

# Office of Urban Indian Health Programs

RPMS Optimization  
EHR Implementation  
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## Make the decision to participate as an EHR site

- The most important step is the first one – deciding to transition to EHR. This is not a decision to be taken lightly, because of the implications for and impact upon the entire facility.
- Identify what you have and where it is. (medical chart, databases, spreadsheets, tickler files, other tracking software)
- Clean up your practice management system. (patient demographics, merge duplicate accounts, inactivate old records, correct any errors)

## Ensure that organization leadership is committed

- Neither the decision to use EHR, nor the activities required to implement it, can take place without the full knowledge, consent, and support of an organization's administration and governing body (including Area Office officials), as well as local tribal leadership.
- The steps required are complex, difficult, and potentially costly and controversial.

## Ensure that medical staff are committed

- EHR is a clinical application, and its greatest impact will be on providers.
  - While the medical staff do not need to be unanimous in their support for EHR, the transition will be more likely to succeed if influential clinicians are enthusiastic and energetic about EHR and are given the opportunity and time to take leadership in the effort.

## Develop Change Management Plan

- Many of the facility's business processes must be reviewed and possibly revised to better fit the use of an electronic health record.
- Such large changes can make staff wary about the project and less willing to participate in the use of EHR.
- Develop a plan for change management to assist staff with the transition.

## RPMS considerations

- Size of your facility
- Staffing (CAC/Co-CAC)
- Services offered (e.g. Pharmacy, Lab, Radiology)
- Type of Providers in your facility
- Amount of administrative support
- Amount of staff time dedicated to EHR implementation
- ❖ *Current state of RPMS packages (are versions, patches up to date?)*
- ❖ *Utilization of RPMS packages (are your RPMS packages optimized?)*
- ❖ *Pharmacy & Laboratory file cleanup, configuration, etc.*

## Establish EHR Implementation Team

**Include:** representatives from the following departments

- administration
- medical staff
- nursing staff
- medical records
- business office
- information systems
- and other support departments

**Identify clinical champions/super users from each clinical service.**

## Develop CAC Training Plan

The CAC(s) will be the most knowledgeable person(s) about EHR at each facility and will require the most training.

- Consider CAC Team or Co-CAC's
- Site visit to an EHR site
- FileMan
- PCC Outputs
- Basic Site Manager
- Advanced EHR trainings
- Lab Package
- Radiology Package



## IHS National & Area Office Training

- OIT National Training – Albuquerque, NM
- Aberdeen Area
- Alaska Area
- Bemidji Area
- California Area
- Nashville Area
- Navajo Area
- Phoenix Area
- Portland Area
- Northwest Portland Indian Health Board

## RPMS recorded web-based sessions

- <http://www.ihs.gov/RPMS/index.cfm?module=home&option=OITTrainingLinks>
- Accounts Receivable
- Behavioral Health System
- Electronic Health Record
- iCare
- Immunization
- Patient Registration
- Patient Registration GUI
- Point of Sale
- RCIS
- Third Party Billing

## Information Technology Infrastructure: Hardware

- Evaluation of RPMS hardware, EHR server, additional printers and capacity
- Evaluation of facility network infrastructure
- Evaluation of end-user hardware needs

## Preparing for IHS RPMS/EHR

<http://www.ihs.gov/cio/EHR/index.cfm>

- User Guides and Manuals
- EHR Assessment Tools
- CAC Guides
- FAQs
- Meaningful Use
- Listserv (EHR, MU, BHS, CRS, etc.)
- IHS EHR FTP site (patch release notes)

## Deployment Process is a Team Approach

- CAC training
- On-Site Setup with National EHR Deployment Team
- EHR Super End User Training
- EHR Go Live with National EHR Team



## QUESTIONS ??

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