Indian Health Service (IHS) RPMS Stakeholder Survey – Resource and Patient Management System Program Operational Analysis Needs Assessment

1. **With which IHS Area are you affiliated?**

Alaska

Albuquerque

Bemidji

Billings

California

Great Plains

Nashville

Navajo

Oklahoma

Phoenix

Portland

Tucson

Headquarters

Other

If other, please specify

1. **What is your organization’s affiliation?**

Indian Health Service

Tribal

Urban

Other

If other, please specify

1. **My job responsibilities are:**

Mostly outpatient

Mostly inpatient

Both outpatient and inpatient

Other (Area, Headquarters, residential treatment facility, etc.)

If other, please specify

1. **Please indicate your discipline area *–* Check all that apply**

Behavioral Health

Business Office

Clinical Application Coordinator

Coding

Community Health Representative

Finance

Health Information Management

Information Technology

Laboratory

Nursing

Pharmacy

Provider, Medical (e.g. physician, nurse practitioner, physician assistant)

Provider, Other (e.g. dental, optometry, physical therapy, etc.)

Purchased and Referred Care (Contract Health)

Radiology

Other

If other, please specify

1. **How long have you used the RPMS System (or any modules)?**
   1. Less than 6 months
   2. More than 6 months to less than 2 years
   3. More than 2 years to less than 5 years
   4. More than 5 years
2. **How often do you use the RPMS System (or any modules)?**
   1. Daily
   2. Frequently (one or more times a week)
   3. Infrequently (a few times a month)
   4. Rarely
   5. Do not use RPMS at all
3. **Have you ever used a system other than RPMS for the type of work that you do?** 
   1. Yes / No
4. **If yes, please provide any comments comparing that system(s) to RPMS:**
5. **How satisfied are you with each of the identified RPMS modules and information technology applications? Please only respond for modules you actually use.**

**Rating Scale – 5 – Very Satisfied; 4 – Satisfied; 3 – Neutral; 2 – Unsatisfied; 1 – Very Unsatisfied**

|  | **Satisfaction Rating** |
| --- | --- |
| **Accounts Receivable** |  |
| **Behavioral Health System** |  |
| **Clinical Reporting System** |  |
| **Clinical Scheduling (roll-and-scroll)** |  |
| **Community Health Representative System** |  |
| **Diabetes Management System** |  |
| **Electronic Dental Record (Dentrix)** |  |
| **Electronic Health Record** |  |
| **HIV Management System** |  |
| **iCare** |  |
| **IHS Patient Registration (roll-and-scroll)** |  |
| **Immunization Tracking System** |  |
| **Inpatient Pharmacy** |  |
| **Laboratory** |  |
| **Outpatient Pharmacy** |  |
| **Patient Care Component** |  |
| **Pharmacy Point-of-Sale System** |  |
| **Practice Management Suite – Registration** |  |
| **Practice Management Suite – Admissions, Discharges, Transfers** |  |
| **Practice Management Suite – Scheduling** |  |
| **Purchased and Referred Care (Contract Health System)** |  |
| **Radiology** |  |
| **Referred Care Information System (in EHR)** |  |
| **Referred Care Information System (roll-and-scroll)** |  |
| **Third Party Billing System** |  |
| **VistA Imaging** |  |
| **IHS e-mail services** |  |
| **IHS.gov Web site** |  |
| **IHS VPN (remote network access)** |  |

1. **Please provide comments telling us why you responded the way you did. What are you most satisfied with and/or what are the problems contributing to your dissatisfaction with a particular module or IT application?**



1. **Do the identified RPMS modules and IT applications provide you with the functions you need to do your job effectively? Please only respond for modules you actually use.**

|  | **Yes** | **Partially** | **No** |
| --- | --- | --- | --- |
| **Accounts Receivable** |  |  |  |
| **Behavioral Health System** |  |  |  |
| **Clinical Reporting System** |  |  |  |
| **Clinical Scheduling (roll-and-scroll)** |  |  |  |
| **Community Health Representative System** |  |  |  |
| **Diabetes Management System** |  |  |  |
| **Electronic Dental Record (Dentrix)** |  |  |  |
| **Electronic Health Record** |  |  |  |
| **HIV Management System** |  |  |  |
| **iCare** |  |  |  |
| **IHS Patient Registration (roll-and-scroll)** |  |  |  |
| **Immunization Tracking System** |  |  |  |
| **Inpatient Pharmacy** |  |  |  |
| **Laboratory** |  |  |  |
| **Outpatient Pharmacy** |  |  |  |
| **Patient Care Component** |  |  |  |
| **Pharmacy Point-of-Sale System** |  |  |  |
| **Practice Management Suite – Registration** |  |  |  |
| **Practice Management Suite – Admissions, Discharges, Transfers** |  |  |  |
| **Practice Management Suite – Scheduling** |  |  |  |
| **Purchased and Referred Care (Contract Health System)** |  |  |  |
| **Radiology** |  |  |  |
| **Referred Care Information System (in EHR)** |  |  |  |
| **Referred Care Information System (roll-and-scroll)** |  |  |  |
| **Third Party Billing System** |  |  |  |
| **VistA Imaging** |  |  |  |
| **IHS e-mail services** |  |  |  |
| **IHS.gov Web site** |  |  |  |
| **IHS VPN (remote network access)** |  |  |  |

1. **Thinking about your responses to question 11, please provide ideas or comments on how to change RPMS and/or its modules to better support your responsibilities.**



1. **Should any of the RPMS modules or IT applications be replaced? Please only respond for modules you actually use.**

|  | **Yes** | **No** |
| --- | --- | --- |
| **Accounts Receivable** |  |  |
| **Behavioral Health System** |  |  |
| **Clinical Reporting System** |  |  |
| **Clinical Scheduling (roll-and-scroll)** |  |  |
| **Community Health Representative System** |  |  |
| **Diabetes Management System** |  |  |
| **Electronic Dental Record (Dentrix)** |  |  |
| **Electronic Health Record** |  |  |
| **HIV Management System** |  |  |
| **iCare** |  |  |
| **IHS Patient Registration (roll-and-scroll)** |  |  |
| **Immunization Tracking System** |  |  |
| **Inpatient Pharmacy** |  |  |
| **Laboratory** |  |  |
| **Outpatient Pharmacy** |  |  |
| **Patient Care Component** |  |  |
| **Pharmacy Point-of-Sale System** |  |  |
| **Practice Management Suite – Registration** |  |  |
| **Practice Management Suite – Admissions, Discharges, Transfers** |  |  |
| **Practice Management Suite – Scheduling** |  |  |
| **Purchased and Referred Care (Contract Health System)** |  |  |
| **Radiology** |  |  |
| **Referred Care Information System (in EHR)** |  |  |
| **Referred Care Information System (roll-and-scroll)** |  |  |
| **Third Party Billing System** |  |  |
| **VistA Imaging** |  |  |
| **IHS e-mail services** |  |  |
| **IHS.gov Web site** |  |  |
| **IHS VPN (remote network access)** |  |  |

1. **Please provide any clarifying comments about your answers.**



1. **Please rate the usability of each module and IT application that you use for your job. Usability refers to the ease of use of the system. For example, do you have to scroll or click through several screens to find related information or is the information easily available?**

**Rating Scale - 2 Easy to Use; 1 Usable; 0 Not easy to Use**

|  | **Usability Rating** |
| --- | --- |
| **Accounts Receivable** |  |
| **Behavioral Health System** |  |
| **Clinical Reporting System** |  |
| **Clinical Scheduling (roll-and-scroll)** |  |
| **Community Health Representative System** |  |
| **Diabetes Management System** |  |
| **Electronic Dental Record** |  |
| **Electronic Health Record** |  |
| **HIV Management System** |  |
| **ICare** |  |
| **IHS Patient Registration (roll-and-scroll)** |  |
| **Immunization Tracking System** |  |
| **Inpatient Pharmacy** |  |
| **Laboratory** |  |
| **Outpatient Pharmacy** |  |
| **Patient Care Component** |  |
| **Pharmacy Point-of-Sale System** |  |
| **Practice Management Suite – Registration** |  |
| **Practice Management Suite – Admissions, Discharges, Transfers** |  |
| **Practice Management Suite – Scheduling** |  |
| **Purchased and Referred Care (Contract Health System)** |  |
| **Radiology** |  |
| **Reference Lab** |  |
| **Referred Care Information System** |  |
| **Referred Care Information System (roll-and-scroll)** |  |
| **Third Party Billing System** |  |
| **VistA Imaging** |  |
| **IHS e-mail services** |  |
| **IHS.gov Web site** |  |
| **IHS VPN Tool (remote network access)** |  |

1. **Based on your responses to the previous question, do you have suggestions for improvements in usability?**
2. **Please provide ideas or comments for additional capabilities, functions or applications that would improve your satisfaction with IHS information technology used in health care.**



1. **Please provide ideas or comments for improvements to other aspects of IHS information technology services.**



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