USET
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Roselyn Tso
Director
Indian Health Service
5600 Fishers Lane, Mail Stop: 08E86
Rockville, MD 20857

Dear Director Tso,

On behalf of the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF), we submit the following comments in response to the Indian Health Service's (IHS) request to provide input on its ongoing Health Information Technology (HIT) Modernization Project following the most recent Tribal consultation on "site readiness and training." USET SPF appreciates the progress IHS has made on this project over the past few years but offers the following comments and recommendations for the agency to consider as it moves through the next phases of building out and implementing the new system.

USET SPF is a non-profit, inter-tribal organization advocating on behalf of thirty-three (33) federally recognized Tribal Nations from the Northeastern Woodlands to the Everglades and across the Gulf of Mexico[1]. USET SPF is dedicated to promoting, protecting, and advancing the inherent sovereign rights and authorities of Tribal Nations and in assisting its membership in dealing effectively with public policy issues.

Future Pilot Programs Must Include Representation of Differing Circumstances in Indian Country

USET SPF understands that the initial pilot site initiative originally intended to include multiple IHS sites and that it was reduced to one pilot site due to funding reductions in the HIT Modernization Program, but we strongly recommend that the next round of pilot sites include smaller, less-resourced health programs, as

[1] USET SPF member Tribal Nations include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chickahominy Indian Tribe (VA), Chickahominy Indian Tribe–Eastern Division (VA), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Monacan Indian Nation (VA), Nansemond Indian Nation (VA), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Pamunkey Indian Tribe (VA), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Rappahannock Tribe (VA), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), Upper Mattaponi Indian Tribe (VA) and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

well as Tribally operated sites. Lawton Service Unit is a logical choice for a first federal site, but many sites do not enjoy the same level of resources as Lawton, which is a modern healthcare facility that includes a hospital. This is especially true in the USET SPF region where our member Tribal Nations tend to be smaller and less populated, and often operate smaller-scale and/or older non-hospital clinics.

This is an important consideration because smaller, less-resourced IHS and Tribal programs will likely struggle with preparing for and implementing the new electronic health record (EHR) system in ways that a larger unit like Lawton might not. In these programs, a staff member might juggle multiple responsibilities that may slow or delay their ability to complete the relevant preparation activities or training requirements. Or, in the case of older facilities, there may be additional time and costs associated with bringing network connectivity up to standard or ensuring that network security is sufficient. As evidenced in the information presented at the Tribal consultation, IHS seems well aware that these differing circumstances may result in longer timelines for implementation or require different support from the agency, but many of these issues will not become clear until active implementation begins. In order to gain a clearer understanding of how these different circumstances might affect preparation and implementation, IHS should work with one or more smaller, less-resourced sites after Lawton. IHS has indicated that sites will be taken through the implementation process according to their preparedness level, but there is also value in conducting the next pilot with a site that is not already fully prepared to implement the new EHR. In doing so, IHS may have the opportunity to refine its approach to site preparation and identify areas where additional support may be needed across all steps of the preparation and implementation process.

It is critical that IHS consider the broad range of circumstances and access to resources across the Indian Health System, as these factors will greatly impact the rollout's success and efficiency. USET SPF recommends that IHS consider including IHS and Tribally operated programs in the next pilot cohort that represent the range of readiness and access to resources that exist across the system. By learning early what it takes to get a "less prepared" IHS or Tribally-operated health program through the preparation and implementation processes, IHS might have the opportunity to share these learnings with other, similar programs and more effectively and efficiently execute the EHR rollout in future cohorts.

IHS Must Commit to Provide Funding and Technical Support to Implement the EHR at Tribally-Operated Facilities

While the IHS has now provided robust information on the steps facilities should take to prepare for implementation, little to no information has been provided on how IHS will support facilities as they work to complete these requirements. USET SPF has commented to IHS multiple times since the beginning of the project, urging the agency to provide funding and technical support to implement the new EHR at Tribally-operated facilities. While USET SPF acknowledges the current funding challenges within the program, we firmly believe that IHS must prioritize assisting Tribal programs with the preparation and implementation activities, including ongoing technical support, in accordance with trust and treaty obligations. Functionally, a lack of support from IHS may threaten the ability of many programs to get onto the system in a timely manner or at all.

For example, in the Getting Ready to Get Ready Guide, IHS has laid out the steps for sites to bring network connectivity up to standard and ensure that network security is sufficient. But in some cases, these steps will require additional investment by the Tribal Nation operating the program and these costs may be prohibitive. Tribal Nations often have to supplement their healthcare program budgets with other funding because of the chronic underinvestment in the IHS and the Indian Health System. Forcing these programs

to shoulder the cost of preparing for a new IHS-wide EHR system is inappropriate and may come with unintended consequences. For example, if a Tribally-operated program is unable to secure necessary network updates due to funding constraints, will that program be unable to implement the new EHR system?

In addition, some of the steps IHS recommends for sites preparing for implementation are complex and not easily deployed. One of the main steps recommended is to identify and prioritize filling vacant positions that may be necessary for supporting the rollout and new system, but staffing shortages are a significant and persistent problem across the Indian Health System at every level. Without additional funding to support increased salaries or other resources like staff housing, many health programs will continue to be unable to recruit and maintain the professionals needed to operate their health programs, including the staff required to support a successful EHR transition. USET SPF urges IHS to commit to providing both funding and technical support to Tribally-operated programs throughout this process, as failure to do so may threaten the success of the IHS HIT Modernization Program and the EHR rollout.

Conclusion

USET SPF appreciates this opportunity to provide recommendations as IHS undertakes this next step toward modernizing the agency's EHR system. The building and rolling out phases of this project are crucial, and it is imperative that IHS take every step necessary to ensure a successful rollout. USET SPF urges IHS to consider the time and resource constraints present in many Indian Health System programs and facilities as it develops and refines the implementation process, and to commit to providing both technical and financial support to Tribally-operated programs as they prepare to implement the new EHR system. We ask that the IHS continue to work in close consultation with Tribal Nations and facilities as it develops and rolls out the new EHR system in a way that addresses the diverse circumstances of Tribally-operated facilities, as well as those operated by the IHS. We look forward to working with the agency as it continues to undertake this important endeavor. Should you have any questions or require further information, please contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, at LMalerba@usetinc.org or 615-838-5906.

Sincerely,

Kirk Francis
President

Kitcki A. Carroll
Executive Director