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| **NAME OF WORKGROUP** *(please check which Committee this report will be for)* |
| [ ]  | Technical Workgroup | [x]  | Information Systems Advisory Committee (ISAC) |
| [ ]  | HHS Secretary’s Tribal Advisory Committee (STAC) | [ ]  | Contract Support Costs (CSC) Workgroup |
| [ ]  | Budget Formulation Workgroup | [ ]  | Health Promotion/Disease Prevention Policy Group |
| [ ]  | Facilities Appropriation Advisory Board (FAAB) | [ ]  | CDC Tribal Consultation Advisory Committee (TCAC) |
| [ ] [ ]  | Tribal Leaders Diabetes Committee (TLDC)HHS Tribal Consultation Advisory Workgroup | [ ] [ ]  | Tribal Technical Advisory Group (CMS-TTAG)Self-Governance Health Care Reform |
| [ ]  | AI/AN Health Research Advisory Group |  |  |

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| **DATE OF MEETINGS** | September 4-5, 2019 |  |  |

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| **COMMITTEE REPRESENTATIVE:** |
| Name:Title:E-mail: | Stewart FergusonChief Information Officersferguson@anthc.org |       |       |

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| **Agenda Item** | **Summary/Highlights** *(Committee action should be noted in this section)* |
| IHS Modernization Funding | * At the request of TSGAC, IHS was asked whether the $25M in FY20 funding for HIT Modernization would remain within IHS or move to HHS. The IHS CIO reported that he funds, and the project moving forward, will remain at IHS. He reported that HHS only funded the current project in FY19, is not planning to run the project in FY20, but will stay engaged with IHS as this progresses.
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| Patient Data Concerns | * At the request of TSGAC, IHS was asked about reports that CDC and NIH have access to IHS data for certain reports such as vital statistics. The IHS CIO had raised this issue within IHS and stated that he is not aware of any access being granted directly to other federal agencies, although there may be certain grants with tribes and others that share limited data with CDC or NIH. IHS stated that no other agencies have access to NPIRS (formerly NDW) which is the central repository of IHS patient data.
* The IHS CIO has asked his staff to review all data sharing agreements, and see if there are any agreements he is not aware of. It was also suggested that TSGAC contact Rachael Tracy at the IHS National IRB.
* The IHS CIO stated that tribes now can request access to patient-level (i.e. “row-level”) data in NPIRS through OPHS.
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| IHS Staffing | * At the request of TSGAC, IHS was asked about their multi-year staffing plan to prepare for the modernization effort. IHS reported that a number of operational and tactical activities are underway – e.g. separating out duties for specific staff, moving staff up a job ladder, looking at recruitment challenges, keeping staff with critical skills focused in their specific areas. IHS recognizes they will need more staff with new skills to be prepared for the modernization effort.
* However, IHS does not have a multi-year staffing plan and was unable to share specifics about staffing needs. IHS also recognizes they were asked by TSGAC to look at the VA staffing model for comparison, and have not done that yet.
* IHS stated they will have a staffing plan in 6 months that they will share (next ISAC meeting) and they hope to include a comparison to the VA staffing plan.
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| New ISAC Charter.  | * IHS Leadership has approved a new charter for ISAC.
* The ISAC members agreed to adopt the new charter beginning at the next meeting (tentatively scheduled for April 1-2, 2020 in Rockville, MD).
* IHS will be contacting all affected parties to notify them of their ability to appoint members to ISAC or, in rare cases, the loss of their representation on ISAC.

**ISAC unanimously passed the following motion related to the ISAC Charter:**1. ISAC charter will take full effect at next ISAC meeting. The new co-chairs will chair the meeting. Current (outgoing) ISAC co-chairs will provide support to the incoming chairs to help develop an agenda, and attend the meeting to provide background and support to the meeting.
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| HHS Report on HIT Modernization. | * Maia Laing (Office of the Chief Technology Officer, HHS) provided a summary of the draft reports due for completion by September 18th. These reports need to be cleared through HHS for release, and that date is not clear. The reports consist of a legacy analysis, a technical roadmap, and an analysis of alternatives.
* The reports will focus on 4 key areas: Modernization planning and execution, RPMS Standardization and early wins, Data Exchange, and Infrastructure.
* The report currently identified certain Key Performance Indicators (KPI) that could be used to measure each of these 4 areas. There was a notable lack of KPIs related to the revenue cycle.
* The draft project plan proposes that FY20 be a planning year, with FY21 focused on acquisition strategy (RFI, RFP, etc.) and actual implementation begin in FY22.
* IHS plans to release the reports through a “Dear Tribal Leader” letter as soon as HHS releases the reports, and seek feedback.
* HHS does recommend that IHS consider moving now on a data/analytics platform – and used the platform in Alaska (Health Catalyst) as an example of a 3rd party tool that provides rapid value to tribes.
* NIHB proposed that a national meeting of tribes would be an appropriate methodology for diving more deeply in the modernization effort and the report finding. ISAC members supported this idea and felt this could be a good vehicle on an annual or semi-annual basis for strengthening the communication on the modernization effort.

**ISAC unanimously passed the following motion related to the HHS report:**1. ISAC recommends that IHS sponsor a national HIT Modernization Summit meeting for all tribes, to share information from the HHS report, discuss alternatives, and create an open space to share ideas and innovation. This initiative should include broad input from stakeholders, including but not limited to representatives from HHS, IHS, VA, NIHB, TSGAC, DSTAC, Urban Indian Health Board and ISAC.
2. The ISAC continues to support the Health Modernization research Project, and recommends timely communication of findings to the IHS/Tribal/Urban community. The ISAC asks to be informed on any tribal feedback.
3. The ISAC recommends that IHS begin to review third party data and analytics platforms as part of the FY2020 Health IT Modernization effort.
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| RPMS Development | * The IHS CIO reported that IHS is working to get RPMS meeting the 2015 Certified EHR Technology requirements. This is being done module-by-module, and IHS has meet with the Office of the National Coordinator (ONC) to review the requirements.
* ISAC expressed concern about not knowing a roadmap or cost for these efforts, especially at a time that we are also beginning to look at alternatives.

**ISAC unanimously passed the following motion related to RPMS Development**1. IHS will provide ISAC members as soon as possible with a comprehensive roadmap for RPMS development that outlines the planned costs, dates and modules that will achieve compliance with specific Federal certifications and regulations.
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| Quality Report | * IHS has stood up the Office of Quality, led by Jonathan Merrill.
* They are currently in conversation with OPHS and OMB to harmonize and update GPRA metrics.
* It was unclear to ISAC membership specifically what measures are being discussed and the timelines for these efforts.

**ISAC unanimously passed the following motion related to Data Harmonization:**1. IHS will provide ISAC members with a roadmap on the communication efforts to harmonize quality measures.
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| **RECOMMENDED TSGAC ACTION**  |
| 1. | TSGAC must change the representative to ISAC. The new charter requires the appointee to be “An elected Tribal Leader, representing their Tribe, who is a Tribal Self-Governance Advisory Committee (TSGAC) Member”. The current representative, Stewart Ferguson, is not an elected tribal leader. If TSGAC wishes, it is permissible under the new charter to have a designee attend in place of the elected tribal leader but ISAC must be notified of this. The relevant specifics around designees are:* All ISAC members will designate, in writing, an alternate who will serve in an official voting capacity in the event the member is absent. An email notification to the ISAC co-chairs is acceptable.
	+ All Tribal Leader ISAC members may temporarily designate an alternate from within their own Tribe/Tribal Organization authorized to act on the Tribal Leader’s behalf.
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| 2. | TSGAC should actively participate with NIHB and others in planning a national summit to discuss HIT Modernization. |
| 3. | TSGAC should plan to review the HHS reports when they become available and provide feedback to IHS. The Analysis of Alternatives may be the most interesting and/or contentious portion of the report and should be thoroughly reviewed. |
| 4. | TSGAC should continue to question IHS about the use of patient data by other agencies, especially as IHS begins to review existing data agreements. |
| 5. | TSGAC should continue to expect IHS to produce a plan for the FY20 modernization effort and funding.  |