

[NCUIH Submits Comments to IHS on Resource and Patient Management System Replacement and Health Information Technology Modernization Focus Groups](#)

Category: Policy Blog

written by Anna Schwartz | June 23, 2022

On June 3, 2022, the National Council of Urban Indian Health (NCUIH) submitted [comments](#) and recommendations to the Indian Health Service (IHS) about Health Information Technology (HIT) Modernization Governance regarding the replacement of the Resource and Patient Management System (RPMS). These comments responded to the joint Tribal Consultation and Urban Confer on May 3, 2022 and request for comments. NCUIH thanked the IHS for hosting the joint Tribal Consultation and Urban Confer and for planning two additional Tribal Consultation and Urban Confer sessions in 2022 to address HIT Modernization. Furthermore, NCUIH recommended that IHS ensure HIT Modernization focus groups are representative of the entire IHS/Tribal/Urban Indian Organization (I/T/U) system, identify specific statutes and/or regulations that prevent convening the focus groups before IHS purchases the new Resource and Patient Management System (RPMS), and prioritize interoperability in the RPMS replacement system.

Background

HIT Modernization for the I/T/U system is long overdue. Although HIT is necessary to provide critical services and benefits to American Indians/Alaska Natives (AI/AN) patients, IHS has historically faced challenges in managing clinical patient and administrative data through the RPMS. Initially developed specifically for the IHS, years of underfunding and a resulting failure to keep pace with technological innovation have left the RPMS impractical by current HIT standards. RPMS has been in use for nearly 40 years and has developed significant issues and deficiencies during this time, especially in recent years as HIT systems have rapidly advanced in sophistication and usefulness. As the Department of Health and Human Services (HHS) Office of the Chief Technology Officer (OCTO) and IHS found in the [2019 Legacy Assessment](#), systemic challenges with RPMS “across all of the IHS ecosystem currently prevent providers, facilities and the organization from leveraging technology effectively.” Because HIT is so critical to modern provision of healthcare services, this in turn makes it difficult for AI/AN healthcare providers to provide continuous, consistent care to the already marginalized AI/AN community. Accordingly, NCUIH appreciates that IHS has chosen to fully replace RPMS. Appropriate implementation of HIT Modernization will be a long-term project requiring consistent communication and collaboration between IHS and the entire I/T/U system.

NCUIH’s Requests to HHS

Accordingly, NCUIH makes the following specific comments, requests, and recommendations to IHS:

- IHS must ensure that HIT Modernization focus groups are representative of the entire I/T/U system.
 - Inclusion of urban Indian organizations (UIOs) in the [HIT Modernization](#) process is consistent with, and required by, the federal government’s trust responsibility and the

- [Indian Health Care Improvement Act](#) (IHCIA). Furthermore, it is sound public policy. The UIO experience with RPMS and their needs from the modernization process must be accounted for, because they will inherently differ from the rest of the I/T/U system.
- NCUIH urges the IHS IT office to proactively reach out to individual UIOs and NCUIH for recommendations on persons willing and able to serve as UIO representatives on the HIT Modernization focus groups. IHS Headquarters should also use Area Offices to reach out to UIOs, as they will have pre-existing local relationships with relevant UIO IT staff.
 - NCUIH offers its assistance if needed to facilitate communication with UIOs relating to the HIT Modernization focus groups or HIT modernization.
 - NCIUH requests that IHS identify the specific provisions of the Federal Acquisition Regulation, as well as any other relevant statutes and/or regulations, which it believes prevent convening the HIT Modernization focus groups at this time.
 - Based on the May 3 Tribal Consultation and Urban Confer, NCUIH understands that IHS identified legal concerns with convening focus groups prior to purchasing a RPMS replacement system and is seeking to minimize the risk of bid protests.
 - NCIUH asks that IHS identify relevant statutes and/or regulations which it believes prevent convening the focus groups at this time, so that Tribes, UIOs, and relevant national organizations may understand IHS' concerns and provide pertinent feedback.
 - In addition, NCUIH requests an explanation from IHS on how it will utilize the focus groups if a RPMS replacement system is purchased prior to their convening.
 - IHS must prioritize interoperability in the RPMS replacement system.
 - Advancing interoperability is a key component of the [2020-2025 Federal Health IT Strategic Plan](#) and is critical for creating a longitudinal health record that can be used to provide and improve care to AI/ANs.
 - NCUIH and UIOs are concerned that purchasing a RPMS replacement system without utilizing the interoperability focus group runs the risk of recreating RPMS' existing [interoperability problems](#).
 - If IHS insists on purchasing a RPMS replacement system prior to convening the interoperability focus group, it must use all data gathering tools at its disposal, including surveying I/T/U providers, hosting further Tribal Consultations and Urban Confers, internal technical analysis, and more, to ensure that the RPMS replacement system will prove to be a comprehensive solution for all I/T/U facilities.

NCUIH looks forward to the upcoming listening sessions and is confident that UIOs will be valuable subject matter experts in the HIT Modernization focus groups.