

National Indian Health Board



*Delivered via electronic transmission to
<http://www.healthit.gov/buzz-blog/from-the-onc-desk/hit-strat-plan/>*

May 6, 2011

Dr. David Blumenthal
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
Hubert Humphrey Building
200 Independence Avenue, SW
Suite 729-D
Washington, DC 20201

Subject: Comments on the Federal Health IT Strategic Plan: 2011 - 2015

Dear Dr. Blumenthal:

Please find attached comments prepared by the National Indian Health Board (NIHB) in response to the request for comments on the draft Federal Health IT Strategic Plan: 2011 – 2015 (Strategic Plan).

As stated in the Strategic Plan, the overall mission for the Federal health information technology (IT) effort is “to improve health and health care for all Americans through the use of information and technology.” The Strategic Plan goes on to indicate that one of the guiding principles of the Strategic Plan is that “the government will endeavor to assure that underserved and at-risk individuals enjoy these benefits to the extent as all other citizens.” NIHB is providing these comments in an effort to ensure that this guiding principle is applied to American Indian and Alaska Native communities and the providers that predominantly serve them, and American Indians and Alaska Natives are fully and effectively incorporated into this mission. Established nearly 40 years ago, NIHB is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives.¹

¹ NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service (“IHS”) Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act (“ISDEAA”), or continue to also rely on IHS for delivery of some, or even most, of their health care, NIHB is their advocate.



The comments provided here are largely focused on Goal 1 of the Strategic Plan: Achieve adoption and information exchange through meaningful use of health IT. NIHB’s primary focus at this stage is to ensure that all Indian Health System providers (inclusive of the Indian Health Service, Tribes and tribal organizations, as well as urban Indian organizations) are able to adopt appropriate health information technology.

NIHB offers the following comments and recommended modifications to the Strategic Plan –

1. In the Strategic Plan, there is no reference to the need and responsibility of the Office of the National Coordinator for Health Information Technology to engage in Tribal consultation. As called for under Presidential Executive Order 13175, “Consultation and Coordination with Indian tribal Governments”, as well as under HHS tribal consultation policies, agencies of the Federal government are to consult with Tribes when establishing and implementing Federal policies and programs.
2. On page 57 of the Strategic Plan, it states that the “Indian Health Service (IHS) is responsible for providing federal health services to American Indians and Alaska Natives.” IHS does have this responsibility, but not solely. IHS, Tribes and tribal organizations, along with urban Indian organizations, share the primary responsibility for providing health care services to American Indians and Alaska Natives. The following table indicates the types and number of facilities operated by IHS and Tribes/tribal organizations.

| | Hospitals | Health Centers | Alaska Village Clinics | Health Stations | School Health Centers |
|---------------|-----------|----------------|------------------------|-----------------|-----------------------|
| IHS | 28 | 58 | N/A | 31 | 5 |
| Tribal | 17 | 235 | 166 | 92 | 28 |

3. Following from the identification of IHS as the (sole) organization responsible for providing health services to American Indians and Alaska Natives, the Strategic Plan does not include recognition of the need to address implementation concerns of other providers in Indian Country. NIHB recommends that the Strategic Plan be modified to indicate the intention of the Office of the National Coordinator for Health Information Technology (ONC) to undertake additional initiatives targeted to enhance implementation of health IT in Indian Country.
4. The goals of the Strategic Plan, particularly Goal 1, may be frustrated because of the related issue of the potential overly restrictive application by the Centers for Medicare and Medicaid Services (CMS) of the definition of FQHC as it pertains to the calculation of Medicaid meaningful use incentive payments established under § 4201 of the American Recovery and Reinvestment Act of 2009 (ARRA). An analysis prepared by the Tribal Technical Advisory Group to CMS (TTAG) is attached that presents the

concerns of Indian Country on this matter. If not rectified, there may be inadequate resources available for some Indian providers to adopt health IT systems.

5. Health information exchange (HIE) in tribal areas will require specific attention to three major factors:
 - a. The current status of broadband connectivity infrastructure existing in remote tribal communities and their technical capabilities to meet all health information exchange requirements.
 - b. The lack of agreements with tribal patients and/or tribal governments permitting exchange of their personal health information through established health information exchange resources – e.g. National Health Information Network (NHIN) Exchange. Data exchange agreements may need to be established with tribal governments.
 - c. The capability to transfer health information to entities such as pharmacies may pose unique challenges for small, remote tribal health care facilities.
6. The Strategic Plan references only the RPMS (Resource and Patient Management System) as a health IT system serving American Indians and Alaska Natives. In fact, many Tribes run other systems and, as such, require assistance beyond the RPMS to establish meaningful use for adopted electronic health record systems.
7. The establishment of a liaison in the ONC to interface with Tribes and tribal organizations would be beneficial to advancing the adoption of health IT in tribal areas.
8. NIHB recommends establishing a “Tribal Health IT Outreach and Education staff” within the ONC to provide ongoing training/outreach to tribal communities across the United States. Successful implementation and use of health IT in tribal communities is dependent not only on the technical use of health IT by providers but also dependent on the understanding by patients of the bottom-line benefits of health IT.
9. The original budget proposal by NIHB to support electronic health record adoption and use by providers in tribal communities across thirty-five states was \$30 million based on IT infrastructure, outreach and education support, and other assistance needed by Tribes and tribal organizations. Subsequently, NIHB was awarded an ONC grant of approximately \$16 million to establish a regional extension center (REC) to serve tribal communities nationwide. NIHB has established a REC service delivery structure and plans to make positive contributions to the adoption and use of EHRs in tribal communities. However, with only slightly more than 50% of the original funding request granted, communities with our nation’s highest health disparities may very well remain underserved.
10. There are thirty-six Tribal Colleges and Universities (TCUs) across the U.S. that enroll students from over 250 federally recognized Tribes. However, not a single TCU

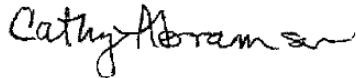
received an ONC grant to participate in the “Community College Consortia to Educate Health Information Technology Professionals Program.” NIHB recommends that all TCUs be provided a new opportunity to submit a grant application to this critical national health IT workforce program.

11. NIHB recommends that the education and outreach strategy that is being developed by ONC, CMS, and the Office for Civil Rights (OCR) that is referenced on pages 13-14 include specific components targeting the nation’s American Indian and Alaska Native population. The uniqueness of the Indian Health System and the remote, geographic distribution of American Indians and Alaska Natives require culturally-appropriate education and outreach strategies to effectively reach these populations.
12. NIHB recommends the inclusion of tribal consultation and proactive outreach to ensure that tribal communities are adequately served by the USDA’s Broadband Technologies Opportunities Program (BTOP) and the Department of Commerce’s Broadband Initiatives Program (BIP). As noted in the Strategic Plan, these Federal agencies are collectively funded with over \$4 billion through ARRA to support broadband grants around the country, and tribal communities are among the highest need areas for these grant funds.
13. Significant health disparities exist within the nation’s American Indian and Alaska Native populations. NIHB recommends that ONC’s “Practice Consortium Policy” limiting the number of providers permitted to sign up in a single facility (group practice) to 10 providers be waived for health care facilities in the Indian Health System. The large geographic areas and remote patient populations served by these facilities support the inclusion of all providers in these facilities to be eligible to receive REC grant credits. REC funding is tied directly to provider grant credits to support technical assistance to providers who serve underserved communities and resource-poor settings, including small practice settings, rural hospitals/clinics, community health centers, and Critical Access Hospitals.
14. NIHB recommends the inclusion of tribal communities in ONC’s Beacon Community Program. Currently, NIHB is not aware of any tribal community being a Beacon Community Grantee. These grantee communities are serving as test sites for the use of health IT for purposes of addressing critical health disparities.
15. Given the sovereign status of tribal governments, NIHB recommends that ONC assist State HIE grantees to develop best practices to electronically exchange health information with Tribes and tribal organizations.
16. NIHB recommends that ONC affirmatively state that it will engage in tribal consultation on matters such as ensuring the protection of privacy and security of health information of American Indians and Alaska Natives, achieving administrative efficiencies in order to reduce costs for providers and payers, and during the creation

of a “learning health system” that can aggregate, analyze, and leverage health information to improve knowledge about health care across populations.

Thank you in advance for consideration of these recommendations as we jointly work to advance the health status of American Indian and Alaska Native individuals and communities across the United States.

Sincerely,



Cathy Abramson
Chairman, National Indian Health Board

Cc: Valerie Davidson, Chair, Tribal Technical Advisory Group to CMS
Stacy Bohlen, Executive Director, NIHB
Jennifer Cooper, Legislative Director, NIHB

Attachment: Tribal Technical Advisory Group to CMS, Determination of Patient Volume in Tribal and Urban Indian Health Programs for Meaningful Use Incentives