# Thank you for joining the MODERNIZATION TRIBAL SUMMIT August 16, 2024

We will begin at 8:30 MST





# Opening in a Good Way

### Meet our Leadership



Mitchell Thornbrugh Office of Information Technology (OIT) Director and Chief Information Officer (CIO)



Andrea Scott OIT Deputy Director, Deputy CIO



Jeanette Kompkoff Director, Division of Health IT Modernization & Operations (DHITMO)



**Dr. Howard Hays** Chief Medical Information Officer (CMIO)

### Rules of Engagement



- Active participation is welcome from tribal and urban Indian organization leaders (or designees) only
- Before commenting or asking a question, please state your name and the Tribe or urban Indian organization you are representing
- Members of industry and other participants are invited to listen only unless directly addressed
- Federal staff, contractors, and vendors can send questions to Modernization@IHS.gov

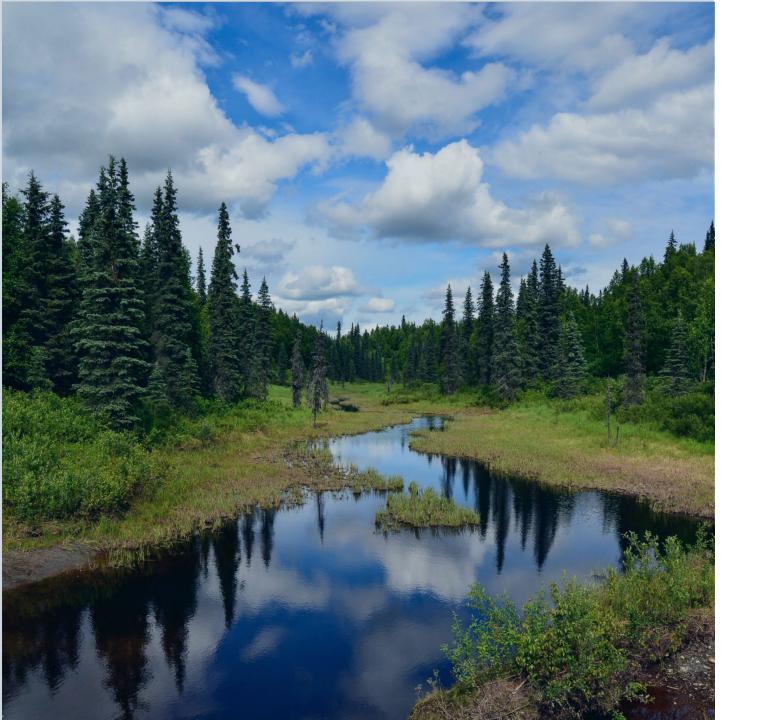
### Agenda

| Keynote Address                                  | <b>Dr. Beverly Cotton</b><br>Nashville Area Director, Indian Health Service  | 8:45 a.m 9:00 a.m. MST   |
|--|--|--------------------------|
| Health IT Modernization and<br>Operations Update | <b>Mitchell Thornbrugh</b><br><i>Office of Information Technology (OIT) Director</i><br><i>and Chief Information Officer (CIO)</i> | 9:00 a.m 10:00 a.m. MST  |
| Tribal and Urban Indian<br>Organization Caucus   | Tribal and Urban Indian Organization Leaders   | 10:00 a.m 11:00 a.m. MST |
| Reconvene: Discussion and Open Dialogue          | Health IT Modernization Program Leadership   |                          |
| Closing  | Mitchell Thornbrugh<br>OIT Director and CIO  | 12:00 p.m. MST           |

\*Please note: This event is being documented through photography and video recording. By participating, you consent to the use of these materials for promotional and archival purposes.



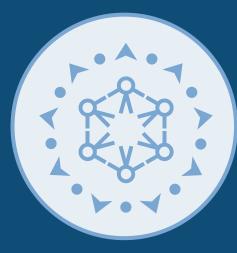
Health Information Technology (IT) Modernization Program



# Keynote

### Dr. Beverly Cotton

Nashville Area Director, Indian Health Service



### Health IT Modernization and Operations Updates

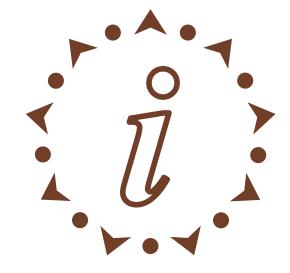
Mitchell Thornbrugh OIT Director and CIO

### Caucus Questions to Consider

1. Given what you have heard today, what opportunities, concerns, or input do you have about the Health IT Modernization Program?

- 2. What are your suggestions for engaging you in a more timely and consistent manner regarding the Health IT Modernization Program?
- 3. What are important topics for future Health IT Modernization Program engagements?





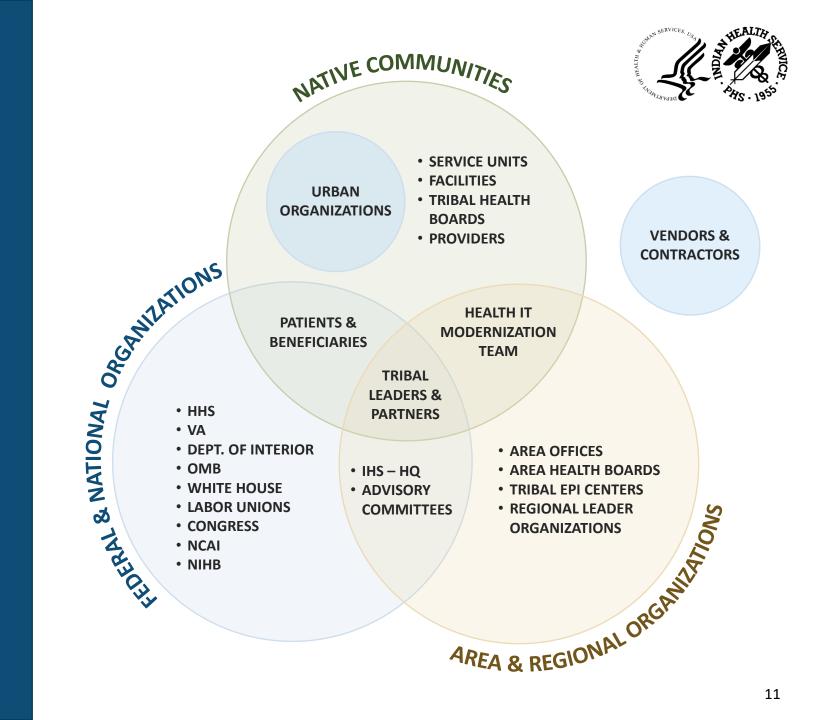
| Timeline<br>2018-2019  | 2020-2021   | 2022-2024   | 2025+  |
|--|---|---|--|
| Research   | Plan  | Buy & Build   | Train, Deploy, Operate   |
| <ul> <li>✓ Health and Human<br/>Services (HHS)/IHS<br/>Modernization Research<br/>Project Report with three<br/>modernization approaches</li> <li>✓ U.S. Government<br/>Accountability Office<br/>(GAO) Report on Critical<br/>Legacy Systems</li> <li>✓ HHS Office of the<br/>Inspector General health<br/>IT reports released</li> </ul> | <ul> <li>✓ Listening Sessions on<br/>modernization<br/>approaches</li> <li>✓ Decision memo<br/>announcing plans to<br/>replace Resource and<br/>Patient Management<br/>System (RPMS)</li> <li>✓ Establish Program<br/>Management Office<br/>(PMO)</li> <li>✓ Virtual Industry Day and<br/>Requests for<br/>Information (RFI) from<br/>industry</li> <li>✓ Acquisition strategy</li> </ul> | <ul> <li>Office of Information<br/>Technology (OIT) Division of<br/>Health IT Modernization and<br/>Operations (DHITMO)<br/>creation</li> <li>Request for Proposals (RFP)<br/>for EHR solution vendor &amp;<br/>integrator</li> <li>Extensive proposal<br/>evaluation and product<br/>demonstrations</li> <li>Vendor selection</li> <li>Human Capital Planning<br/>and Workforce Analysis</li> <li>Start of system build</li> </ul> | <ul> <li>Prepare pilot sites, with production use of PATH EHR expected to occur in summer 2026</li> <li>Focus on Organizational Change Management (OCM)</li> <li>Local infrastructure assessment and mitigation</li> <li>User training</li> <li>Multi-year rollout in cohorts, across IHS, tribal, and urban Indian organizations (I/T/U)</li> </ul> |

<sup>\*</sup>Above dates are estimates and subject to change

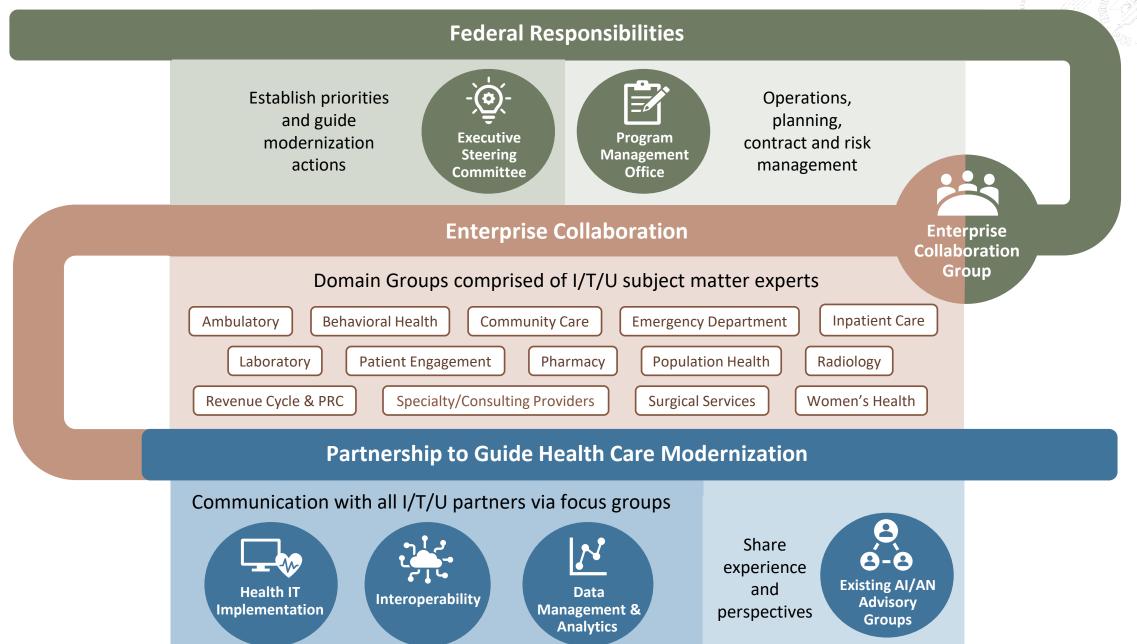
### Operating in a Complex Environment



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



### Governance Model for the IHS Health IT Modernization





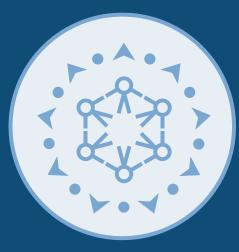
### EHR Branding Announcement

### 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.





### Four Directions Warehouse Update

### The Four Directions Warehouse (4DW) Concept



#### **Central Repository for Clinical Data**

#### **CORE BENEFITS**

- Use legacy information without loading into PATH EHR
- No maintenance of RPMS
- 'Seeding' PATH EHR with small subset of data

- Satisfy record retention requirements
- Maintain central longitudinal record
- Robust security controls
- Comprehensive enterprise data analytics



#### **Continuous Data Submission to Repository**

### IHS 4DW Project Vision: Enhancing Data Management and Accessibility



|                      | Standardize Cloud-Based<br>Data Repository | Independent of EHR vendor constraints, fully controlled by IHS,<br>accessible via standard data access methods and Application<br>Programming Interfaces (API)   |
|----------------------|--|--|
| €> <u>(i(i(i</u> ))→ | Data Migration Pipeline                    | Facilitates migration of RPMS and non-RPMS IHS EHR data to<br>populate the Health Information Technology Modernization<br>(HITMOD) system with cleansed PAMPI (patient demographics,<br>problems, allergies, medications, procedures,<br>and immunization) and other selected data domains |
|                      | Archive for RPMS Data                      | Allows continued access/viewing after RPMS servers are decommissioned, supports adherence to patient data retention guidelines   |
|                      | Readiness for Future Use<br>Case           | Support advanced analytics, population health analysis, and centralized data feeds   |
|                      | <b>Robust Access Controls</b>              | Provides secure access to authorized users with full auditing  |



### August 2024 Tribal Consultation and Urban Confer Recap: Shared EHR Considerations

### A Single Patient Record in our Shared EHR





Multi-tenancy allows multiple organizations to share a single software solution while keeping data secure.

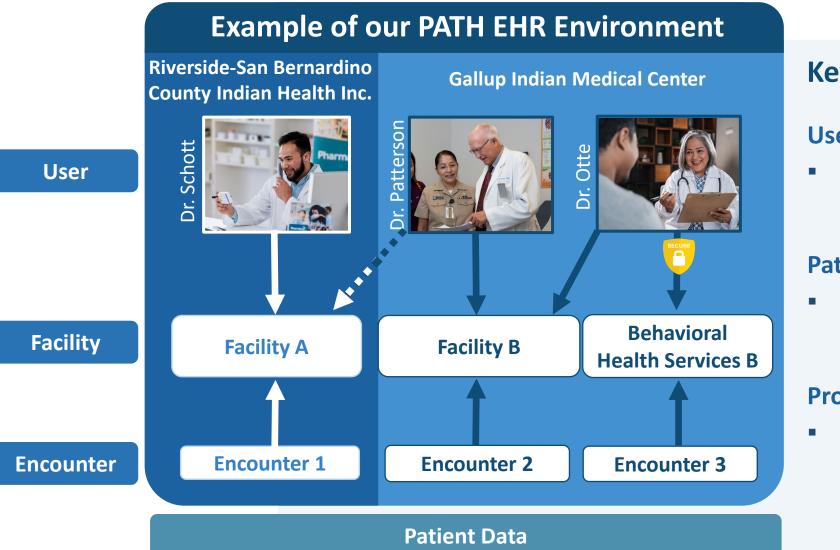
#### **Benefits**

- Single patient health record
- Care coordination
- Sustainable
- Scalable
- Centralized maintenance
- Robust security
- Training and onboarding support

### PATH EHR Access and Security



Encounter/Organization



#### **Key Concepts**

#### **User-Location Assignment**

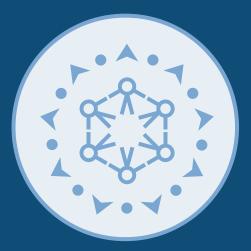
 Users must be assigned to a clinical location to view patient records

#### **Patient Encounter (Visit)**

 A patient visit to a facility creates an Encounter

#### **Provider/Patient Relationship**

 Provider can view a patient chart when a relationship has been established

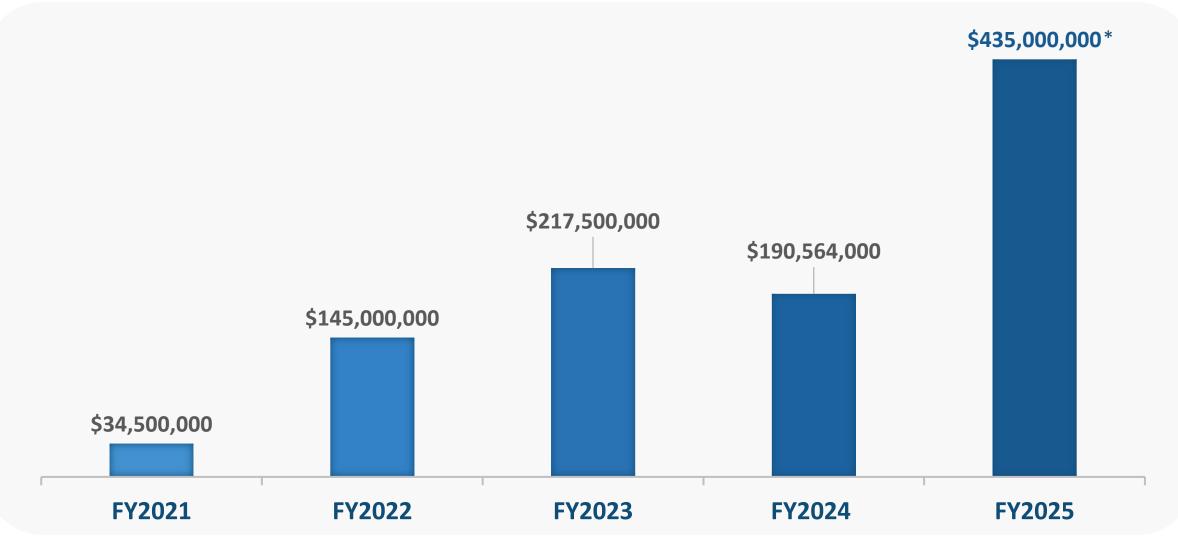


### Program Funding Update

### **Overview of Reoccurring Funding**

*Key insights into funding trends* 





### LCCE Methodology





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

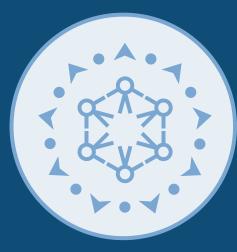


Considers **the full spectrum of health care IT** system implementation, including development, modernization, and enhancement costs, plus operations and maintenance costs for multiple fiscal years

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



### Tribal and Urban Indian Organization Caucus



### Caucus Information



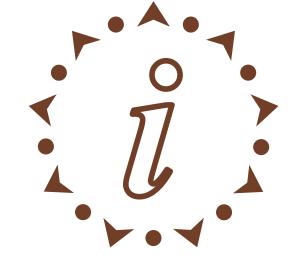
- We welcome our tribal and urban Indian organization leaders to caucus
  - Caucus participants may remain in this room
- Should our urban partners wish to caucus separately, you may use room 211B
- All attendees will reconvene at 11:00 a.m.
   MST for Discussion and Open Dialogue

### Caucus Questions to Consider

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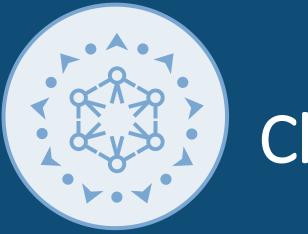


### Reconvening: Discussion and Open Dialogue



### Discussion and Open Dialogue

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## Closing



### **IHS Health IT Modernization Program TRIBAL CONSULTATION AND URBAN CONFER** Site Readiness and Training

# NOVEMBER 7, 2024 1:30-3:00 p.m. ET\_



• Hybrid event via Zoom or in person at the IHS Headquarters located in Rockville, MD.















**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 or by following us on social media





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X (formerly Twitter)

