



## **Northwest Portland Area Indian Health Board**

To: Tribal Delegates, Tribal Health Directors, and Tribal Clinic Directors  
From: Northwest Portland Area Indian Health Board  
Date: January 16, 2018  
Re: RPMS/EHR Briefing for IHS Presentation/Discussion at NPAIHB Quarterly Board Meeting  
January 16-18, 2018

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### **I. Resource and Patient Management System (RPMS) Electronic Health Record (EHR) Consultation - Dear Tribal Leader Letter on 6/26/2017**

**REQUEST: NPAIHB requests that IHS conduct a consultation with the Northwest tribes prior to making a final decision on whether to modernize the current RPMS EHR or move to a new EHR system. Additionally, we request that IHS provide an ample transition period, training, and technical assistance to tribes once IHS makes a decision on whether to improve RPMS or contract with a new EHR system.**

- Since 1984, the IHS has relied on RPMS as the health information solution. The RPMS is a government-developed health information system comprised of over 80 integrated software applications. The RPMS hardware, software, network, and database allows both large and small health facilities to work independently as well as within the larger network of the Indian Health system.
- VA has announced plans to modernize their EHR, the Veterans Information System and Technical Architecture (VistA). RPMS has a similar infrastructure and clinical applications to VistA. The VA has selected to single source contract with Cerner as to be on the same platform as Department of Defense (DOD).
- Thank you to IHS for including tribal consultation early in the process.
- Where is IHS in the process of communicating with VA on the new EHR system and impacts to operability to the RPMS system?
- Has the IHS ISAC workgroup made any recommendations?

### **II. Tribal Recommendations**

- The Northwest tribes recommend that the RPMS improvements or the new EHR system focus on the benefits to patient care that improve the involvement and utilization of providers in the health IT system.

- We also recommend that IHS take into consideration the various EHR systems that tribes utilize instead of RPMS.
- There is a need for a more comprehensive configurable system to be pushed out nationally versus individual systems operating at each site.
- Many small health facilities in Indian Country do not have the capacity to fully optimize the existing RPMS EHR and would benefit from a system that has the capability to share more components such as drug files containing all available drugs or customized menus that users may use to place orders.
- There needs to be additional training and technical support, especially for smaller tribal health clinics because small clinics often only have a part-timer person who has not received as much training and experience with the system.
- It is crucial that IHS make the RPMS EHR more user-friendly. The EHR should include a friendlier format for health care providers to highlight certain patient information and reporting for data collection purposes.
- IHS must make operability more of a focus in the modernization of the RPMS or a new EHR system, so that the system is more streamlined and aligned with other EHR systems.

### **III. Tribal Health IT Issues**

- There is not enough robust timely health IT support from IHS to each tribal health clinic. When needed changes are identified, too much time passes before they are delivered to the user.
- IHS must take into consideration that workforce training is a huge problem. Training currently does not occur often enough; for example, the basic training may not be offered for up to six months. The electronic learning courses also fill up too quickly compared to the in-person classroom style trainings. The training manuals and procedures need to be updated.
- It is challenging to identify and stay current with all of the most up-to-date patches and other updates to the software system.
- Interoperability is a problem especially with patients who are referred out in a different system. When two different health care systems are not able to communicate to one another then the patient's medical history is incomplete, which leaves a gap in care coordination.
- There is a responsiveness issue with software problems. When the issue is identified, too much time lapses between the problem being reported to when the users obtain the information on a work around or a fix is delivered.
- The billing package for RPMS is a barrier because it is not robust enough to handle sites that see non-tribal members.

### **IV. IHS ISAC Workgroup Meeting 9/17/2017**

- IHS declared during the September ISAC meeting that they have not made a decision yet on whether they are going to modernize RPMS or transition to a commercial off-the-shelf system.
- HHS is engaged in the RPMS meetings and process.
- It was decided that IHS would do a phased approach for the budget process with the initial dollar request going forward for 2020.