolgiano and Ashley Byer, NIH CIT

Software is a major component of the IHS IT Infrastructure supporting your daily activities. But purchasing new software is often complicated and time-consuming and may leave you with the sense that you've spent too much in both time and money. Wouldn't it be nice to have someone else manage the whole process for you? ISDP is here to do just that, and to ensure you get the best price for the software you need.

### What Is ISDP?

The **Information Systems Designated Procurement (ISDP)** Program is an NIH software acquisition program, found within the Center for Information Technology (CIT) but serving all of the Department of Health and Human Services (HHS). ISDP saves HHS employees both time and money by leveraging large volume purchasing agreements at discounted pricing. The program is able to negotiate lower prices for a variety of software products used by HHS employees on a daily basis.

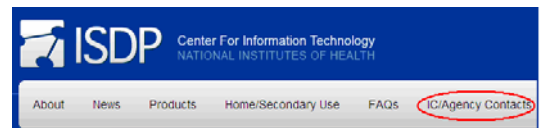
Highlights of the ISDP Program include:

- ◆ Direct negotiation with vendors to obtain the **best price available**.
- ◆ Handling of all of the **administrative work**, including licensing and contract management.
- ◆ Customer perks: Download of Microsoft Office 2010 onto your home computer for **only \$9.95!**
- ◆ Great discounts, easy access to major products, and substantial savings for customers.

### How Can I Get Started?

To get started, go to the ISDP program's newly redesigned website at: <http://isdp.nih.gov>.

After browsing the Product list to determine which software you are interested in, click the **IC/Agency Contacts** link to locate the IHS contact for your Area or office. Then, simply reach out to your contact directly to obtain the software.



### Features of the ISDP Website

The ISDP website provides customers with a convenient and user-friendly way to access information about the ISDP program. Some of the site's features include:

- ◆ An easy way to locate and contact an ISDP representative to assist with the installation of your software.
- ◆ A **News** section to keep you updated on recent software acquisitions and new software upgrades.
- ◆ A redesigned **Products** page containing a Product Search Filter that makes finding the software products and prices much easier.
- ◆ An **Enrollment** section that contains a list of *exactly* which software is included in each ISDP Enrollment Bundle.

ISDP's goal is to create cost effective software solutions. To start saving today, visit the ISDP website at <http://isdp.nih.gov> or e-mail us at [NIHISDP@mail.nih.gov](mailto:NIHISDP@mail.nih.gov).



## News to Use

### Usability of Websites on IHS.gov

By Michael McSherry and Denean Standing-Ojo, DITO

Have you ever got lost on [www.ihs.gov](http://www.ihs.gov), or not been able to find what you were looking for? The problem may be usability. Per the OMB Policies for Federal Public Websites, we have to ensure not only that web content is up to date, but also that it is written and organized from the audience point of view and Section 508 accessible. While the IHS Web Team works to improve the content and usability of IHS.gov websites, it also needs content managers to assist in this effort.

One way we are looking to improve content is through actual user studies. Below is an image of what is called an 'F Pattern,' showing the primary parts of the page that users view. This sort of information helps us determine where to place important links and content.



Some ways to check that your website content is up to date and in a user-friendly format are:

- ◆ Know who your Web Team account manager is. This person will be able to provide the technical assistance needed to update your website.
- ◆ Review and update your content regularly, at least once a month.
- ◆ Make sure to check for grammar, spelling, and 8<sup>th</sup> grade reading level.
- ◆ Check your website's Section 508 Accessibility status with Web Services Management and develop a plan to become compliant if your website is not.
- ◆ Make sure your website has a clean design and clear/concise navigation. Unsure if your website has these things? Try squinting into your screen: Do you see groups of content? Squinting allows you to see the graphical layout and not focus on the content.
- ◆ If your website's topic speaks to a variety of users, consider tailoring specific sections to each audience to avoid clutter; or even consider a separate website for each audience.
- ◆ Cut back on the words. Yes, everyone should know that your Program/Office/Area Office/Service Unit is great, but studies show that people do not like to read a bunch of text on websites. Keep it short and to the point.

A website is a great way to get information out to customers. But to ensure they actually get the information, it is essential that it is well organized and regularly updated.

For questions about all things IHS Web, please contact [IHSWEBAdmin@ihs.gov](mailto:IHSWEBAdmin@ihs.gov).



## News to Use

# Social Networking Tips

*From StaySafeOnline.org, the National Cyber Security Alliance, via Cathy Federico, DIS*

- ◆ **Privacy and security settings exist for a reason:** Learn about and use the privacy and security settings on social networks. They are there to help you control who sees what you post and manage your online experience in a positive way.
- ◆ **Once posted, always posted:** Protect your reputation on social networks. What you post online stays online. Think twice before posting pictures you wouldn't want your parents or future employers to see. Recent research (<http://www.microsoft.com/privacy/dpd/research.aspx>) found that 70% of job recruiters rejected candidates based on information they found online.
- ◆ **Keep personal info personal:** Be cautious about how much personal information you provide on social networking sites. The more information you post, the easier it may be for a hacker or someone else to use that information to steal your identity, access your data, or commit other crimes, such as stalking.
- ◆ **Protect your hardware:** Safety and security start with protecting computers. Install a security suite (antivirus, anti-spyware, and firewall) that is set to update automatically. Keep your operating system, Web browser, and other software current as well, and back up computer files on a regular basis.
- ◆ **Know and manage your friends:** Social networks can be used for a variety of purposes. Some of the fun is creating a large pool of friends from many aspects of your life. That doesn't mean all friends are created equal. Use tools to manage the information you share with friends in different groups or even have multiple online pages. If you're trying to create a public persona as a blogger or expert, create an open profile or a "fan" page that encourages broad participation and limits personal information. Use your personal profile to keep your real friends (the ones you know and trust) more synched up with your daily life.
- ◆ **Be honest if you're uncomfortable:** If a friend posts something about you that makes you uncomfortable or you think is inappropriate, let them know. Likewise, stay open-minded if a friend approaches you because something you've posted makes him or her uncomfortable. People have different tolerances for how much the world knows about them: respect those differences. Post only about others as you would have them post about you.
- ◆ **Know what action to take:** If someone is harassing or threatening you, remove them from your friends list, block them, and report them to the site administrator.
- ◆ **Be cautious about messages you receive on social networking sites that contain links:** Even links that look they come from friends can sometimes contain malware or be part of a phishing attack (attempts to collect personal information—logon and password and other identifying information—by pretending to be a message from a friend or a business). If you are suspicious, don't click: contact your friend or the business directly to verify the validity.

Learn more at [www.staysafeonline.org](http://www.staysafeonline.org).



## News to Use

### CPIC Web Page Updates

By Carl Gervais, DPMB

Check out the new and updated information posted on the Capital Planning and Investment Control (CPIC) web page:

<http://www.ihs.gov/CIO/cpic/>

- ◆ **NEW** - **2011 IT Governance Schedule:** If you have a Business Case that needs to be approved, check out this schedule to determine when you need to have your Business Case completed. The Technical Review Board and the Information Technology Review Board meet once quarterly.
- ◆ **NEW** - **Annual IT Investment Review CIO Memo:** The CIO issues a memo to all Headquarters and Area Office Directors and Contracting Offers informing them of the requirement to provide a Business Case for all IT projects that have a 5-year life cycle of \$25,000 or more.
- ◆ **NEW** - **Links to the IT Dashboard by Investment:** All three of the IHS Investments are posted on the IT Dashboard. The IT Dashboard is a website that enables federal agencies, industry, the general public and other stakeholders to view details of federal information technology investments. The purpose of the Dashboard is to provide information on the effectiveness of government IT investments. The Dashboard is now being used by the Administration and Congress to make budget and policy decisions.
- ◆ **UPDATED** - **Business Needs Statement and Business Case Templates:** The CPIC web page is the place to find the most current versions of the templates required to be completed for IT projects totaling over \$25,000 for a 5-year life cycle. A separate instruction document is also posted to provide guidance in filling out the Business Case template.





**News to Use**

**RPMS & EHR Training Update**

*By Kimberlee Crespin-Richards*

**Completed Training**

During the first two and a half months of this quarter (September 2010 - Nov 12, 2010), 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  | PARTICIPANTS |
|---------------|-----------|--------------|
| Aberdeen      | 3         | 55           |
| Albuquerque   | 6         | 102          |
| Anchorage     | 3         | 31           |
| Bemidji       | 2         | 37           |
| Nashville     | 1         | 10           |
| Oklahoma City | 13        | 122          |
| Portland      | 4         | 56           |
| Sacramento    | 2         | 35           |
| WebEx         | 29        | 658          |
| Window Rock   | 2         | 34           |
| <b>TOTALS</b> | <b>65</b> | <b>1140</b>  |

**Scheduled Training and Registration**

- ◆ **NEW** – To see the latest web-based training sessions on RPMS application patches, see: <http://www.ihs.gov/RPMS/index.cfm?module=home&option=OITTrainingLinks>
- ◆ To register for OIT sponsored RPMS and EHR training, visit the following link: <http://www.ihs.gov/RPMS/index.cfm?module=Training&option=index&sortChoice=Title&newquery=1>
- ◆ To read summaries of all OIT-sponsored RPMS training sessions, check out our training pamphlet: <http://www.ihs.gov/Cio/RPMS/Training/docs/TrifoldRPMSTrainingFINAL.pdf>



## ***Contributors***

- ◆ **Jamie Bolgiano** and **Ashley Byer** work for NIH as Booz-Allen contractors in the Center for Information Technology (CIT) in Bethesda MD. They are responsible for Outreach and Communication for the ISDP program.
- ◆ **Kimberlee Crespín-Richards** is the OIT Training Coordinator, based in Albuquerque NM.
- ◆ **Kathleen Federico** is the IHS ISSO, based in Albuquerque NM, working in the Agency Security Program.
- ◆ **Lindsay Félix** is a Battelle Contractor working as an iCare and PCC Business Analyst in Arlington VA.
- ◆ **Cindy Gebremariam** is a DNC Contractor working as an RN Clinical Analyst in Tucson AZ.
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- ◆ **Chris Lamer** is a Management Analyst and the Federal Lead for the Personal Health Record, responsible for the oversight of PHR project development and deployment. He is based in Nashville TN.
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## ***About the OIT Newsletter***

The IHS OIT Newsletter is sponsored by IHS CIO Dr. Theresa Cullen. 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:

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