

SUNSETTING RPMS

*Golden Opportunity to “Level-up”
Clinic Performance & Tribal Healthcare Delivery*





AN IMPORTANT TECHNOLOGY CROSSROAD.

While IHS discontinuance of RPMS may cause disruption for clinics involved with providing tribal healthcare, facilities have a “green field” opportunity to significantly level-up their systems for greater productivity, better patient interaction and care, improved reporting and compliance and more attractive bottom-line performance.

With Indian Healthcare Services (IHS) discontinuing its Resource and Patient Management System (RPMS), many former system users find themselves at an important technology crossroad.

While transition and change is never easy, these clinics now have the opportunity to not only accelerate the original vision of RPMS, but to significantly enhance and expand capability and outcomes with cloud-based technology packed with powerful capabilities specifically adapted to the requirements of IHS providers and tribal patients.

RPMS ORIGINAL VISION



HARDWARE



SOFTWARE



NETWORK



DATABASE

The initial roadmap that IHS set for RPMS encompassed four fundamental components.

The stated goal was to “allow facilities large and small to work independently and within the larger network of the IHS.” Each component contained specific technology modules designed to facilitate this vision.

While RPMS made great strides toward delivering this vision, IHS decided that shifting to commercial software was a better way to support healthcare services for tribal members.

LEVELING UP & THE UNEXPECTED: THE NEXT STEP AFTER RPMS

Clinics formerly using the RPMS system now have the opportunity to take the vision of optimized healthcare for IHS populations to the next level with new comprehensive software systems.

These systems preserve the original intent of RPMS, but extend to incorporate additional functionality that can dramatically boost productivity for providers, outcomes for

patients, and provide deeper data, analytics and reporting for clinic and program administrators.

To illustrate this path forward, we outline below the “Level Up” features provided by new systems that extend the original RPMS intent and deliver benefits well beyond the baseline in each of the four key RPMS

areas. Because these software systems are so robust, we also include a section titled “unexpected features” listing functionality that is part of the core software system that may be well beyond IHS and RPMS users’ expectations.

HARDWARE

Leading systems offer significant expansion in types and breadth of hardware supported beyond the original RPMS scope.

Level Up – Whereas RPMS supported Intel-based PC machines, new systems seamlessly support Windows and Apple devices, including desktops, laptops, tablets and mobile devices. This provides significant flexibility in streamlining workflows and patient interaction throughout the continuum of care, whether in the clinic, hospital, or on the road.

Unexpected Features – All other hardware specified by RPMS was related to backend network and data storage. With leading systems, this all goes away, as they are fully cloud-based.



NETWORK

RPMS specified networking infrastructure to support a system that was architected as non-cloud-based.

Level Up – Fully cloud-based systems provide the highest levels of security, responsiveness, reliability and usability in a trusted online environment hosted on rock-solid platforms like Amazon Web Services (AWS). The elimination of on-premises backend equipment significantly reduces CAPEX and IT support costs and risk. Additionally, an open API architecture insures interoperability with other systems for data exchange and reporting.

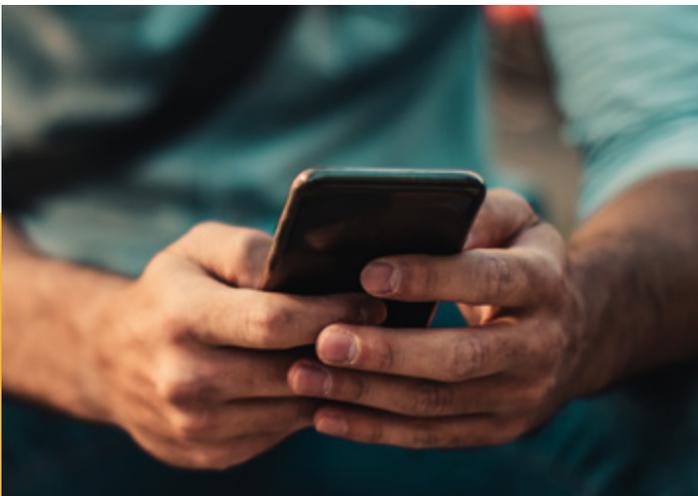
Unexpected Features – You can seamlessly support all locations and providers regardless of facility type, specialty or remote location. All that's required is an Internet connection.

DATABASE

A stated goal of RPMS was “to eliminate duplicate data entry.” While that lofty objective may have not been fully achieved, advanced systems provide the ability to actually realize this crucial milestone.

Level Up – A single, unified database brings together all demographic, patient input and clinical data (including prescriptions, scans, images and labs) into a central, robust, flexible data architecture. This data structure, combined with a robust API set ensures interoperability with other key data and reporting sites, such as Health Information Exchanges (HIEs).

Unexpected Features – The unified database is architected to easily support advanced administrative, clinical and reporting features that require cross-functional data access without cumbersome and error-prone interfaces and integrations. This is especially important for easily and accurately completing required IHS reporting using automated systems.



Software

The software component of RPMS, referred to as Applications, was divided into three sub-categories: **Clinical, Administrative, and Infrastructure.**

Within each of these, former RPMS clinics have the opportunity to migrate to a system that allows them to “level up” to the next level of built-in functionality in leading systems, as well as enjoy additional unexpected features that bring state-of-the-art capability to their patient care.

CLINICAL

Clinical functionality formerly provided through various RPMS modules is now available in a single, unified and highly customizable EHR system.

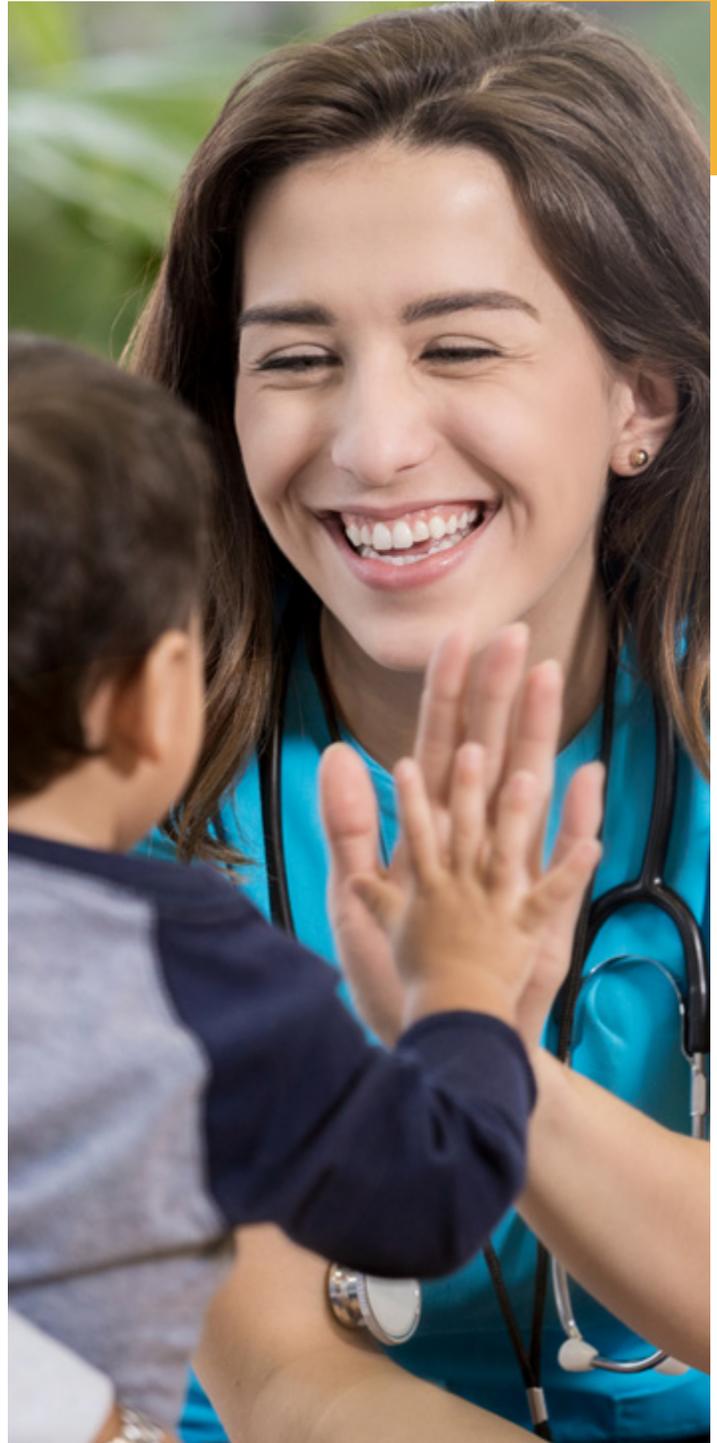
Level Up – Specific cloud-based systems intuitively provide clinical charting and decision support with customized templates, on-the-fly subnotes and customizable patient cards for fast, efficient patient care based on specialties you serve. Cloud systems easily adapt and can be customized to individual provider needs, multi-specialty settings and the full spectrum of tribal patient care, including chronic condition treatment and reporting, behavioral health, chiropractic and physical therapy.

Full ePrescribing is included, with mobile access and EPCS reporting. Lab orders are automated with integrated results tracking and reminders. Additionally, key quality measures are automatically tracked and reported, including MACRA and MIPS. The software also easily supports Meaningful Use attestation for clinics that require this support.

A personal health record view was included in RPMS, which is expanded to a full, robust patient portal in many of the new systems. Patients have secure access to their medical records, lab results, intake forms (which automatically update the chart in EHR), online scheduling, bill-pay, as well as secure, direct communication with providers and staff.

Unexpected Features – A number of powerful additional features help providers maximize productivity and patient satisfaction. A personalized physician dashboard tracks daily tasks, appointments, priority items and staff communications, while prioritized task donuts help providers stay focused on work volume and track outstanding critical tasks and follow-ups, including most important things to do next.

Telemedicine, or the use of HD video-based conference calls, is also fully supported natively, providing another great option for optimizing coverage in rural tribal health situations.





ADMINISTRATIVE

Administrative features include all functionality involved with front office, claims and billing, and reporting activities.

Level Up – Legendary claims and billing are at the heart of select systems that deliver extremely high clean claims submission, fast reimbursement turnaround, and robust tracking and reporting. Scheduling functionality is integrated with billing and front office tools so co-pays can be collected with one-click display of patient information and insurance or healthcare program eligibility.

Financial reporting and business analytics functions provide virtually limitless customized views of the financial and productivity performance of a practice or organization regardless of number of providers, locations or specialties.

Unexpected Features – A single, unified database and powerful analytics and reporting tools make tracking and reporting key performance measures simple and automated. For example, here are a few of the specialized reports the system can track and submit:

- National Data Warehouse reporting
- Tribal Affiliation Tracking (TAT)
- Government Performance and Results Act reporting
- Referral care tracking and authorizations
- Purchased Referred Care (PRC)
- Other IHS-specific data and demographic tracking

INFRASTRUCTURE

Software infrastructure utilized within RPMS is vastly simplified with new systems' elimination of all back-end, on-premises components.

Level-Up – Because the software system is entirely cloud-based, no software maintenance is required. Updates are completed centrally and are automatically available to all users.

Unexpected Features – All back-end systems and support are eliminated, along with the need to maintain and upgrade servers and related software systems.

Getting from here to there.

Clinics migrating from RPMS can rest assured that committed vendors and their teams will work closely to support a successful IHS-focused practice.

Migration tools are available to move data to the new unified database, and implementation support and consulting will help ensure required customization and reporting are in place. Best of all, these new systems provide a realistic way to build a profitable tribal-focused practice through an affordable monthly subscription payment, rather than large up-front investment costs.

At the end of the day, a forced migration from RPMS may turn out to be one of the best things that could happen to your clinic. Carefully selecting a leading software system with the level-up and unexpected features outlined will quickly move you toward that goal.