



MANY NATIONS, ONE GOAL: SELF-GOVERNANCE

**2019 TRIBAL SELF-GOVERNANCE
ANNUAL CONSULTATION CONFERENCE**



MARCH 31 - APRIL 4, 2019 | TRAVERSE CITY, MI

INDIAN HEALTH SERVICE

Mission:

...to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level



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COMPREHENSIVE HEALTH SERVICE DELIVERY SYSTEM



2.2 million

Number of American Indians and Alaska Natives served each day

573

Number of Federally-recognized tribes served

12

Number of service Areas representing the United States

HOSPITALS



HEALTH CENTERS



ALASKA VILLAGE CLINICS



HEALTH STATIONS



SCHOOL HEALTH CENTERS



Annual Patient Services:

Inpatient Admissions:
39,305

Outpatient visits:
13,742,0788

40 Urban Programs



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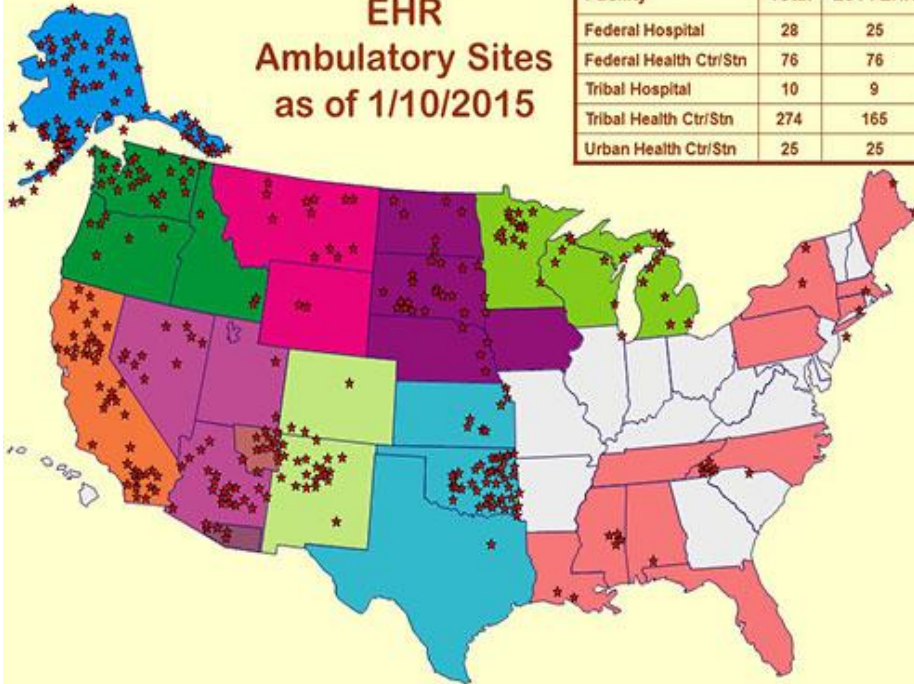


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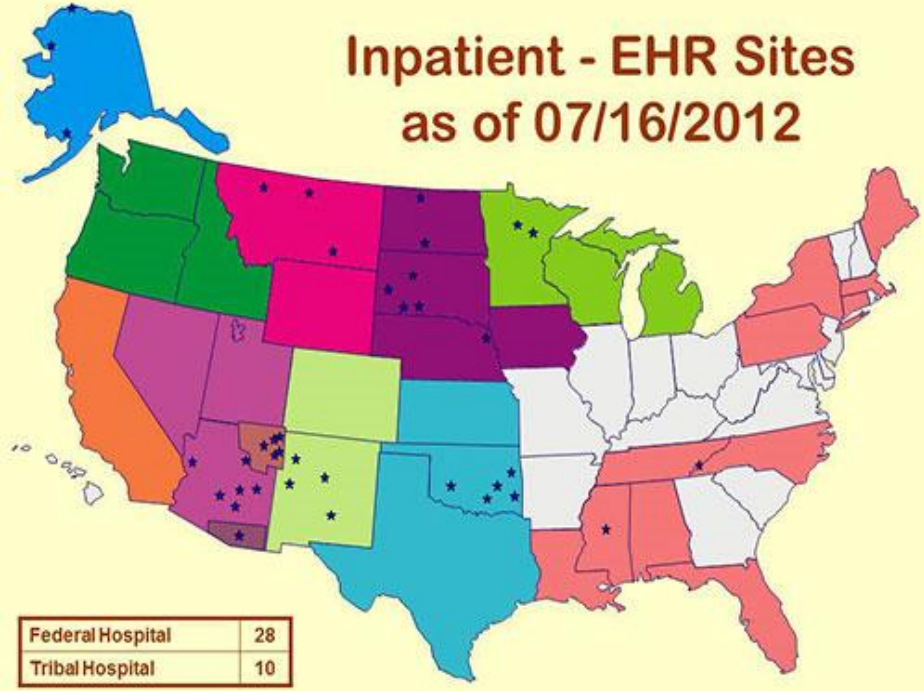
EHR Deployments in IHS

**EHR
Ambulatory Sites
as of 1/10/2015**

Facility	Total	2014 EHR
Federal Hospital	28	25
Federal Health Ctr/Stn	76	76
Tribal Hospital	10	9
Tribal Health Ctr/Stn	274	165
Urban Health Ctr/Stn	25	25



**Inpatient - EHR Sites
as of 07/16/2012**



Federal Hospital	28
Tribal Hospital	10

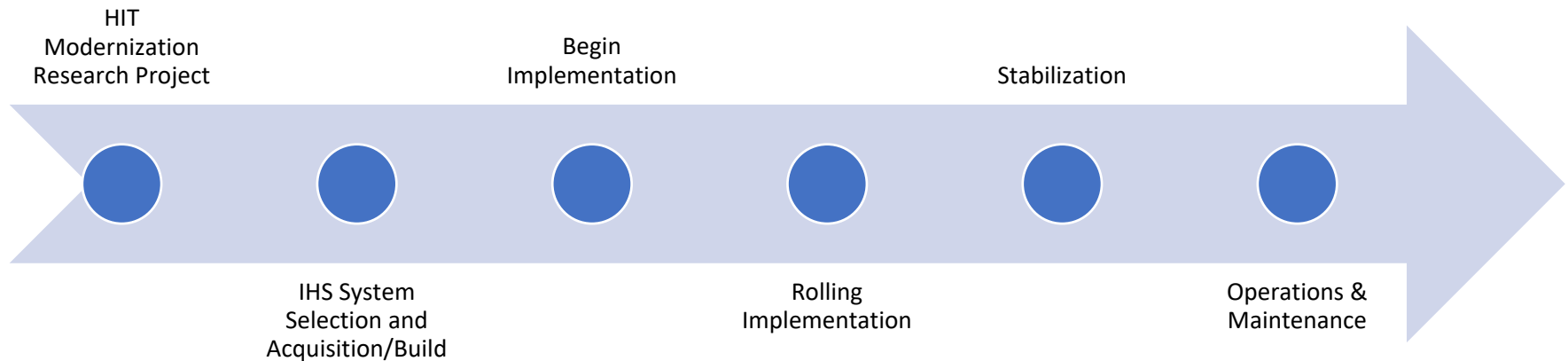


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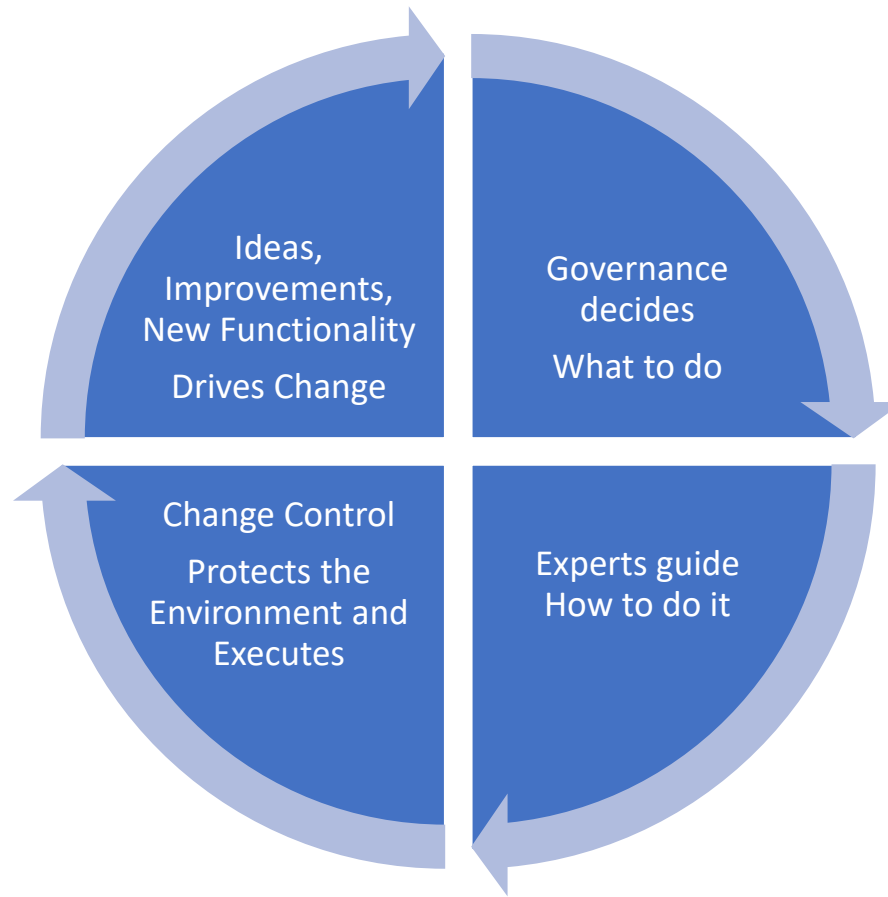


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National HIT Modernization High Level Activities



Governance Challenge



EHR Governance

EHR Governance is the process by which you standardize your clinical practices and set them up to work electronically. Without predictable clinical practices, you won't be able to get predictable clinical outcomes, and your EHR implementation will be challenging.

...it is more than change control



EHR Governance

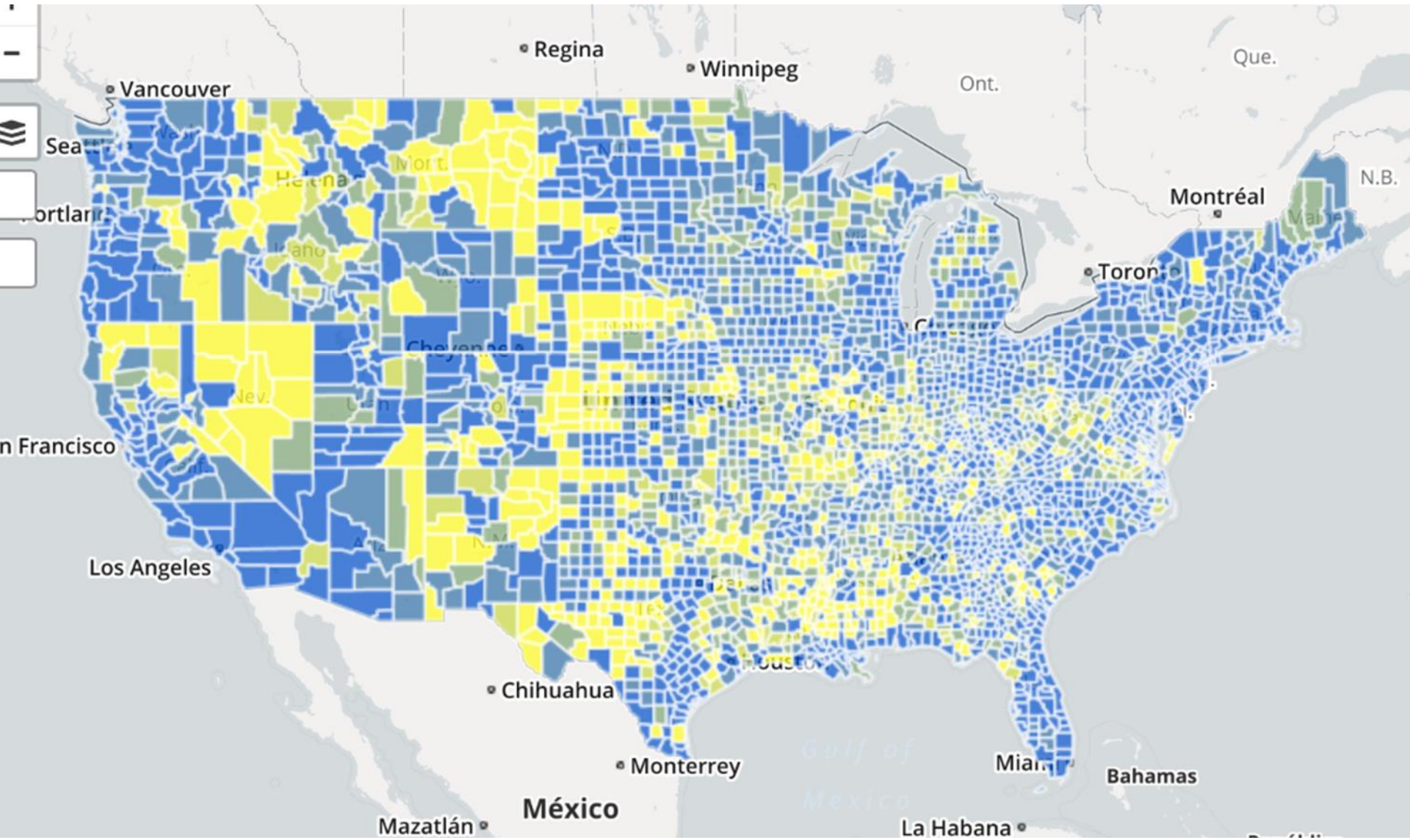
- Electronic Documentation – How/when to create it, sign/authenticate it, use it?
- Medication Order Standards– How/when to order certain medications? Non-formulary medications? In code blue/emergency situations? Over the phone?
- Standards for lab/radiology orders– How/when to order certain tests?
- Training standards – How do you train new employees? Existing employees? Implementation?
- Clinical Tool Development – How do you develop order sets? Policies? Protocols? Documentation?



IHS Barriers to Digital Services

- Low bandwidth and/or high latency networks in Rural areas
- Poor infrastructure reliability at some locations (e.g. power, network, etc.)
- Not every shared or cloud service meets the requirements for every stakeholder
- Capital funding challenges





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2015 FCC Study

- 17 percent of all Americans (55 million people) lack access to 25 Mbps/3 Mbps service.
- 53 percent of rural Americans (22 million people) lack access to 25 Mbps/3 Mbps.
 - By contrast, only 8 percent of urban Americans lack access to 25 Mbps/3 Mbps broadband.
- Rural America continues to be underserved at all speeds: 20 percent lack access even to service at 4 Mbps/1 Mbps, down only 1 percent from 2011, and 31 percent lack access to 10 Mbps/1 Mbps, down only 4 percent from 2011.
- 63 percent of Americans living on Tribal lands (2.5 million people) lack access to 25 Mbps/3 Mbps broadband
- 85 percent living in rural areas of Tribal lands (1.7 million people) lack access.



Network Modernization

Bandwidth needs grow over time, but the majority of IHS facilities cannot increase network bandwidth without significant upgrades

- Modern wired broadband uses Ethernet Circuits over fiber cable.
- Many rural parts of the U.S. still use Time Division Multiplex (TDM) over copper cable. Limited upgrade options
- Migrating to Ethernet is very expensive (>\$1M per location in many cases)– Mostly because of the special construction costs to lay underground fiber.
- Monthly bandwidth costs after Ethernet upgrades are generally lower at most IHS facilities, but significantly higher for approximately ~10% of IHS facilities surveyed.

58%

of All IHS Circuits are
T1 (1.5Mb)

200

Tribal and Federal
locations only have a
T1 connection to the
IHS network



Thank you

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