Indian Health Service

2024 Office of Information Technology and Office of Resource Access and Partnership Conference

INTEROPERABILITY/CENTRALIZED INTEROPERABILITY



Session Description

This session will provide the participants with an overview of the IHS Interoperability Team, the IHS Centralized Interoperability Suite (CIS) software applications (formerly known as RPMS Network); Direct Secure Messaging, Personal Health Record, and Four Direction Hub (4DH), available to IHS, Tribal, and Urban facilities to meet interoperability measures. The status of each application will be reviewed, an estimated timeline for 4DH release will be discussed and recent updates to system manuals/guide updates will be presented. Regulatory requirements and applicable initiatives will be reviewed along with policy updates.



Objectives

After participating in this session, attendees should be able to:

- Identify the IHS Interoperability Team.
- Access the current status of each Centralized Interoperability Suite application.
- Identify the release timeline for Four Direction Hub.
- Locate and Utilize System Manuals/Guides Updates
- Identify current initiatives: (TEFCA roadmap, HTI-1, USCDI v3, RWT, DirectTrust Privacy and Security Assessment)
- Acknowledge Interoperability Policies



Federal Interoperability Team

Application	Federal Leads				
Personal Health Record (PHR)	LCDR Jessica Graham				
Direct Secure Messaging (Direct)	LCDR Jessica Graham				
Four Directions Hub (4DH)	Jason Flatter				
Legacy Health Information Exchange (HIE)	Jason Flatter				
Legacy Master Patient Index (MPI)	James Garcia				
Health Information Technology Interoperability and Health Information Exchange Manager	Bobby Villines				
Interoperability Project Manager	Meghna Modi				
Division of Information Technology (DIT) Health Information Management (HIM) Consultant	Tammy Crazy Bull				



Definitions

Master Patient Index (MPI) – tool that assigns a unique identifier (number) to a patient; enables linking a patient from one facility to another.

Health Information Exchange (HIE) – tool that aggregates patient information from one facility to exchange or share with another facility; enables a provider at a facility to see a record for their patient who was cared for at a different facility. HIEs are created among organizations, states, or groups of facilities.

eHealthExchange – connects healthcare providers, regional and state HIEs, and federal agencies to exchange medical data.

Consolidated Clinical Document Architecture (CCDA) – a document that contains portions of a patient's medical record.

Personal Health Record (PHR) – a tool used by patients to view their health information online.

Direct – a secure email system used to exchange health information.



HISP – Health Information Service Provider

What is Interoperability?

The IHS Centralized Interoperability Suite (CIS) is a group of applications that facilitate the presentation of visit data for patients, the secure messaging between provider and patient or between providers, the matching of patients with their data, and the exchange of visit data within and outside of the Indian Health System. The applications supporting these functions are the Personal Health Record (PHR), Direct Secure Messaging (Direct), the legacy Master Patient Index (MPI), the legacy Health Information Exchange (HIE) Repository, and the Four Directions Hub (4DH) with the new Patient Index and the Clinical Viewer.



Status Update: Direct Secure Messaging

Direct Secure Messaging (Direct) is a secure web-based messaging service, specifically designed to meet Certified Electronic Health Record requirements for transmitting and receiving Protected Health Information/Personally Identifiable Information (PHI/PII) electronically.

Accredited with DirectTrust, meets privacy and security compliance requirements as part of a biennial assessment

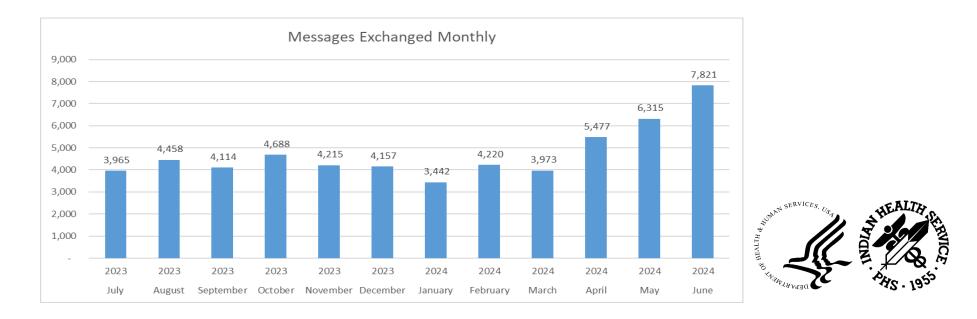
Supports electronic communication among Patients, Healthcare Teams (providers, nurses, message agents, etc...), and External Healthcare Organizations (HCOs) that are members of DirectTrust

Integrated with IHS Electronic Health Record (EHR) for provider ease of access and the Personal Health Record for patient ease of access



Direct Secure Messaging Utilization

Direct contains 156 domains, 36,795 accounts, with over 583,739 messages exchanged



Status Update: Direct Secure Messaging

Recent Improvements:

- Name Change: RPMS Direct Secure Messaging (DIRECT) to Direct Secure Messaging (Direct)
- Prevent Direct Secure Messaging logins for Patients to prevent password sync issues (patients must use PHR to access Direct)
- Implemented Provider Directory Phase 1 & 2 (upload/download with DirectTrust)

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DHHSIHS catawba@catawba.directihs.net	DHF Catawba	Service Unit	DHI Catawba Health Service	Pr 2893 STURGIS ROAD	ROCK HILL	SC	29730 8033669141
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DHHSIHS HIM@ihcrc.directihs.net	DHEHIM	IHCRC	DHI Indian Health Care Resource Center of Tulsa	Pr 550 SOUTH PEORIA AVENUE	TULSA	ОК	74120 9185826405

- Resolved Multiple Session Issues
- Updated Notification Email Settings
- Added Unread/Read option to mailboxes
- Added a Search/Filter Option to reports



Status Update: Direct Secure Messaging

Upcoming Initiatives:

- Message Search Functionality
- Update Password Requirements
- Provider Directory Phase 3: User Interface (early design phase image)

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HISP	serv_direct_addr		prov_npi	Test	prov_last_name	prov_fax	org_name	org_npi
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Direct Secure Messaging: Benefits

- Improved Communication and better coordination of Care: It facilitates efficient and reliable communication between healthcare providers, allowing for timely sharing of patient information and test results, leading to better coordinated and integrated patient care.
- **Patient Involvement:** Patients can securely communicate with their healthcare providers, enhancing patient engagement and involvement in their own care.
- **Faster Referrals:** It enables quick and secure referrals to specialists, ensuring that patients receive timely consultations and follow-up care.
- **Enhanced Security:** Direct Secure Messaging ensures that sensitive health information is transmitted securely, reducing the risk of data breaches and unauthorized access.
- **Compliance with Regulations:** By using Direct Secure Messaging, healthcare organizations can comply with legal and regulatory requirements for secure data exchange, such as HIPAA.
- **Reduced Paperwork:** Direct Secure Messaging minimizes the need for paper-based communication, streamlining administrative processes and reducing the risk of lost or misfiled documents.
- **Cost Savings:** By reducing the reliance on traditional mail and fax, Direct Secure Messaging can lower operational costs associated with printing, mailing, and handling physical documents.
- Audit Trails: It provides a verifiable record of all communications, which can be useful for auditing purposes and ensuring accountability in patient care.





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https://phr.ihs.gov



Personal Health Record is a secure web-based application that enables verified patients to view their clinical information and use this information to interact with their medical team.

PHR Admin Portal – management application utilized for administrative account management, patient management, patient account linking, and reports

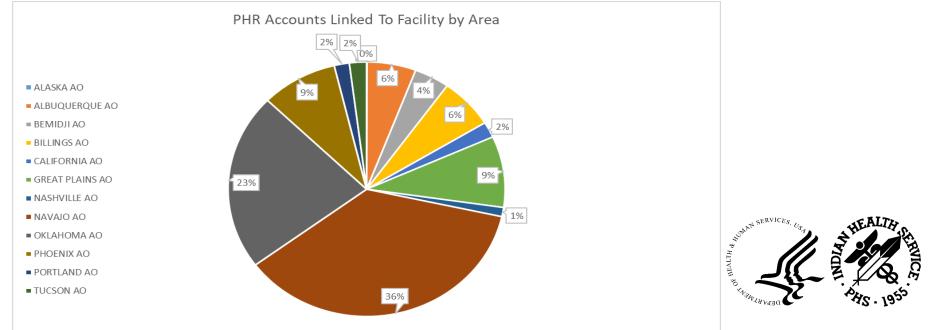
PHR Patient Portal – application utilized by patients

- View medical information (lab results, immunizations, etc...)
- View upcoming appointments
- Request medication refills
- Communicate with their healthcare team via Direct Secure Messaging



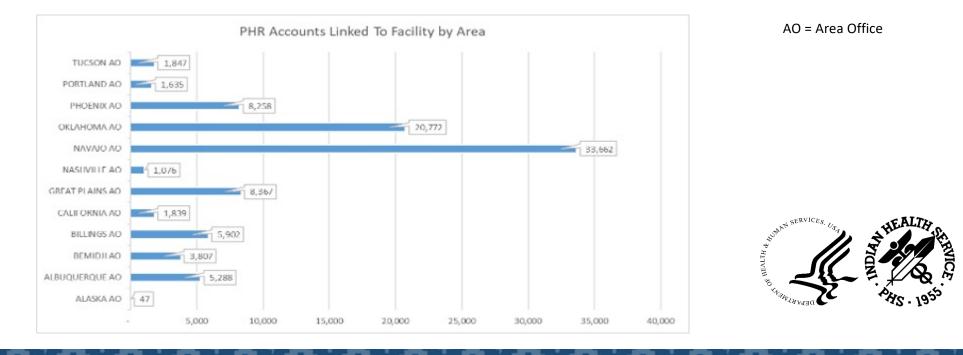
Personal Health Record Utilization

PHR is utilized used by 28,960 verified patients nationwide



Personal Health Record Utilization

PHR is utilized used by 28,960 verified patients nationwide



Data Dependencies

- RPMS BCCD Patch
- RPMS Background Task schedule to send CCDAs every 24 hours

Appointments List	Upcoming Tests		
My Info	Date	Test	
Medications	6/6/2015	LIRINAL YSIS- OIT	
Health Issues	6/6/2015	LIPID PANEL - CIT (24331-1)	
Test Results	G/0/2015	TRATE WINAG	
Immunizations	6/8/2015	CLUCOBE [2220-0]	
vital Signs	5/29/2015	CEC WAUTO DIFF- CIT [67021-8]	
My Messages			
Procedures	Upcoming Appointments		
Hospital Admissions	Welt Date and Time	Read State	



Past and Future Referrals

Date Time	Specialist	Location and Reason for Referral
4/2/2015	2013 DEMO CUNIC	201 Demo Are NE, Albuquerque, NH 87105, (505)555-5555, Depressive disorder (
12/5/2014	JONES,BARNEY	3522 N. 3RD AVENUE, PHCENIX, AZ 85013, 602-268-8463; Hypothyroidism
5/30/2014	ALBUQUERQUE HOSPITAL	801 Vassar Drive NE, Albuquerque, NM 87106, (505;248-4065; Cardiac chest pain)



Medication Refill Dependencies

- RPMS BPHR Patch
- RPMS Background Task schedule to retrieve refills requests from PHR every 4 hours

Active Medications Med	dication History											
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fedication Name		Prescription Number	÷ [lose	٠	Refills Remaining	٠	Medication Status		Refill Status	٥	More Information
ALBUTEROL HFA 90mcg/	Puff 8.5G INH +	27061_N1	1	2 ((puff))		[no data]		active		Call Pharmacy		More Info 🖒
CETIRIZINE 10MG TAB P	REPACK +	20047	1	10 (mg)		1 refill remaining		active		Request Refill	٦	More Info
PANTOPRAZOLE 40MG	TAB +	19937	4	40 (mg)		0 refills remaining		active		Call Pharmacy		More Info C
RANITIDINE 150MG TAB	PREPACK +	20156	1	1		1 refill remaining		active		Request Refil		More Info
SIMVASTATIN 20MG TAB	+	20157	1	20 (mg)		1 refill remaining		active		Request Refil		More Info 🖸
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Recent Updates PHR Patient Portal:

Minor restrictions in PHR

- Restrict minors from registering for a PHR Account
- Minors who have become adults must visit an IHS facility to verify their identity and gain access to their account

Patients now have 90 days to complete their in-person PHR account registration

Updates to handle information from BCCD Patch 3 & 4

Web Content Accessibility Guidelines (WCAG) Improvements – Button Display, Password Screens, Error Messaging, etc...

Report Updates to the Admin Portal:

- Report format updated to .CSV format for requested reports
- Removal of the display for patient security questions and answers



Upcoming Initiatives

PHR Admin Portal

• Report Module Redesign

PHR Patient Portal

- Medication Refill Redesign (medicine cabinet concept will provide one location for all medication as opposed to visit specific medication lists)
- WCAG Redesign of Delegated Access page



Personal Health Record: Benefits

- **Enhanced Patient Engagement:** PHR empowers patients to take an active role in their healthcare through easy access to their health information.
- Improved Health Management: Patients can track their medical history, medications, immunizations, and test results, leading to better health management and adherence to treatment plans.
- Convenient Access: Patients can access their health records anytime and anywhere, making it easier to share information with healthcare providers during visits or emergencies.
- **Cost Savings:** Improved information availability and sharing can reduce duplicate tests and procedures, leading to cost savings for both patients and healthcare systems.
- Personalized Care: With comprehensive health information at their fingertips, patients can receive more personalized and tailored healthcare recommendations from their providers.





Status Update: Real World Testing

Direct and PHR participate in Real World Testing as required by ONC 21st Century Cures Act Final Rule to meet Conditional and Maintenance of Certification requirements

- 170.315(b)(1) Transitions of Care send/receive
- 170.315(b)(7) Security Tags summary of care send
- 170.315(b)(8) Security Tags summary of care receive
- 170.315(e)(1) View, download, and transmit to 3rd party
- 170.315(h)(1) Direct Project, Edge Protocol, and XDR/XDM

Real World Testing | HealthIT.gov



CCDA

As part of interoperability, the CCDA documents are shared via the Electronic Health Record, Health Information Exchange, the Personal Health Record, and future initiatives regarding eHealth Exchange.

Future planned updates to the CCDA Document Content include

 Working with the CCDA Technical Advisory Group (TAG) to identify what content sections (not required for Certification) to remove from the default document to address the size concerns raised by the field.

CCDA TAG

- Consisting of the CCDA Technical Team, the CCDA Federal Lead, and Subject Matter Experts (SMEs), the CCDA TAG meets as needed – approximately once or twice per month and focuses on CCDA usability in general. Usability includes, for example, the size of the document, sections, and fields to be included.
- If you qualify as a Subject Matter Expert and wish to join the CCDA TAG, please reach out to James Garcia (james.garcia@ihs.gov) and request inclusion.



Status Update: 4DH

Currently, 4DH is connected to the eHealth Exchange, however, bi-directional exchange is contingent on policy approval. When eHealth Exchange participants query for a patient within IHS, 4DH responds with a custom message stating, "Patient did not consent to share information."

The 4DH team is working with the eHealth Exchange to integrate with the eHealth Exchange Qualified Health Information Network (QHIN) as part of the TEFCA initiative. Integration with the QHIN network is scheduled for September, although data exchange will not commence immediately. 4DH will continue to respond with "Patient did not consent to share information" until the prerequisites are finalized.

The patient consent module is complex, requiring integration with various systems as part of the workflow. Requirements are still being defined, and we anticipate it will take up to a year to develop a fully functional consent management system. Tribal/Urban sites will need to wait until the MPA is finalized before they can be onboarded through the Joinder Agreement and utilize the data exchange capabilities.

Please note that the delay is primarily due to pending policy decisions rather than technological challenges.

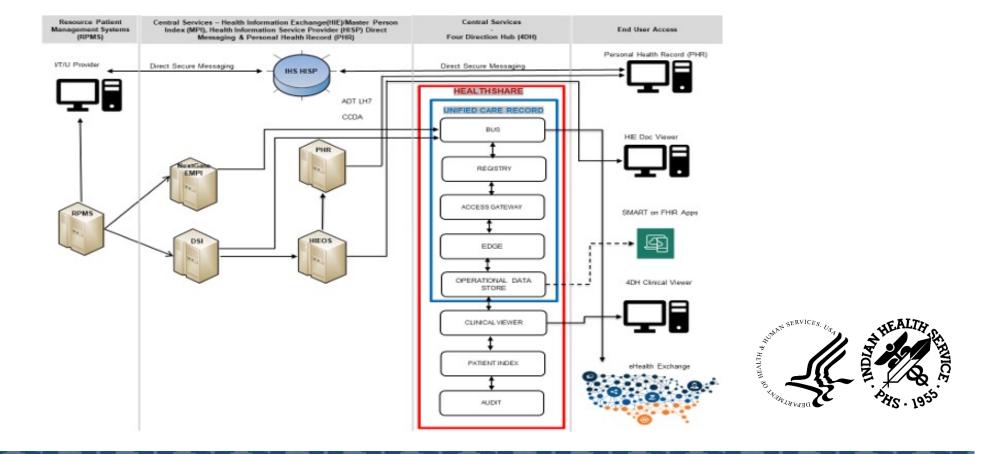


4DH Onboarding Status

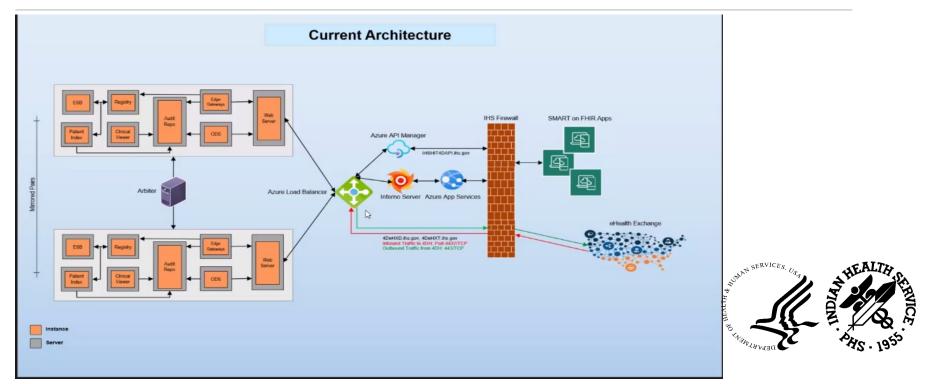
- Data onboarded for all federal sites.
- User onboarding limited to four pilot sites (Chinle, Cass Lake, Hopi, Zuni).



Central Services Infrastructure



4DH Architecture – External Connectivity

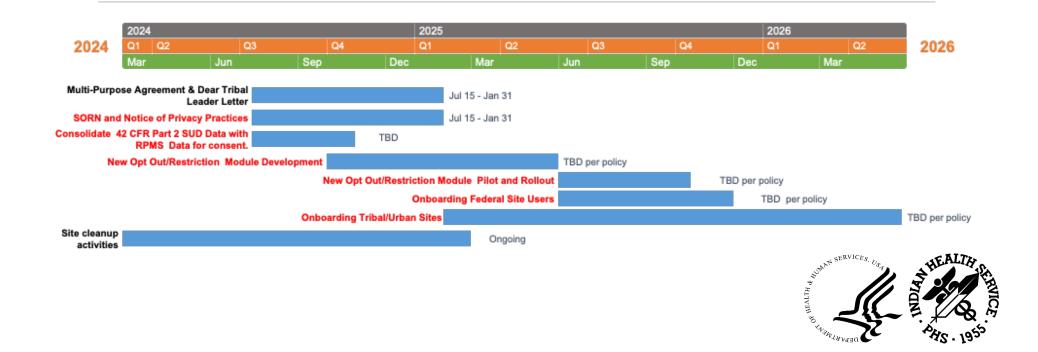


4DH Release Timeline

- Critical prerequisites that need to be finalized before 4DH can go live:
 - Multi-Purpose Agreement (MPA)
 - Tribal & Urban Joinder Agreement
 - System of Record Notice (SORN) & Notice of Privacy Practices (NPP)
 - Consolidating 42 CFR Part 2 Data Identification
 - Opt Out/Restriction Module
- Training and onboarding for remaining federal sites post prerequisites.
- Tribal/Urban site onboarding pending MPA finalization.



4DH Timeline



Policies & Agreements

Multi-Purpose Agreement (MPA)

System of Records Notice and the Notice of Privacy Practices (NPP)

- Revisions submitted to OIT Leadership.
- Public posting at all facilities upon approval.



Opt Out/Restriction Module

- Opt-out model: ePHI shared by default, including SUD data.
- Patient has the right to Opt Out of sharing by completing a form
- Based on the limitations of this system, restriction request will be treated as Opt Out of Sharing.
- Estimated development time: up to one year.



Interoperability Initiatives

- Trusted Exchange Framework & Common Agreement (TEFCA)
- Health Data, Technology, & Interoperability (HTI-1)
- United States Core Data for Interoperability v3 (USCDI v3)
- Real World Testing (RWT)
- HL7 Fast Healthcare Interoperability Resource (FHIR)
- DirectTrust Privacy and Security Assessment
- DirectTrust HISP Accreditation



Interoperability Resources

CIS Webpage - https://www.ihs.gov/cis/

 Webpage updated and being updated to provide up to date and additional information. Such as CIS Application documents, related forms and resources, and list of associated authorities and regulations.

ServiceNow Incidents

- For better tracking and response, always use ServiceNow or email to ITSupport@ihs.gov to report an issue and/or ask questions.
- Avoid emailing and message to individual team members.

ServiceNow Request

Use the ollowing requests in the ServiceNow instead of incident for better routing. Non-D1 users can send request to <u>ITSupport@ihs.gov</u>.

- Direct Secure Messaging Password Reset Request
- PHR Password Reset Request
- RPMS Deployment Request

LISTSERV

• Sign up and stay on top of CIS updates and announcements - Central Interoperability Suite (CIS)



Interoperability Resources

CIS Webpage: <u>https://www.ihs.gov/cis/centralized interoperability-suite-cis/</u>

- Locate CIS User and Admin manuals
- Review Authorities and Regulations noted in the Multi-purpose
- Retrieve related Forms and Resources (i.e. Readiness Assessment Form)
- Navigate to the Training Library to locate past recordings and material

Centralized Interoperability Suite (CIS) / CIS Documen	13	
Centralized Interoperability Suite (CIS)	Central Interoperability Sui	te (CIS)
Authorities and Regulations		oup of applications that facilitate the presentation of visit data for patients, the secure
API Documentation		en providers, the matching of patients with their data, and the exchange of visit data within cations supporting these functions are the Personal Health Record (PHR), Direct Secure
CIS Documents	Messaging (Direct), the legacy Master Patient Inde: Hub (4DH) with the new Patient Index and the Clini	x (MPI), the legacy Health Information Exchange (HIE) Repository, and the Four Directions cal Viewer.
Forms and Resources	Direct Secure Messaging (Direct)	Personal Health Record (PHR)
Training	Four Directions Hub (4DH)	

Contact Us

Please address general Interoperability questions to IHSCISTeam@ihs.gov or refer to CIS Documents | Centralized Interoperability Suite (CIS) (ihs.gov) for additional information.

If you have questions regarding CIS policies please contact Tammy Crazy Bull at <u>Tammy.CrazyBull@ihs.gov</u>.

If you have specific questions regarding the individual CIS applications the Federal Leads for each are listed below:

- MPI/CCDA James Garcia james.garcia@ihs.gov
- 4DH/HIE Jason Flatter jason.flatter@ihs.gov
- PHR/Direct LCDR Jessica Graham jessica.graham@ihs.gov

If you have other questions about Interoperability contact Bobby Villines at bobby.villines@ihs.gov



