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About This Issue

The Office of Information Technology is committed to providing you with timely updates on our work. We support the Director Priorities through our efforts to improve the health information technology capacity throughout the Indian Health System. This issue of the OIT Newsletter covers three exciting events for OIT:

- EHR Certification for RPMS
- Moving the OIT-Albuquerque Data Center
- Tribal Share Listening Sessions

The recently announced HHS *Innovates* Award for the project, "Using Electronic Health Records for Public Health Surveillance," (which was implemented jointly by IHS, CDC, and FDA) reflects our belief that HIT helps achieve health equity for American Indian/Alaska Native communities.

This OIT newsletter also includes updates on the Meaningful Use initiative, telemedicine between IHS sites and the Brigham and Women's Hospital, VistA Imaging, and the newest IHS acronym "CES." You can also start getting up to speed with IDC-10 Conversion and the IDR Initiative.

Thanks for your ongoing interest and support of the Office of Information Technology. And happy reading!

— Theresa Cullen

Hot Topic

EHR Certification for RPMS

by Chris Lamer, EHR Certification Team Lead

The Office of Information Technology (OIT) is proud to announce that the RPMS-EHR meets all of the requirements for participating in the Meaningful Use initiative. The RPMS-EHR will be certified for both Eligible Providers (ambulatory care) and Hospitals (inpatient care).

The Centers for Medicare and Medicaid Services (CMS) initiated the Meaningful Use programs to provide incentives for eligible providers and hospitals who are using an EHR in a meaningful way. The Office of the National Coordinator (ONC) created requirements for what an EHR should do and the National Institute of Standards and Technology (NIST) created a certification exam to ensure that an EHR meets these requirements.

OIT prepared the RPMS-EHR for certification testing which was conducted in late February. Testing was conducted by a company called InfoGard who served as our Authorized Testing and Certification Body (ATCB). We demonstrated that the RPMS was compliant with more than 200 requirements which had been extensively reviewed, analyzed and tested over the past year. These requirements ranged from how the EHR is used to document a patient encounter to how data is shared from RPMS to other health care facilities or made available to patients electronically through the Personal Health Record (PHR).

The EHR Certification team is happy to report that testing of the RPMS-EHR is completed and was found to be compliant with all tests. At the time of this writing, we are awaiting the ONC announcement stating that the RPMS-EHR is certified for meaningful use and published on the ONC Certified Health IT Product List website (<http://onc-chpl.force.com/ehrcert>). Sites should be able to start installing the certified RPMS-EHR system beginning in April 2011.

The OIT would like to thank the many people who worked hard to accomplish this task.





Hot Topic

Moving the OIT-Albuquerque Data Center

by Kathryn Lewis, ETS

Starting at 7am on Friday, April 1st, the Enterprise Technical Services (ETS) team along with IT personnel from other groups (such as DIT, DIS, and NPIRS) began shutting down equipment at the OIT-Albuquerque Data Center in the Homestead building in preparation for moving them to a new and more modern space at the Bureau of Indian Affairs (BIA) building.

Why We Moved

The OIT-Albuquerque Data Center has been growing steadily, and was reaching the limits of the current facility with regard to power and cooling. At the same time, the Federal Data Center Consolidation Initiative (FDDCI) had a goal of “reducing the overall energy and real estate footprint of government data centers.” In 2006, the BIA had constructed a new office building in Albuquerque that included a spacious up-to-date data center facility already configured to host data centers for other agencies as well as the BIA’s. As a result, IHS signed a Memorandum of Understanding (MOU) with the BIA for data center consolidation at the BIA.

Planning and Preparation

Planning for the move began over a year ago. Disruption of the critical services provided by the OIT-Albuquerque Data Center—e.g., the IHS network and web sites—had to be kept to a minimum.

Preparations started with research and consultations (with Gartner and others) to become familiar with “best practices” and “lessons learned” from others’ moves. Affected users of each system were identified so that they could be notified before a service was taken down.

Each team developed detailed migration plans and test plans for their equipment. The teams also worked together to create an exhaustive **Playbook**—a spreadsheet of over 1,000 lines (44 pages!) that lists each step, task, and activity in order—along with the individual person responsible for performing it and when. This Playbook was then tested in several Mock Runs. Finally, throughout the month of March, ETS, the NOSC, and others were busy setting up the IHS infrastructure at the BIA—circuits, switches, routers, etc.—and performing Beta Tests.

Homestead Exodus, April 1st

The actual move of equipment out of the Homestead computer rooms was accomplished in three shifts on April 1st, with the first shift starting at 7am and the last at 5pm. Each shift included unplugging, unracking, packing, loading, and transport of the servers for that shift.

A key element in the move was the **Control Room**, or command center, at each site (Homestead and the BIA). Each Control Room was connected to a phone bridge, with the Playbook and other documents accessible via WebEx (pages of the Playbook were also taped to the walls). Walkie-talkies were used to communicate between the Control Rooms and the Data Centers—and with the Property Management Team, who verified the inventory and oversaw the loading and unloading of equipment.

Continued on next page

Moving the OIT-Albuquerque Data Center *continued*



Mark Rives (DITO Acting Director) and Kathryn Lewis (ETS Manager) man the Control Room at Homestead.



Meanwhile, within the computer rooms at Homestead, other ETS staff members were supervising the moving vendor crew as they packed the equipment and loaded it on the truck for transport.



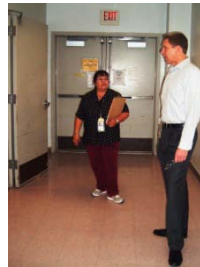
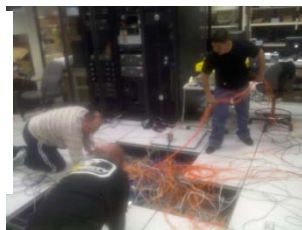
Chris Lujan, Property Manager, stands ready to verify the inventory as it leaves the building.



Stephen Freeman and Kathryn Lewis, with walkie-talkies in hand.



Staff had to wrestle with "spaghetti" cabling under the floor.



Erlinda Jojola of Property Management and DCIO Chuck Gepford inspect the loading dock.

Moving In to the BIA, April 2nd and 3rd

Moving out was the easy part. Once the equipment arrived at the BIA, it had to be unloaded, unpacked, racked, and cabled before it could be restarted. Since the critical servers did not arrive at the BIA until late Friday evening, this work had to be done during the late-night hours and into the morning. The entire ETS Team stepped up. People stayed late or came in early to make sure that the timelines were met.

As each server came up, its test plan was executed to ensure that all systems were operational. Validation continued through Saturday afternoon. Final cleanup and wrap-up occurred right on schedule, as specified in the Playbook, at 4pm Saturday, although it was already clear earlier in the day that the move had been completed successfully.



Eric Lujan and Tom Lowden hard at work at the BIA.

Continued on the next page

Moving the OIT-Albuquerque Data Center *continued*

As Deputy Chief Information Officer Chuck Gepford observed, a move like this “is one of the most complicated evolutions that is carried out in an IT production environment.” Having accomplished it, OIT now has experience and expertise that it can share with Areas and ISCs who may well face data center moves and consolidations of their own in the future.

We know now that our critical systems are housed in a space designed for them, with modern UPSs, two massive backup generators, and state-of-the-art cooling!

Thanks everyone!



Work continues throughout the night.



NPIRS team and others brainstorm a problem.



Chuck Gepford, Kathy Lewis, and Mark Rives in the BIA Control Room.



Project Manager Ruben Duran and ETS Team members in the BIA Control Room.



Kathy Lewis assesses progress while Mike Martinez and Tom Hussey confer.



Stephen Freeman and Robert Montoya check on equipment.



Stephen Freeman and Robert Montoya take a break at the end of a long and grueling day.



Team members relax after completing their work successfully.



Hot Topic

OIT Tribal Shares Listening Sessions Underway

by Lisa DeCora and Raymond Willie

On August 16, 2010, Dr. Roubideaux sent a letter to Tribal leaders announcing a plan to develop proposals for information technology (IT) Tribal shares. This letter directed the OIT to coordinate Area-based listening sessions to gather input from IHS/Tribal/Urban programs. These sessions are designed to elicit feedback on OIT Tribal Shares for the following services:

- ◆ Infrastructure, Office Automation, and Telecommunications (IOAT)
- ◆ Resource and Patient Management System (RPMS)
- ◆ National Patient Information Reporting System (NPIRS)

The listening sessions are one-day events that begin at approximately 8:30 am and conclude by 4:30 pm. (These times may be adjusted by the Area Office.)

Sessions already completed include:

- ◆ California Area: Thursday, March 17, 2011
- ◆ Alaska Area: Monday, March 21, 2011
- ◆ Phoenix Area: Tuesday, March 29, 2011
- ◆ Tucson Area: Thursday, March 31, 2011

Upcoming sessions are as follows:

- ◆ Nashville Area: Thursday, April 7, 2011
- ◆ Albuquerque Area: Tuesday, April 12, 2011
- ◆ Navajo Area: Thursday, April 14, 2011
- ◆ Portland Area: Thursday, April 21, 2011
- ◆ Oklahoma Area: Tuesday, April 26, 2011
- ◆ Billings Area: Wednesday, May 11, 2011
- ◆ Aberdeen Area: Tuesday, May 17, 2011
- ◆ Bemidji Area: Thursday, May 19, 2011

An agenda and other pertinent information is posted on the IHS IT Tribal Shares Improvement Project website at <http://www.ihs.gov/TribalShares/>. The website will be updated with copies of OIT's PowerPoint presentations and summaries from each listening session (within 30 days of each session).

OIT is also accepting feedback (questions, comments, suggestions) regarding the IT Tribal Shares regarding the IT Tribal shares Improvement Project at TribalShares@ihs.gov. The deadline for feedback on improving OIT services is June 15, 2011.



Meaningful Use

The Meaningful Use Team Is Moving Forward

by the OIT EHR Certification and Meaningful Use Teams

The Meaningful Use (MU) team is pleased to announce its recent accomplishments. Here is a sampling of accomplishments and projects underway, in addition to the EHR Certification.

NOTE: In this article, the term "RPMS" refers to the complete RPMS system, including the EHR GUI.



Monitoring MU Performance

As part of the new updates to the RPMS, new MU Performance Reports for eligible professionals (EPs) and hospitals for measuring MU performance will be included in PCC Managements Reports and iCare. Providers and facility staff will run these reports periodically to measure MU performance for participation in the Medicare incentive program.

New MU clinical quality measure reports will also be added to the Clinical Reporting System (CRS) for reporting of nine EP and 15 hospital MU measures.

MU Field Team

In the field, 12 Indian Health Service (IHS) Area MU Coordinators and 15 Area MU consultants are in place, and training sessions and materials to assist them are in progress. The team members are conducting MU Readiness Assessments at facilities in their respective Areas.

A Toolkit for the Field

The MU National Team is creating a toolkit for MU Field Team and facility staff to use toward achieving MU. Other tools for the kit are being explored. Thus far, the contents of the toolkit include:

- ◆ Quick checklists for EPs and hospitals give an overview of the essential steps needed to achieve MU; an accompanying manual lists detailed steps and links for further information.
- ◆ An MU Readiness Assessment tool is being administered to facility staff to evaluate its readiness and progress toward meeting MU requirements and adopting a certified EHR. Area MU Coordinators and Consultants will use this information to evaluate facility staff training needs and then provide a Facility Action Plan to define next steps.
- ◆ The MU Cheat Sheet gives specific guidance on how to meet each MU measure in a concise, easy-to-read format.

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The Meaningful Use Team Is Moving Forward continued

- ◆ An automated tool to remotely check facilities’ RPMS systems is being created. This tool will enable the MU and facility staff to determine whether their installation of RPMS is the certified version and determine what assistance facilities need.

*For a list of MU Coordinators and IPC/MU Consultants, go to the following and click the link at the top of the page:

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

Upcoming MU Training and Conferences

This spring, the MU National and Field Teams will be on the go providing and participating in various trainings and MU conferences taking place throughout the country, some of which are listed below.

DATES	TRAININGS
April 5-6	Portland Area MU Conference. Portland, OR
April 28-May 1	EHR Inpatient Onsite Setup, End User, and Go Live Training Class, WebEx to sites from Albuquerque, NM
April 29-31	CMS HITECH Act Training Seminar, Southern CA
May 2-5	CAO Dental Conference Sacramento, CA
May 2-6	Tribal Self-Governance Annual Conference, Palm Springs, CA
May 4-6	Advances in Indian Health Conference, Albuquerque, NM
May 4-6	Aberdeen/Billings Joint Area MU Days Conference
May 9-11	Alaska MU Summit, Anchorage, AK
May 16-20	EHR for MU Guide training, Albuquerque, NM, WebEx to 11 sites from Albuquerque, NM
May 23-26	Medical Providers Best Practices, MU and GPRA Measures in Sacramento, CA
May 24-26	3 rd Annual Multi-State CMS HIT Conference, Baltimore, MD



Meaningful Use

National Indian Health Board AI/AN National REC

By Tom Kauley, NIHB, and Michelle Ruslavage, USET

In 2010, the National Indian Health Board (NIHB) received approval for a cooperative agreement award from the Office of the National Coordinator (ONC) for Health IT to establish the **NIHB American Indian/Alaska Native National Regional Extension Center (NIHB AI/AN National REC)**. The NIHB AI/AN National REC's goal is to ensure that providers throughout the Indian Health System - Indian Health Service (IHS), Tribal, and Urban Indian (I/T/U) facilities - receive resources to support electronic health record (EHR) adoption and use health information technology to achieve Meaningful Use of certified EHRs. NIHB will need the teamwork assistance of the Tribes and Tribal Organizations, IHS and urban Indian organizations to make this project a success.

As the lead organization, NIHB made its first REC sub-recipient award in February 2011 to United South and Eastern Tribes, Inc. (USET). NIHB and the ONC are currently in the process of reviewing other potential sub-recipient awards to serve Tribal communities across the country. Each sub-recipient award will support the NIHB AI/AN National REC's efforts to assist providers in becoming meaningful users of certified EHR technology to improve the quality and value of health care provided to Tribal patients.

NIHB's AI/AN National REC will earn funding from ONC as individual providers meet each milestone. The following bullets provide a brief overview of the three milestones:

- ◆ **Milestone #1** - Secure provider agreements - provider agreement solicitation (I/T/U providers), collection, tracking and reporting as necessary to secure provider agreements to receive REC services.
- ◆ **Milestone #2** - Identify and report the numbers of providers by I/T/U facilities that have "gone live" with a certified EHR.
- ◆ **Milestone #3** - Identify and report providers by I/T/U facilities that have met meaningful use criteria as defined by CMS.

USET has hit the ground running to support NIHB's services. Since February 1, 2011, USET's activities to date include:

- ◆ Launching an EHR and Meaningful Use (MU) website at www.usetinc.net/ehr. This will be a dynamic website and will soon be posted on the NIHB website as a link.
- ◆ Developing a series of tip sheets on topics including provider eligibility, the Medicare and Medicaid EHR incentive programs for providers, and what Health Directors need to know about the EHR incentive programs and meaningful use.
- ◆ Collaborating with the IHS EHR Deployment and MU Support Teams to develop complementary work plans.
- ◆ Securing the services of seven clinical consultants to support EHR deployment and implementation (3 pharmacists, 2 nurses, 1 lab, and 1 deployment coordinator).

NIHB extends many thanks to the numerous Tribal organizations and Indian Health Service for partnering together to make the NIHB AI/AN National REC a reality. Additional details can be found at <http://www.nihb.org/rec/rec.php>.



Telemedicine

Brigham and Women's Hospital Outreach Program

by Thomas D. Sequist, MD, MPH

The Indian Health Service has partnered with Brigham and Women's Hospital (BWH) to increase access to needed specialty services in remote American Indian/ Alaska Native (AI/AN) communities.

The BWH Outreach Program

Brigham and Women's Hospital (BWH) is a teaching affiliate of Harvard Medical School in Boston, MA, with approximately 1,000 staff physicians covering the full spectrum of medical and surgical specialties. In 2008, BWH created an Outreach Program to allow BWH physicians to partner with clinical colleagues in the IHS to improve the health status of AI/AN. The IHS sites currently partnering with BWH in this effort include the Northern Navajo Medical Center and the Gallup Indian Medical Center.

Since the program's inception, 25 BWH physicians have volunteered on site at these facilities, representing numerous specialties including rheumatology, cardiology, dermatology, neonatology, neurology, and many others. In addition to providing direct patient care, the volunteer physicians provide skills training and educational lectures for the IHS staff at each facility.

Expanding Care with Telemedicine

To build on the significant relationships developed during these on-site volunteer opportunities, the program also includes a longitudinal component delivered through telemedicine technology. BWH physicians communicate with IHS clinical colleagues via videoconferencing technology and conduct 'medical rounds', hearing challenging clinical cases presented by IHS physicians and providing specialty input as well as teaching, based on the clinical area.

The first video conference was held in November 2010 between the Northern Navajo Medical Center and BWH physicians from the Division of Rheumatology. The one-hour conference was a coordinated effort among IHS IT support staff in Aberdeen and Shiprock, working with IT staff at BWH. Test calls were conducted prior to the actual video conference to ensure compatibility among all systems, with conference bridge support provided by both Aberdeen and Boston video engineers. Importantly, the rheumatologists involved in the videoconference had visited Shiprock earlier in the year, establishing a working relationship with the IHS physicians. The videoconference allowed them to continue their relationship with their IHS colleagues, as well as provide direct clinical consultation for each of three clinical cases, including follow-up on a patient that had been evaluated during an earlier on-site volunteer visit. The session was very interactive, and viewed very positively by all involved.

A second Rheumatology videoconference between Shiprock and BWH, held February 16th, was also a great success, and a third one is scheduled for April 6th. Additionally, plans are underway to expand the program to Gallup.



Health Literacy and Communication

Patient Wellness Handout and the Personal Health Record

by Chris Lamer and Dan Weikart, RPMS Investment

It is important for patients to have access to their health information in order to make the best health choices, whether it be the type of surgery to choose, a medication to take, or the best foods to eat to keep healthy. The RPMS not only provides information to clinicians: it is designed to provide information to patients through the Patient Wellness Handout (PWH) and the Personal Health Record (PHR).

Patient Wellness Handout (PWH)

The PWH is a paper-based report for patients, combining information from their medical records along with an explanation of their results. It can be used for a number of purposes:

- ◆ To provide patients with a listing of the recommended health maintenance services that are due.
- ◆ To serve as a tool to promote health communication.
- ◆ As a portable record of selected health information.

The PWH can be generated on demand by anyone who is providing care to the patient. The PWH v2.0 was released in 2009 and v3.0 is currently in development.

Personal Health Record (PHR)

The PHR is an online application, developed through ARRA funding, to meet the requirements for EHR certification and Meaningful Use. The current version of the PHR is scheduled to be released this winter and will provide patients with the option of creating an account to view their medications, recent labs, problem list, and allergies. The PHR will operate alongside the Master Patient Index, so patients will be able to see their medical record information from multiple sites.

Improving health communications, access to health information and resources, and clear communication can help to improve the health and well being of the patients we care for.



Healthcare Technology

Initial Steps for the ICD-10 Conversion

by Janice Chase and Barry Dickman

As Health Insurance Portability and Accountability Act (HIPAA) covered entities, all Indian Health Service/Tribal/Urban (I/T/U) programs must use the International Classification of Disease, 10th Revision (ICD-10) codes on all HIPAA electronic transactions (claims, etc.) by October 1, 2013. The current Ninth Revision (ICD-9) is obsolete and unable to meet current health care data needs or support the transition to an interoperable health data exchange in the United States.

Conversion to ICD-10 will meet HIPAA mandates and position I/T/Us to take a lead role in implementing ICD-10 in their respective programs. This investment requires changing, testing, and validating internal and external systems needed to accept and use ICD-10 codes for reimbursement and reporting. It is critical for the ICD-10 conversion to have active participation from all I/T/U stakeholders.

The ICD-10 Steering Committee, made up of OIT and business stakeholders, has been actively planning ICD-10's future implementation. The Committee has been holding monthly meetings to develop the Sub-Groups and further reach out to I/T/U stakeholders. The following Sub-Groups have been identified as ICD-10 key areas that will need involvement from the I/T/U community:

- ◆ Technical Development
- ◆ Training
- ◆ Outreach and Awareness (*Communications*)
- ◆ Business and Revenue Cycle
- ◆ Data Management: Data Marts, Data Warehouse, EPI, CMS IDR and other uses of data

The goals of these Sub-Groups will be to identify the required changes and tackle the "hands-on-work" for a successful conversion to ICD-10.

Should you have any questions or wish to participate on a workgroup, please contact Janice Chase (Janice.Chase@ihs.gov) or Barry Dickman (Barry.Dickman@ihs.gov).



Healthcare Technology

What Is VistA Imaging?

by Catherine Moore

VistA Imaging (VI) enables EHR users to view scanned documents and clinical images (photos, radiographs, etc.) that are linked to a patient's electronic record. It also provides Picture Archiving and Communication System (PACS) capabilities for the long-term storage of radiographic images. VistA Imaging provides clinicians with access to all images and text data in an integrated manner that facilitates the clinician's ability to make patient care decisions in a timely and accurate way.

The IHS VistA Imaging Program is led by Catherine Moore, Project Coordinator and Carolyn Rhodes, Technical Coordinator. The team provides implementation support, training, technical support, and project management support.

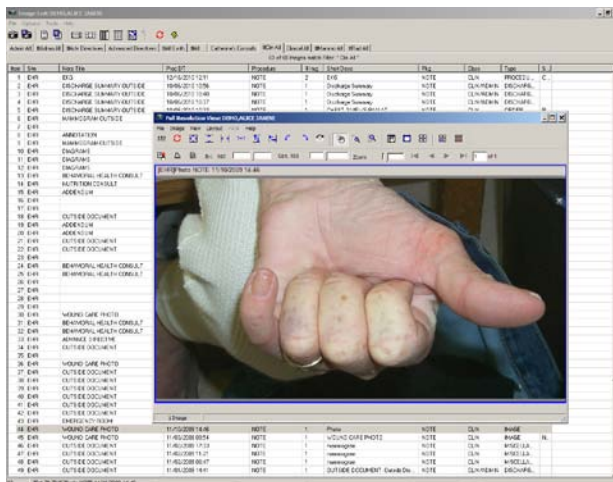
IHS adopted the Veteran's Health Administration (VHA) program, VistA Imaging (VI), in 2006. The Portland Area Office was the first IHS Area to implement VI, followed by the Nashville Area, Navajo Area, Billings Area, Phoenix Area, and several tribal facilities in Oklahoma and Alaska. Acquisition of new equipment for the remaining Areas was funded by the ARRA HIT funds in 2010.

Over the past year, the IHS team has been very busy with new implementations, training and technical support. Among the multitude of tasks accomplished are the following:

- ◆ Increased the number of facilities using VI from 45 to 75
- ◆ Provided scanning training and VistA Rad training to over 200 users
- ◆ Established new contract with Hewlett Packard to provide VI hardware support, M-F, 8am-5pm ET
- ◆ Established new VI website to provide information for IHS and non-IHS customers:

<http://www.ihs.gov/vistaimaging/>

Over the next year, the IHS VI team plans to continue implementations at new Areas with the goal of bringing all Areas on line with VI by the end of FY11. New initiatives will include expanded implementation of PACS functionality, establish and offer new training courses for System Management, establish procedures for interfacing ancillary clinical devices (Ophthalmology, Audiology, ECG).



The VistA Imaging Clinical Display Client provides a list of all images stored on the VI Servers. The clinician can then select an image from the list and display it.



Healthcare Technology

Integrated Data Repository (IDR) Initiative

by Janice Chase and Barry Dickman

A provision of the Patient Protection and Affordable Care Act (PPACA) requires the Indian Health Service (IHS) and the Contract Health Service (CHS) programs to report claims and payment data by means of the Integrated Data Repository (IDR). The IDR of the Centers for Medicare & Medicaid Services (CMS) is an enterprise data warehouse that integrates Medicare and Medicaid data.

The primary goal of the IDR is to be the single repository that will serve as the centerpiece of CMS's data needs.

The scope of the CMS IDR for the IHS and CHS program reporting will focus on high-fraud areas including high vulnerability projects (e.g., Home Health Agency (HHA), and Durable Medical Equipment (DME)) and data analysis to identify trends.

The IDR enables CMS and its partners to access the data from a single source. The IDR will integrate and load data from various CMS systems consisting of Medicare Parts A, B, C, and D entitlement, enrollment, and utilization data. The value of the IDR will come from the integration of this data with other data (e.g., historic data, Part A and Part B data) for quality improvement, research on outcomes and effectiveness of drugs, post-market surveillance, and other analytic efforts to improve public health.

The IHS Business Sponsor of this initiative is the Office of Resource Access and Partnerships (ORAP). The Office of Information Technology (OIT) and ORAP staff are currently engaged in discussion with CMS on the IDR Initiative. When CMS is ready to start receiving data, IHS will provide a data extract to be integrated into CMS's integrated data repository.

Should you have any questions, please contact Janice Chase (Janice.Chase@ihs.gov) or Barry Dickman (Barry.Dickman@ihs.gov).



IT Technology

What Is the CES?

by Dan Sheehan, CES at HQ-Rockville

The Central Email Service (CES)—led by Task Manager Matt Parkinson and Team Lead Daniel Sheehan—covers the support and maintenance of the email infrastructure for the entire Indian Health Service, including some Tribal entities.

Housed in the Rockville MD data center, the CES, which now supports over 18,000 mailboxes, is currently staffed by Jeff Jezek, Steve Carnes, David Dennis, and Scott Babcock in addition to Matt and Dan.

The CES was formed in December 2009 as a result of the approval from HHS to exit an expensive and problematic email service established by HHS in 2006. The transition of more than 18,000 mailboxes was completed just over three months and is saving the agency nearly \$1M annually as compared to the HHS service. Quite an accomplishment!

Over the past year, the CES Team has had a leadership role on email initiatives in the Department of Health and Human Services as a whole. Among the multitude of tasks accomplished are the following:

- ◆ Designed, deployed, and currently maintain a highly available state-of-the-art messaging service.
- ◆ Designed, deployed, and currently maintain a highly available email anti-Spam and anti-Virus solution that on a monthly basis stops 90% of incoming email from the Internet as spam and virus messages while delivering more than 4.2 million legitimate messages to and from IHS.
- ◆ Designed, deployed, and currently maintain a highly available BlackBerry handheld message service for more than 1,000 users.
- ◆ Performed over 20 after-hours Maintenance Windows between 12 am and 6 am ET wherein updates were applied to proactively protect email services while also maximizing system availability.
- ◆ Provided 7x24x365 support of the entire email service to ensure proactive resolution of any email delivery issues to maximize service performance during peak usage.

Over the next year, the CES plans to tackle initiatives such as secure email, email-based large file transfers, deploying instant messaging, and upgrading the email services to bring new functionality. Additionally, the CES team is looking to leverage the new BIA data center in Albuquerque as a disaster recovery site for email services.



News to Use

Web Content for All Audiences – Tips for Getting Your Message Out

by Michael McSherry and Denean Standing-Ojo, IHS Web Services

Two common complaints from consumers visiting U.S. government websites is that they cannot find the information they are looking for, and the information is hard to understand. As a Federal agency, we are required to comply with Federal web requirements, including accessible, high quality, and plain language information. In the spirit of Spring cleaning, here are some tips for cleaning up your website and getting your message heard.

Write for the Web

Web writing is simple, to the point, and preferably at an 8th grade reading level (or lower). Working in the Federal government, jargon and big word use is engrained in us as normal, so much that we do not even realize we are using them! It can be difficult to switch gears, but here are some things to remember:

- ◆ Avoid jargon, legal language, and meaningless formal language.
- ◆ Tailor your content for your audience. Keep in mind the least technical group, in most cases the public.
- ◆ Remember the F-pattern and inverted pyramid, and place important information on the top.
- ◆ Split topics into logical sections.
 - ◆ Use informative headings—think short newspaper headlines that grab people’s attention.
 - ◆ Use tables and lists to help break up content.
- ◆ Omit unnecessary information.
 - ◆ Is a detailed history necessary on your homepage? Probably not—put it in an About Us section instead.

Keep Your Content Current

Nothing is more confusing than a website with outdated content. People will stop coming to your website if they see the same old stuff after a couple of visits. Here are some steps to keep people visiting your website:

- ◆ Establish a content review process.
 - ◆ Include regular (monthly) website reviews in your communications plan.
 - ◆ Include people from different backgrounds to be part of the review.
- ◆ Check all links and documents, broken links and outdated documents give the impression that you do not care about your website.
- ◆ Follow records management guidelines for web, <http://www.hhs.gov/web/policies/webpolicies/webrecords.html>.

There are many Federal resources related to web content and getting your message out: Visit HowTo.gov and plainlanguage.gov for more information. You can also email questions and comments to ihswebadmin@ihs.gov.



News to Use

Defining and Protecting Passwords

by Mike Ginn, DIS

Most people use passwords that are based on personal information and are easy to remember; however, that also makes it easy for an attacker to guess or "crack" those passwords. Consider a four-digit PIN number, for example: Is your PIN any combination of the month, day, or year of your birthday? The last four digits of your social security number? Or your address or phone number? Think how easy it is to find out this kind of information about somebody.

Although intentionally misspelling a word (**daytt** instead of **date**) may offer some protection against dictionary attacks, an even better method to improve password strength is to rely on a series of words and memory techniques (mnemonics) to help you remember how to decode it. For example, instead of the password **hoops**, use **lltpBb** for "I like to play Basketball." Change this to **ll!2pBb** and see how adding numbers and special characters makes it much more complicated.

Longer passwords are more secure than shorter ones because there are more characters to guess, so consider using passphrases when you can. For example, **This passwd is 4 my email!** would be a strong password because it has many characters and includes mixed case letters, numbers, and special characters. You may need to try different variations of a passphrase—many applications limit the length of passwords, and some applications do not accept spaces in passwords. But be sure to avoid common phrases, famous quotations, and song lyrics.

However, don't assume, once you've developed a strong password, that you should use it for every system or program you log in to. If an attacker does guess your password, he would have access to all of your accounts. Instead, develop unique passwords for each of your accounts.

Here is a review of basic tactics to use when defining a password:

- ◆ Don't use passwords that are based on personal information that is easily available to others.
- ◆ Don't use words that can be found in any dictionary of any language.
- ◆ Use a combination of letters, numbers, uppercase, and special characters.
- ◆ Develop a mnemonic for remembering complex passwords. Use passphrases when you can.
- ◆ Do not write down your password where others can find it. Do not tell anyone your password. And watch out for attackers trying to trick you into revealing passwords via phone or email.

Several programs are available to help you keep track of your passwords. If you find you have too many passwords to remember, here are two free programs that can manage passwords:

- ◆ **Password Safe** (<http://passwordsafe.sourceforge.net>) - Lets you create a secured and encrypted user name/password list. You just define and remember a single "Master Password" to unlock and access your entire user name/password list.
- ◆ **KeePass** (<http://keepass.info>) - An open source password manager that lets you put all your passwords in one database, which is locked with one master key or a key file. You have to remember only a single master password or select the key file to unlock the whole database.

NOTE: Be sure to check with your local IT department for approval and assistance before using these programs.



News to Use

RPMS & EHR Training Update

By Kimberlee Crespin-Richards

Completed Training

During this quarter (Dec 2010 - Feb 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	PARTICIPANTS
Aberdeen	3	89
Albuquerque	6	89
Anchorage	2	26
Bemidji	2	39
Billings	3	35
Nashville	5	88
Oklahoma City	5	52
Phoenix	7	101
Portland	4	46
Sacramento	3	35
Tucson	2	30
WebEx	27	629
Window Rock	2	34
TOTALS	71	1293

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>



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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. If you have any questions regarding this publication or wish to contribute an article, please contact the editor, Heli L. Roosild, at: Heli.Roosild@ihs.gov