



For More Information, Contact:

Stacy A. Bohlen, Executive Director: sbohlen@nihb.org

Caitrin Shuy, Director of Congressional Relations: cshuy@nihb.org

Devin Delrow, Director of Federal Relations: ddelrow@nihb.org

May, 2017

Health IT

Request: IHS should move forward with a comprehensive, bold, plan to improve health IT infrastructure at the Indian Health Service. Congress should include funding for Health IT infrastructure in any upcoming infrastructure legislation.

Issue: It is critical that Congress provide resources necessary for the IHS and other federal health providers like the Department of Defense (DoD) and Veterans' Administration (VA) to make serious upgrades to their health information technology system. Failure to do puts patients at risk and will leave IHS behind unequipped for the 21st Century healthcare environment.

The biggest barrier to achieving this has been the lack of dedicated and sustainable funding to adequately support health information technology infrastructure, including full deployment and support for Electronic Health Record (EHR). Resources, including workforce and training, have been inadequate to sustain clinical quality data and business applications necessary to provide safe quality health services. The IHS/Tribal/Urban health delivery system represents some of the most remote locations in the United States and many reservations and villages are further isolated by lack of roads and public utilities.

History/Context: Network bandwidth is a key requirement to successfully provide health care services. Many IHS sites are experiencing challenges to fund the cost of the necessary bandwidth upgrades to make telehealth services successful. Approximately 75% of IHS sites are located in areas defined as 'rural' by the Federal Communications Commission (FCC). These rural sites pay a higher percentage of their operating budget than urban locations on monthly circuit costs. When bandwidth upgrades are required, rural IHS sites are frequently asked to fund the capital costs of these upgrades. These projects can range from tens of thousands to over a million dollars in cost, and can take years to complete. In some cases, telecommunication providers are not able to offer any upgrade options for IHS locations.

The information systems that support quality health care delivery are critical elements of the operational infrastructure of hospitals and clinics. The current IHS health information system is called the Resource and Patient Management System (RPMS), and is a comprehensive suite of applications that supports virtually all clinical and business operations at IHS and most tribal facilities, from patient registration to billing. The explosion of Health Information Technology (HIT) capabilities in recent years, driven in large part by federal regulation, has caused the IHS health information system to outgrow the agency's capacity to maintain, support and enhance it. The IHS was fortunate to receive Recovery Act dollars and benefit from incentives available through the HITECH Act, and used these dollars to grow RPMS in response to the new regulatory requirements. However, those funds are no longer available, and no new funds have been appropriated to support operations and maintenance for the certified RPMS suite. This has resulted in a mass exodus of Self Governance Tribes who have opted to withdraw their IT shares to seek other commercial HIT solutions which promise to more readily address their needs; and, in fact, this has caused a domino effect in that the IHS agency technology budget is decreasing more rapidly because of the withdrawal of these IT shares. For example, one large Tribe recently withdrew its shares, resulting in a -\$2.5 million impact (-3.7%) on the Headquarters IT budget.

DoD and VA have already said that they will move forward with replacing their EHR system which RPMS is based on. It remains a question how much support IHS would receive after this infusion of funds. Without a viable future solution, IHS Health IT system will be left behind, and IHS patients will be put at risk.

National Indian Health Board

For More Information, Contact:

Stacy A. Bohlen, Executive Director: sbohlen@nihb.org

Caitrin Shuy, Director of Congressional Relations: cshuy@nihb.org

Devin Delrow, Director of Federal Relations: ddelrow@nihb.org

Relevant Parties:

- **Members of Congress**
 - Appropriations Committees should provide a separate, dedicated funding stream to improve Health IT at IHS
 - Authorizing Committees (House Natural Resources Committee/Senate Committee on Indian Affairs) should provide authorized funding for major Health IT and Telehealth upgrades at IHS
- **The Administration**
 - IHS should advocate in their Budget to Congress for supplementing Health IT upgrades
 - IHS should work with VA and DoD together in order to improve

Talking Points:

The Current RPMS system is not viable for a 21st Century Environment and Investments should be made to either replace or reform the system

- Each year, more and more Tribes are choosing to abandon the RPMS system making the viability of maintenance even harder because it removes needed resources from national RPMS maintenance.
- **Congress** should provide dedicated funding to Health IT upgrades instead of having IHS just use “leftovers” from other funding to maintain the system
- Congress should also provide additional resources in infrastructure legislation upgrade (or replace) RPMS and to expand network bandwidth in Indian Country
- **IHS** should – in full consultation with the Tribes – develop both short and long-term plans immediately over the future of RPMS
- **IHS** should also request a separate line in their budget for Health IT letting Congress know of the actual need for these services

Investments should be made to improve network bandwidth of Indian Health sites

- The vast majority of IHS and Tribal health programs are rural, making access to important Telehealth technologies very important. Yet, many of these sites do not have enough network bandwidth to fully utilize these services.
 - Any infrastructure packages in Congress should include investments to improve network bandwidth for Indian health.
- Congress should add at least an additional \$75 million/ year to the IHS budget in order for IHS to take advantage of telehealth services.