	IHS C	ongressiona	al Tribal/UIC	EHR Data	Call - Genera	l Instruction	ıs
Plea	se complete a data	a collection form	FOR EACH facility	that uses an Elec	tronic Health Rec	ord (EHR) system.	
If the facility uses RPMS only for its EHR, please complete STEPS 1,2, and 5 (skip STEPS 3 & 4).							
If the	e facility uses a Co	mmercial Off-the	-Shelf (COTS) EHR	, please complete	e all STEPS (1-5).		
Plea	se include any add	litional informatio	on or clarifications	s in STEP 5.			
STEF	1: Please enter T		• •	ı			
			Tribe/UIO (name)				
		D. int.	Facility (name)				
			of Contact (name) of Contact (email)				
STEF	2: Please answer	Questions A, B, a	and C.				
General Questions						Answers	
Α	Does your facility utilize the RPMS EHR, a Commercial (COTS) EHR, or Both? (Please respond with RPMS, COTS, or Both.)						
	Comments/clarifi	cations:				ı	
В	Does your EHR connect to a Health Information Exchange (HIE)? (Yes / No)						
	Comments/clarifications:						
STEF	3: If you utilize a	COTS EHR, please	e enter your estin	nated annual cos	ts below in thous	ands (\$K).	
Total COTS EHR Costs			FY11 (\$K)	FY12 (\$K)	FY13 (\$K)	FY14 (\$K)	FY15 (\$K)
	Please enter annu						
	FY16 (\$K)	FY17 (\$K)	FY18 (\$K)	FY19 (\$K)	FY20 (\$K)	FY21 (\$K)	TOTAL
	16 was farmed and		- de females COT	C FUD :	t to date (in the co	anda of dallawa\	
			· · · · · · · · · · · · · · · · · · ·		t to date (in thou	· .	
	4: If your facility S modules might					red and the imple	mentation year.
	COTS EHR Module Name/Description					Implementation Year	
Α							
В							
С							
D E							
-	5: (Optional) Add						
Are 1	there RPMS function	ons that you have	e not been able to	replace with CO	TS (e.g. Purchased	/Referred Care)?	
Addi	tional comments/	clarifications:					
		Finally: Dow	ou authorize IUS (to share your ide	ntifiable response	s with Congress?	
		Tinally. Do yo	od autilonize ins i	o snare your lue	namable response	s with congress:	