

# Indian Health Service

## Getting HIM Ready for Oracle Health

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# Health IT Modernization Executive

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- To fulfill its mission to deliver comprehensive health care across Indian Country, the IHS will provide an enterprise electronic health record solution to Tribes, Urban Indian Organizations, and IHS sites of care.

## Sustainable Funding

from Congress to maintain and operate a modernized health IT infrastructure.

## Stabilize

the support system through an enterprise approach that includes staff training, business processes, and technology maintenance.

## Liberate Data

to ensure it is accessible across the enterprise by clinicians, patients, and partners alike to improve safety, quality and patient outcomes.



# Need for Health IT Modernization

*After a system-wide analysis and Tribal Consultation/Urban Confer, the IHS determined the need to fully replace RPMS in order to fulfill its mission.*

## INTERNAL FINDINGS

### Outdated System



The Resource and Patient Management System (RPMS) has served the I/T/U for **more than 40 years**.

### Creates Challenges



Technology advances, the regulatory environment, and the distributed deployment model created **significant challenges** for RPMS development and operations.

### Significant Dependencies



The U.S. Department of Veterans Affairs' **VistA system is scheduled for replacement** – affecting the IHS dependencies.

## EXTERNAL FINDINGS

### Unsustainable



The HHS/IHS Health IT Modernization Research Project (2018-19) confirmed that **RPMS is unsustainable**.

Several independent audits **identified challenges in the current health IT systems** to inform future Modernization efforts.



# IHS Background

# Overview of the Indian Health Service

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- The Indian Health Service (IHS), an Operating Division within the U.S. Department of Health and Human Services, provides a comprehensive health service delivery system for American Indian and Alaska Native (AI/AN) people through facilities located in 37 states
- The IHS is not an insurance program or health plan – it exists to fulfill historic treaty commitments to AI/AN tribes and people
- The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes
- Sovereign tribes may utilize services – including health IT – provided directly by the federal government, or elect to assume responsibility for these services through self-governance contracts and compacts



# The Indian Healthcare Landscape

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Funding to IHS supports healthcare services for the AI/AN population through the “**I/T/U**”



**I**

Direct services provided through federally-operated (**IHS**) hospitals and clinics



**T**

Hospitals and clinics managed by **tribes** under the self-governance principles of Public Law 93-638, the Indian Self-Determination and Education Assistance Act of 1974



**U**

Clinics managed by **urban** Indian Organizations under the provisions of Public Law 94-437, the Indian Health Care Improvement Act of 1975



# Key Information about IHS

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- **Small facilities** in mostly rural locations
- **Integrated primary and specialty care** for all ages, including behavioral health, dental, podiatry, optometry, and more
- Embraces the **Patient Centered Medical Home (PCMH)** model to provide high-quality, comprehensive, patient-centered, and accessible coordinated care
- Hospitals/clinicians participate in Centers for Medicare & Medicaid Services (CMS) **Quality Payment Programs**
- Emphasis on **public and community health activities**, to include public health nursing, school and correctional facility clinics, sanitation facilities
- Collects **third party revenue** – Medicare, Medicaid, Veterans Affairs (VA), private insurance, and others
- **IHS patients are not charged for services, including copays**



# The Indian Health Service Network

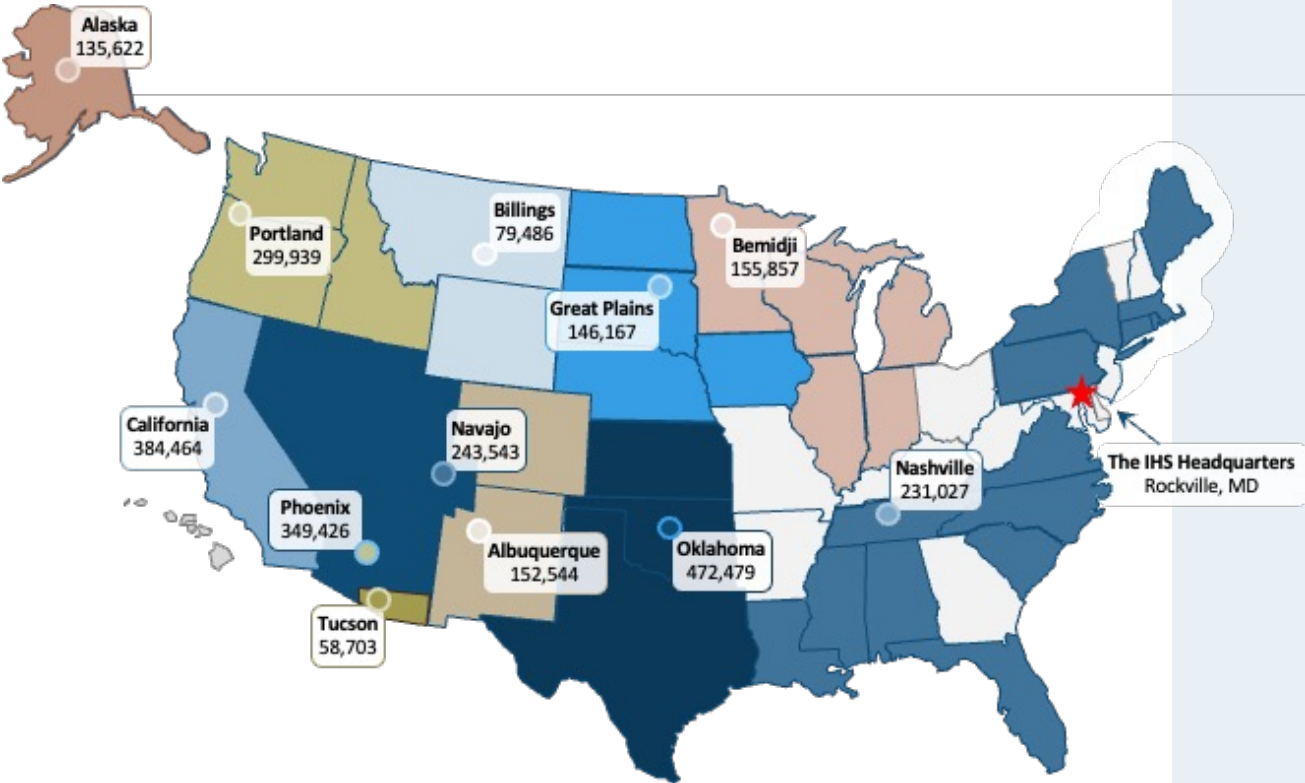
- 41 urban Indian organizations provide health care and referral services for AI/AN people living in urban locations throughout the United States
- 117 IHS + 451 tribal + 41 urban = 609 locations in the I/T/U system
- Of the 46 hospitals, 5 IHS and 9 tribal hospitals are [critical access hospitals](#)
- One of the tribal hospitals is an inpatient rehabilitation facility

Providers	IHS	Tribes
Hospitals	24	22
Health centers (40+ hours/week)	51	279
Health stations (<40 hours/week)	24	79
Alaska village clinics	0	59
School health centers	12	6
Youth regional treatment centers	6	6





# The Indian Health System



- The IHS administers its operations through **12 Area Offices**
- The Indian health system supports health care delivery in **37 states** including Alaska
- The Indian health system is comprised of facilities **managed by IHS, Tribes, and Urban Indian Organizations**

**2,709,527**

**Total IHS Service Population For CY 2022**

*\*Based In CY 2019 on CY 2010 Bridged Race*

# IHS Strategic Goals and Objectives

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## **GOALS**

### **Access**

To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaskan Native people



### **Quality**

To promote excellence and quality through innovation of the Indian health system into an optimally performing organization



### **Management and Operations**

To strengthen IHS program management and operations



## **OBJECTIVES**

**1.1:** Recruit, develop, and retain a dedicated, competent, and caring workforce

**1.2:** Build, strengthen, and sustain collaborative relationships

**1.3:** Increase access to quality health care services

**2.1:** Create quality improvement capability at all levels of the organization

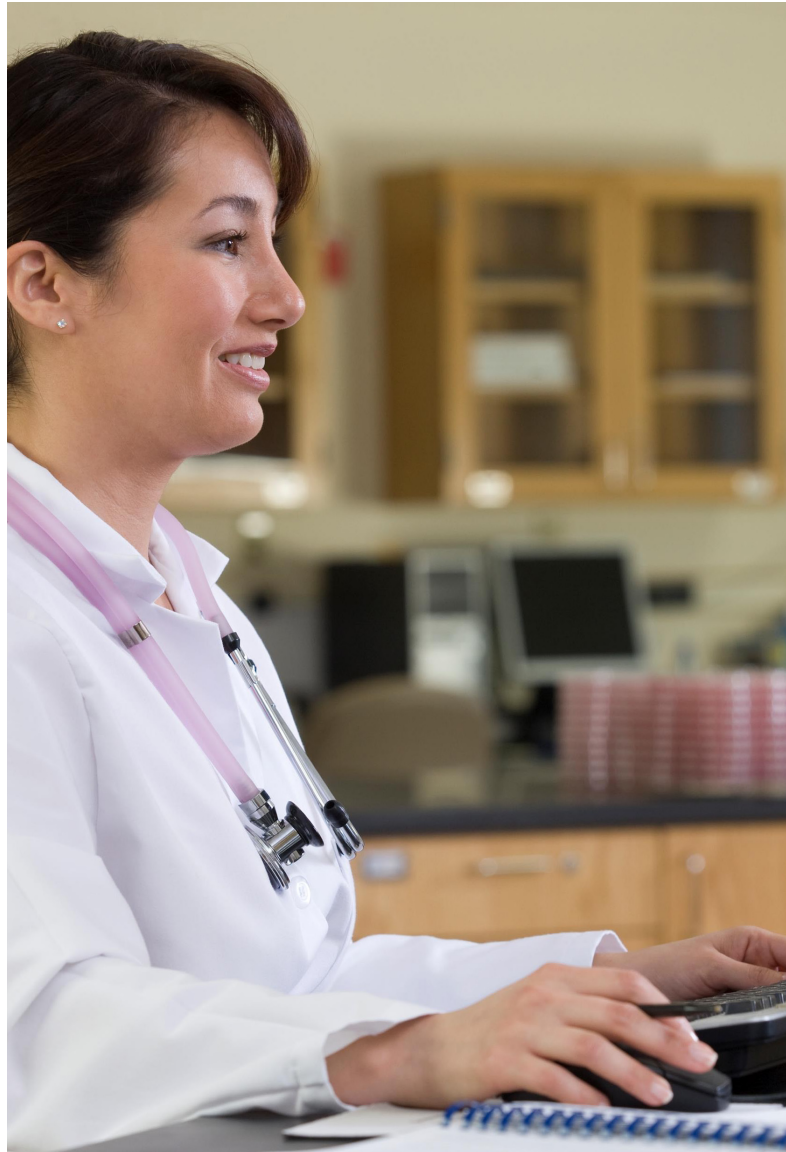
**2.2:** Provide care to better meet the health care needs of American Indian and Alaska Native communities

**3.1:** Improve communication within the organization with tribes, urban Indian organizations, and other stakeholders, and with the general public

**3.2:** Secure and effectively manage the assets and resources

**3.3:** Modernize information technology and information systems to support data driven decisions





## IHS Provides:

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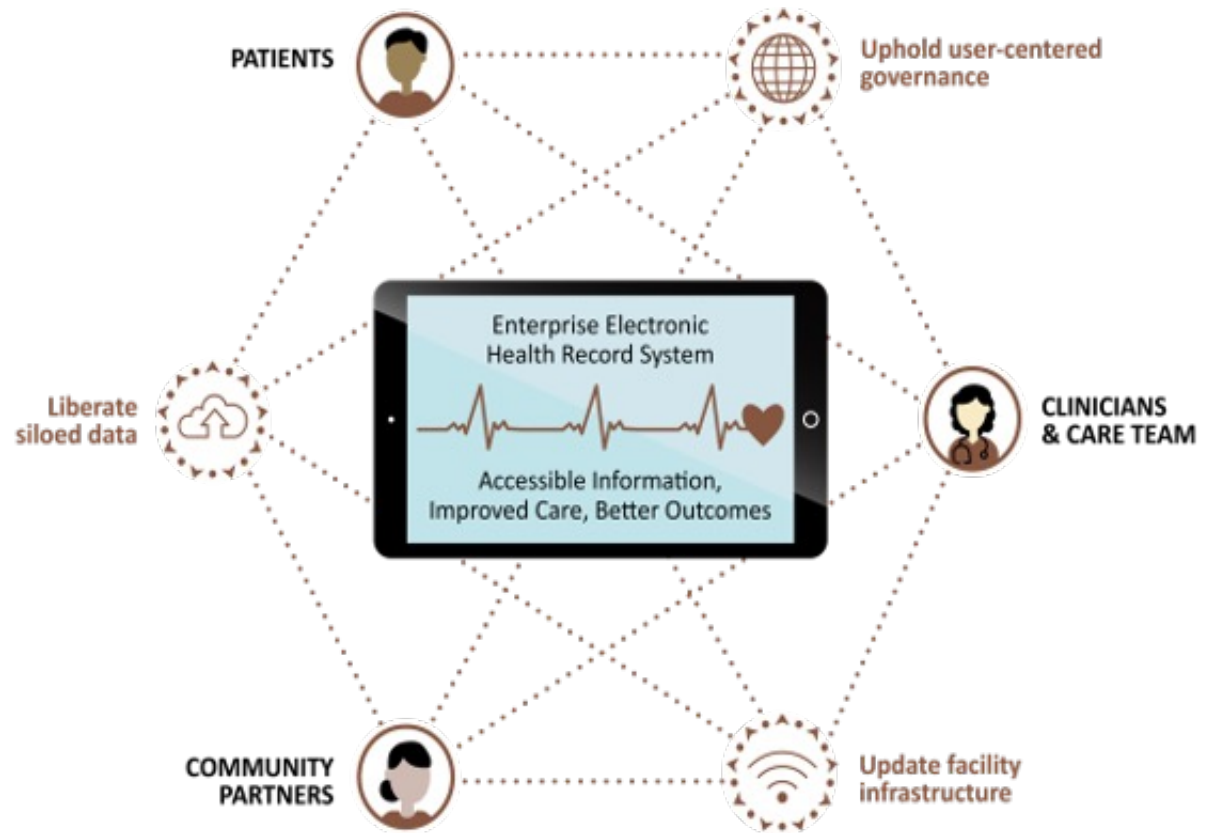
- Primary care for all ages
- Emergency and acute inpatient care
- Prenatal care and obstetrics
- Purchased and referred care
- Physical therapy & Rehabilitation
- Behavioral health
- Dental
- Traditional healing
- Optometry and ophthalmology
- Telehealth services
- Surgical and specialty services
- Substance Use Disorder treatment
- Environmental health
- Ancillary services (pharmacy/radiology/lab)
- More . . . .



# Health IT Modernization Program Overview

# Improve Care and Patient Coordination

IHS envisions an enterprise health IT system built together with tribal and urban partners that enables clinicians to consistently and easily provide high-quality care across Indian Country with integrated data on a modern platform



# RPMS Challenges and Benefits of Modernization

## Outdated Technology

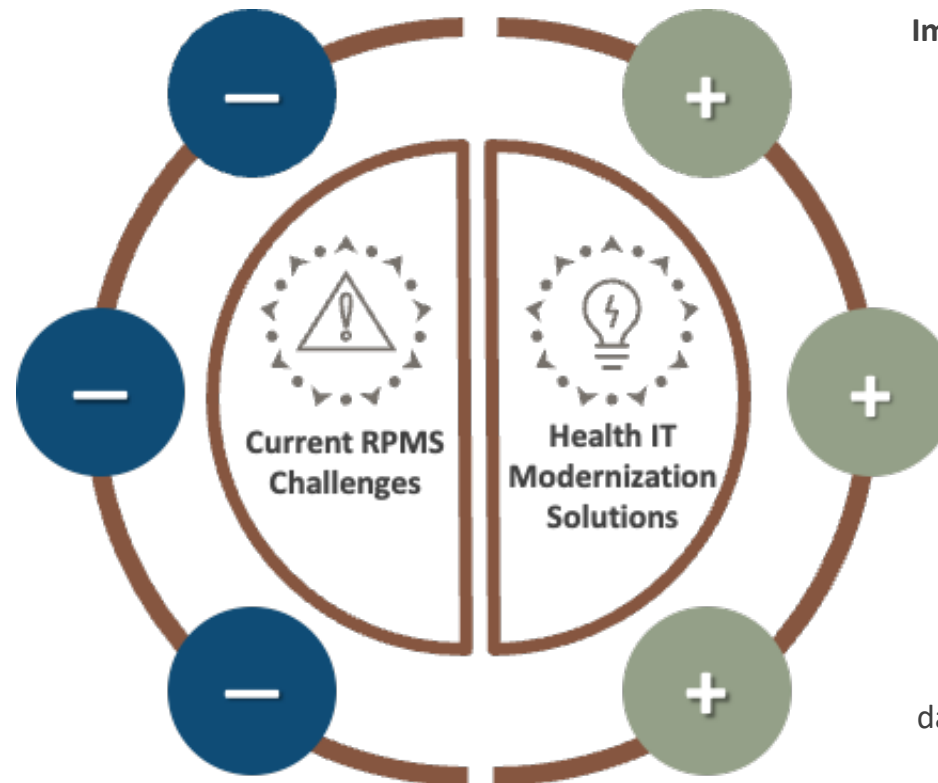
Does not support modern interfaces, mobile devices; difficult to recruit developers, support staff

## Decentralized

RPMS is implemented and managed locally, with considerable variability in support, user experience, and data quality; little interoperability

## Unsustainable Development & Support Model

Constantly evolving technology & regulatory environment; development distracts from IHS core mission



## Improved Capabilities & Usability

Fill gaps in legacy system functions, modern user interfaces, improved patient-provider communication and access to information

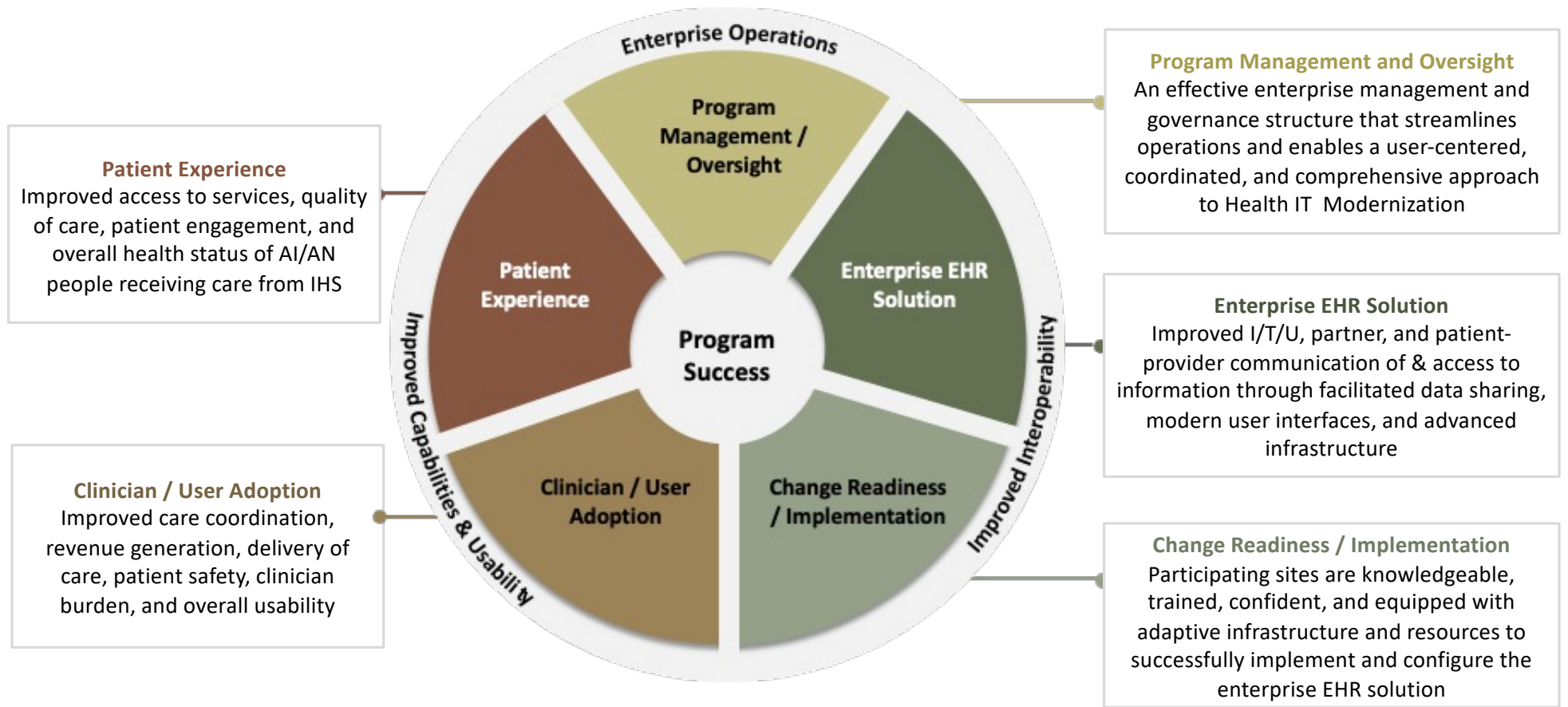
## Improved Interoperability

Facilitate data sharing within the I/T/U, with VA and private sector partners for care coordination & patient safety

## Enterprise Operations

Simplify the system support, improve collaboration, improve data management, and leverage a user-driven governance model

# IHS Health IT Modernization Performance



# Health IT Modernization Program Guiding Principles

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- **Partner** across I/T/U to design system solutions that support interoperability
- Use fully-formed clinical and business users in the field to inform **Governance**
- Provide timely, complete communication, training, and tools to **support system adoption**
- **Engage patients** in their health journey through improved access, public health services, and telehealth



- Use recognized, shared **best practices** across clinical and business processes
- **Innovate** clinical business process re-engineering, adoption, and outcomes
- Adopt **open-enterprise technology** solutions that support continuity of care
- Emphasize usability and **human-centered design**



- Design solutions deliver **culturally appropriate** care, quality, safety, and improved patient outcomes
- Configure products to **meet local needs with minimal customization**





# DHITMO Role and Priorities



Program Management Office



Build a modernization strategy



Engage with system partners



Formalize Program plans



Secure funding



Manage risk



Track progress



# IHS Health IT Modernization Program Breakdown

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**Program Management Office**  
Establish standards, guidance, and the baseline to manage the Program



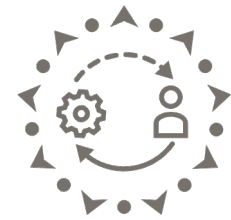
**Governance**  
Establish standards, guidance, and the baseline to support critical decision-making



**Acquisition and Program Planning**  
Develop and execute acquisitions that support the design, planning, and delivery of an EHR across Indian Country



**Technology & Infrastructure**  
Use Health IT to support patient coordination across Indian Country through accessible systems and data that are secure



**Organizational Change Management Support**  
Define techniques around stakeholder engagement and guide change efforts to implement governance and standardized healthcare delivery processes



# Selected Enterprise EHR Vendor

The IHS selected **General Dynamics Information Technology, Inc. (GDIT)** to build, configure, and maintain the new IHS enterprise EHR solution that uses Oracle Health technology

**GENERAL DYNAMICS**  
Information Technology

**ORACLE**  
Health

*Competition was full and open, rigorously adhered to Federal Acquisition Regulations, engaged hundreds of I/T/U end-users in product demonstrations, and culminated in a 10-year Indefinite Delivery / Indefinite Quantity contract with GDIT.*



# Other Contracted Solutions & Services

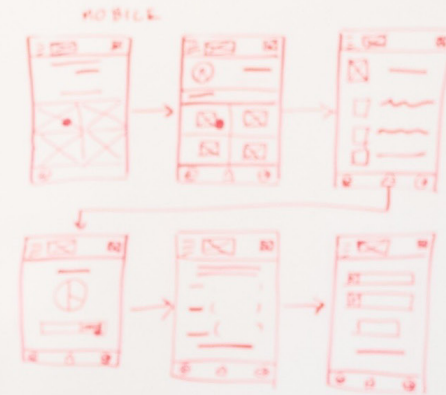
Vendor teams selected to support the IHS Health IT Modernization Program

- **Organizational Change Management Team**
  - Led by Native American-owned Totem Consulting and supported by Indigenous Pact, ECS Federal, and Chenega
  - Provides a collaborative, human-centered approach to change with data to deliver solutions and measure progress
  - Works with AI/AN communities in a health setting and provides EHR solutions in a complex health care delivery network
  - Supported transformations at the National Institutes of Health, Defense Health Agency, U.S. Department of Veterans Affairs, and American Heart Association
- **Project Management Office Team**
  - Led by Kadiak, an Alaska Native corporation and supported by Seneca Global Services, Wichita Tribal Enterprises, and Deloitte Consulting
  - Understands the needs of tribal communities and patients who rely on the IHS for essential health care solutions
  - Supported the Military Health System, U.S. FDA, VA, CDC, HHS, the IHS, and the 10 largest commercial health care systems in US



# Timeline

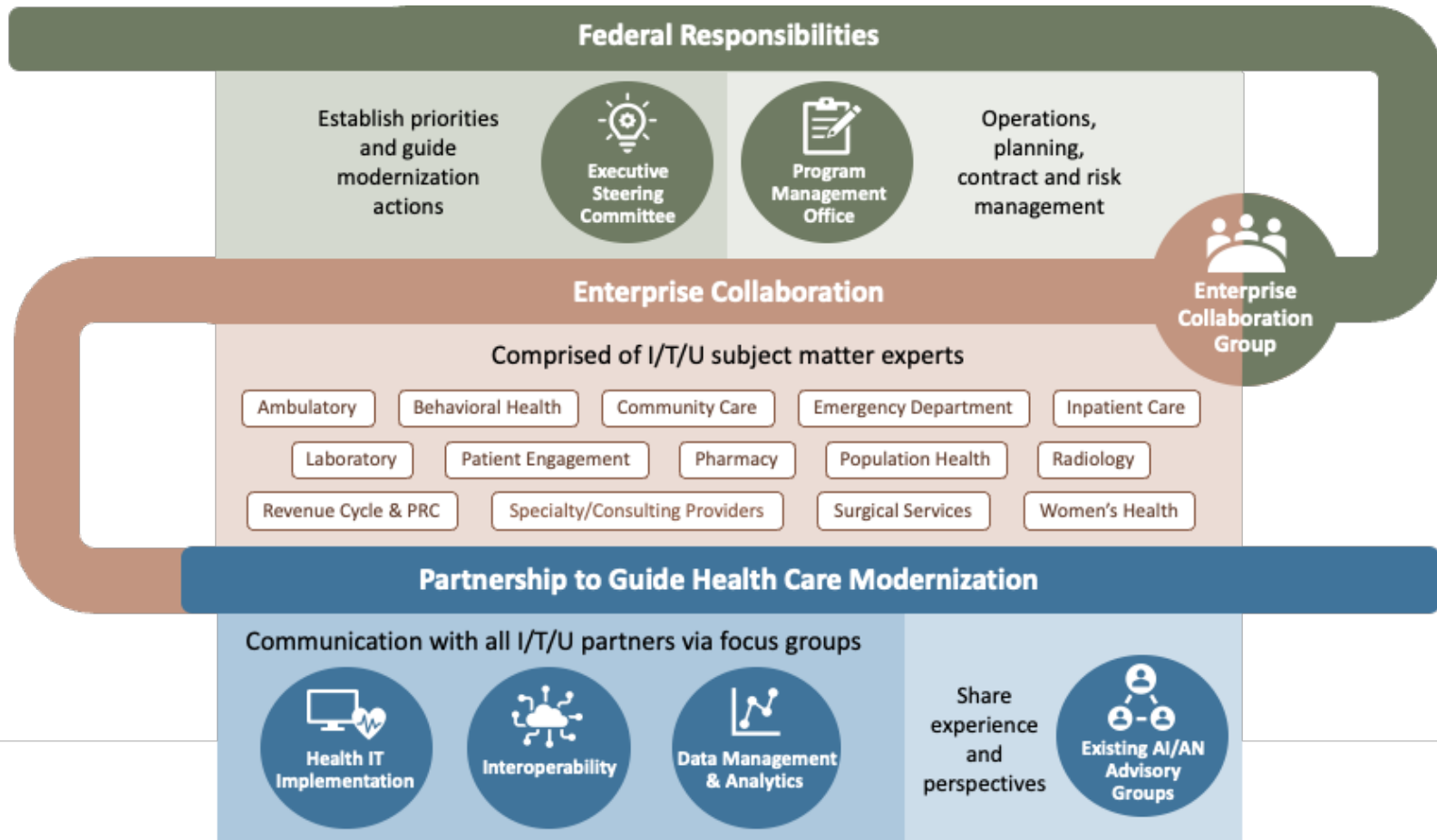




# Governance

Oversight of the Health IT Modernization Program centered on tribal input, industry standards, federal compliance, fiduciary management, and patient outcomes

# Governance Model for IHS Health IT Modernization



# Executive Steering Committee Overview

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## **Purpose**

Provide strategic oversight and leadership, and makes executive-level decisions affecting how HIT Modernization is achieved

## **Responsibilities**

- Proactively seek and represent the opinions and policies of their respective organizations and peers
- Actively participate in the decision-making process
- Make evidence-based decisions that support program objectives
- Communicate ESC decisions back through their organizations





# Enterprise Collaboration Group



## Purpose

A user-focused body that informs system configuration in clinical and administrative areas



## Scope

Review preferred, evidence-based practices and recommendations for operational aspects of EHR implementation and deployment



## Outcomes

The enterprise EHR solution is configured collaboratively by expert users from participating IHS federal facilities, Tribes, and Urban Indian Organizations\*



# Enterprise Collaboration Group



## Why ECG?

- Ensure users of the enterprise EHR drive the configuration of the system that they will use for patient care
- Prioritize patient safety and quality health care by building best practices and IHS initiatives such as EHR workflows and decision support
- Address accreditation requirements to ensure continued compliance
- Offload configuration from local EHR committee
- Promote enterprise standardization and shared best practices
- Engage tribal/urban Indian organizations and their users in enterprise EHR management



# Enterprise Collaboration Group

*Structure and Composition*

## Domain Group Members

(I/T/U, 2-year terms)



Domain-appropriate SMEs drawn from I/T/U tenants on the enterprise EHR solution

## ECG Executive Committee

### Standing Members



Clinical and administrative leaders at IHS headquarters

### Rotating Members



Chairs of Domain Groups, 2-year terms



# ECG Domain Groups



## What are Domain Groups?

- Multi-disciplinary bodies comprised of EHR users from the I/T/U field
- Provide the forums for clinical and business subject matter experts to make EHR design and configuration recommendations on behalf of the end users they represent
- Domains and scope are based on standard EHR design groups typically seen with a commercial EHR implementation
- Domain Groups align to one or more application modules provided by the vendor



# ECG Domain Groups\*



**Ambulatory**



**Laboratory**



**Revenue Cycle and  
Purchased/Referred Care**



**Behavioral Health**



**Patient Engagement**



**Specialty/Consulting  
Providers**



**Community Care**



**Pharmacy**



**Surgical Services**



**Emergency Department**



**Population Health**



**Women's Health**



**Inpatient Care**



**Radiology**

\*Proposed Domain Groups – may be retired or others added by Standing Executive Committee

# Enterprise Collaboration Group

Initial Proposed Domain Groups & Scope



Ambulatory		Inpatient Care	Population Health	Laboratory	Women's Health/Obstetrics
<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialty Clinic Care</li> <li>• Pediatrics</li> <li>• Telehealth</li> </ul>	<ul style="list-style-type: none"> <li>• Home Care</li> <li>• Palliative Care/Hospice Care</li> <li>• Rehab (PT/OT/Speech)</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient Nursing</li> <li>• Inpatient Nutrition</li> <li>• Case Management/Social Work</li> <li>• Long Term Care – Skilled Nursing / Swing Beds</li> <li>• Inpatient palliative care and hospice</li> </ul>	<ul style="list-style-type: none"> <li>• Analytics</li> <li>• Registries</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient lab</li> <li>• Outpatient Lab</li> <li>• Blood Bank</li> </ul>	<ul style="list-style-type: none"> <li>• Outpatient OB/GYN care</li> <li>• Hospital-based care (Triage, Admit, Labor &amp; Delivery, post-partum)</li> <li>• Emergency Department OB Triage</li> </ul>
Behavioral Health		Specialty Provider	Revenue Cycle	Pharmacy	Emergency Department
<ul style="list-style-type: none"> <li>• Acute inpatient psychiatry</li> <li>• Behavioral Health care in the ED</li> <li>• Outpatient Behavioral Health and substance use disorder (SUD) care</li> <li>• Behavioral Health / SUD Residential Treatment Centers - Youth and Adult</li> </ul>		<ul style="list-style-type: none"> <li>• Any consulting provider not aligned to a Service Line</li> <li>• Includes Palliative care and Hospice</li> <li>• Hospitalist/Intensivist</li> </ul>	<ul style="list-style-type: none"> <li>• Scheduling/Registration</li> <li>• Health Information Management and Coding</li> <li>• Billing / Accounts Receivable</li> <li>• Purchased &amp; Referred Care</li> <li>• Bed Management</li> </ul>	<ul style="list-style-type: none"> <li>• Inpatient Pharmacy</li> <li>• Outpatient Pharmacy</li> <li>• Advanced Practice Pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Department</li> <li>• Urgent Care</li> </ul>
Community Health		Surgical Services		Patient Engagement	Radiology/Imaging
<ul style="list-style-type: none"> <li>• Community Health Representatives</li> <li>• Tribal Healers</li> <li>• Community Health Aide Program</li> <li>• School-based clinics</li> </ul>		<ul style="list-style-type: none"> <li>• Outpatient Surgery</li> <li>• Hospital Based Surgery</li> <li>• Anesthesia</li> </ul>		<ul style="list-style-type: none"> <li>• Patient portal</li> </ul>	<ul style="list-style-type: none"> <li>• General radiology</li> <li>• Ultrasound</li> <li>• Mammography</li> <li>• CT</li> <li>• MRI</li> </ul>



# ECG Domain Groups

## Domain Group Members

- Review vendor content related to scope of domain group
- Provide input based on knowledge of I/T/U practices, policies, and standards of care
- Represent the broader end user community
- Observe the modernization guiding principles in making recommendations

## Domain Group Chairs

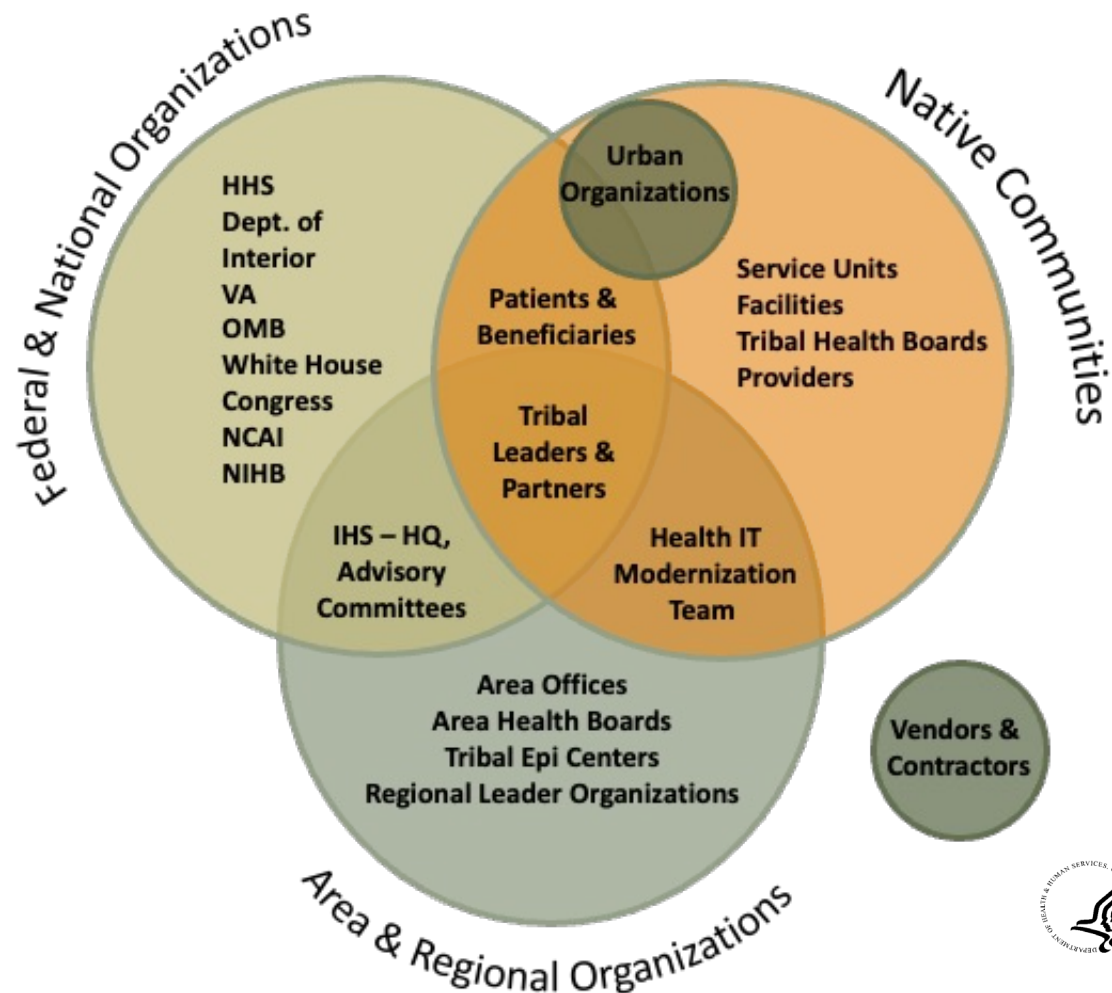
Leaders and subject matter experts in their respective clinical or business area who:

- Have the availability and support of leadership to engage with enterprise EHR solution implementation
- Are familiar with their domain-specific policies and procedures, best practices, and nuances of healthcare in the I/T/U
- Champion business transformation efforts and standardization of clinical and business processes across I/T/U facilities
- Serve as members of the ECG Executive Committee



# Operating in a Complex Environment

IHS works with tribal, urban, and federal partners to help deliver high-quality care across Indian Country





# Tribes, Urban Indian Organizations, and Health IT Modernization

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## **Tribes and UIOs are Critical Partners**

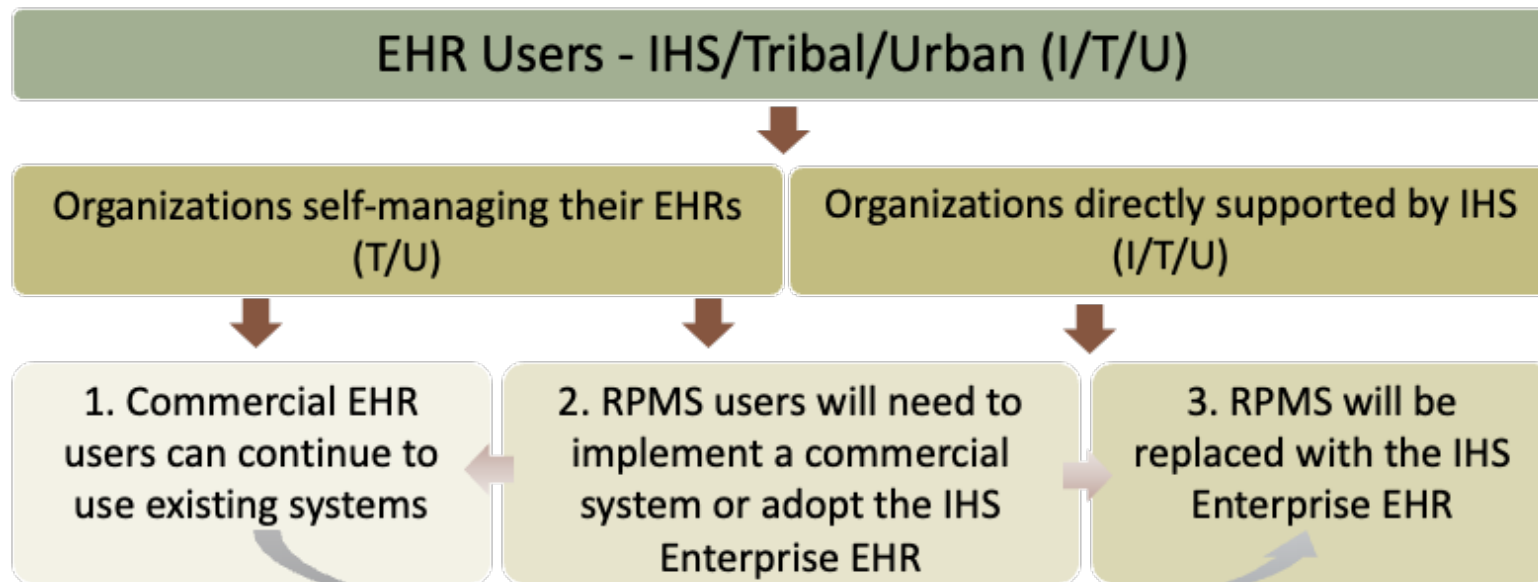
- Many tribes/UIOs rely on RPMS as their core health IT solution
- Many others have adopted commercial off-the-shelf (COTS) health IT products
- All have an interest in the IHS approach to health IT infrastructure modernization
- Tribes/UIOs – both on RPMS and not – need to understand their options and plan their solutions as IHS moves forward with modernization

## **Interoperability and Care Coordination are Key**

- Patients are shared among I/T/U healthcare facilities
- All locations have referral networks, often crossing state lines
- All tribes/UIOs, regardless of their health IT solution, share data with IHS
- This data is critical to understanding the success of the IHS mission, reporting on this success to entities such as HHS and OMB, and securing IHS funding from Congress



# RPMS Replacement Impact on I/T/U Programs



**Note:** The options and flexibilities through Public Law 93-638 remain available





How To Prepare?

# How Facilities Can Prepare

Maintain current health IT system and keep data up to date to support EHR replacement

Conduct regular system maintenance, including backups

Continue regular lifecycle replacement for hardware and biomedical devices

Actively recruit to fill critical vacancies





# Getting Ready to Get Ready Guide

The [Getting Ready to Get Ready Guide \(GRTGRG\)](#) is a tool provided to IHS/tribal/urban (I/T/U) sites to assist with preparations for implementing the new enterprise EHR.



## Key Staffing Positions

Ensure any staffing vacancies are filled early so that the workforce can participate in planning for EHR transition and training



## Agreements and Licenses

Assess all agreements and licenses with states, federal or private organizations to determine any impacts with EHR transition



## Revenue Cycle Operations

Assess revenue cycle operations to ensure backlogs in billing, accounts receivable and purchased/referred care are minimal



## Continuity of Operations

Review Continuity of Operations Plans and identify a POC to discuss network connectivity and usage



## Biomedical Devices

Identify biomedical point of contact (POC) and inventory biomedical equipment



# HIM “To Do” List

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- Complete/Close All Encounters
- Complete All Coding in RPMS
- MPI - Clean up duplicate entries
- Problem and Allergy Lists - Encourage Providers to clean up these lists
- Old Nurse Orders and Consults – encourage staff to close out outdated consults and nurse orders



# Thank you

## Questions?

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- Stay informed on the Health IT Modernization Program at



### **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

