

National Indian Health Board National REC

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National Indian Health Board

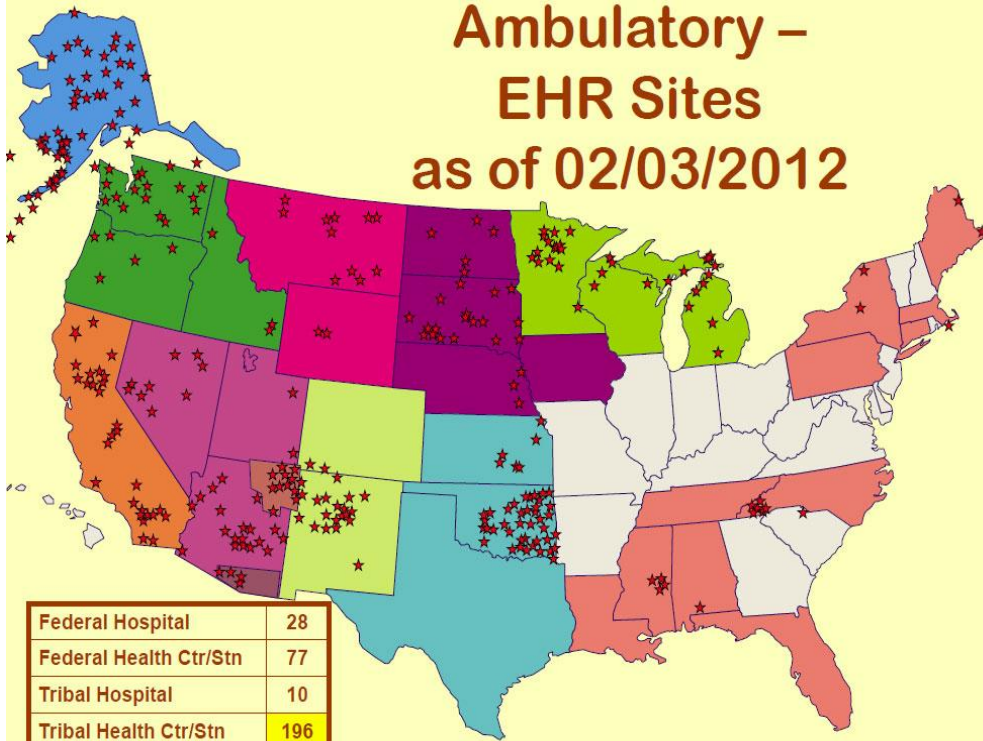
National Indian Health Board

- Founded by Tribes in 1972
- Advocates to Advance Health Care for All American Indian and Alaska Native People



NIHB National REC

Ambulatory –
EHR Sites
as of 02/03/2012



NIHB REC serves
Primary Care
Providers working in
IHS, Tribal and
Urban Indian health
facilities located in
35 states
throughout the U.S.

National Service Delivery Strategy

Four Sub Recipients

- **Alaska Native Tribal Health Consortium (ANTHC)** – State of Alaska
- **California Rural Indian Health Board (CRIHB), Inc.** – State of California and REC services to Tribal and Urban Indian health facilities that select to implement and use Commercial-Off-The-Shelf (COTS) Electronic Health Records (EHRs)
- **Northwest Portland Area Indian Health Board (NPAIHB)** – States of Oregon, Washington, and Idaho
- **United South and Eastern Tribes, Inc. (USET)** – 30 State service area (AL, AZ, CO, CT, FL, IL, IA, KS, LA, ME, MA, MD, MI, MN, MS, MT, NE, ND, NV, NM, NY, NC, OK, RI, SC, SD, TX, UT, WI, WY)

State REC Partnerships

- State Medicaid Agencies - identify best practices to serve PPCPs in the state.
- State Health Information Exchanges - identify best practices to serve PPCPs in the state.
- State Quality Improvement Organizations - identify best practices to serve PPCPs in the state.

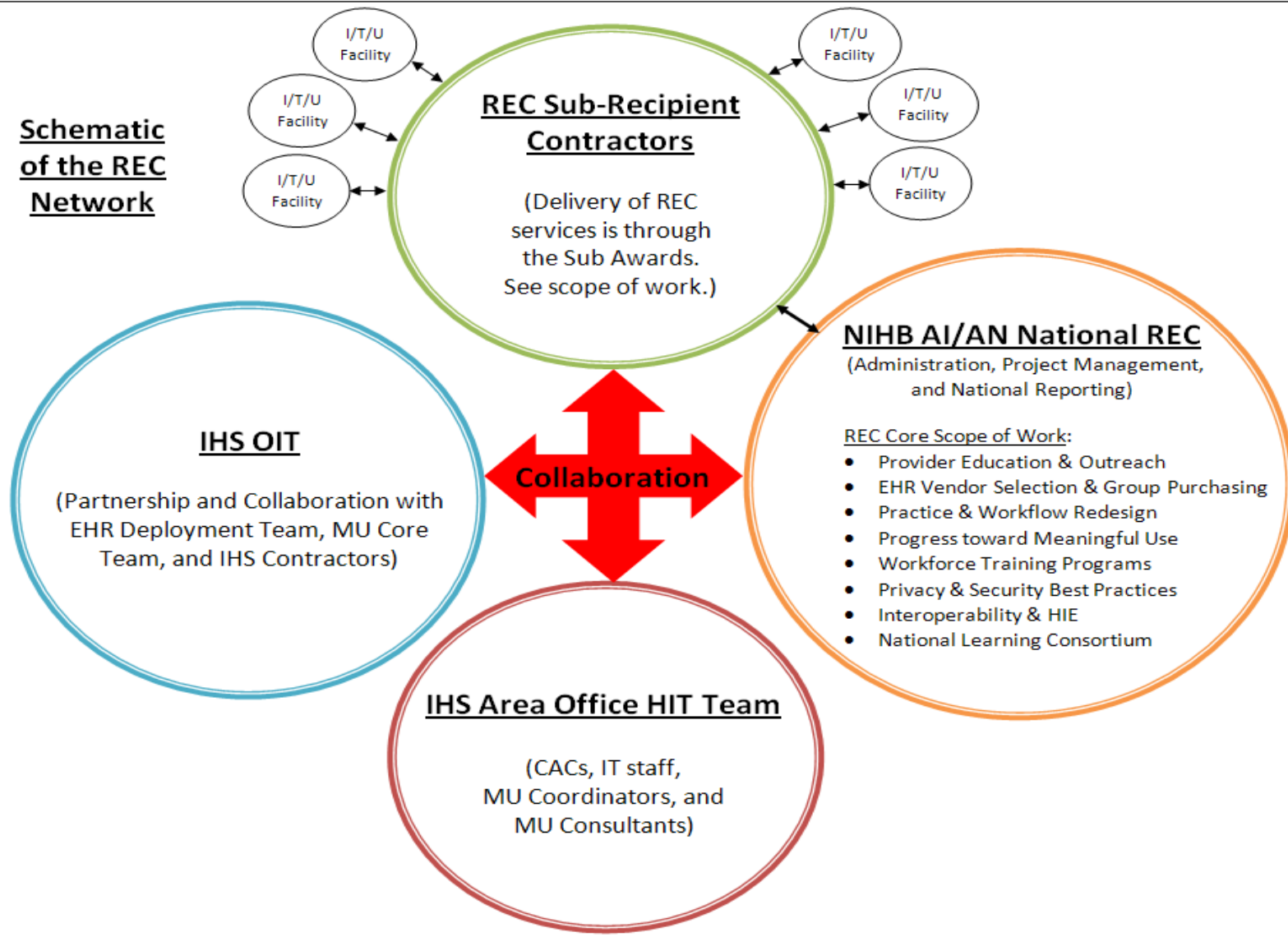
Prime Partnership with Indian Health Service

- Partnerships with IHS EHR Deployment Team and the IHS Meaningful Use (MU) Team.
- Work directly with IHS Area Office staffs to ensure that local planning for EHR and MU services in I/T/U health care facilities is paramount.



NIHB REC - RPMS EHR Network

Schematic of the REC Network



Commercial-off-the-Shelf COTS EHRs

- CRIHB Sub Recipient – deployment and maintenance support for COTS EHRs.
- ANTHC Sub Recipient – strategy to support deployments of COTS EHRs in Alaska Tribal facilities.
- State REC Collaborations - provide COTS EHR services to Tribal and Urban sites if they choose to sign up with State REC.

Innovative REC Services

DIVURGENT Work at Chinle Health Facility

- Chinle Comprehensive Health Care Facility in Chinle, AZ
- Health care services are provided to approximately 37,000 active users. Strong Navajo cultural traditions exist within the community, including prevalent use of the Navajo language and the practice of traditional Navajo medicine.



Innovative REC Services

DIVURGENT Work at Chinle Health Facility

- Chinle Providers are early adopters of RPMS EHR.
- Chinle facility requested a "deep-look" assessment of their healthcare delivery system.
- USET subcontracted with DIVURGENT - Healthcare Transformation Consulting firm.
- DIVURGENT work at Chinle will serve as a "case model" for other facilities in Indian Country.

Innovative REC Services

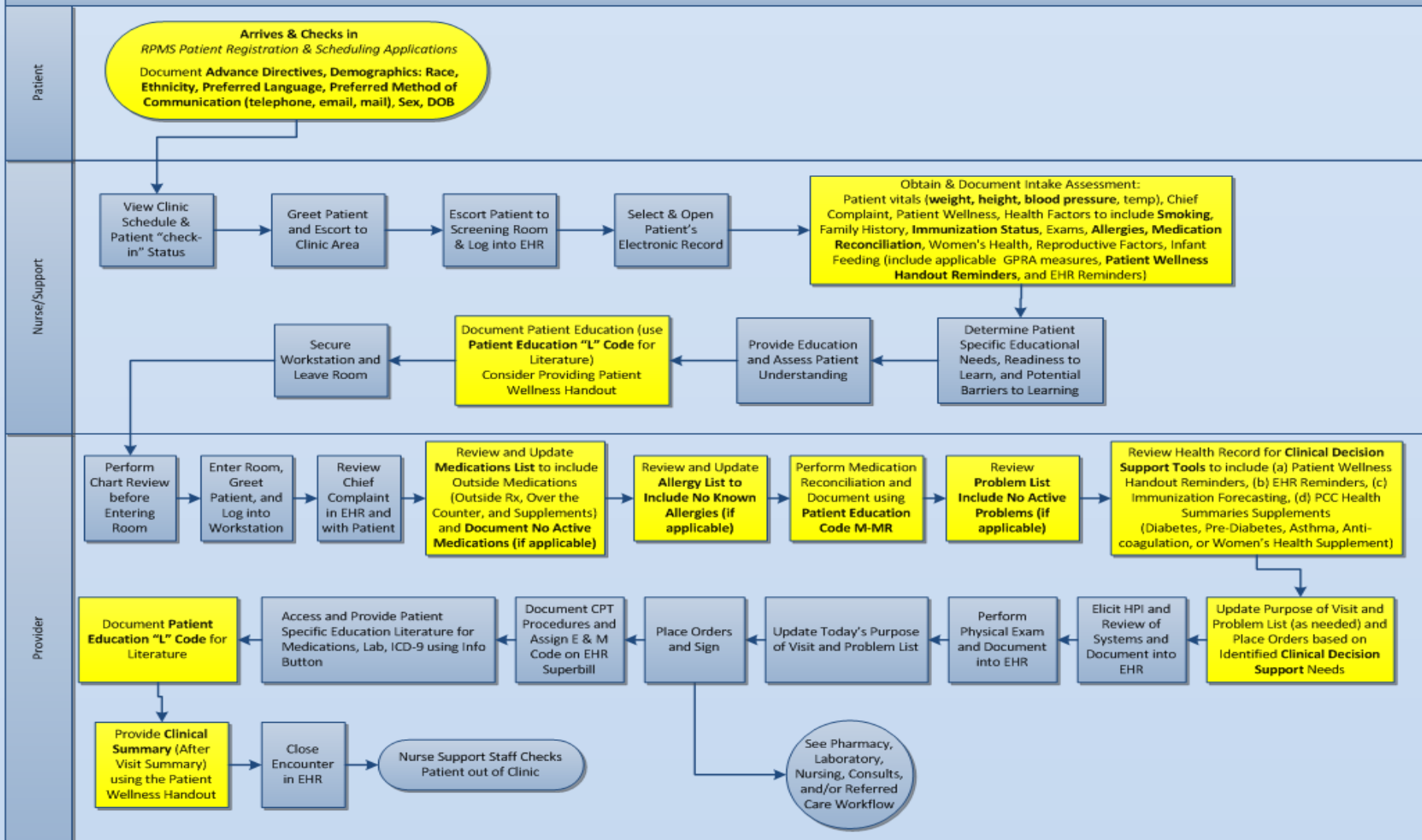
Workflow Workgroup

- December 2011 IHS and NIHB REC Strategic Planning Meeting
- Workflow Templates Produced by Workgroup
 - Office Visit Workflow w/ MU Measures
 - Nursing Workflow w/ MU Measures
 - Pharmacy Orders Workflow w/ MU Measures
 - Lab Orders Workflow w/ MU Measures
- Workflow Templates Posted to HITRC “Workflow CoP Web Pages”

Office Visit Workflow

Office Visit Workflow Template

(Bold words in yellow boxes are Meaningful Use Requirements)



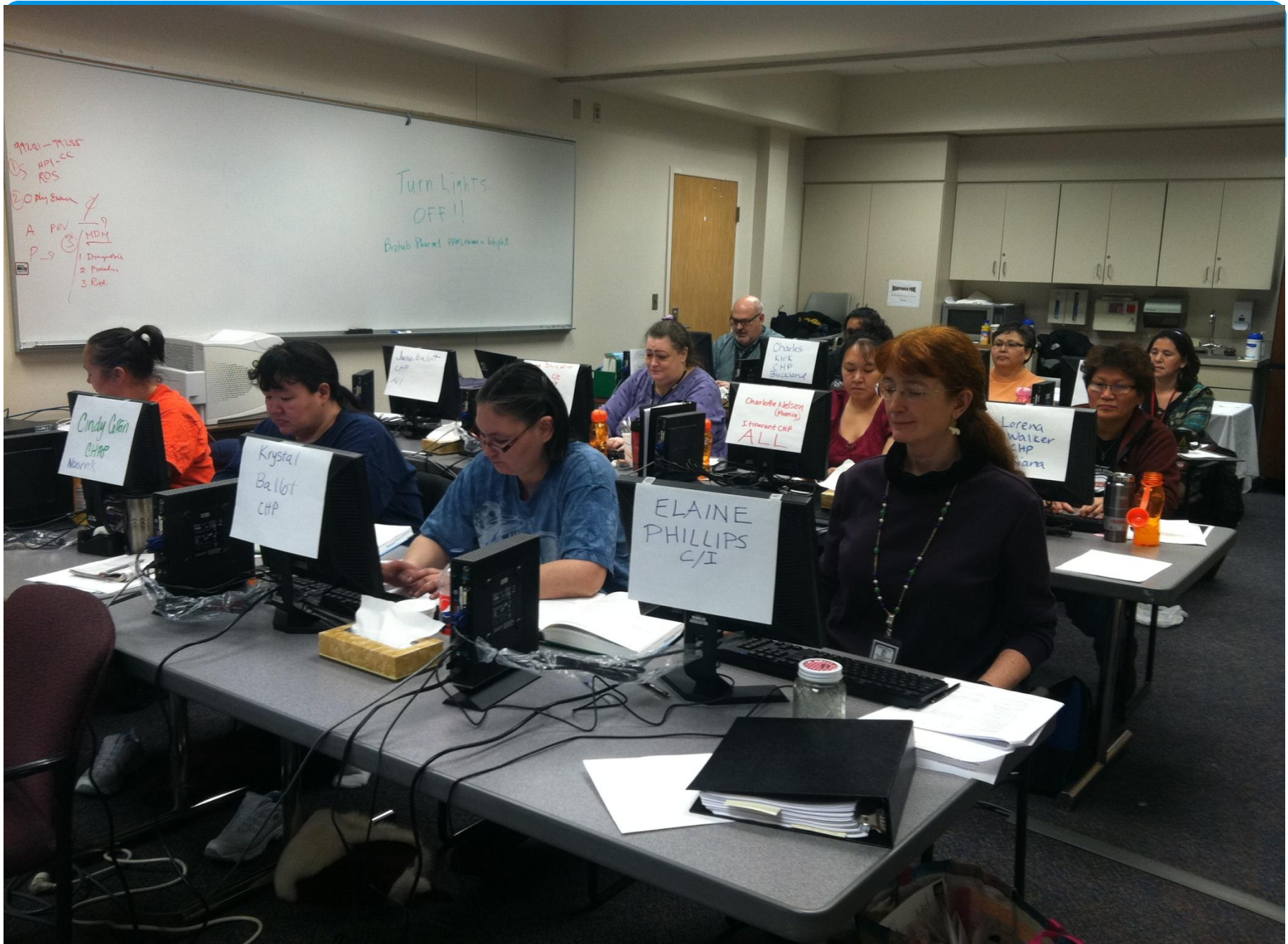
Innovative REC Services

RPMS IT Support Services for Tribal Sites

- USET Sub Recipient has provided the availability of an expert team of RPMS IT Specialists to assist facilities who are having trouble with RPMS-EHR certified package installation and configuration.
- “Expert Team” can assist sites with complex IT environment troubleshooting issues.

Innovative REC Services

- Support development and delivery of existing and newly-developed RPMS EHR training sessions.
- Produce “How To Use RPMS EHR” training videos for use by Primary Care Provider in IHS/Tribal/Urban Indian health facilities.
- Develop short WebEx recordings to train RPMS EHR end users on specific EHR components.



HIT Conferences in Indian Country

USET and ANTHC - Co-host the "**National Tribal Best Practices Conference**" during July 22-26 in Salt Lake City, UT.



CRIHB - Organized and hosted a “COTS EHR Meaningful Use Conference” during May 1-2 in Sacramento, CA.

MU Barriers and Solutions

Barrier - Limited Number of Meaningful Use Staff Resources

- Health facilities/providers located in 35 states across the U.S.

Barrier Mitigation Strategy

- ANTHC, CRIHB, and USET are using REC funds to contract/hire MU staff.
- Six IHS Area Offices are using their IHS funds to contract/hire MU staff.
- Engage in ongoing collaborations with IHS MU teams.

MU Barriers and Solutions

Barrier - Redesign Clinical Workflow to Meet MU Criteria

- Significant time requirements to implement workflow enhancements including organizational change management.

Barrier Mitigation Strategy

- Work Flow Workgroup – ongoing development of clinical workflow templates.
- Use clinical workflow templates in RPMS EHR and MU end user training.
- Clinical Re-Design Technical Support Services

MU Barriers and Solutions

Barrier – Lack of Adequate Local Health IT Workforce

- I/T/U facilities vary widely in their level of technical expertise to manage RPMS EHR software patch installations and configurations.

Barrier Mitigation Strategy

- Basic Site Manager Training Sessions
- Clinical Informatics Mentorship Program
- Delivery of existing and newly-developed RPMS EHR training sessions
- Native Health IT Workforce Initiative in Tribal Colleges

Indian Health System

Indian Health System Facilities				
	Hospitals	Health Centers	Alaska Village Clinics	Health Stations
IHS	29	68	N/A	41
Tribal	16	258	166	74

Source: IHS Website

<http://www.ihs.gov/PublicAffairs/IHSBrochure/Profile.asp>

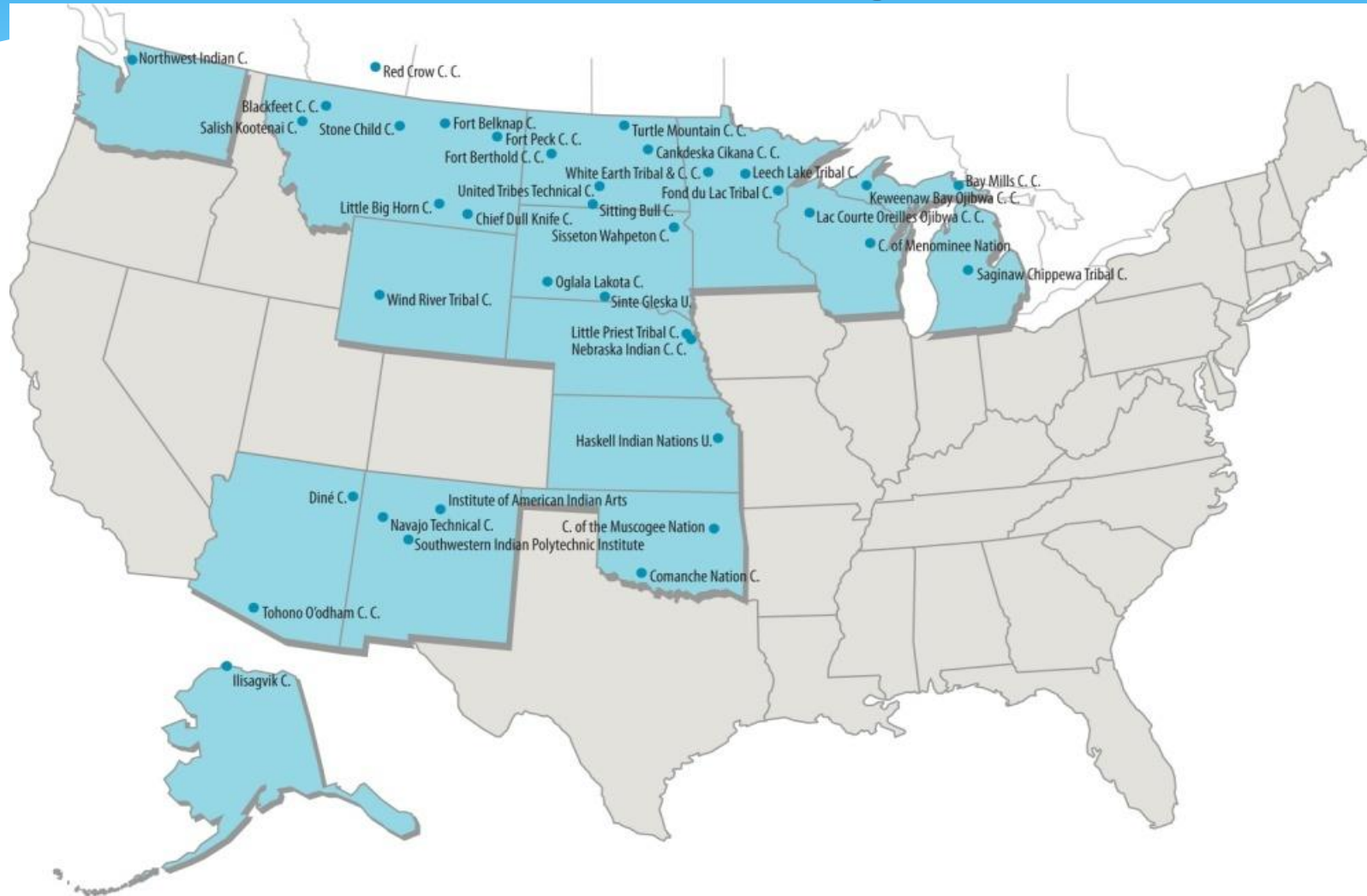
Ambulatory – EHR Sites as of 02/03/2012

Federal Hospital	28
Federal Health Ctr/Stn	77
Tribal Hospital	10
Tribal Health Ctr/Stn	196
Urban Health Ctr/Stn	12

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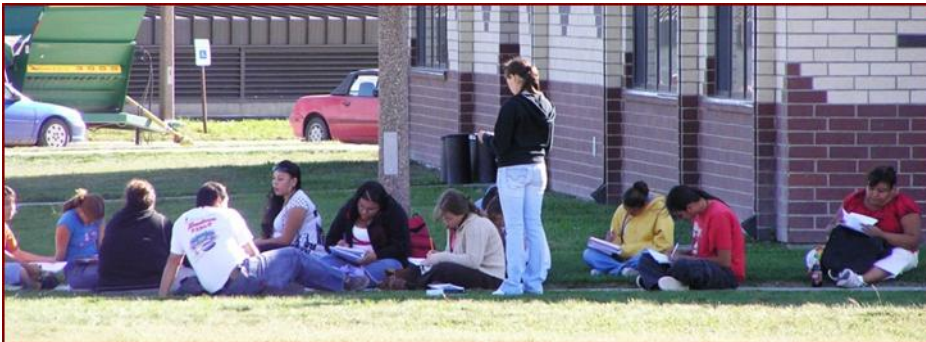
AI/AN Community Resources

Tribal Colleges



Native Health IT Workforce Training Program

Tribal Colleges



Native Health IT Initiative



- Identify and adapt existing HIT curriculum for Native Health IT Workforce Development
- Pilot Native HIT Workforce Training Program at a Tribal College
- Deployment Native HIT Workforce Training Program at Other Tribal Colleges
- Employ traditional and distance learning modalities

Local Native Health IT Workforce



- Tribal IT Site Managers
- Nursing Health IT Specialists
- HIM Specialists
- Local Health IT Trainers

Health Consumer Issues

- Need for improved level of health literacy in AI/AN population.
- Lack of Internet Access among AI/AN population.

Cherokee Nation To Expand Use Of Electronic Health Records

<http://www.youtube.com/watch?v=kfHwJJ8mt6M>