DATE: July 11, 2017

TO: Principal Deputy Director

FROM: Information Systems Advisory Committee Co-Chairs

SUBJECT: Information Systems Advisory Committee June 28-29, 2017 Semi-Annual
             Meeting Recommendations and Actions

ISSUE

We are submitting the Indian Health Service (IHS) Information Systems Advisory Committee
(ISAC) recommendations and actions resulting from the ISAC semi-annual meeting held on
June 28-29, 2017 at the Department of Health and Human Services Regional Office in Chicago,
Illinois, for your consideration (see attached).

DISCUSSION

The ISAC primarily focused on the modernization of the IHS Health Information Technology (HIT)
system at our semi-annual meeting. The Veterans Affairs (VA) recently announced their selection of
a Commercial-Off-The-Shelf (COTS) software product as their long-term solution. This greatly
impacts the current IHS HIT system, as the core of the IHS Resource and Patient Management
System (RPMS) is the VA's homegrown software. Without it, development, modernization, and
enhancement of the RPMS and Electronic Health Record (EHR) is questionable. The ISAC is
therefore recommending the IHS also pursue a COTS solution for the future IHS HIT system moving
forward. This will require the IHS to conduct thorough needs, alternatives, and risk analyses,
identify funding, and proactively consult with Tribal and Urban partners. A modernized EHR system
will allow IHS/Tribal/Urban clinicians and patients to share current and future healthcare information for
continuity of care and improved treatment, supporting the mission and goals of IHS, so they might be
fully achieved.

Respectfully Submitted,

_____   _____

Donnie Parish   Lindsay King
ISAC Tribal Co-Chair   ISAC Federal Co-Chair
Chief Information Officer   Director, Office of Tribal Self-Determination
Cherokee Nation   Oklahoma Area IHS

Attachment:
        ISAC Semi-Annual Meeting Recommendations and Actions

Cc: ISAC Committee
      IHS Chief Medical Officer
      IHS Chief Information Officer

Indian Health Service

Information Systems Advisory Committee

Semi-Annual Meeting Recommendations and Actions

June 28-29, 2017

Chicago, Illinois

The Indian Health Service (IHS) Information Systems Advisory Committee (ISAC) is submitting the following recommendations and actions from the June 2017 ISAC Semi-Annual Meeting to the IHS Principal Deputy Director:

RECOMMENDATIONS

The ISAC approved the following recommendations during their meeting:

1. Health Information Technology System (HITS) Modernization. The ISAC recommends the IHS pursue a Commercial-Off-The-Shelf (COTS) solution for the future IHS HITS moving forward.

2. HITS Modernization Funding. The ISAC recommends the IHS identify funding or avenues of funding to support an immediate and detailed un-biased analysis of COTS solutions to replace the IHS Resource and Patient Management System (RPMS).

3. ISAC HITS Modernization Workgroup. In May 2017, the ISAC established the IHS HITS Modernization Workgroup to assist the Agency with long term strategies to modernize and improve the HITS solution used in Indian health care hospitals and facilities. The workgroup has a deadline to report to the IHS Principal Deputy Director of August 13, 2017.

   A. Repurpose ISAC HITS Workgroup. The ISAC recommends re-purposing the workgroup to work on executive level action and business plans for IHS moving to a COTS system.

   B. Action Plan. The Action Plan will include:

      (1) An IHS-sponsored or funded third party analysis of COTS Electronic Health Records (EHR).

      (2) An IHS-sponsored or funded third party needs analysis of the existing RPMS/EHR to inventory required components.

      (3) Develop a survey or other vehicle for data collection that will go to all IHS, Tribal, and Urban health care organization participants so further requirements can be gathered.

      (4) Develop and release a Request for Information.

      (5) Pursue a full and open competition for a core set of capabilities for EHR modernization. A competitive process will allow IHS to consider commercial alternatives that may offer reduced cost, technical risk, and access to increased capability and future growth in capability by leveraging ongoing advancements in the commercial marketplace.

      (6) Continue near-term coordinated efforts to develop EHR data interoperability, especially in support of quality initiatives, such as Electronic Clinical Quality Measures (eCQM), Government Performance and Results Act (GPRA), and the Comprehensive Primary Care (CPC). This near-term goal shall be pursued as a first priority separately from the longer-term goal of HITS modernization.

  C. <u>Business Plan</u>. The workgroup will also develop a preliminary Business Plan for review and implementation of a COTS EHR solution(s). The workgroup will propose a vision (or model) for the future state of IHS services in support of a COTS EHR system, including but not limited to deployment support, operational support, analysis of new solutions, data and analytics services, etc.

4. <u>Office of Information Technology (OIT) Service Catalog</u>. The ISAC supports the OIT efforts to develop and finalize the OIT Service Catalog.

  A. The ISAC recommends transparency in associated Tribal Leader Letters, Tribal Listening sessions, and webinars and involvement of IHS Area Agency Lead Negotiators and Contract Proposal Liaison Officers.

  B. The ISAC recommends inclusion of financial transparency in the OIT Service Catalog.

  C. Further, the ISAC recognizes the importance of and recommends OIT staff participation in Tribal negotiations.

5. <u>Electronic Clinical Quality Measure (eCQM) Reporting</u>. The ISAC recommends that the IHS seek out a COTS solution or work to restore functionality in the current electronic health record to enable reporting of clinical quality measures to meet the requirements of clinical quality payment programs. This will include elevating the ISAC and OIT priorities for updating the eCQM logic in 2014 RPMS EHR as follows:

  A. Update the eCQM to the most current logic in RPMS (e.g. from 2014 logic →2015 logic →2016 logic).

  B. Configure the Quality Reporting Document Architecture 1 (QRDA 1) so it is in xml format.

  C. As recommended in 1.C.6 above, continue near-term coordinated efforts to develop EHR data interoperability, especially in support of quality initiatives, such as eCQM, GPRA and CPC.

6. ISAC Information Sharing. The ISAC recommends the IHS develop an information portal that all ISAC members, whether on the IHS network or not, can access for ISAC information sharing. This portal will allow for greater collaboration with Tribal and Urban entities, including the ability to speak with Tribal and Urban Leaders in a digital format.

Actions

1. Office of Information Technology Fiscal Year (FY) 2018-2020 Human Capital Management Plan (HCMP). The ISAC supports the next iteration of the IHS Human Capital Work Plan and is establishing a workgroup chaired by Keith Longie, ISAC member and Bemidji Area Director, to develop the Work Plan. The workgroup will provide ISAC with a report on the Work Plan at the next semi-annual ISAC meeting. This iteration of the work plan is to include recommendations of expanding OIT's organizational structure to the Areas and sites, so that there may be a more centralized management structure in place.

2. ISAC Charter. The ISAC is revising their charter, which will be submitted for the IHS Director or designee's approval when completed. This includes the following activities:

   A. The IHS Chief Information Officer will lead a workgroup to update the ISAC charter on behalf of the ISAC. The CIO will report back to the ISAC with the proposed changes.

   B. The revised charter will include authorization for the IHS Chief Information Officer to approve new ISAC members to expedite membership appointments. The ability to appoint members at this level in the IHS is similar to other chartered IHS committees.

   C. The revised charter will include a permanent seat for a Direct Service and Contracting Tribes Advisory Committee representative.

   D. The IHS Chief Information Officer will contact the National Indian Health Board to verify their participation on ISAC as they have not sent a representative in several years.

3. ISAC Information Technology (IT) Priorities. The ISAC is revising their IT Priorities to include health information system modernization. The revised priorities are forthcoming.