

ISSUE

Information technology is critical to the continued delivery of quality health programs in Indian communities. Information systems allow more efficient resource utilization through telemedicine, help address health workforce issues, and improve the quality of care provided to the American Indian and Alaska Native population.

BACKGROUND

The Indian Health Service (IHS) information technology infrastructure consists of the integration of hardware, software, telecommunications, and staffing elements. These systems are a challenge to implement, maintain, and support in the typically rural and isolated communities where the IHS provides services. These elements include the Resource and Patient Management System of more than 60 integrated software programs that are patient-based administrative and clinical applications developed since 1986. The IHS National Patient Information Reporting System serves as an agency-wide statistical information system, third-party billing system, and emerging warehouse of Indian health and health system data. The IHS also uses Department of Health and Human Services (HHS) based administrative applications for fiscal and personnel information processing. These programs operate on networked computers located at approximately 400 IHS, tribal, and urban Indian health sites and facilities. Telemedicine in IHS began in the 1970s with cooperative relationships with NASA that used systems designed for space expeditions and has evolved to allow increased access to clinical specialists and improved quality of care. Cardiac monitoring in remote areas, monitoring of vision degeneration in diabetics, x-ray interpretation, remote tele-psychiatry, and many other uses of telemedicine information technology are underway throughout the IHS system.



SITUATION

Information technology will continue to expand within the IHS system. For over 15 years, the IHS has collaborated with the Department of Veterans Affairs in the development of clinical software and sharing of resources. During the past several years, federal information technology collaboration has been expanded to include the Department of Defense. Additional sharing projects with the Health Care Financing Administration and Social Security Administration have resulted in improved data quality and increased revenue collections. Linkages with the Health Resources and Services Administration, the National Institutes of Health, and other HHS agencies need to be pursued. Linkages with tribal colleges, universities, hospitals, insurance companies, and other health providers will continue to expand rapidly in the system.

As the IHS, tribes, and urban Indian health programs integrate information technology into their programs, the continuous monitoring of systems designed to protect individual privacy will be of paramount importance.

OPTIONS/PLANS

The IHS program in working with tribes and other organizations to leverage existing resources and to further enhance information systems to allow better clinical and administrative reporting systems at all sites, however rural and isolated. Local, regional, and national planning can ensure appropriate and efficient application of telemedicine capacities throughout the system. Properly designed and implemented, future systems will provide clinicians with timely data to improve diagnostic and treatment services and also provide local administrators with information to measure productivity and justify outlays. Additionally these systems will allow tribal leaders, epidemiologists, senior policy staff, and others to monitor disease conditions and health status trends as well as develop improved budget forecasts.

ADDITIONAL INFORMATION

For referral to the appropriate spokesperson, contact the IHS Public Affairs Staff at 301-443-3593.