



National Indian
Health Board



NATIONAL TRIBAL HEALTH IT SUMMIT



The Rise of Technology to Revolutionize Indian Country

December 14, 2021 | 12:00 - 6:00 PM Eastern

#TribalHITSummit

#TribalHealthIT



@nihb1



@NIHB1972



@nihb1





Opening Remarks

CHIEF WILLIAM "BILL" SMITH

CHAIRMAN & ALASKA AREA REPRESENTATIVE

NATIONAL INDIAN HEALTH BOARD





Opening Remarks & Summit Objectives



CAROLYN CROWDER – SUMMIT MODERATOR

PRESIDENT, CROWN CONSULTING & MANAGEMENT SERVICES



**NATIONAL TRIBAL
HEALTH IT
SUMMIT**

The Rise of Technology to Revolutionize Indian Country



Overview of Summit Objectives

By the end of the Summit, we will:

- Identify lessons learned in previous Tribal and governmental experiences with Health IT modernization
- Identify shared priorities and areas of concern for Health IT modernization
- Come to consensus on what we want the role and leadership of Tribes to look like within the IHS Health IT Modernization project
- Create a plan for determining the true funding need for Health IT modernization in Indian Country, and how we will resource this effort
- Identify information, resources, and support still needed
- Identify next steps Tribal leaders and Tribal organizations will commit to take to advance Health IT modernization for Indian Country





Welcome Address Indian Health Service



ELIZABETH FOWLER

ACTING DEPUTY DIRECTOR
INDIAN HEALTH SERVICE (IHS)





Industry Perspectives on Health IT by Leidos



DOUGLAS BARTON

GROUP CHIEF TECHNOLOGY OFFICER/CHIEF ENGINEER

LEIDOS



Health IT in Indian Country

CAROLYN CROWDER
SUMMIT MODERATOR



A.C. LOCKLEAR, J.D.
POLICY ANALYST, NIHB





IN THE BEGINNING...

- **Self Governance Tribal Shares: Office Of Information Technology**
 - Office of Information Technology (OIT) determined NOT to be an inherent federal function
 - All OIT Programs, Services, Functions, and Activities (PSFAs) are eligible for Tribal Shares in Funding Agreements, or portions thereof
- **OIT developed & managed the RPMS Legacy System, launched in 1984**
 - OIT did not have its own appropriations budget line
 - Funding for OIT has historically been below private sector industry standards & remained flat

Tribal Self-Governance Amendments of 2000

Establishes Title V, making self-governance a permanent for tribal option within IHS Makes amendments to Title I Establishes Title VI- requires HHS to study the feasibility of extending self-governance options to non-IHS agencies within HHS.



IN THE BEGINNING...

- Many Tribes opted to take their small amount of Tribal Shares and invest in Commercial Off the Shelf Systems (COTS) supplementing investment with Tribal funds
- Tribe/Tribal Health Organization Options for Taking OIT Shares:
 - Retain OIT PFSA's with the IHS
 - Withhold OIT PFSA's
 - Buyback OIT PFSA
- **IMPORTANT TO NOTE:** *Tribes may, at any time, retrocede OIT PFSA's, and accompanying funding, back to the IHS in exchange for services*





.... And Where We Are Now

- **Tribes Call to Action:**
 - Push for Modernization of the I/T/U Health IT System
 - Self Governance Tribes who went with COTS systems have advocated for Fair & Equal funding to reimburse for Tribal Investments in COTS through National Budget Formulation Process
- **HHS initiated HIT Modernization Research Project for the IHS & Engaged Tribes in all 12 Areas through Listening Sessions, Data Calls, Focus Meetings w/stakeholder groups**
- **Published final report November 2019 providing 4 options to modernize IHS HIT**





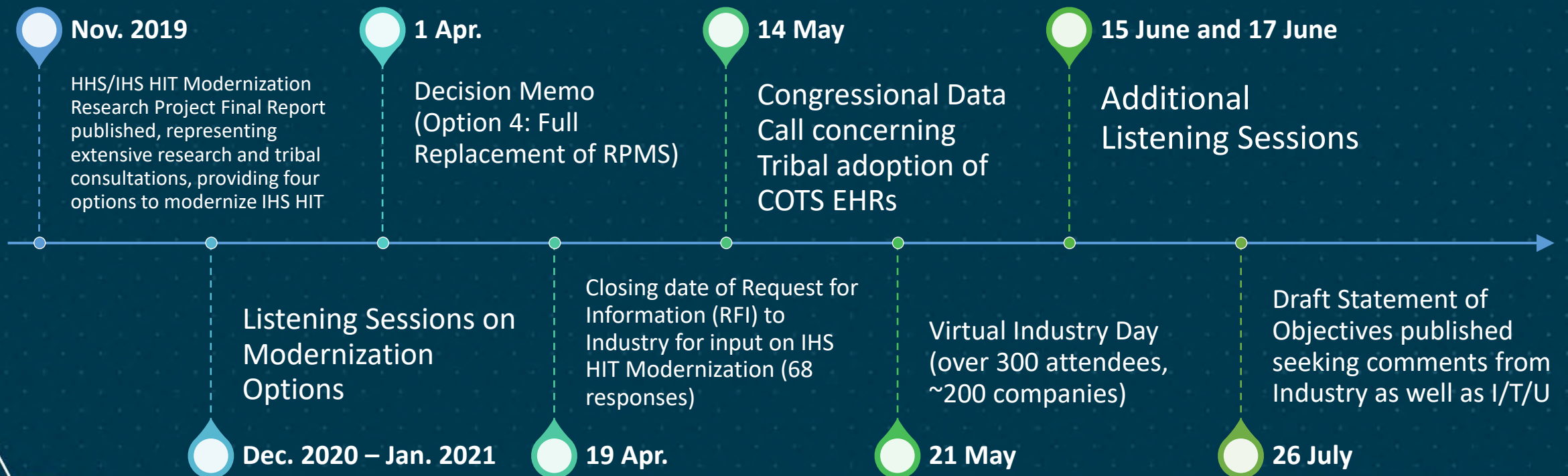
.... And Where We Are Now

IHS April 2021 Decision

- **Full Replacement of RPMS through implementation of centralized, modern, core HIT System**
 - Replacement includes infrastructure and support services
 - Cost for IHS portion estimated to be \$3B over several years
- **Self Governance Tribes continue to advocate for Fair & Equal funding to reimburse for Tribal Investments in COTS & for infrastructure and support services, through ISAC (advisory to IHS Director) and the Budget Formulation process**



IHS HIT Modernization Timeline





December 2021 IHS OIT Report



Tribal Participation in Governance and System Design

- Tribes will have direct representation in work groups responsible for recommending the standards that will shape HIT Modernization
- Tribal representatives/designees will be consulted to gain knowledge of clinical and business processes. During Planning and Design phases, participants will develop common healthcare ecosystem requirements for shared infrastructure
- IHS will seek nominations for individuals to participate in these activities with broad I/T/U representation from clinical, healthcare operations, and technical experts
- Information requests will allow for broad contribution to solicit input for developing recommendations

10



IHS HIT Modernization Program



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HIT Modernization Funding to Date

- 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
- \$141M from the CARES ACT and American Rescue Plan Act was distributed to I/T/U sites in FY21 for telehealth and technology needs.



IHS HIT Modernization Project



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Contracting Strategy – Enterprise HIT Solution

- **Description:** Replace the existing health information technology platform with an enterprise HIT solution that utilizes innovative, next generation technologies and incorporates best practice clinical and business processes for improved health care outcomes
- **Planned Request for Proposal (RFP) Release:** 1Q FY 2022
- **Anticipated Contract Vehicle:** Single award IDIQ
- **Small Business Opportunities:** Numerous teaming opportunities will likely be available to address the diverse requirements of the IHS HIT modernization solution

118

IHS HIT Modernization Program





December 2021 IHS OIT Report



Notional Schedule Moving Forward

- Expected RFP release - late CY2021
- Award - summer 2022
- System build, configuration, infrastructure work, initial site selection
 - 12-18 months following award
- Initial go-lives late 2023
- Subsequent go-live waves over several years thereafter
- All of the above dependent on funding, experience, lessons learned, etc.

IHS HIT Modernization Project





NIHB Pulse Survey

HEALTH IT MODERNIZATION IN
INDIAN COUNTRY

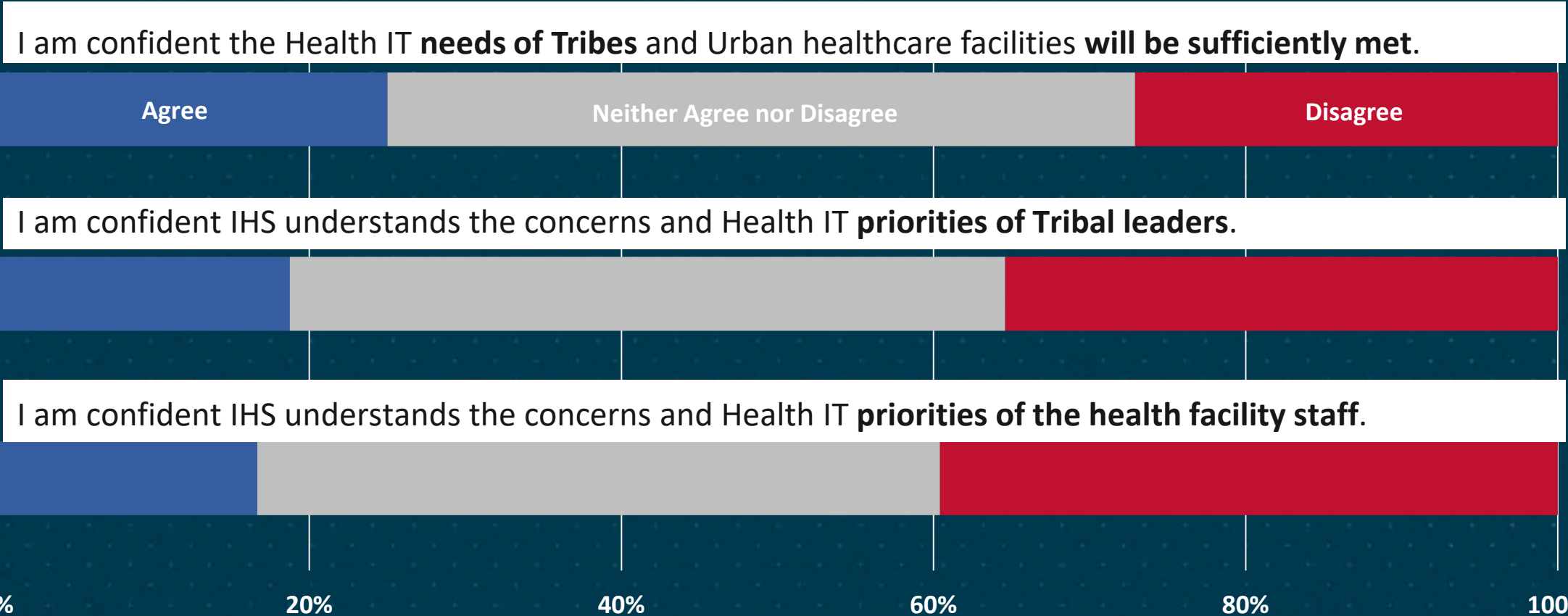


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Respondents expressed **low confidence** in IHS Health IT Modernization.



Few
respondents
were
satisfied...

...with **frequency** of opportunities
for Tribes to provide input.

13%

...with **methods** IHS has used to
solicit input from Tribes.

17%

...with how the project is going
overall.

17%




Respondents
were most
concerned
about...

1. Modernized health **IT infrastructure** (adequate bandwidth, network, communications, hardware, and support)
2. **Tribal representation in project governance** and leadership
3. **Seamless data sharing** and interoperability between facilities and external databases
4. **Electronic Health Record (EHR) interface** that is easy to learn, navigate, and designed to support all areas of care

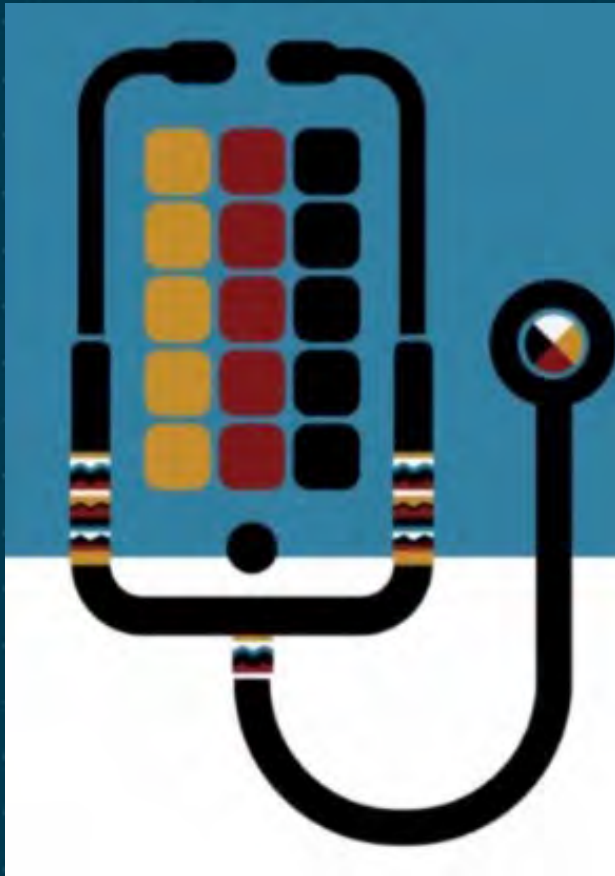




More food for thought from respondents

- Low confidence in **understanding** the details of the Health IT modernization project
 - Modernization needs to incorporate the **unique needs of IHS and Tribes.**
 - Modernization needs to take place at a **faster pace** and **significant training** is needed. There are too few people available to train and provide IT support at the level and frequency needed.
 - Consider setting up **EHR Tribal Collaboratives** for each EHR that Tribes are using
 - There should be discussion on the **workforce shortage of data scientists** and analysts. Informatics is important or Tribes and IHS to tell their story for federal funding.
- 

National Tribal HIT Summit **CALL TO ACTION**



- What Does Tribal Engagement in the Current IHS HIT Modernization Effort Look Like?
- What Strategic Actions Do Tribes Need to Take to Achieve Full Funding for I/T/U HIT Modernization for All?
- What Should the Future I/T/U HIT Modernized System Look Like?

Tribal Engagement in the Indian Health IT Modernization Project



DR. STEWART FERGUSON

CHIEF INFORMATION OFFICER

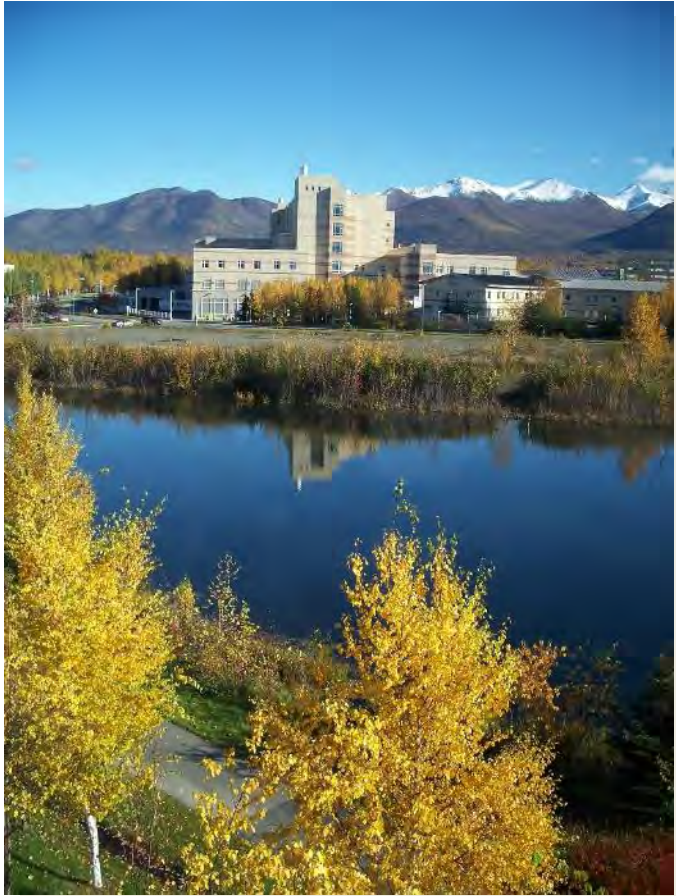
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM



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Tribal Engagement **in the** **Indian Health** **IT Modernization Project**

Stewart Ferguson
Chief Information Officer (CIO)

Jonathan Reavis
Director of EHR

Kristen Cady
Director Clinical Informatics



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

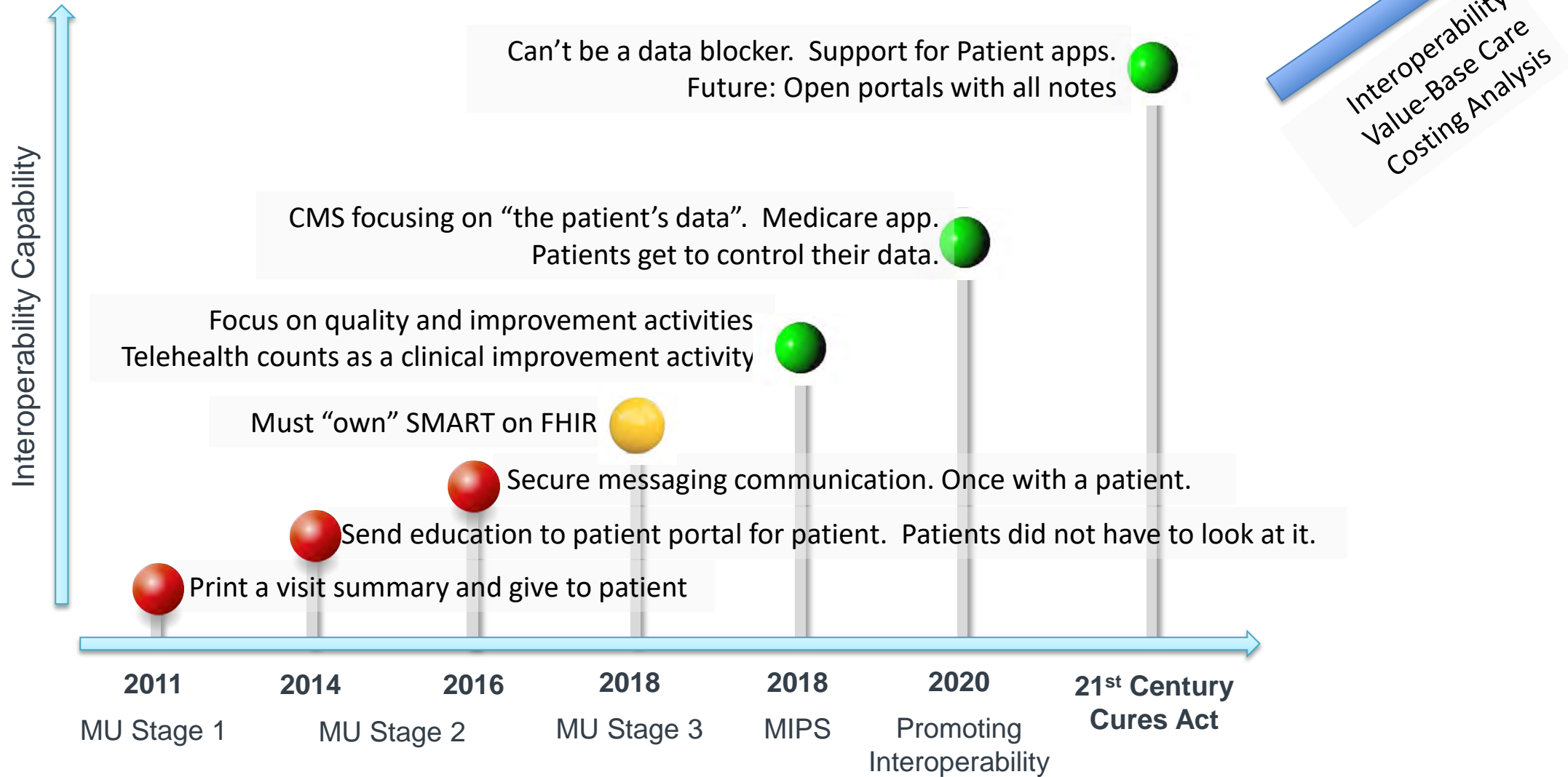
IHS HIT Modernization Program

- HIT Modernization is a multi-year effort to modernize health information technology systems for IHS, Tribal, and Urban Indian (I/T/U) healthcare programs which promote excellence and quality
- Modernization will accomplish **full replacement of the Resource and Patient Management System (RPMS)** through implementation of centralized, modern, core HIT system
 - Replacement includes infrastructure and support services



Who defines
“Modern”

Federal Regulations Define “Modern”



Growth in Two Dimensions

Organizations, Sites, Users, Patients

- ClairVia Nurse Scheduling
- IQ Health
- Downtime Viewer
- SmartCall IVR
- PowerInsight EDW
- Single Sign On

- Address Validation
- Dragon Medical
- Clinical Document Generator (CCDA)

- ePrescribing
- Supply Chain INFOR Interface
- CareAware Vitals Link
- Discern Analytics 2.0

- eSignature Solution
- Dragon Medical One
- Playbooks
- PACS Replacement
- EDIE

6 Hospitals
21 Organizations
118 Sites
3,000 Concurr. Users

75% of all ATHS encounters in shared EHR

ANTHC
SCF

KANA

CRNA

NSHC

APIA

EAT

NVE

Chu.

KIT

MSTC

SEARHC

SMC

Yak

Eyak

Man.

AICS

BBAHC

WMC

AISU

KIC

2011

2012

2013

2014

2015

2016

2017

2018

2019

2020

2021

Functionality

- Informatica ETL
- HealthSentry
- Surginet & Anesthesia
- Homeworks
- CareAware Infusion Suite
- eQuality Check with Core Measures
- Lexicomp Pediatric Dose Range Check
- Exitcare
- Cerner Direct HISP
- Healthe Registries

- Long Term Care
- Endoscopy and Surgical image upload
- MU3 Solutions
- Additional eCQM measures

- Referral Management
- 3M HDM ARMS
- Cerner Practice Management
- Advanced Radiology CDS
- ED Launchpoint
- Powerchart Touch

- Code Upgrade
- EPCS
- Commonwell
- Health EDW

EHR Solutions

Core Clinical

- Physician Documentation
- Clinical Decision Support
- CPOE
- ePrescribe
- Nursing Documentation
- MAR
- Bar Coded Meds Admin
- Plans of Care
- Nursing Patient Navigation
- Semantic Search Engine
- Embedded Training - Learning Live
- Clinical Data Repository
- Patient Portal (Note 2)
- Sepsis Prevention Algorithm
- Acute Care Content Package
- Patient Education
- CPT Codes, CMT, IMO
- Core (Quality) measures (Note 1)

Departmental

- Emergency
- ICU
- Surgery
- Anesthesia
- Radiology
- Mammography
- Inpatient Pharmacy
- Outpatient Pharmacy
- Maternity
- Fetal Monitoring
- Apache for ICU
- Monitor Integration (iBus)

Ambulatory

- Ambulatory EMR
- Ambulatory Content Package
- Registration
- Scheduling
- Patient Accounts
- Eligible Provider Quality Reporting
- ePrescribe
- Patient Education
- CPT Codes, CMT, IMO
- Health Maintenance



EHR Solutions/Services

Revenue Cycle

- Registration
- Scheduling
- Eligibility Checking
- HIM
- Patient Accounting
- Revenue Cycle Analytics
- Enhanced Medical Necessity
- Encoder/Grouper (Note 1)
- Care Management / Utilization Review
- MedAssets Xclaim
- Transaction Services ***
- Craneware (Note 1)

General and Connectivity

- Implementation
- Remote Hosting
- Application Management Services
- Updates & Upgrades +
- Document Imaging – Single Document Scanning
- Business Objects, PowerInsight Explorer
- Mobility Extension (iPad app)
- Auditing (P2 Sentinel)
- Supply Chain (Pharmacy and SurgiNet)
- External Prescription History

General and Connectivity

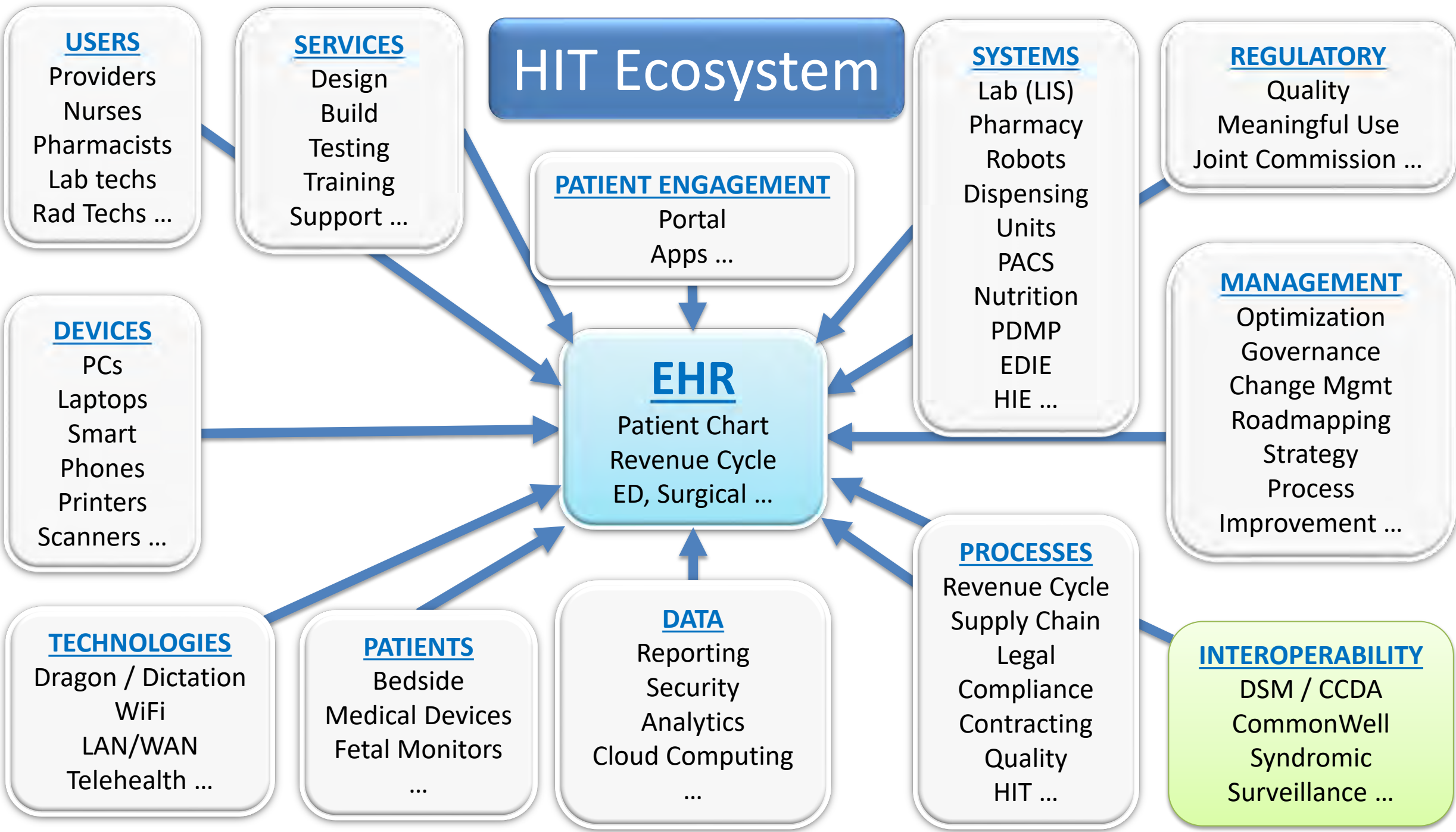
- Immunizations and interface to VakTrak
- Lab Reportables / Syndromic Surveillance
- Population Health Registries
- Direct Messaging
- NDW Extract
- GPRA reporting
- 724 Access Downtime Viewer
- Meaningful Use Reports, Dashboard, Validation
- Health Information Exchange (AeHN SOA)
- Interface to SEARHC Orchard Lab System
- Reporting (i2i, Dashboards, EDW) (Notes 1)



“IT Modernization”

(Not “EHR Modernization”)

HIT Ecosystem



Estimating the “Cost” of Modernization

VA has a 10 year spend of \$16B-\$20B, for
9.6M Patients

IHS has 2.6M active patients, suggesting
a 10 year price tag of \$3B-\$5B

**10 Year Spend is about
\$2,000/patient**

Based on IHS
Data call, Alaska
costs for past 10
years are likely in
line with these
estimates.

ANTHC analysis
... 50% of total
cost is staff time.



Change is Happening ...

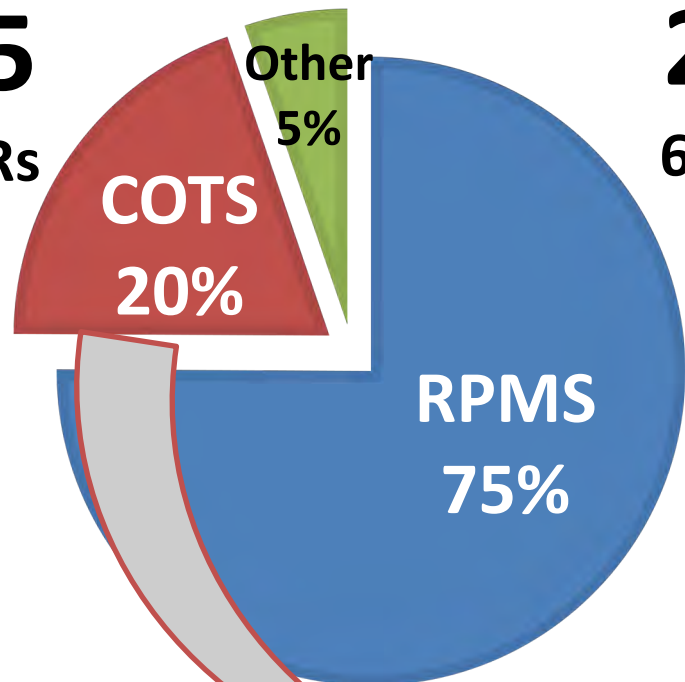
HOSPITALS (2018)

1. Epic (28%)
2. Cerner (26%)
3. Meditech (16%)
4. CPSI (9%)

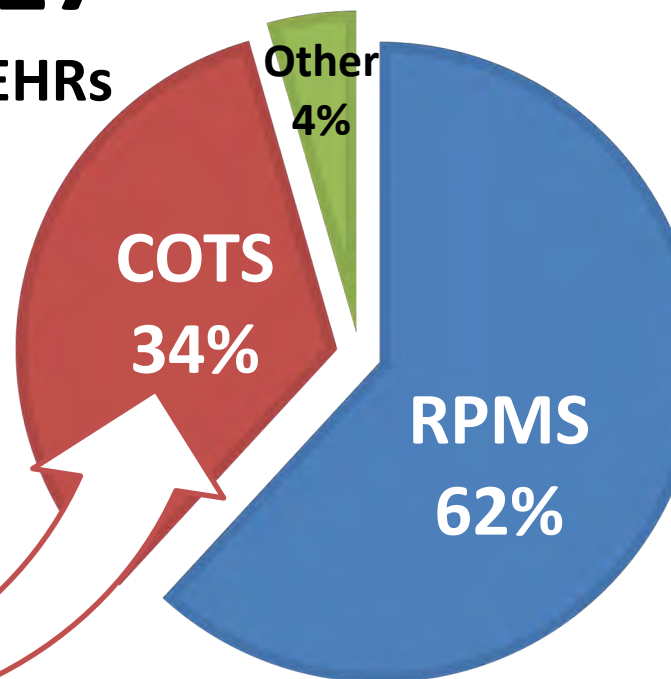
AMBULATORY

1. Epic
2. Cerner
3. Meditech
4. Evident
5. Allscripts
6. Athenahealth
7. eClinicalWorks
8. Netsmart Technologies
9. NextGen Healthcare
10. Indian Health Service

2015
630 EHRs



2017
655 EHRs



2017 Tribal EHR Systems

	Federal	Urban	Tribal
RPMS	117	35	253
COTS/Other	7	14	229
RPMS (%)	94%	70%	52%
COTS/Other (%)	6%	28%	47%

Note: Alaska Area: 71% COTS/Other. All other areas combined: 31% COTS/Other.



Why Should COTS Sites Participate?

- Contract negotiations and preferential pricing
- Non-existing/New solutions
- Reporting/Data/Analytics
- Support
- Training
- RPMS Legacy archiving
- 3rd party solutions
- Interfaces (State, Local, Systems)
- Health Information Exchange
- Pan-EHR solutions
- Migration to new COTS EHR

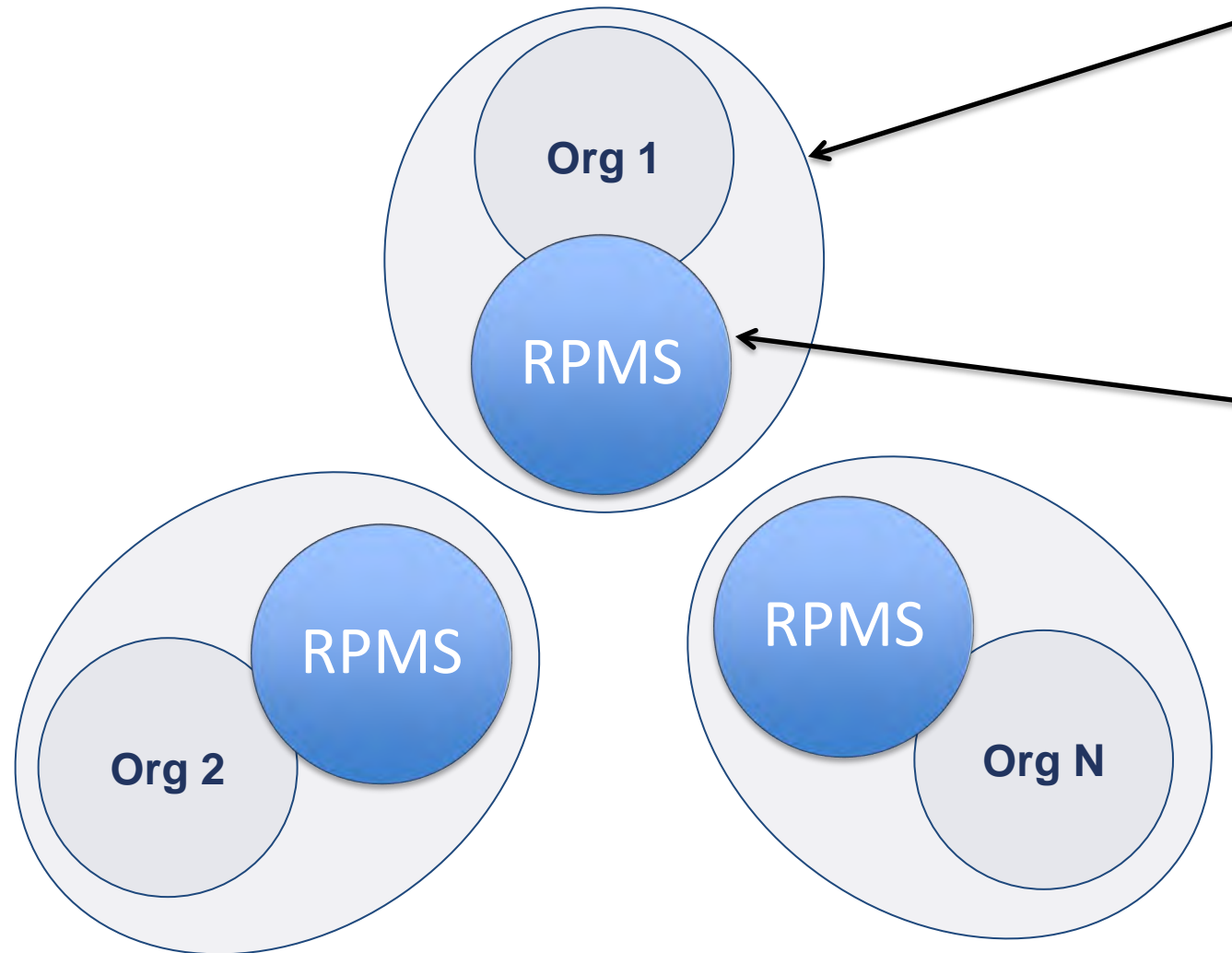


EHR Models

(Remote Hosted)

“centralized, modern, core HIT system”

RPMS Model



Independent RPMS systems. Locally patched, customized.

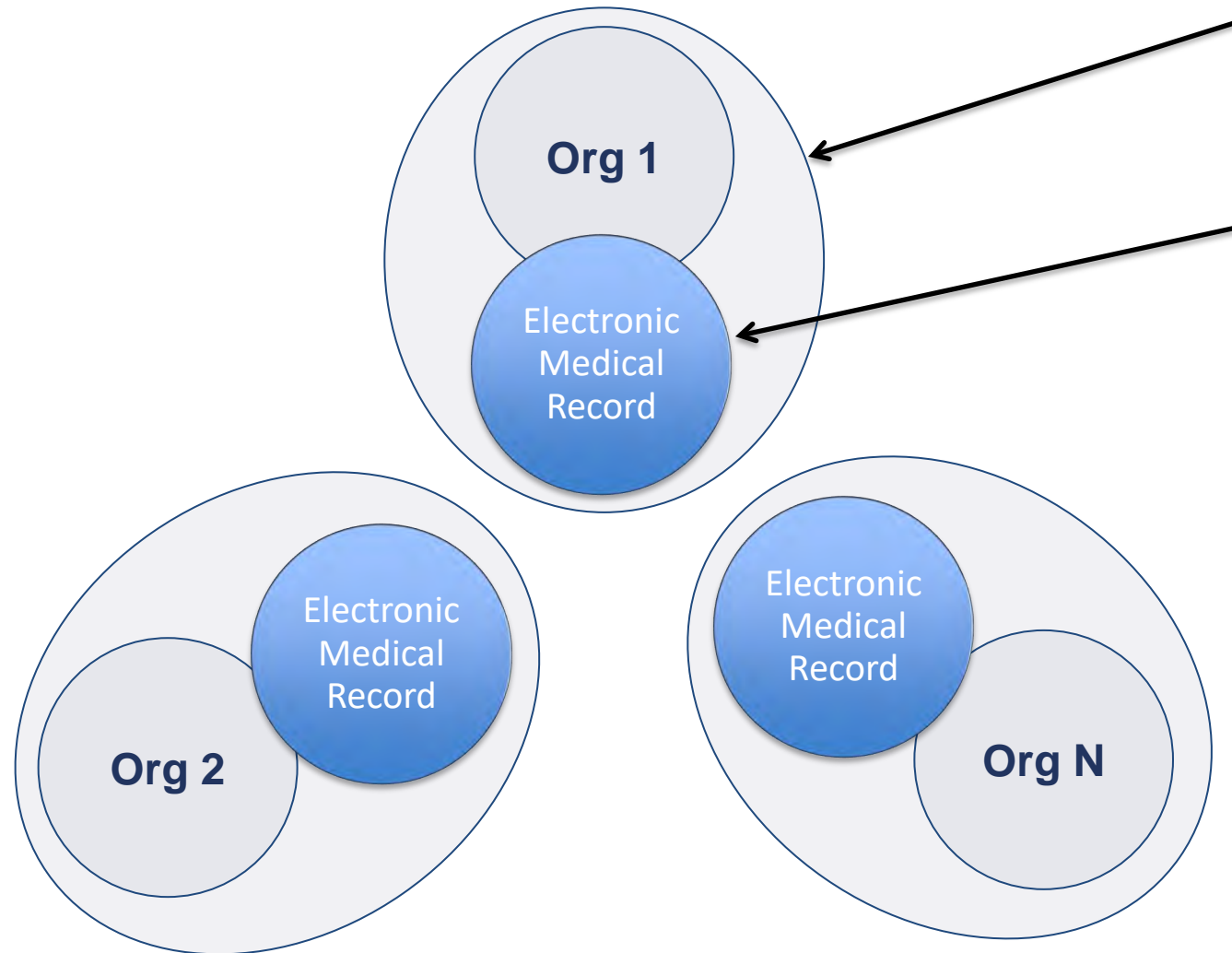
Non-Shared Patient Records

Most “configurable” to local needs

Many/Most are locally hosted

Independent Systems

COTS Independent Model



Independent SOFTWARE systems

Non-Shared Patient Records

Most “configurable” to local needs.

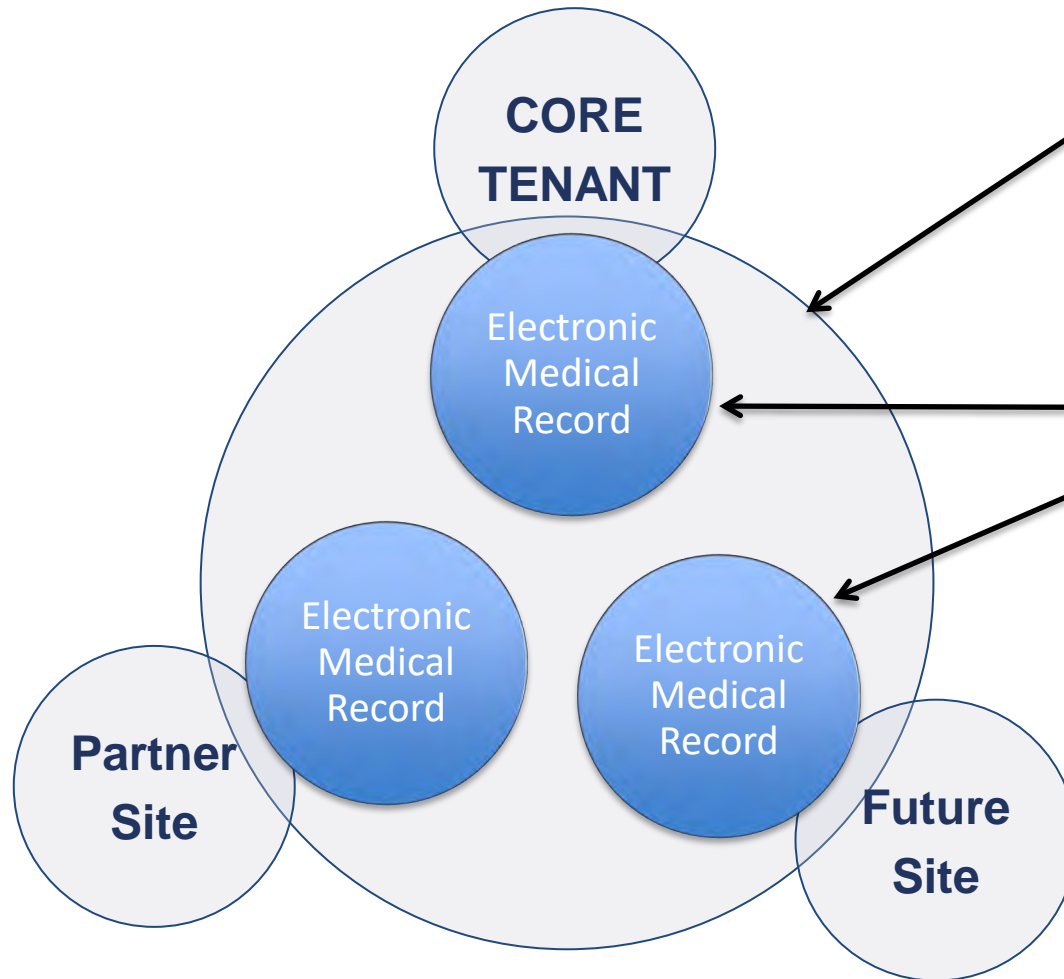
Allows multiple vendors

Most complex to support and maintain.

LEAST LIKELY MODEL

Independent Medical Record

Community Model



Single SOFTWARE system

- EHR system upgrades
- Global configuration settings

Non-Shared Patient Records

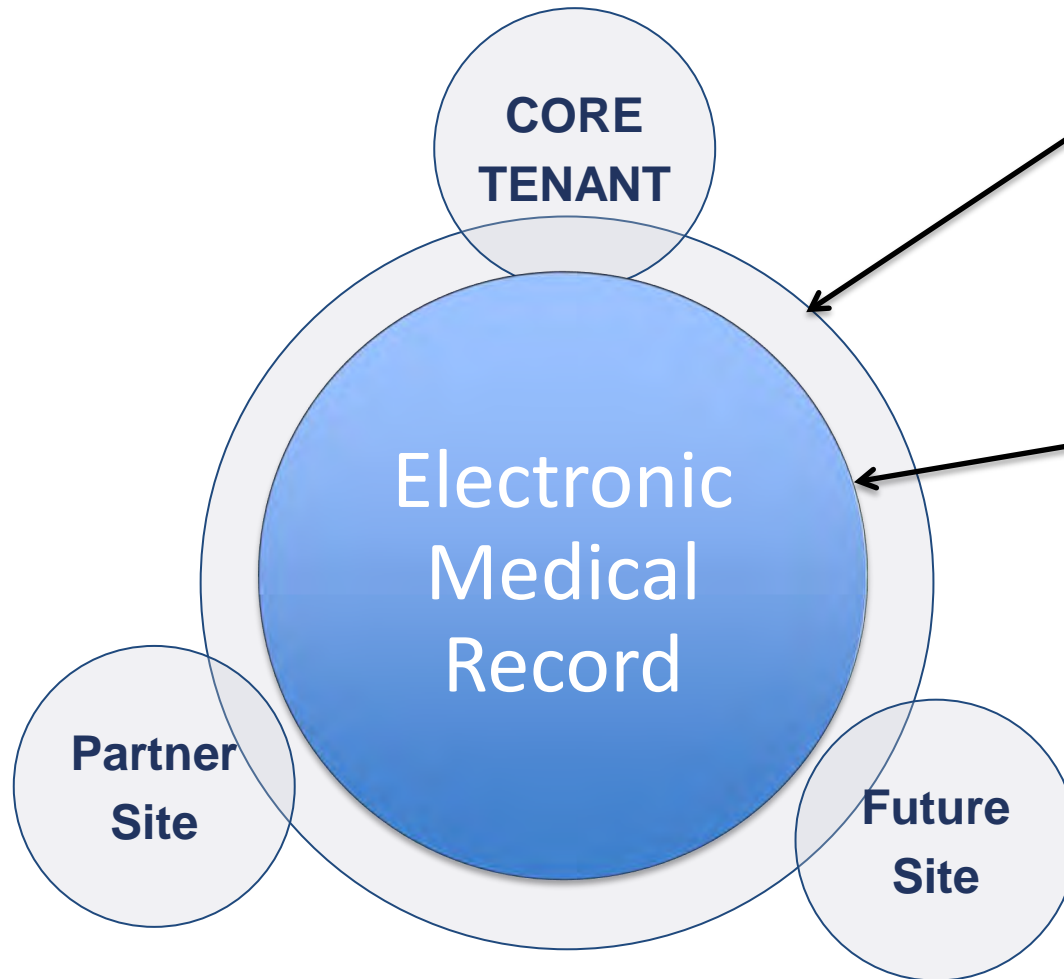
Least cost
Least flexible

More complex to build and govern.

MOST LIKELY MODEL

Independent Medical Record

Shared Domain Model



Single SOFTWARE system

- EHR system upgrades
- Global configuration settings

Single SHARED Patient Record

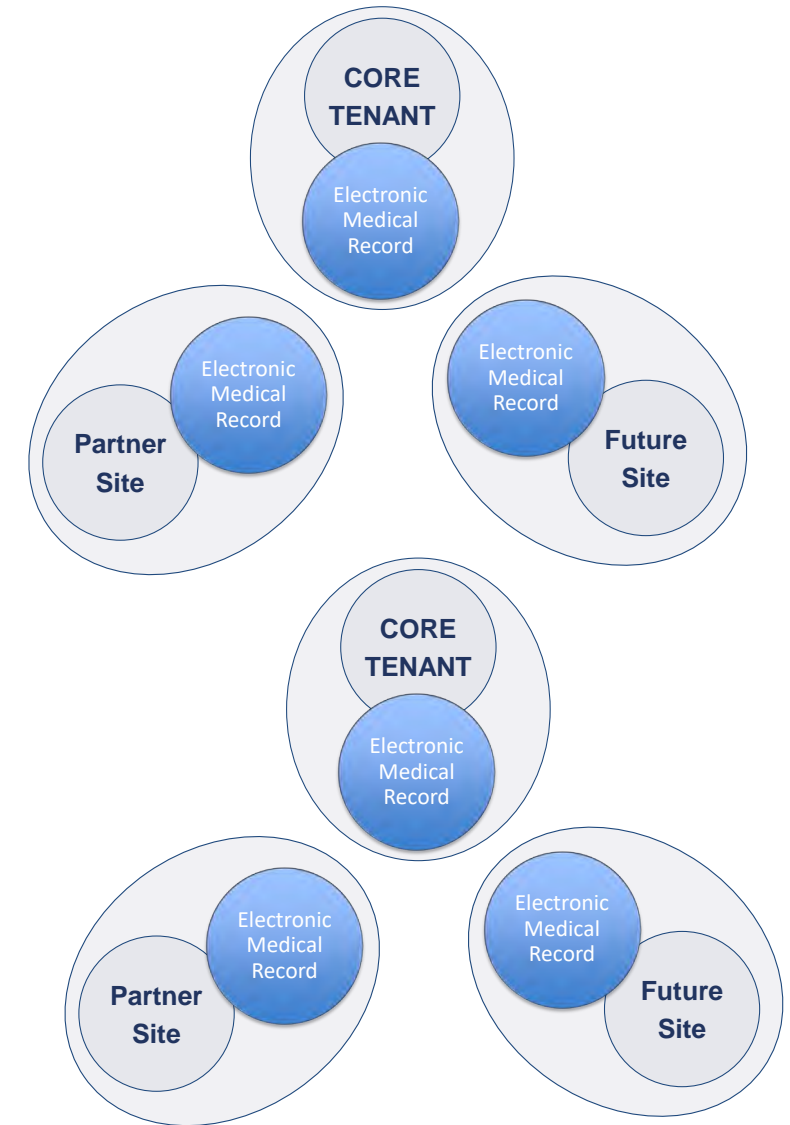
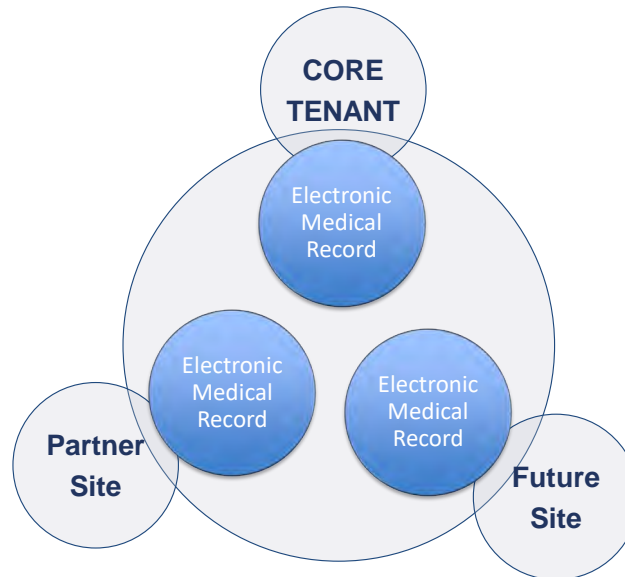
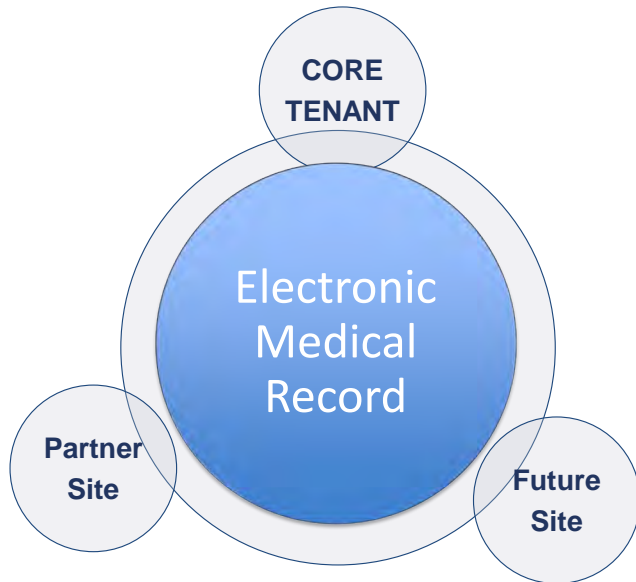
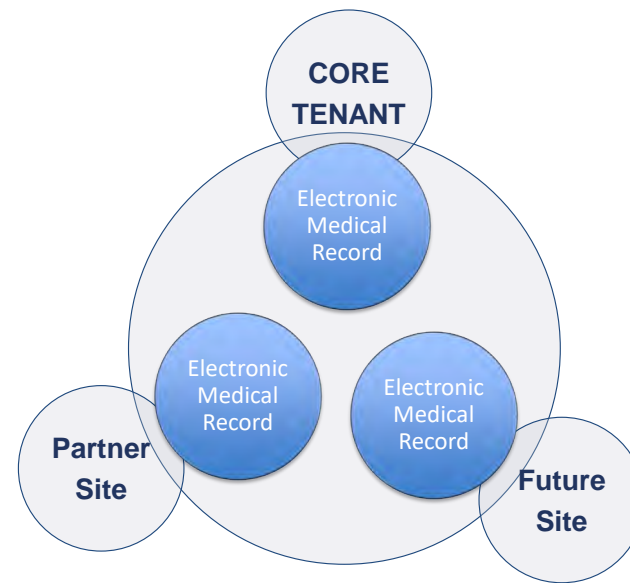
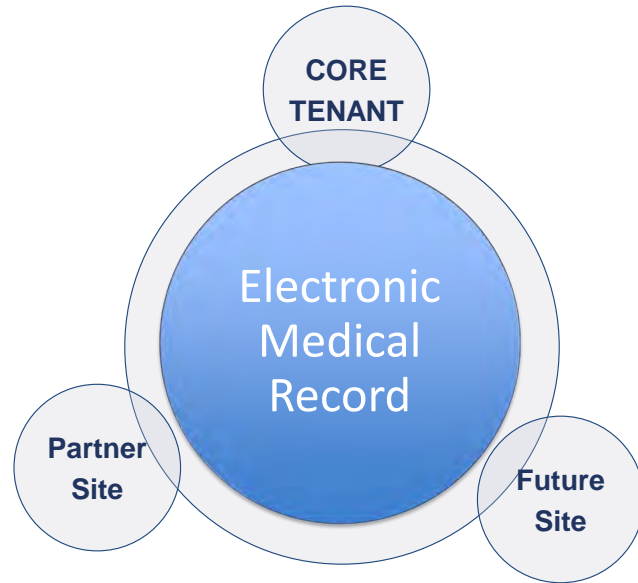
Best for sharing patient information

Most complex to build and govern

IDN MODEL

Fully Integrated Medical Record

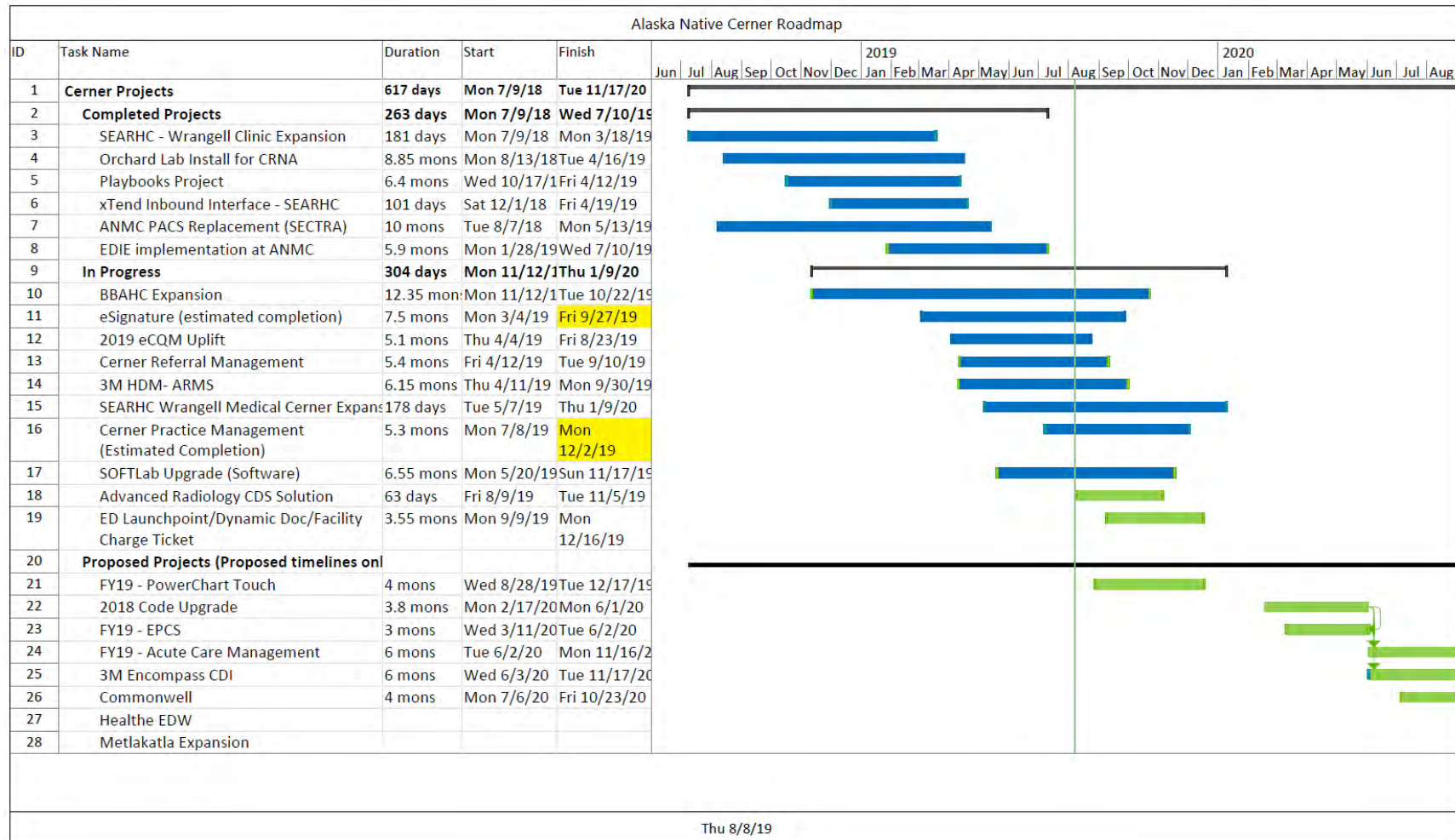
Mixed Models



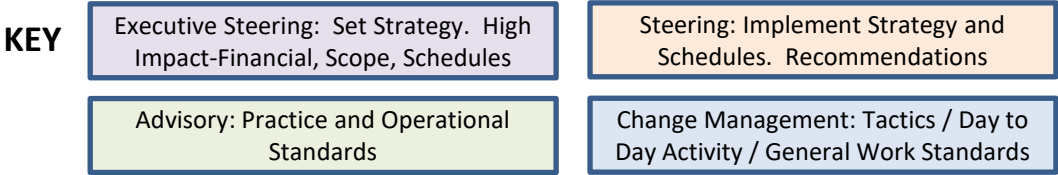
**Most Complex
Most Expensive**

The speed of “buying” versus the speed of “development”

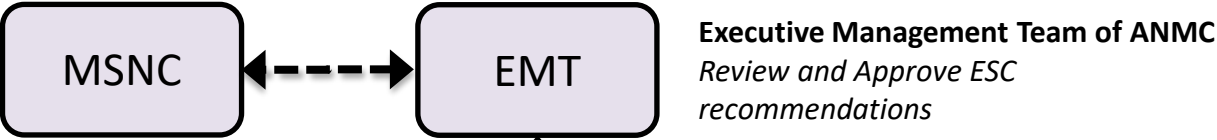
EHR Roadmap



EHR Management Model



Medical Services Networking Committee
Reviews and consults on THO plans and activities. Consulted on strategy and roadmap.

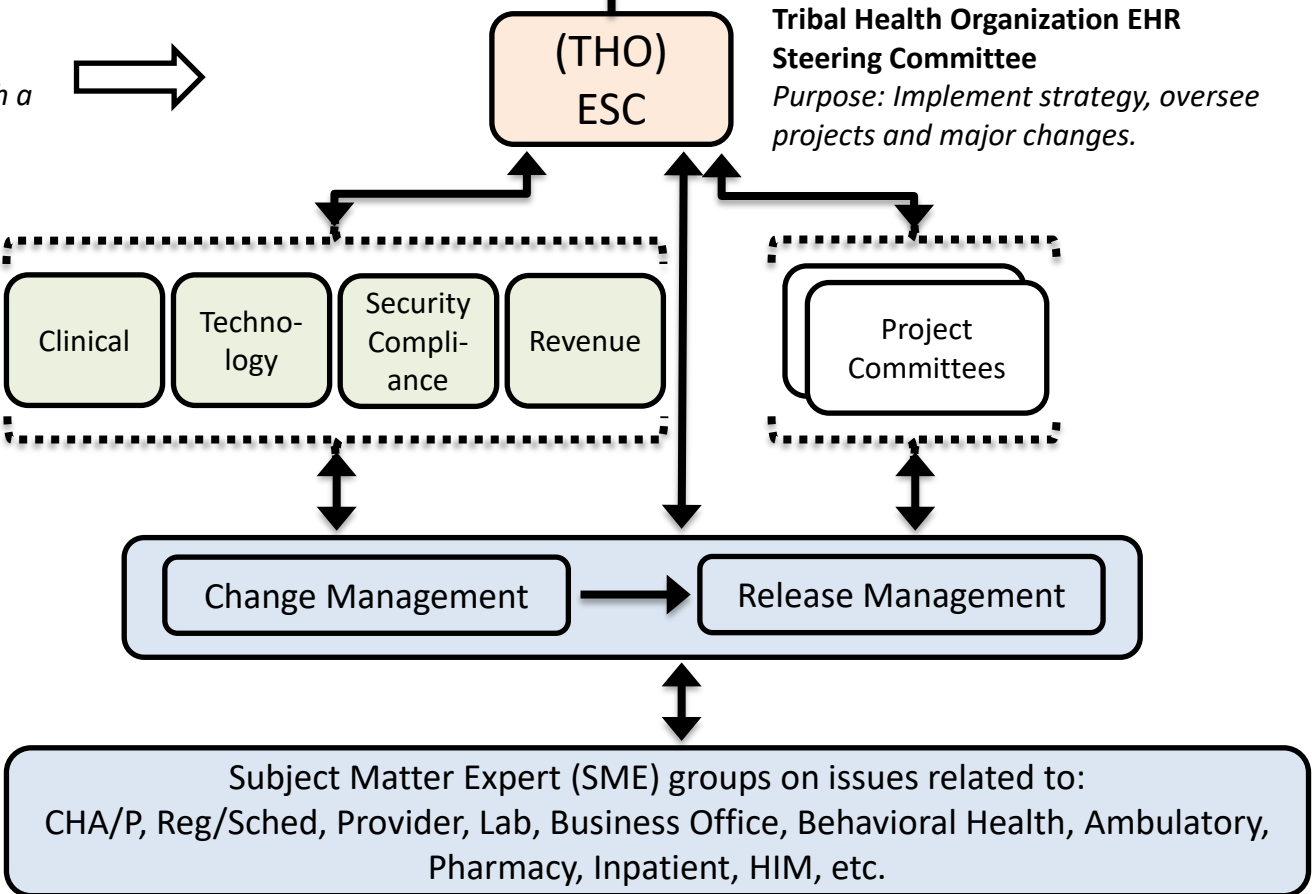


Tribal Representation
Every THO on the shared domain has 1 representative on this committees, with a consensus model for decision making.

Tribal Representation
Every THO on the shared domain should participate on these committees.

Tribal Representation
Every THO on the shared domain should participate on these committees.

Tribal Representation
Every THO on the shared domain should participate on these groups.



Challenges

Gaining input from smaller sites at all levels of the process.

Making participants aware of the issues, complexities, and risk to empower them to make the right decisions.

Developing a shared Strategy

Your EHR, Your Needs

Long Term Care Revenue cycle – eligibility Multifactor Authentication Clinical Documentation Improvement

External providers (radiology) CHA/Ps and DHATs Reference labs Critical Access Hospital

Oncology Shared Formulary Dictation Participation in incentive programs IVR for Pharmacy refills

Employee Health Analytics systems Laboratory Information System Medication and supply machines

Nutrition Services Unique measures Point Of Care devices Maternal Child Health

ePrescribing CMS regulatory compliance eSignature forms Infection control Outside coding

Patient apps Claims clearinghouse Local and state reporting Patient engagement and apps

Physical Therapy Links to ERPs and Finance systems Supply chain Leadership dashboards

Federal regulatory reporting ELR, Syndromic surveillance Perioperative care Radiology systems

Patient reminders Behavioral Health Radiology Clinical Decision Support Bar code scanning

Fetal monitoring Pharmacy plan for 340B Internal measures for productivity/HR



Our Approach.

(1) Changing an EHR is very hard. No matter which EHR

(4) Our goal is to give you the best EHR, not just a “shared” EHR.

(2) We are not building this “for you” – we are building this “with you”.

(5) Each THO has a seat at the table, equal to all other THOs.

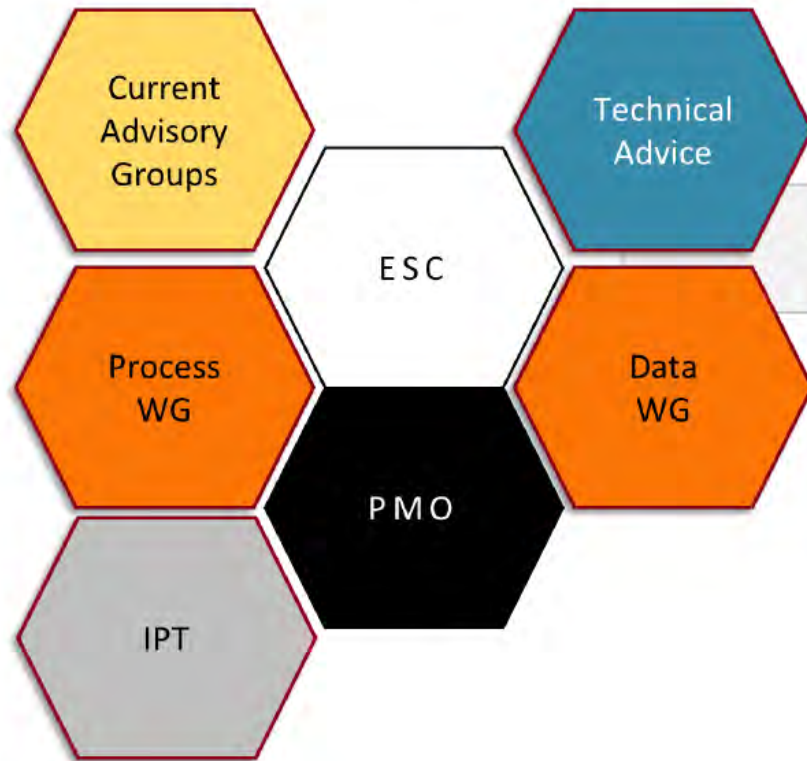
(3) We always want to make this work better. We are committed.

***Communicate
Participate***

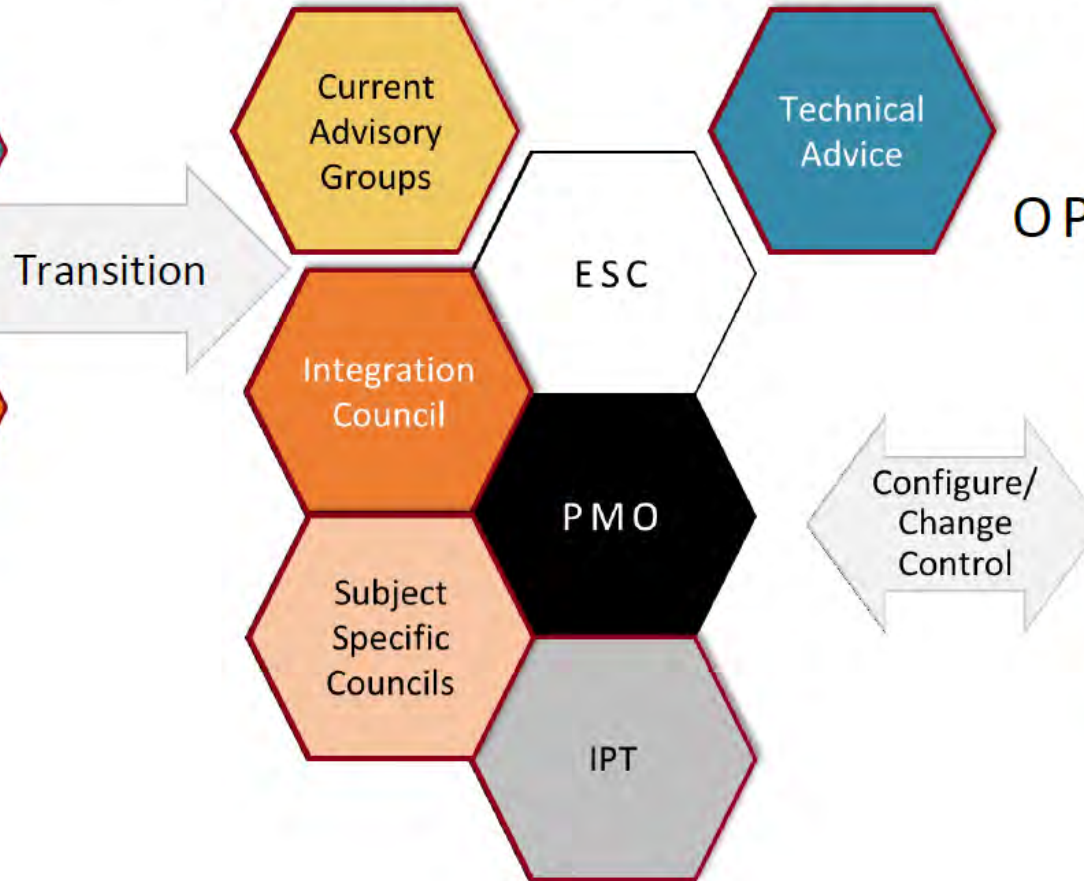


Planned Governance Evolution

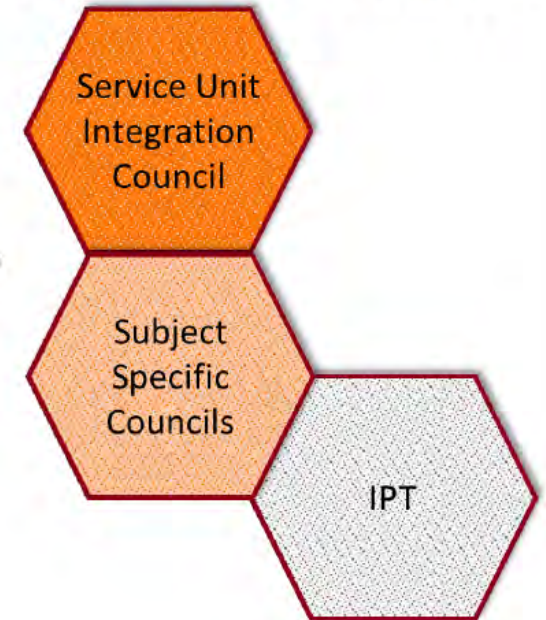
1 ECOSYSTEM PLAN | DESIGN





2 IHS SOLUTION BUILD | OPERATE | OPTIMIZE



3 LOCAL OPERATE | OPTIMIZE



 Direct Tribal Participation

 Order of Stand Up

Summary – Why Participate?

- This is very different from RPMS. IHS is not the expert.
- This is going to be a massive change. Do not underestimate the impact on all aspects of patient care in your organization.
- You have local requirements. You have your own needs. Define them.
- You need to understand the costs in terms of resources, time, and change. But also the benefits.
- This will be expensive in terms of your local resources.
- Tribes and IHS must develop a shared-governance model early.
- You will learn by participating. COTS sites – you may also benefit.



If you need more information ...



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

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Jonathan Reavis

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Kristen Cady, RN

Director Clinical Informatics

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Tribal Engagement in the Indian Health IT Modernization Project



Q&A



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National Perspective on Health IT Modernization: *Update from the U.S. Department of Veterans Affairs*

John Short

Chief Technology and Integration Officer

Department of Veterans Affairs

Office of Electronic Health Record Modernization





U.S. Department
of Veterans Affairs

National Tribal Health Information Technology (IT) Summit

“Lessons Learned and Overview of VA Health IT
Modernization Project.”

Presented by Mr. John Short
Chief Technology and Integration Officer
VA Office of Electronic Health Record Modernization (OEHRM)
Dec. 14, 2021



WELCOME



Mr. John Short
Chief Technology and Integration Officer
VA Office of Electronic Health Record
Modernization (OEHRM)



VA EHRM PROGRAM UPDATES

- VA is moving forward with our **systemwide Electronic Health Record Modernization (EHRM) program**. Our updated plan will mitigate challenges documented in the [Comprehensive Lessons Learned \(CLL\) Report](#) submitted to Congress following this year's Strategic Review.
- As stated by the Deputy Secretary, VA will do everything to get the electronic health record (EHR) system right for Veterans, with **patient safety being the key driver** and non-negotiable.
- Successful deployment of a modern EHR is essential in the delivery of **lifetime, world-class health care and benefits for Veterans**.
- VA, in coordination with our Department of Defense (DOD) and Cerner partners, will continue to update and refine the EHR implementation process to ensure it delivers the **quality health care Veterans expect from VA**.





BENEFITS OF THE NEW EHR

The new electronic health record (EHR) will be a single source of Veteran health information for patients and providers.

The new EHR will:



Eliminate the cumbersome manual transfer of records when a service member transitions from military service to Veteran status.



Present clinicians with role-based information to drive better health outcomes and provide Veterans with enhanced access to their complete health record.

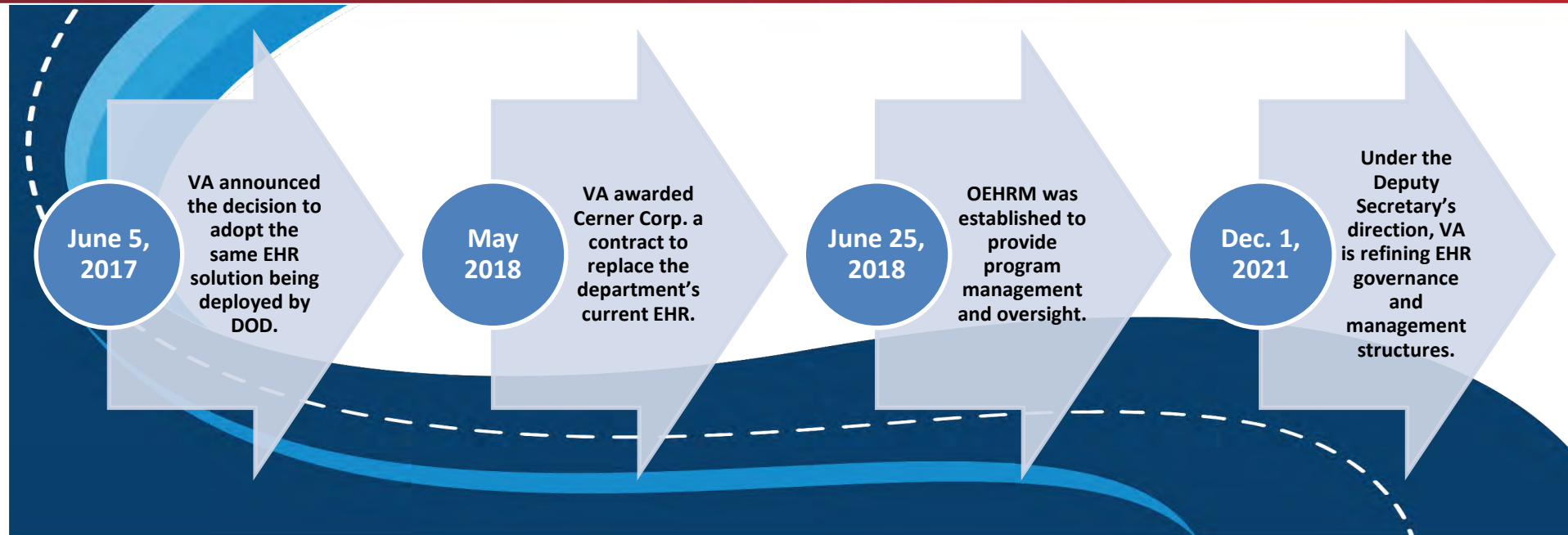


Enhance collaboration and improve health information sharing with DOD and participating community providers.





THE ROAD TO ELECTRONIC HEALTH RECORD MODERNIZATION



- VA's new EHRM management structure will be supported by a revised program management approach that incorporates best practices in communication, risk management, business process, system development lifecycle management and customer experience.
- Among the critical changes in the management of the EHRM program is the establishment of a **Program Executive Director (PED) for EHRM Integration**. The PED will report directly to the Deputy Secretary and shall be responsible for cross-organizational and cross-functional coordination of communication strategies, including functional, technical and program management.
- The PED will have operational control over the **Office of Functional Champion (OFC)**, the **Office of Technology Integration** and the **Program Management Office (PMO)**, all dedicated to the success of the EHRM effort.



MILESTONES LEADING UP TO OCTOBER 2020 GO-LIVE



VA and DOD launched a **joint health information exchange (HIE)**, which provides access to more than 220 participating health networks, representing more than 2,000 hospitals, 8,800 pharmacies, 33,000 clinics, 1,100 labs, 800 federally qualified health centers and 300 nursing homes throughout the country.

April 18, 2020



Centralized Scheduling Solution (CSS) successfully implemented at the VA Central Ohio Healthcare System.

Aug. 21, 2020



VA completed **transferring patient data** for approximately 88,000 Veterans into its new EHR in preparation for the system's launch.

Oct. 1, 2020



Joint HIT **network was expanded to include** the private sector, adding a nationwide network of more than 15,000 hospitals and clinics.

Oct. 9, 2020



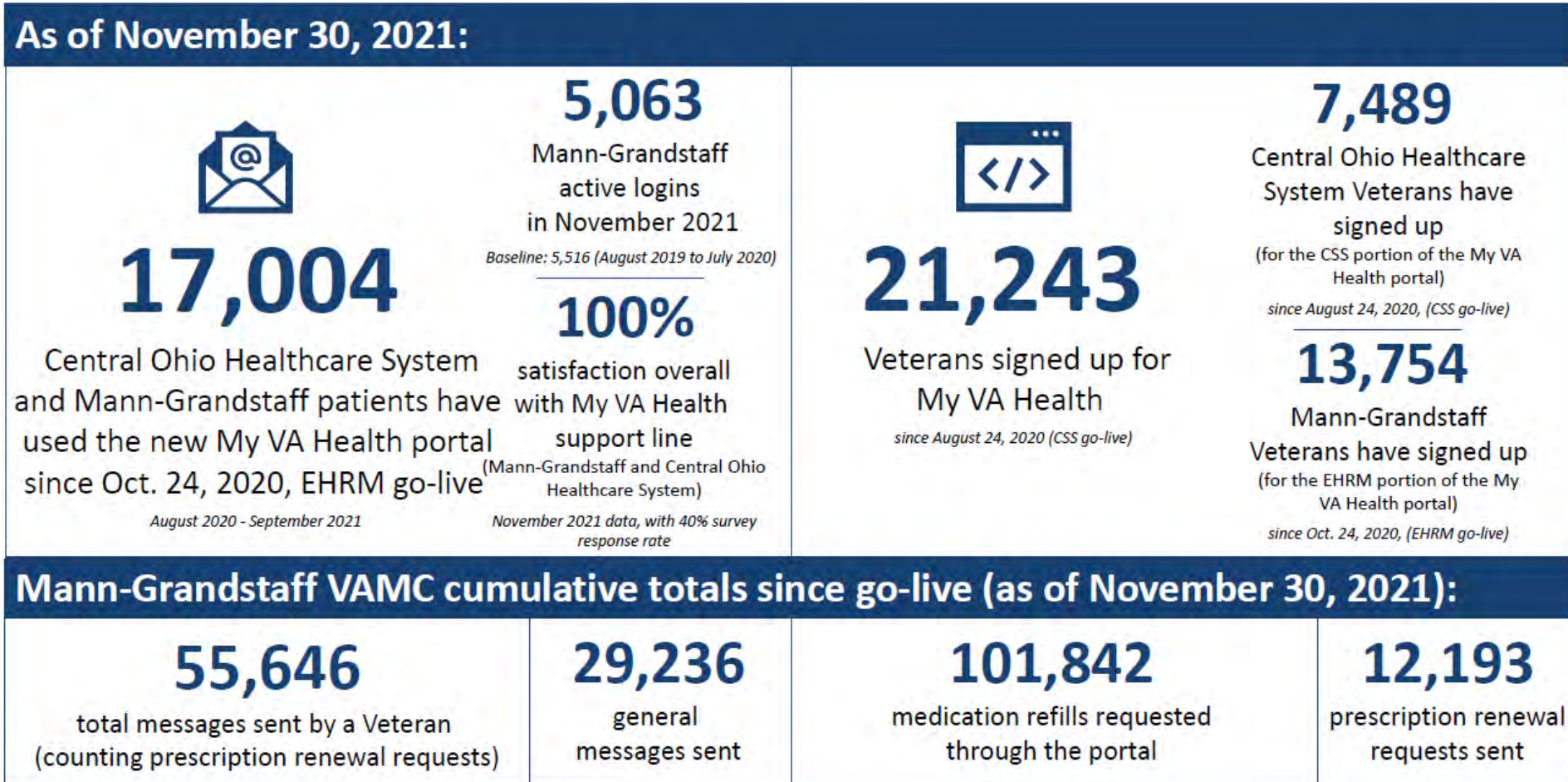
EHR system went live at Mann-Grandstaff VA Medical Center, as well as the West Consolidated Patient Account Center (WCPAC).

Oct. 24, 2020



VETERANS' USE OF NEW PATIENT PORTAL AND APPOINTMENT SCHEDULING TOOL

My VA Health data since implementation indicates Veterans are actively using the new patient portal.





LESSONS LEARNED

What to consider as Tribal leaders champion the Indian Health Service (IHS) Health Information Technology (HIT) Modernization:



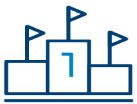
Adopt an integrated approach to your site-readiness strategy based on incorporating input from key stakeholders.



Leverage an initial operating capability (IOC) strategy, which will enable the identification of challenges and efficient strategies, honing of governance, reduction of risk through workflow optimization and incorporation of lessons learned for future sites across the enterprise.



Assess and upgrade infrastructure in support of HIT modernization efforts based on clinical and functional findings from current state reviews (CSRs) and findings from IOC.



Refine functional and technical quality standards as needed. Project metrics should be monitored and tracked across the enterprise to define success, including metrics to define access to care and clinical operational efficiency.



Develop a “pay it forward” mentoring initiative where clinical and nonclinical staff with experience deploying the new EHR can volunteer to mentor their peers at other facilities receiving the system.



STAGES OF INTEROPERABILITY

Stage 1: Interoperability within VA

**Stage 2: Interoperability with DOD
and U.S. Coast Guard**

**Stage 3: Interoperability with
Participating Community Care
Providers**

Stage 4: National Interoperability





WHAT CAN TRIBAL LEADERS LEARN FROM VA'S EXPERIENCE



Adapt training to end users

VA is exploring a role-based change management and training strategy. This new effort is critical to ensuring end-user adoption of the new technology.



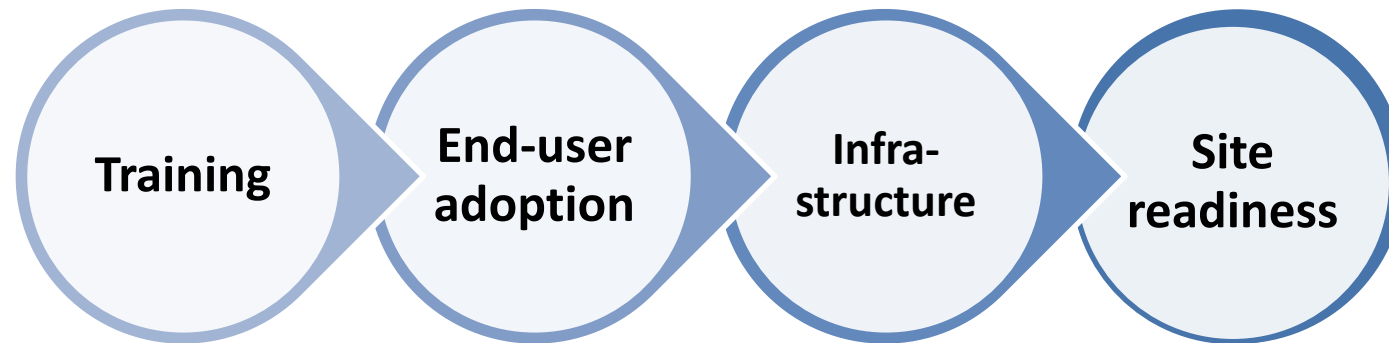
Build a 'sandbox'

When learning a new system, there is no substitute for hands-on exploration and practice. VA is introducing an EHR training environment (Sim-EHR), formerly known as the "sandbox," to better train and familiarize clinicians with the new EHR.



PLANNING FOR THE FUTURE

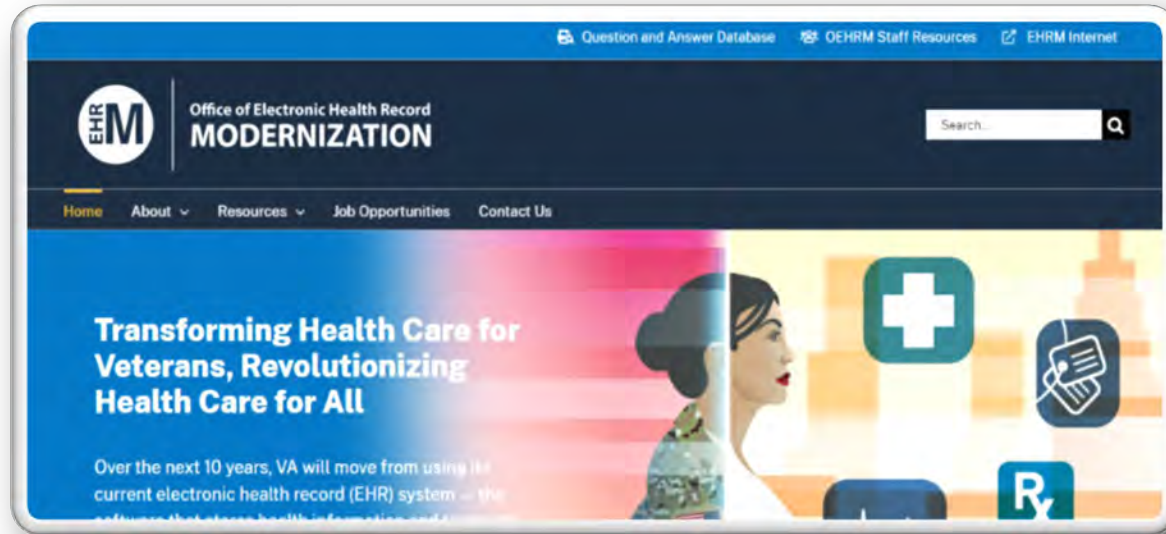
- After the strategic review period, EHRM **deployment activities have resumed** at VA facilities in Ohio, Idaho, Washington, Alaska, Michigan, Wisconsin and Oregon (dates for future go-live events remain under discussion).
- VA's next steps are focused on **end-user adoption**, comprehensive **training** and **site readiness** and **infrastructure** — both hardware and software — to prepare for deployments in FY22 and FY23.



- VA has contracted with the Institute for Defense Analyses to conduct an **independent lifecycle cost estimate** for the project, which is expected to be completed in approximately 12 months.



QUESTIONS?



[Facebook.com/OEHRMVA](https://www.facebook.com/OEHRMVA)



[EHRM YouTube playlist](#)



[Twitter.com/OEHRMVA](https://twitter.com/OEHRMVA)
(@OEHRMVA)

Learn more at:
www.ehrm.va.gov

BREAK

WILL RETURN AT 2:25 PM EASTERN



ROUNDTABLE DISCUSSION:

Funding Health IT Modernization in Indian Country

MODERATORS:

- **Erin Morris**, Congressional Manager, National Indian Health Board
- **Rhonda Harjo**, Interim Director of Congressional Relations, National Indian Health Board

PANELISTS:

- **Chairman Amber Torres**, Walker River Paiute Tribe
- **Natasha John**, Director of Tribal Government Relations, Powers Pyles Sutter & Verville, P.C.
- **Jonathan Arnold**, Chief Technology Officer, ATI Solutions

Past Funding

Coronavirus Preparedness and Response Supplemental Appropriations Act

- CDC Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response - \$152.8 million; data management, strengthen information management; Closed June 3, 2020

Families First Coronavirus Response Act

- \$61 million funding to existing ISDEAA agreements

Paycheck Protection Program and Health Care Enhancement Act

- \$550 million to IHS Federal health programs and Tribal health programs, using existing formulas

The Coronavirus Aid, Relief, and Economic Security (CARES) Act

- Coronavirus Relief Fund - direct aid to tribes
- \$95 million in COVID-19 related telehealth needs funding available through September 30, 2021, including purchasing equipment, software, and services directly related to the delivery of telehealth
 - \$24 million nationwide outreach, education, training, technical assistance, contract management, coordination and program/policy development activities, as well as the acquisition of a clinical video telehealth solution.
- \$65 million for Resource and Patient Management System (RPMS) electronic health record support
- Rural Tribal COVID-19 Response Program - \$15 million; Closed May 6, 2021
- HRSA's Telehealth Network Grant Program; Closed June 15, 2020
- USDA's Distance Learning & Telemedicine Grants - computer hardware and software, terminal and data terminal equipment; Closed July 13, 2020
- Federal Communications Commission's COVID-19 telehealth program - \$200 million

Past Funding Cont'd

American Rescue Plan Act

- Coronavirus State and Local Relief Fund - direct aid to tribes
- Emergency Rural Health Care Grants - \$500 million; expanding access to telehealth, electronic health data sharing; Closed October 2021

Consolidated Appropriations Act, 2021

- Tribal Broadband Connectivity Program (TBCP) - allocated \$1 billion
- Federal Communications Commission's COVID-19 - Provides 65% discount to eligible health care providers on broadband services, equipment, connections to research and education networks, HCP-constructed and owned facilities if shown to be the most cost-effective option; \$249.95 million; Closed May 6, 2021

Other

- National Tribal Broadband Grant (NTBG) - \$1.2 million; broadband studies; Closed June 15, 2020

Currently Open Federal Funding Streams

Federal Agency	Infrastructure	How funds can be used	Deadline
USDA	Broadband ReConnect Program (Rural eConnectivity Program)	Infrastructure, Service Speed	February 22, 2022
HHS-HRSA	Health Center Program's Service Area Competition	Describe how applicant will use or plan to use telehealth	February 7, 2022
FCC-USAC	Emergency Broadband Benefit Program	Cost: \$75 per month for households on qualifying Tribal lands	Households may still apply
HHS-NIH	Mobile Health: Technology and Outcomes in Low and Middle Income Countries	Study innovative mobile health (mHealth) interventions or tools specifically suited for low- and middle-income countries with new or emerging technology, platforms, systems, or analytics	December 9, 2022
DOC- EDA	FY 2021 American Rescue Plan Act Indigenous Communities	Community health facilities that are necessary for future job creation; workforce training in indigenous communities	Apply as soon as possible, September 30, 2022

Upcoming Federal Funding Streams

Federal Agency	Infrastructure	How funds can be used	Deadline
HHS	Leading Edge Acceleration Projects for Health IT	Innovation	Will be posted on March 1, 2022
FCC-USAC	Affordable Connectivity Program	Cost: \$75 per month for households on qualifying Tribal lands	Pending deadline, ended comments on December 8, 2021
DOC-NTIA	Middle Mile Program		Upcoming Public Virtual Listening Sessions 1 of 5 will be held on December 15, 2021
	Digital Equity Competitive Grant Program	Workforce Development Programs, Equipment	Upcoming Public Virtual Listening Sessions 1 of 5 will be held on December 15, 2021
	Tribal Broadband Connectivity Program	Telehealth, digital inclusion efforts, broadband adoption activities, broadband infrastructure deployment, providing free or reduced-cost broadband service, preventing disconnection of existing broadband service	\$1 billion from the Consolidated Appropriations Act

Pending in Congress

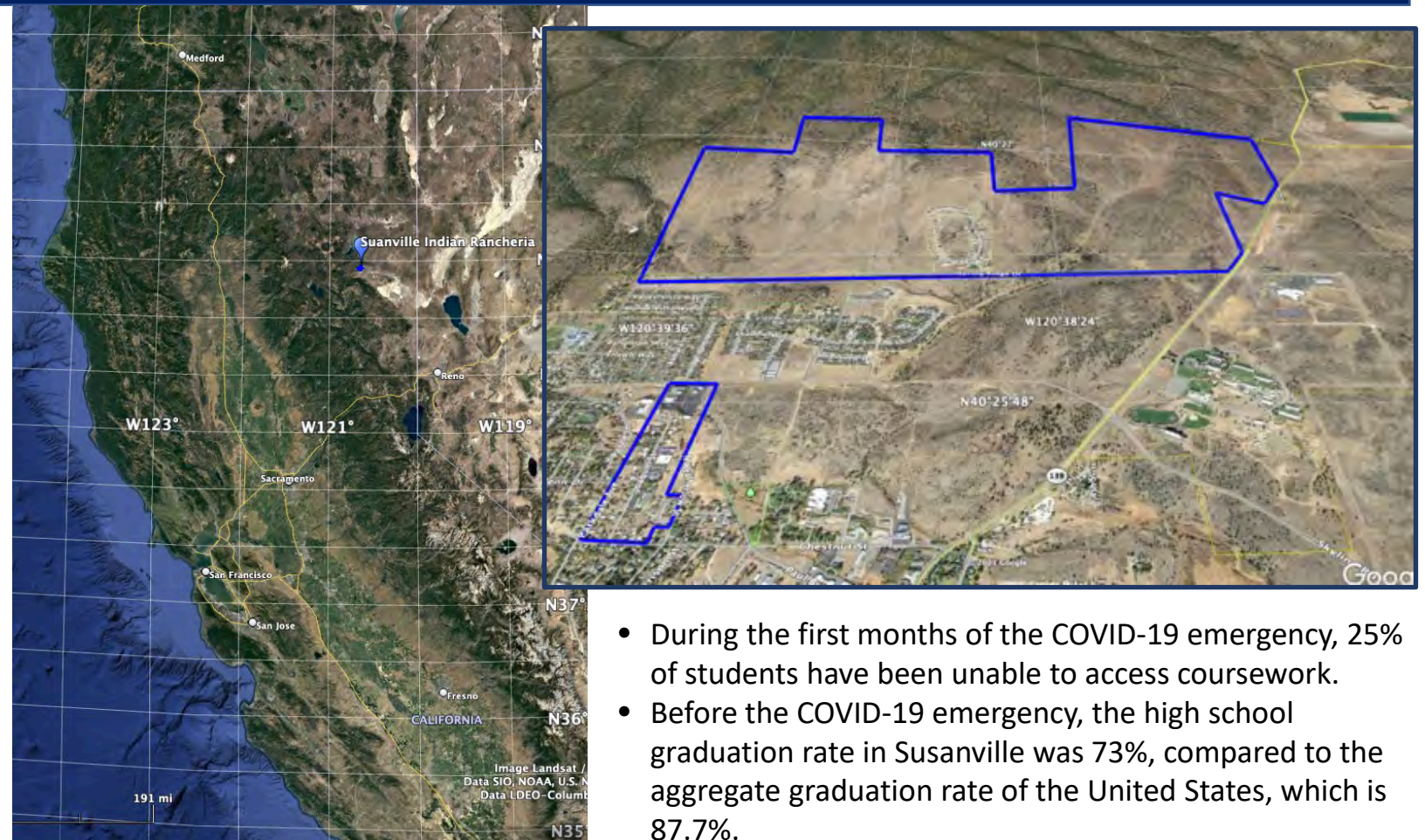
- **Rural Broadband Permitting Efficiency Act of 2021 (H.R. 1047)**
- **Build Back Better (H.R. 5376)**
 - Native Hawaiian Health Care Systems - \$50 million to award grants to, or enter into contracts with, Papa Ola Lokahi to support services (Sec. 31071)
 - Career Pathways Through Health Profession Opportunity Grants - (Sec. 134101)
 - Funding For Nursing Education Enhancement And Modernization Grants In Underserved Area - (Sec. 31006)
 - Funding For Promoting Equity In Maternal Health Outcomes Through Digital Tools - (Sec. 31055)

National Indian Health Board's National Tribal Health Information Summit

December 14, 2021

The Susanville Indian Rancheria

- The Susanville Indian Rancheria includes a total of approximately 1,338 acres. The terrain of the Susanville Indian Rancheria is generally mountainous and desert. The highest elevation is approximately 5,000 feet; the lowest is approximately 4,000 feet.
- Broadband penetration in Susanville is ten percent lower than in the rest of California.
- The current bandwidth available to the medical center is 300 Mb/s, which is lower than the ANSI/TIA-1179 Standard of 10 Gb/s bandwidth in most areas.



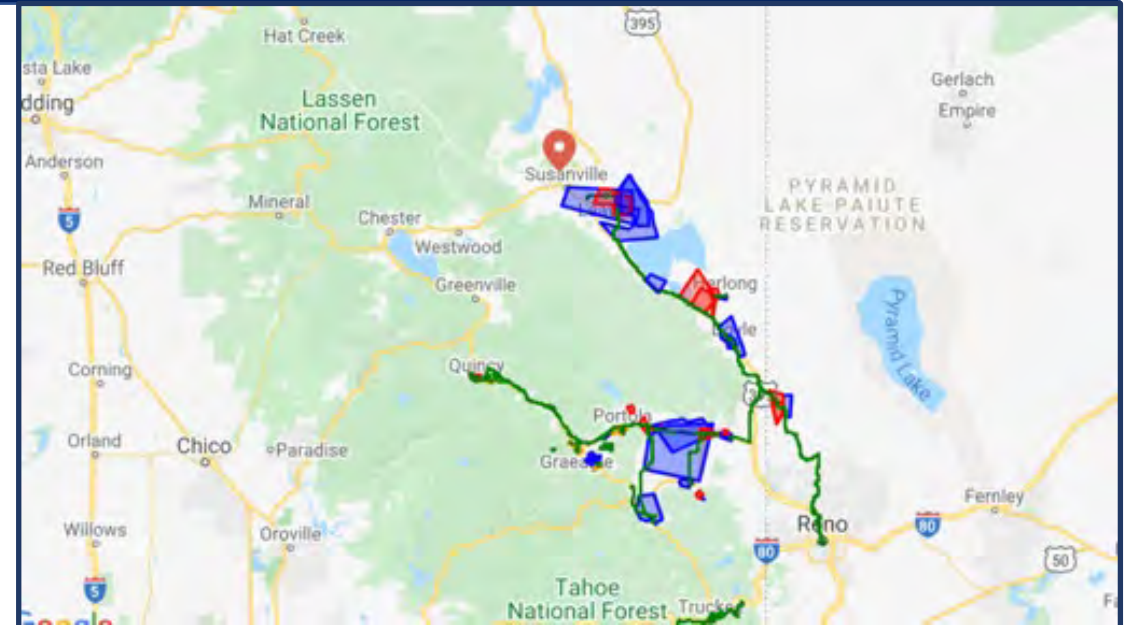
- During the first months of the COVID-19 emergency, 25% of students have been unable to access coursework.
- Before the COVID-19 emergency, the high school graduation rate in Susanville was 73%, compared to the aggregate graduation rate of the United States, which is 87.7%.
- 7.6% of Susanville residents have bachelor's degrees, while California can boast that one-third of its citizens have bachelor's degrees.

Massive Dixie Fire Pushes Toward Susanville; Crews Challenged By Critical Fire Weather

August 17, 2021 at 12:09 pm Filed Under: California Wildfires, Dixie Fire, Lassen County, Susanville



SUSANVILLE, Lassen County (AP) — Firefighters faced dangerously windy weather Tuesday as they struggled to keep the nation's largest wildfire from moving toward a Northern California city and other small mountain communities.



LOCAL NEWS

Dixie Fire disrupts Lassen County 911 calls as fire hits one month mark



by: Connor Malone, Gurajpal Sangha
Posted: Aug 13, 2021 / 10:18 PM PDT / Updated: Aug 14, 2021 / 08:02 AM PDT



What We Thought

- Upgrade hardware, software, network, and database.
- Leverage a commercial provider or RPMS.
- “Tweak” software to implement specific business rules.

What We Found

- Differing national and state legislation and regulations place different mandates on software providers.
- No single provider complies with all mandates.
- No single provider performs all required or desired functions.
- Cloud-based solutions require additional infrastructure.
- Provable network security requires additional planning and investment.
- “Simple updates” are complicated.
- Financial modules are complex yet essential.
- Going “the last mile” is very hard.
- Trained, qualified staff is essential to the success of an implementation.

What We Did

- Met the requirements of clinicians.
- Upgraded “internal” local area networks to have plenty of extra capacity and provable security.
- Invested in network management and host monitoring tools.
- Migrated to a cloud-based electronic health records management system.
- Built an ETL platform to loosely couple our new electronic health records management system with the financial modules of our older system.
- Developed a plan to upgrade telecommunications infrastructure.
- Developed a plan to train our workforce.

What We Learned

- It’s “Integration” not “Implementation”.
- It’s not easy to update the system to add “simplest things” to the EHRMS – i.e., the COVID-19 vaccine(s) and the COVID-19 booster shots.
- Integrated solutions to secure the entire network and its systems work best.
- Cloud-based solutions require additional network bandwidth.
- Extra capacity to servers, workstations, networks, telecommunications infrastructure required for EHRMS.
- Redundant connections to external ISPs can save lives.
- In-house expertise required for systems integration and extract/transform/load platforms.

Problem

- Not enough bandwidth to support Lassen Indian Health Center and planned health care facilities.
- No built-in redundancy.
- No wired "last mile".
- Many households do not have a laptop.
- Many tribal members do not know how to use the internet.

Solutions

- Purchased additional capacity and upgraded telecommunications equipment at our network's edge.
- Lease capacity to be used for redundancy from separate provider with independent infrastructure.
- Planned for a mobile solution for last mile connectivity.
- Planned for procurement of laptops.
- Planned for training and educating the tribal workforce.

- Different Federal and State mandates result in complex, more expensive systems with more intensive training requirements.
- A nascent ISO Standard 13606:2019 results in more ETL and integration to use (modules from) two different electronic health records management systems.
- Modernized Health IT Infrastructure needs modernized telecommunications which is widely adopted by tribal members.
- An educated workforce is essential to cost-effective, sustainable Health IT Infrastructure.
- Modernized telecommunications is essential to an educated workforce.

Jonathan Arnold

Chief Technology Officer

ATI Government Solutions LLC

Cell: 703-901-5641

Email: jarnold@atisolutions.us

ATI Government Solutions LLC is an SBA 8(a) Certified Tribal-Owned Small Business and owned by the Susanville Indian Rancheria.

ROUNDTABLE DISCUSSION:

Perspectives on Health IT in Indian Country

MODERATOR:

- Carolyn Crowder, President Crown Consulting

PANELISTS:

- Rosario Arreola Pro, COO, California Rural Indian Health Board
- Melissa Gower, Senior Advisor, Policy Analyst, Chickasaw Nation Dept. of Health
- Renee Fondren, CIO, Chickasaw Nation Dept. of Health
- Shawn Schweitzer, IT Helpdesk Specialist, Great Plains Tribal Chairmen's Health Board
- Rhonda Beaver, Chief Administrative Officer, Muscogee (Creek) Nation Dept. of Health





Is it a new EHR or Health IT strategy?

CREEK NATION HEALTH IT

Where did we start?

- Our Health IT modernization began June 2016 with Kurt Salmon Mgt & Consulting focusing on an EHR replacement option.
- 2018 completed hardware EOL refresh, created a replacement schedule. Network gear 7 years, Servers 5 years, laptop & Desktops 4 years building in redundancy.
- Late 2019, Chickasaw Nation began a dedicated process for an RFI narrowing the decision for investing in a new EHR.
- 2020 EHR vendor demos have completed by all departments by the selected 2 EHR vendors.
- Department system scans were initially conducted and documented for 18 services. These systems were not limited to EHR integration, but the department needs and process for providing patient care. Departments identified pros and cons. this document update occurs regularly such as replacements or department plan to increase services.

Where we are

- 2021 has been dedicated to the review of the 3rd party vendor applications. Looking at current utilization, expansion of services as well impact technology will play a role in our strategic plan.
- Recognizing Health IT modernization is not and cannot be limited to picking and implementing a new EHR. Its hardware, connectivity, devices such as phones, tablets, laptops, desktops as well as the continuous and ever-changing growing processes that needs frequent analysis and evaluation for efficiencies.
- The backbone of our initiative has been realized by strong partnerships between CNDH/DFS and IT including procurement and legal.
- As an IT health service provider; we believe we can do implement, maintain, and support every request our department needs at a moments notice! However, reality is we have limited resources and time. To be fair to our staff and patients we must take a work very close with each department and our governance committee to ensure longevity of ancillary or 3rd party application supports are truly met.

What did we learn

- The ability to openly work with health business departments to identify solutions are properly investigated to ensure interoperability or if the solution is isolated, how will support and maintenance be planned for future.
- I don't believe there is 1 perfect EHR – each offer benefits that based on the valuation of services currently provide as well as patient future outcomes must play a key role in technology & EHR needed to provide care.
- Staffing investments for IT and Health will be a major lift.
- Being a united team when change is required and knowing we are going to make it through!!!
- INVEST TIME NOW!!!! Processes! Know your environment!



Tribal Breakout Session

4:25-5:00 PM Eastern Time



Discussion Questions

What are some of the most important themes and lessons learned you heard today?

What strengths do Tribes have when considering the process of Health IT modernization? Resources?

How can we lean on our strengths, successes, and resources to move forward with Health IT modernization for Indian Country?

What steps do we need to take to determine what the true funding need is for Health IT modernization in Indian Country?

Is the Budget Formulation Committee the right group to take this on?

How can we make sure this effort is fully resourced so it can be successful?

What does this number need to include to encompass all the needs for Health IT modernization?

What does it look like for Tribes to be leaders in the IHS Health IT modernization project?

Where should there be Tribal engagement in this process?

What should the role of ISAC be? STAC? Is a new committee needed?

What do you want communication and information sharing to look like between IHS and Tribes?

The pre-summit survey showed that few respondents were satisfied with the methods IHS has used to solicit input from Tribes. How could this be improved?

Tribal Discussion

5:00 - 5:50 PM Eastern Time



Discussion Questions

Given everything you've heard today, what should the next steps be to move forward in a positive way? Keep in mind where we are in the process – IHS is preparing to release the RFP in the next few weeks.

- How should IHS proceed?
- How should NIHB and other Tribal organizations proceed?
- What should the priorities be?

What kind of space is needed for Tribes to fully engage around the various priorities of HIT Modernization?

- Do we need another summit to provide space for greater Tribal discussion on topics such as?
 - Funding and Budget
 - Technical and infrastructure needs
 - Tribal Engagement and Governance
- Do we need another Summit where Tribal leaders meet with IHS directly?

Submit Additional Comments to NIHB

Submit any additional comments to A.C. Locklear at
alocklear@nihb.org by Tuesday, December 21st, 2021





Closing Remarks

CHIEF WILLIAM "BILL" SMITH

CHAIRMAN & ALASKA AREA REPRESENTATIVE

NATIONAL INDIAN HEALTH BOARD

