

[Health Information Technology](#) [Modernization Update: IHS requests](#) [statements of Interest from Tribes and Urban](#) [Indian Organizations](#)

Category: Policy Blog

written by Alex Sampson | July 20, 2023

On June 29, 2023, Indian Health Service (IHS) Director Roselyn Tso released a [Dear Tribal Leader Letter and Dear Urban Indian Organization Leader Letter](#) giving an update on the IHS Health Information Technology (HIT) Modernization by sharing an opportunity for interested Tribal and Urban Indian Organization (UIOs) sites. Specifically, Tribal and UIO sites can become directly involved in the collaborative planning for the new IHS enterprise electronic health record (EHR) solution. IHS is requesting sites that may wish to participate with the IHS on shared enterprise solution planning efforts to complete and submit the [Statement of Interest form](#). This non-binding Statement of Interest will help the IHS understand which sites are interested in becoming part of the IHS enterprise EHR solution partnership. It asks for limited details about those organizations, such as facility size, current EHR utilization, and point(s) of contact. Interested UIOs are encouraged to complete and submit Statements of Interest by e-mail to modernization@ihs.gov and cc Policy@ncuih.org.

There is no deadline for submitting the form. The IHS IT Modernization Program Management Office will reach out to organizations that provide the Statement of Interest to learn more about their facilities, services, and staffing that may need to be supported by the new EHR system. There will also be opportunities for subject matter experts from your organizations to provide individual input in their areas of expertise regarding the configurations and workflows that the new system should provide.

If you have questions, please contact Mr. Mitchell Thornbrugh, Chief Information Officer, IHS, by telephone at (240) 620-3117, or by e-mail at mitchell.thornbrugh@ihs.gov.

Background

[HIT](#) “is a broad concept that encompasses an array of technologies to store, share, and analyze health information.” This includes, but is not limited to, “the use of computer hardware and software to privately and securely store, retrieve, and share patient health and medical information.” HIT Modernization for the IHS, Tribal organization, and urban Indian organization (I/T/U) system is long overdue. Although HIT is necessary to provide critical services and benefits to American Indian and Alaska Native patients, the IHS has historically faced challenges in managing clinical patient and administrative data through the Resource Management System (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.”

The National Council of Urban Indian Health (NCUIH) is aware that technological tools cut across all UIO operational areas—from clinical and medical technology and telemedicine to accounting, payment system processes, marketing, and outreach. Since its foundation, NCUIH has fostered and participated in national initiatives involving technology as a medium to improve both the sustainability of the UIOs as well as the well-being of the population they serve. Likewise, NCUIH strives to ensure the technology available to collect the most accurate data from its programs.

NCUIH has submitted several [written comments](#) to IHS on HIT Modernization. NCUIH also [submitted written testimony](#) to the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies regarding the Fiscal year (FY) 2024 funding for UIOs in which NCUIH requested increased funding for EHR Modernization. Specifically, NCUIH requested support for the IHS’ transition to a new EHR system for IHS and UIOs by supporting the President’s budget request of \$913 million in FY 2024 appropriations.

NCUIH will continue to closely follow IHS’s progress and policies with HIT Modernization.