

Indian Health Service

HEALTH INFORMATION TECHNOLOGY MODERNIZATION PROJECT

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IHS Vision

Vision definition – where we see ourselves in the distant future (5-20 years).

The IHS vision is healthy communities and quality health care systems through strong partnerships and culturally responsive practices.

IHS Strategic Goals and Objectives



Access

Goal 1: To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people.

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.



Quality

Goal 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.

Objectives:

- 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.



Management and Operations

Goal 3: To strengthen IHS program management and operations.

Objectives:

- 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 and HHS Created the IHS HIT Modernization Program Office to:

Task 1: PMO Stand-up



Establish standards, guidance, and the baseline to manage the program

Task 2: Governance



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

Task 3: Acquisition



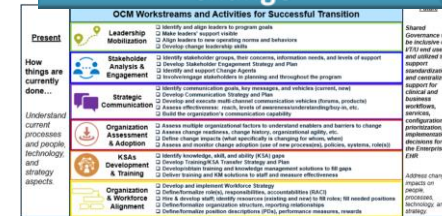
Develop and execute the vision for a set of acquisitions to support implementation of an enterprise health information system and supporting infrastructure architecture

Task 4: Engineering & Architecture



Transform the IHS healthcare system to support the needs of the American Indian and Alaska Native (AI/AN) population and address changes in the healthcare industry

Task 5: Organizational Change



Define techniques to engage partners and diverse stakeholders and guide change efforts to implement governance and standardized healthcare delivery processes

Current Funding

- FY2020 appropriations provided \$8M (recurring) to begin the project management office in FY2020.
- The CARES Act of 2020 provided \$65M (one-time) to accelerate the project based on the FY2021 request.
- FY2021 appropriations increased from \$8M to \$34.5M (recurring) for the Health IT Modernization project.
- FY2021 American Rescue Plan Act provided \$70M (one-time) for the IHS Electronic Health Record

Journey to HIT Modernization

- 2018 – HHS/IHS Initiated studies to determine options for modernizing IHS HIT
- November 2019 – Final report published, representing extensive research and tribal consultations, providing four options to modernize RPMS
- December 2020/January 2021 – Listening Sessions on Modernization Options
- April 1 – Decision Memo (Option 4: Full Replacement of RPMS)
- April 19 – Closing date of Request for Information (RFI) to Industry for input on IHS HIT Modernization (68 responses)
- May 14 – Congressional Data Call concerning Tribal adoption of COTS EHRs
- May 21 – Industry Day for IHS research (over 300 attendees, ~200 companies)
- June 15 and 17 – Additional Listening Sessions

Partnership with FEHRM

- The IHS also partnered with the VA and DoD to implement lessons learned and best practices through the Federal Electronic Health Record Modernization (FERHM) Program Office.
 - Routine engagement through FERHM monthly calls and IHS monthly calls
 - Recent discussion regarding the VA review and possible recommendation and lessons learned for the IHS project
 - Previously we have discussed acquisition strategy, site remediation lessons learned, and interoperability

Interoperability

- The IHS must be interoperable and design national data solutions with Tribal and Urban partners' existing commercial EHR instances in mind
- The Four Directions Hub (4DH) pilot is addressing interoperability:
 - Consolidates a subset of patient health data from all contributing I/T/U facilities into a single database
 - Connected to the eHealth Exchange
 - Four pilot sites in three states are testing with the VA/DoD and private sector sites
 - 4DH will also continue to be a central pillar for interoperability between legacy and transitioned sites, as well as with Tribal, Urban and external partners

Tribal and Urban Data Call

- May 14, 2021: [Data Call for existing Health IT Investments.](#)
- The data call closed on June 4th with over 40 responses.
- The final report will include the quantitative findings, common themes from the narratives, conclusions and appendices with the requested data, questionnaire template, narrative responses, and National Data Warehouse information.

Data Call - Conclusions

- Eighty-seven percent (87%) of the 47 total Tribal facility respondents have already converted to a COTS EHR; 36% use COTS exclusively, and 51% use both COTS and RPMS combined.
- Sixty-six percent (68%) of respondents indicated that their EHR systems connect to a Health Information Exchange (HIE), 32% do not.
- Annual EHR costs range from \$2,000 to \$19,372,000.
- Purchased and Referred Care (PRC) is the most difficult function to replicate in a COTS EHR system, though some facilities have done so successfully.
- The overall takeaway is that RPMS increasingly does not meet the needs of the tribes, so they have been purchasing their own COTS EHR systems, at their own expense, to secure the functionality they need.

Acquisition Process

Acquisition Planning

Market Research
RFI & Industry Day
Partner/Stakeholder
Engagement

Solicitation Phase

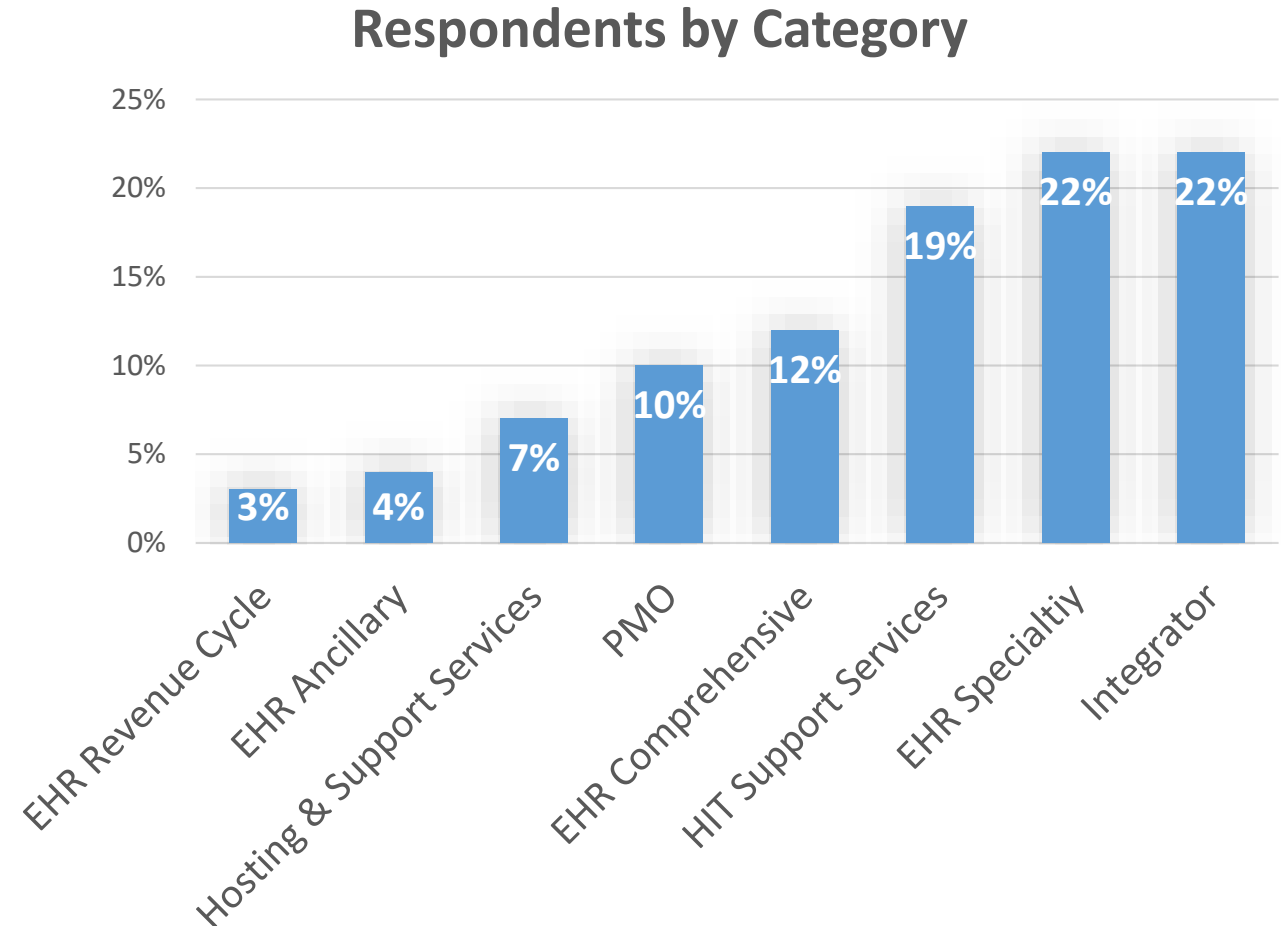
Statement of
Objectives
Evaluation Criteria
Release Request for
Proposal

Evaluation & Award

Receipt of Proposals
Evaluation
Award
Execution Task
Orders

Request for Information (RFI) Overview

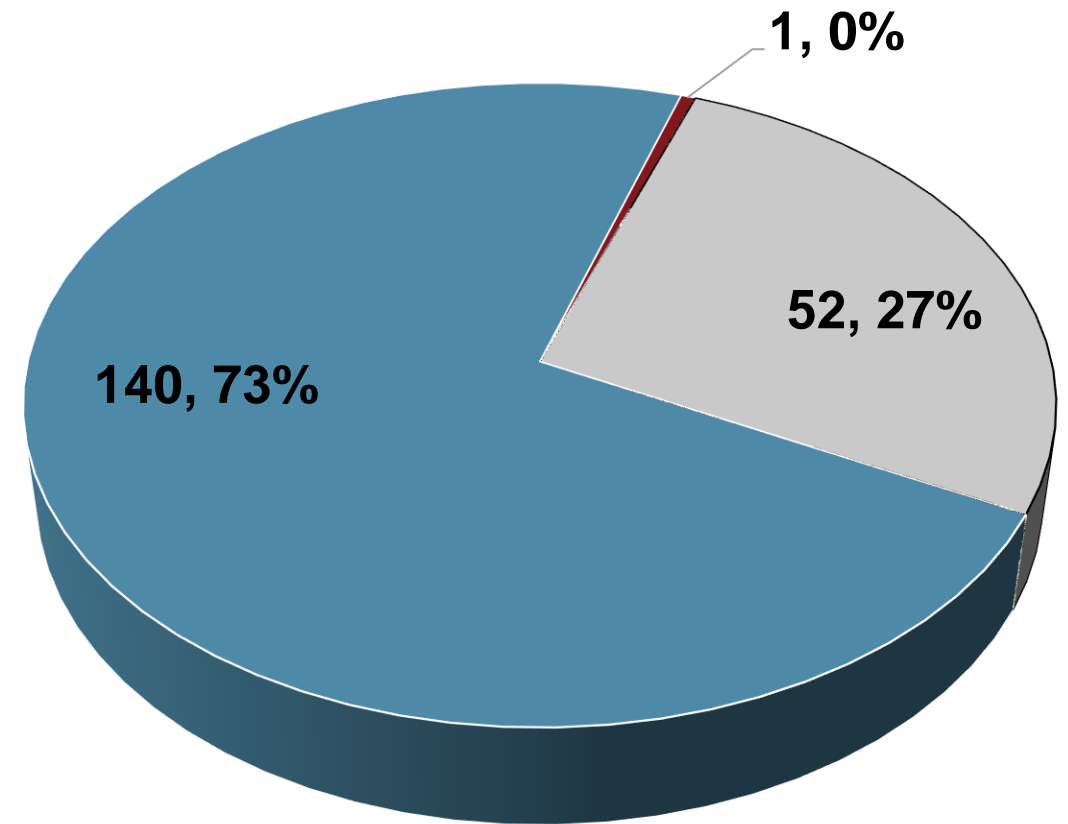
- RFI posted on [SAM.gov](https://sam.gov)
 - Published: March 16, 2021
 - Responses Due: April 19, 2021
 - 68 responses received
- RFI areas address:
 - HIT Modernization Approaches
 - Pricing Questions
 - General Acquisition Questions
- Key takeaways:
 - Industry is familiar with IHS, RPMS, and the IHS enterprise
 - Industry is seeking more information, many questions were raised



Industry Day Overview

- Industry Day held May 21, 2021
- Hosted 301 participants representing 193 different companies
- Provided overviews of IHS, HIT Modernization, and a Notional Contracting Strategy for HIT Modernization
- Answered questions from Industry participants
- Industry Day content posted to beta.sam.gov

Industry Day Participants - Company Size



■ Large Companies ■ Small Companies ■ Unknown Company/Size

Statement of Objectives (SOO) Overview

A draft SOO will be released for comment

- States IHS's overall performance objectives for the HIT Solution
- Will be used in the Request for Proposal (RFP)
- Provides flexibility for vendors to propose innovative approaches

Tribes and UIOs as well as Federal stakeholders will be invited to comment on the draft SOO as well.

SOO Themes

- Site and Organization Design
- Implementation Planning
- Build Training
- Functions of EHR
- Data Analysis
- Interoperability
- Operations
- Cyber Security and Access (HSPD-12)

Next Steps/Request of Tribes

- SOO posting and feedback timeline
 - Tribes/UIOs will see it at the same time as industry/potential vendors
- Written feedback welcome with Subject: HIT Modernization
 - Tribal Consultation: consultation@ihs.gov
 - Urban Confer: urbanconfer@ihs.gov
- Post of Final RFP
- Tribal, Urban, and Field participation in the selection of vendor
- Notice of Award

Additional Information and Reference:

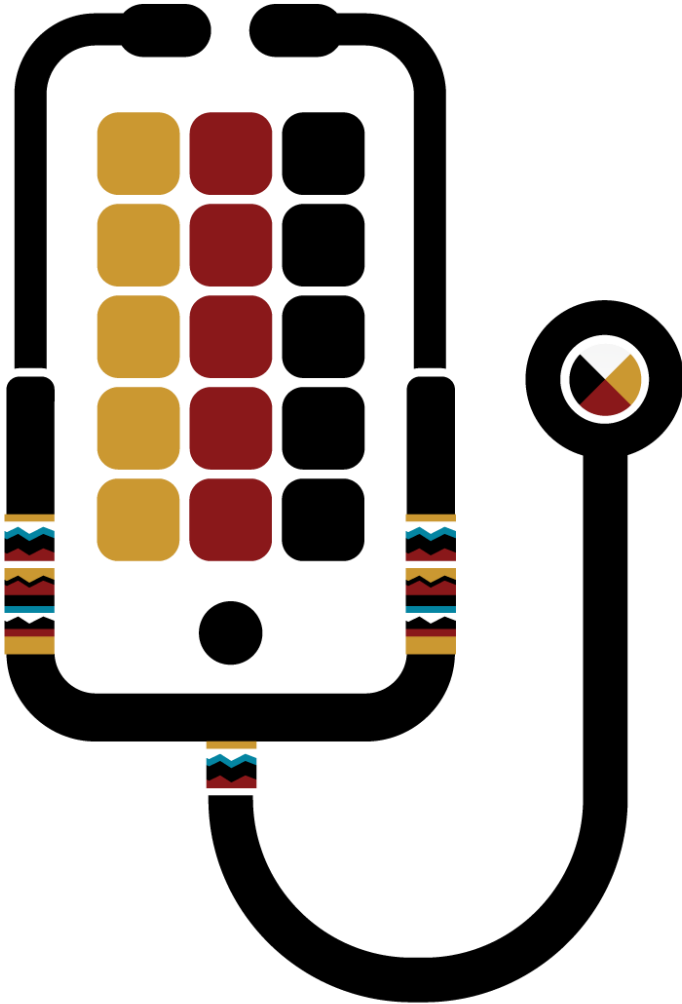
Link to the Website: <https://www.ihs.gov/hit/>

IHS Health Information Technology Modernization (HITMod) Listserv:

Email Address: HITMod@listserv.ihs.gov

Sign-Up URL: https://www.ihs.gov/listserv/topics/signup/?list_id=611

Contact Information



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Q&A

