

Indian Health Service

Implementation & Deployment: The Pathway to EHR Modernization

PRESENTER NAME: ADRIAN HAVEN

TITLE: SENIOR DEPLOYMENT PROGRAM MANAGER

DATE: AUGUST 2024





EHR Branding Announcement

EHR Branding

Using PATH as the name of our EHR solution will evoke themes of guidance, connection, and holistic well-being. It signifies our commitment to supporting individuals on their healing journeys, fostering a sense of empowerment, and promoting health and wellness in harmony with nature and community values. PATH represents "Patients at the Heart" which further ties the branding to our Program vision statement.



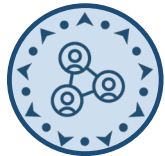
Topics



Roles and Responsibilities



Deployment & Organizational Change Management (OCM) Activities



Cohort Readiness Considerations for IHS, Tribal, and Urban Indian (I/T/U) Organizations



Task Orders Funding and Background



Roles & Responsibilities

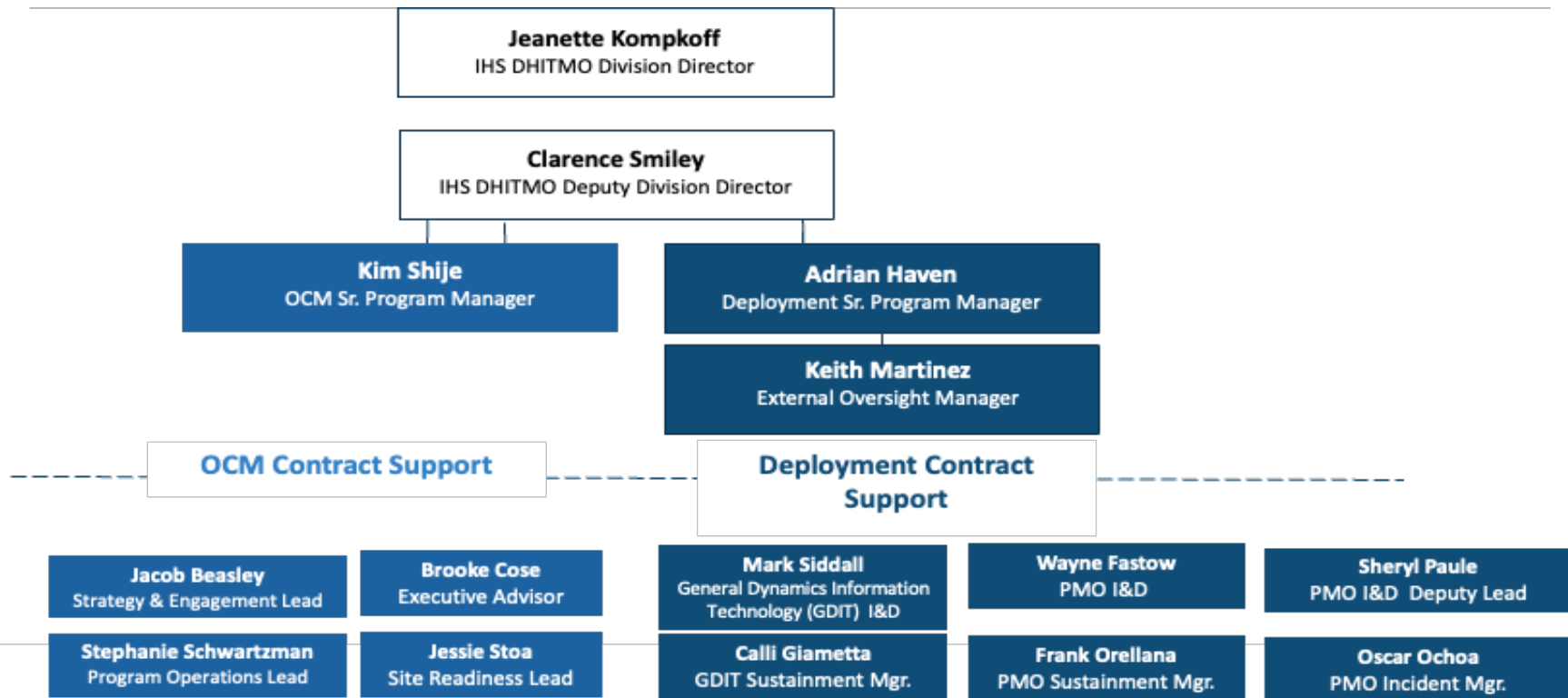
Program Leadership:

Division of Health IT Modernization & Operations (DHITMO)



DHITMO Program Leadership:

OCM and I&D



Deployment Scope & Services

Deployment support provided to facilitate a smooth transition and set the Program up for sustainable success.

Deployment Scope

- Deployment oversight
- Field implementation & deployment support
- Sustainment of operations support
- Incident management support



Outcomes

- Support effective implementation
- Optimize performance
- Ensure system stability and reliability
- Resolve issues quickly and efficiently

OCM Scope & Services

Engaging partners early to build buy-in and trust.

OCM Scope

- Build buy-in and empower sites and their staff through early and continuous engagement
- Standardize messaging and provide frequent, transparent updates
- Prioritize transformation with committed, strong leadership
- Assess and mitigate risks through standardized readiness activities
- Standardize training programs with diverse modalities



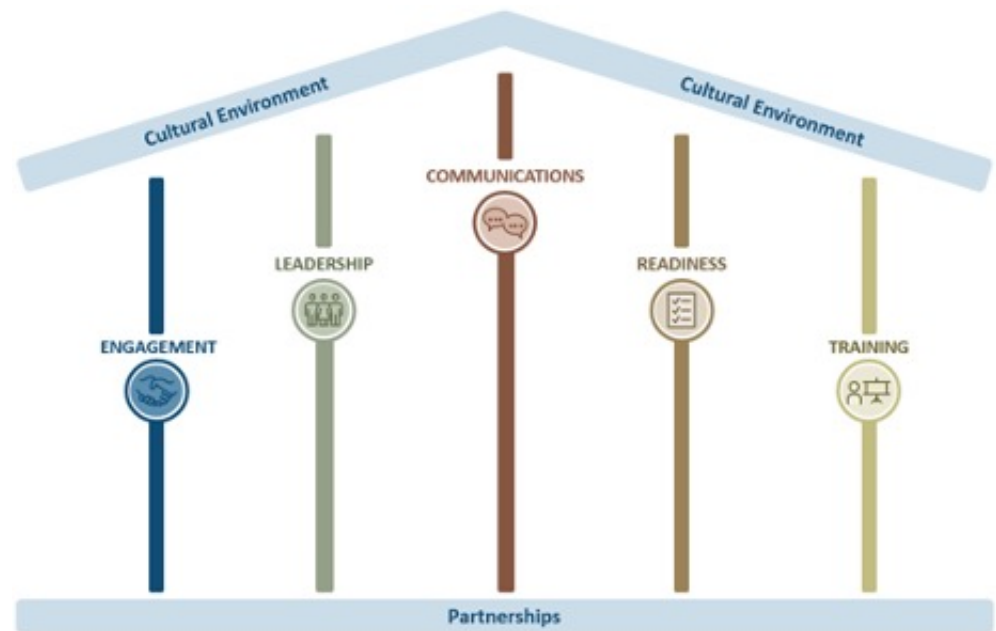
Outcomes

- Increase trust and effective collaboration
- Consistent, clear messaging reduces confusion
- Strong leadership ensures project success
- Smooth transition with high levels of readiness
- Well-prepared staff and sustained system use

Deployment & OCM Collaboration

The partnership between AI/AN and federal programs establishes the foundation for Deployment and OCM readiness

Our partnership supports a culturally sensitive environment to deliver meaningful outcomes

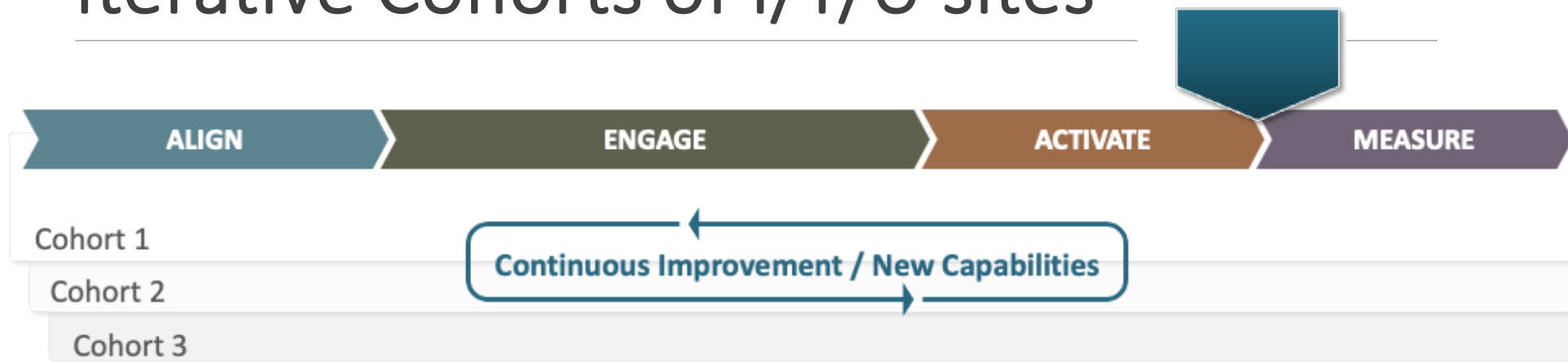




Deployment & OCM Activities

*A Collaborative Approach to
Implementation*

Implementation Approach: Iterative Cohorts of I/T/U sites



Pilot

- The first group of facilities selected for simultaneous system implementation
- Pilot sites will be direct service facilities, which are yet to be determined

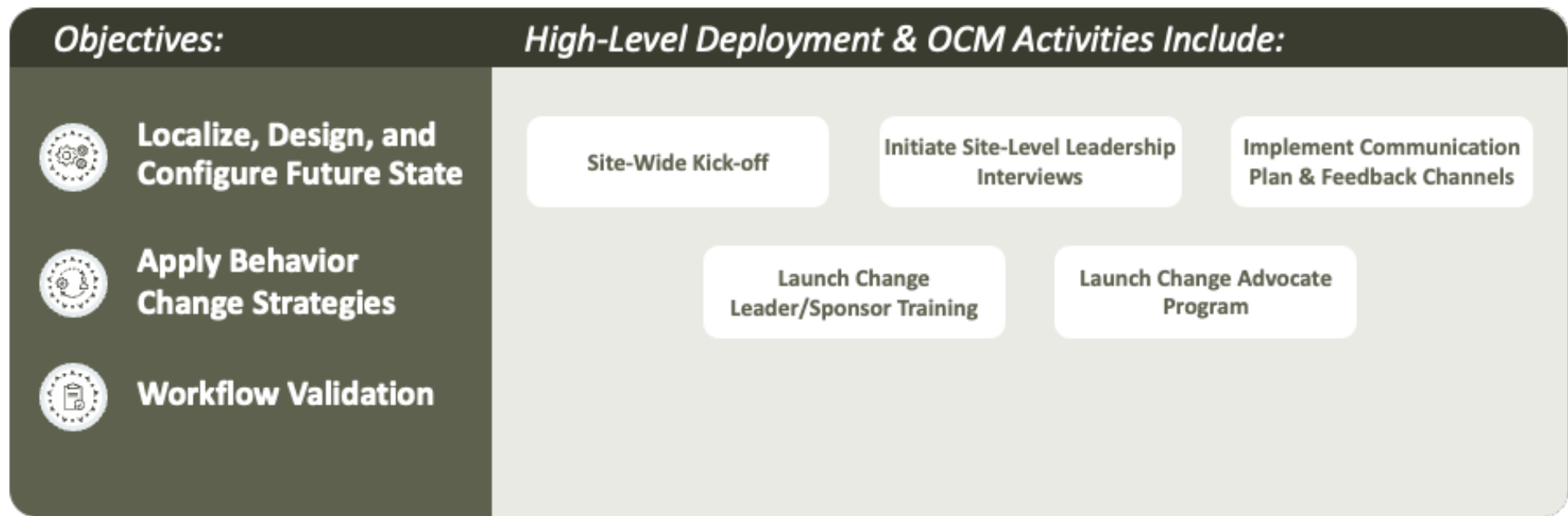
Cohort

- Cohorts will be sequenced based on their **organizational, operational, and technical readiness**
- A group of sites that share readiness characteristics. Cohorts are not limited to federal sites and will include tribal and urban organizations
- The cohort selection process will utilize information from iterative site assessments and readiness reviews

Implementation Approach: Align



Implementation Approach: Engage



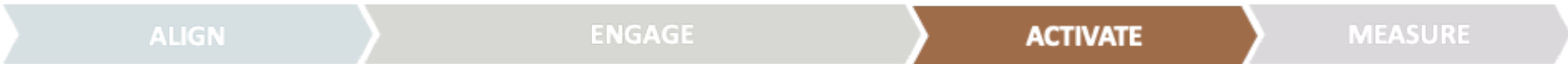
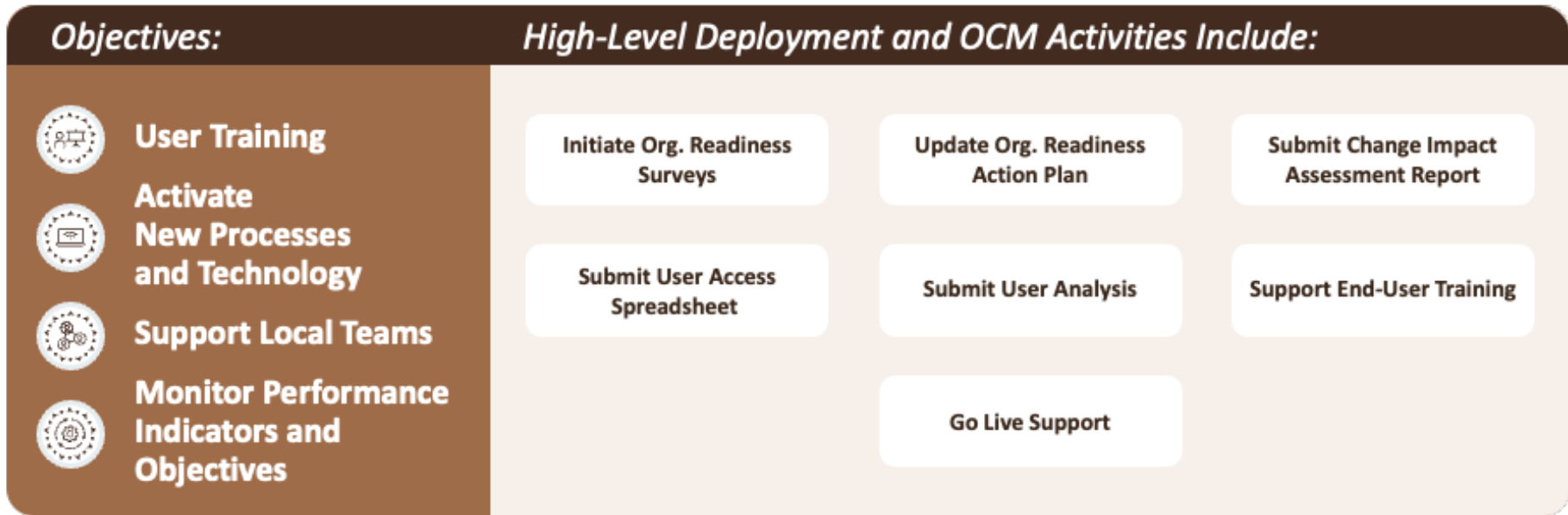
ALIGN

ENGAGE

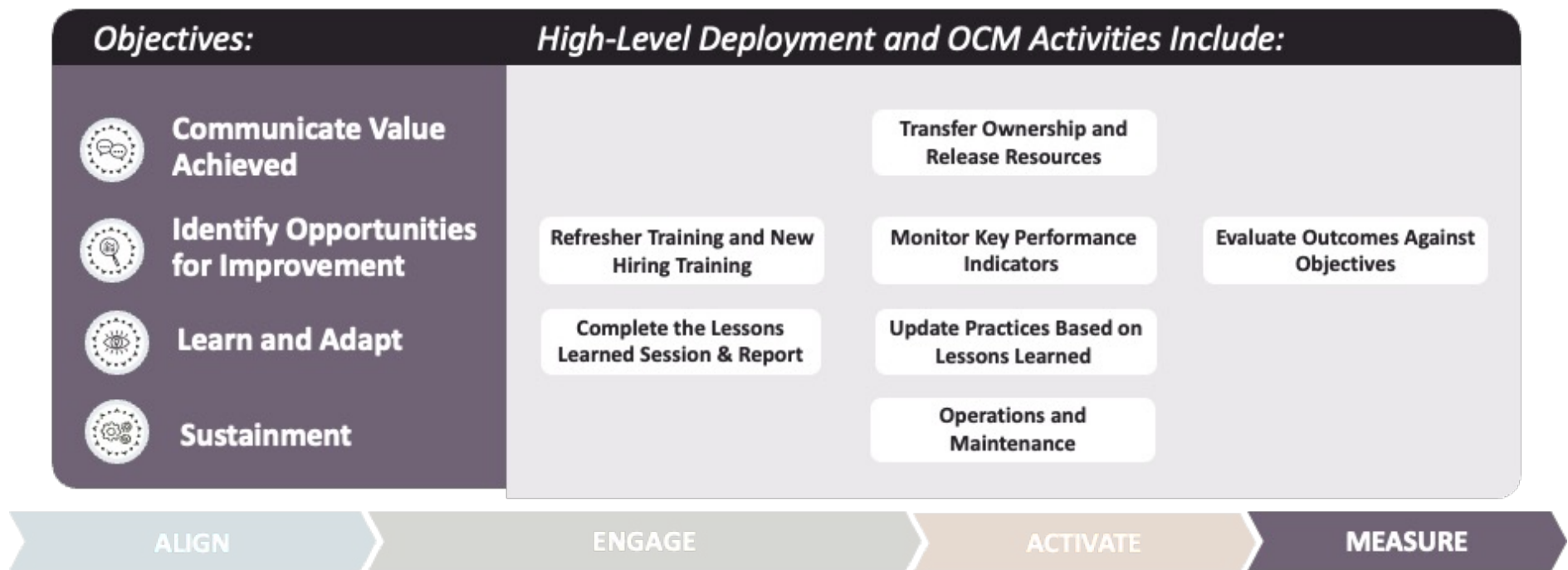
ACTIVATE

MEASURE

Implementation Approach: Activate



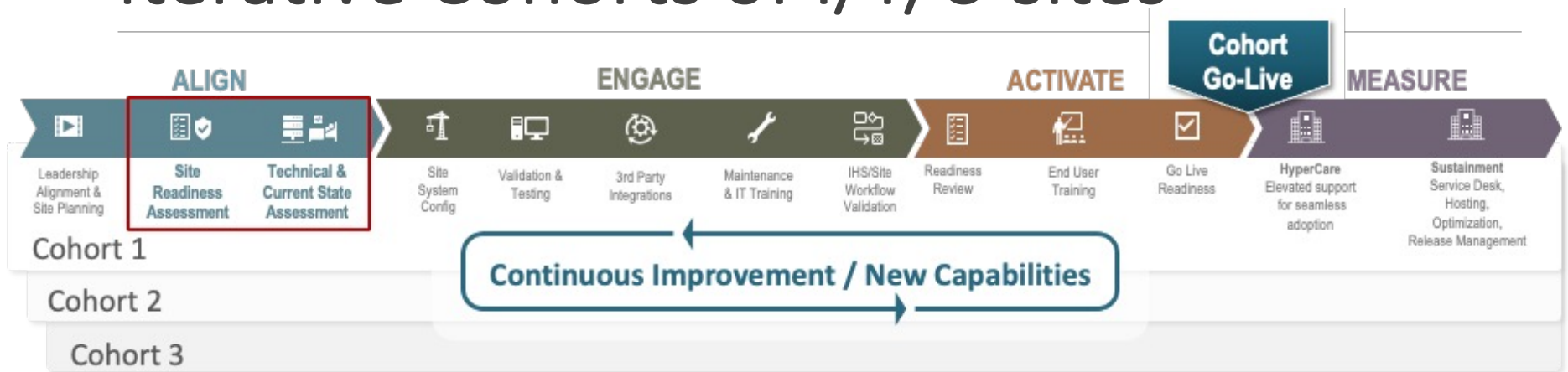
Implementation Approach: Measure





Cohort Readiness Considerations for I/T/U

Implementation Approach: Iterative Cohorts of I/T/U sites



Site Readiness Assessment

- Leadership Readiness
- Staff Engagement
- Operational Readiness
- Communication and Engagement

Technical & Current State Assessment

- System Inventory
- Data Readiness
- Network and Security
- Technical Gap Analysis



How can your site prepare?

The Getting Ready to Get Ready Guide



Purpose

To share suggested actions sites can take today to prepare to implement the new enterprise EHR solution, PATH EHR.

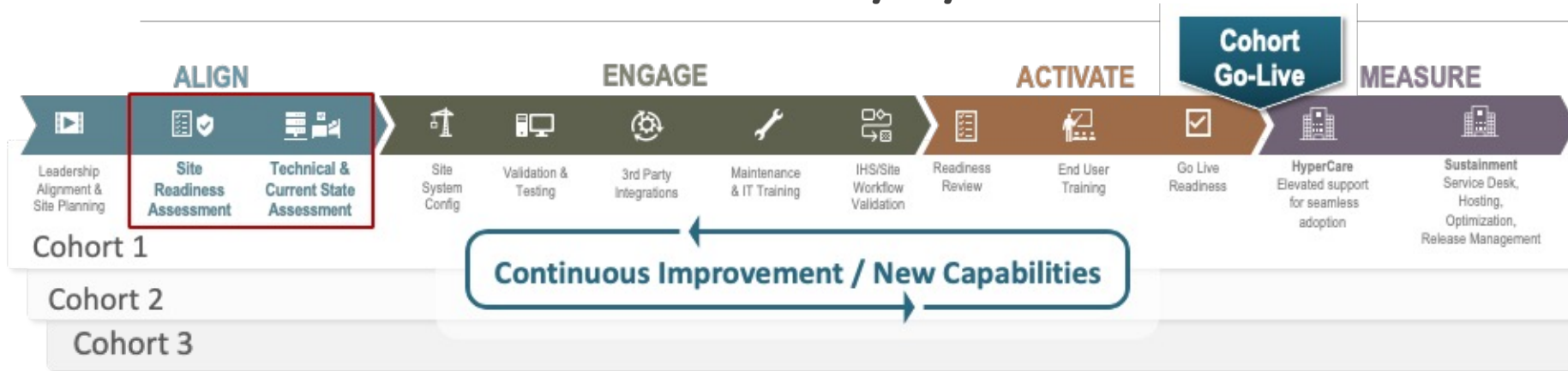
Importance

May help preemptively identify challenges that could impact a site's implementation of PATH EHR.

Benefit

Offers sites a head start to work through any challenges identified prior to implementation.

Implementation Approach: Iterative Cohorts of I/T/U sites



Site Readiness Assessment

- Leadership Readiness
 - Section 1: Statement of Interest
- Staff engagement
 - Section 2: Key Staffing Positions
- Operational readiness
 - Section 4: Continuity of Operations Plan/Downtime Procedure
 - Section 6: Revenue Cycle Operations
- Communication and Engagement
 - Section 3: Legacy Electronic Health Record Systems
 - Section 7: Biomedical Devices

Technical & Current State Assessment

- System Inventory
 - Section 3: Legacy Electronic Health Record Systems
- Data Readiness
 - Section 10: Policies and Guidelines for ePHI
- Network and Security
 - Section 9: Network Security Audits and Reviews
- Technical Gap Analysis
 - Section 7: Biomedical Devices

Site Selection Considerations

Key Considerations for Readiness: *Assessment Process:*



Technical Readiness



Clinical Readiness



Business Readiness



**Sites that do not achieve readiness goals will be re-evaluated for participation in later Cohort groups.*

Considerations for Site Readiness

Considerations essential for assessing the readiness of sites for cohort selection:

Technical Readiness

- Biomedical devices
- Security and privacy processes
- COOP in place
- Infrastructure and network topology



Clinical Readiness

- Leadership and Staffing
- Patient census and throughput
- Validating clinical services offered



Business Readiness

- Leadership engagement
- Address revenue cycle backlogs
- Contracts and third-party agreements





Task Order Strategy and Background

Lifecycle Cost Estimate (LCCE)



Follows the **GAO 12-step** cost estimation process and incorporates labor and non-labor categories



Considers the full spectrum of healthcare IT system implementation, including development, modernization, and enhancement costs, plus operations and maintenance costs for multiple fiscal years



Considers both physical and IT infrastructure needs to prepare facilities for the Health IT Modernization solution



Health IT Modernization cost estimate is \$4.5 - \$6.2 billion over 10 years

Influence of LCCE on Cohort Selection:

Supporting Health IT Modernization

Facility Assessment

- Each facility will be **individually assessed** to develop a cost estimate
- Factors include user counts, provider counts, beds, and other utilization data



Site Preparation for Go-Live

- DHITMO will review utilization data with site
- Develop both an **implementation estimate** and an **annual sustainment estimate**
- Items subject to the IHS Annual HIT Assessment process

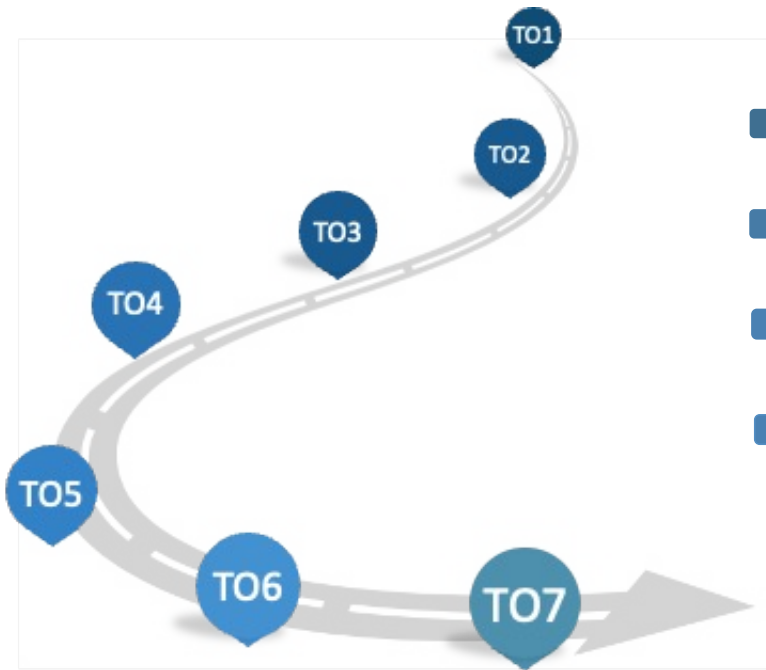


Operating Procedures

- DHITMO is establishing procedures
- Procedures will support **cost estimates** for implementation, sustainment, and HIT Assessment
- Details will be communicated after leadership review and approval



Indefinite Delivery Indefinite Quantity (IDIQ) *IHS Modernization Contract Task Order (TO) Summary*



- TO1: Contract and Program Kick-Off Meetings
- TO2: PMO – Contract Management & Program Support
- TO3: Hosting + Deployment TOs: Design/Build/Go-Live
- TO4 – TO7: TBD
Cohort Deployments, Post-Pilot Activities, Transitions, Sustainment, etc.

Cohorts are anticipated to have their own TOs





IHS Mission

To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level



IHS Vision

Build healthy communities and quality health care systems through strong partnerships and culturally responsive practices

Questions?

Please email the Modernization Program at Modernization@ihs.gov

Stay Connected with IHS

Stay informed on the Health IT Modernization Program at www.IHS.gov/HIT

Resource Hub



Participate in

THE HEALTH IT MODERNIZATION PROGRAM AWARENESS SURVEY



WE WANT YOUR
FEEDBACK

SCAN ME



