



NPAIHB

Indian Leadership for Indian Health

Washington Tribes Electronic Health Record (EHR) System Survey Results

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DRAFT

INTRODUCTION

Since the late 1980's, the Indian Health Service (IHS) has relied on Resource Patient Management System (RPMS) as the health information solution. The RPMS electronic health record (EHR) system was developed in close partnership with the Department of Veterans Affairs (VA) to manage its clinical, financial and administration information. The RPMS EHR system is the foundation of the Indian health information technology support system. The RPMS hardware, software, network, and database allows both large and small health facilities to work independently as well as within the larger network of the Indian health system.

The RPMS is a government-developed health information system comprised of over 86 integrated software applications that allow data sharing, storage and evaluation covering the array of Health Information and Resource Management needed to provide comprehensive health care to American Indian and Alaska Native (AI/AN) patients. The current system exists as more than 400 separate instances that are maintained at individual locations throughout the country.

The Department of Defense (DOD) purchased a Cerner commercial package to provide a comprehensive Health Information System. DOD has started this process with a goal to have it operational within ten years. Following DOD's lead, the VA has announced their coming switch to the same Cerner commercial package. The target for the VA to begin transition is 2020 and the implementation is estimated to take ten years. With a closely aligned system (RPMS) and support to the VA (VistaA) Health Information, it is imperative that the VA can and would continue to support RPMS until the switch to the commercial package is completed instituted. IHS intends to replace its legacy EHR system with a modern EHR, which will take seven to ten years to implement and is estimated to cost billions of dollars to address key infrastructure gaps necessary to implement a modern EHR.

The majority of tribes in the Northwest utilize the RPMS system, but a significant number of tribes in our Area have purchased a Commercial Off The Shelf (COTS) EHR system to improve such mechanisms as functionality, care management, interfaces, and billing. Health IT utilization for Northwest tribes vary greatly for each site due to bandwidth challenges, staffing and capacity to utilize EHRs.

PURPOSE

This report provides a study examining Washington Tribe's electronic health record (EHR) systems in order to be actively involved in the national discussion regarding health information technology (IT) modernization. This report provides a tool for Northwest tribes to discover which IHS Portland Area tribes are on which EHR system, whether that be the IHS RPMS system, RPMS and another system, or another system/commercial-off-the-shelf (COTS) system. This report is a tool for our tribes to evaluate various EHR COTS systems.

I. CLINIC INFORMATION

Approximate user population

Survey respondents included 20 out of 29 tribes in Washington answered the categorical question of the approximate user population that their tribal clinic(s) serve. A significant number of tribes (9 tribes) reported a user population between 500 and 2,000; 4 tribes serve a user population of less than 500; 3 tribes serve a user population of 2,000 to 5,000; and 4 tribes serve a user population of more than 5,000 patients.

TABLE A

Range of User Population	# of Tribes	Tribes and EHR System
<i>Less than 500</i>	4 tribes	Hoh (RPMS), Jamestown S’Klallam (EPIC), Sauk-Suiattle (RPMS, Office Ally), Shoalwater Bay (RPMS, EPIC)
<i>500-2,000</i>	9 tribes	Chehalis (RPMS), Kalispel (RPMS, Centricity, Insync, Dentrrix), Nooksack (RPMS), Port Gamble S’Klallam (NextGen), Quileute (RPMS), Samish (RPMS), Skokomish (RPMS), Spokane (RPMS), Suquamish (Excel, Office Notes)
<i>2,000-5,000</i>	3 tribes	Cowlitz (RPMS, Office Ally), Squaxin Island (RPMS, Dentrrix), Swinomish (RPMS)
<i>5,000+</i>	4 tribes	Colville (RPMS), Lummi (RPMS, Methasoft, Dentrrix), Tulalip (EPIC, Pioneer, Dentrrix), Yakama (RPMS)

Tribal clinics serving non-IHS beneficiaries/non-Natives

Survey respondents consisted of 17 out of 29 tribes in Washington answered the question of whether their tribal clinic(s) served only Natives and IHS beneficiaries or if they also served non-IHS beneficiaries and non-Natives. The majority of tribes (12 tribes) reported serving non-IHS beneficiaries and non-Natives in addition to American Indians and Alaska Natives (AI/ANS) and IHS beneficiaries compared to 5 tribes in Washington only serving Natives and IHS beneficiaries. Of the 12 tribes who serve non-native/non-IHS beneficiaries, 5 tribes are on RPMS; 5 tribes are on RPMS and another system; and 2 tribes are on a COTS. Of the 5 tribes who only serve Natives and IHS beneficiaries, 3 tribes are on RPMS; 1 tribe is on RPMS and another system; and 1 tribe is on a COTS.

TABLE B

<i>Beneficiaries Served</i>	<i># of Tribes</i>	<i>Tribes and EHR System</i>
Only Natives and IHS beneficiaries	5 tribes	Lummi (RPMS, Methasoft, Dentrrix), Quileute (RPMS), Spokane (RPMS), Swinomish (RPMS), Tulalip (EPIC, Pioneer, Dentrrix)
Natives, IHS beneficiaries ,non-IHS beneficiaries/non-Natives	12 tribes	Chehalis (RPMS), Colville (RPMS), Cowlitz (RPMS, Office Ally), Jamestown S’Klallam (EPIC), Kalispel (RPMS, Centricity, Insync, Dentrrix), Nooksack (RPMS), Port Gamble S’Klallam (NextGen), Sauk-Suiattle (RPMS, Office Ally), Shoalwater Bay (RPMS, EPIC), Skokomish (RPMS), Squaxin Island (RPMS, Dentrrix), Yakama (RPMS)

Employed health care staff

Survey respondents represented 21 out of 29 tribes in Washington answered the categorical question asking how many health care staff including doctors, nurses, medical assistants their tribal clinic(s) currently employ. Out of the 21 tribal respondents, 5 tribes employ 1-5 health care staff; 5 tribes employ 6-10 health care staff; 4 tribes employ 11-15 health care staff; and 7 tribes employ more than 26 health care staff.

TABLE C

<i># of Health Care Staff</i>	<i># of Tribes</i>	<i>Tribes and EHR System</i>
1-5 staff	5 tribes	Hoh (RPMS), Kalispel (RPMS, Centricity, Insync, Dentrrix), Quileute (RPMS), Samish (RPMS), Sauk-Suiattle (RPMS, Office Ally)
6-10 staff	5 tribes	Chehalis (RPMS), Nooksack (RPMS), Skokomish (RPMS), Suquamish (Excel, Office Notes), Swinomish (RPMS)
11-15 staff	4 tribes	Colville (RPMS), Port Gamble S’Klallam (NextGen), Spokane (RPMS), Squaxin Island (RPMS, Dentrrix)
26+ staff	7 tribes	Cowlitz (RPMS, Office Ally), Jamestown S’Klallam (EPIC), Lummi (RPMS, Methasoft, Dentrrix), Shoalwater Bay (EPIC, Dentrrix), Tulalip (EPIC, Pioneer, Dentrrix), Yakama (RPMS)

Health care staff vacancies

Survey responses represented 20 out of 29 tribes in Washington to the question asking how many health care staff vacancies are at their tribal clinic(s). Out of the 20 responses, 7 tribes do

not have any health care staff vacancies; 9 tribes have 1-5 vacancies; 2 tribes have 6-10 vacancies; 1 tribe has 11-15 vacancies; and 1 tribe has more than 16 vacancies.

TABLE E

# of Vacancies	# of Tribes	Tribes and EHR System
None	7 tribes	Chehalis (RPMS), Nooksack (RPMS), Port Gamble S’Klallam (NextGen), Quileute (RPMS), Samish (RPMS), Shoalwater Bay (RPMS, EPIC), Swinomish (RPMS)
1-5 vacancies	9 tribes	Cowlitz (RPMS, Office Ally), Hoh, Jamestown S’Klallam (EPIC), Kalispel (RPMS, Centricity, Insync, Dentrax), Lummi (RPMS, Methasoft, Dentrax), Sauk-Suiattle (RPMS, Office Ally), Skokomish (RPMS), Squaxin Island (RPMS, Dentrax), Suquamish (Excel, Office Notes)
6-10 vacancies	2 tribes	Spokane (RPMS), Yakama (RPMS)
11-15 vacancies	1 tribe	Tulalip (EPIC, Pioneer, Dentrax)
16+ vacancies	1 tribe	Colville (RPMS)

II. EHR SYSTEMS

EHR system tribe currently uses

Survey respondents included 19 out of 29 tribes in Washington. However, we found out through the American Indian Health Commission (AIHC) which EHR systems 10 Washington tribes utilize.

Out of the 29 tribes in Washington, 16 tribes currently use only the RPMS EHR system; 4 tribes currently use RPMS as well as another EHR system; 9 tribes utilize another system or a COTS EHR system.

The following Washington Tribes did not respond to the survey but we found out which EHR system the tribe utilized through the American Indian Health Commission (AIHC).

- 1) Hoh Indian Tribe - RPMS
- 2) Lower Elwha Klallam Tribe – RPMS (will be transitioning to NextGen)
- 3) Makah Tribe – RPMS
- 4) Muckleshoot Tribe – RPMS
- 5) Nisqually Tribe – RPMS
- 6) Puyallup Tribe – NextGen
- 7) Quinault Indian Nation– RPMS

- 8) Snoqualmie Tribe– RPMS
- 9) Stillaguamish Tribe – Office Ally
- 10) Upper Skagit Tribe – MacPractice

TABLE F

Washington Tribes on RPMS Only
Chehalis Tribe
Confederated Tribes of the Colville Reservation
Hoh Indian Tribe
Lower Elwha Klallam Tribe (will be transitioning to NextGen)
Makah Tribe
Muckleshoot Tribe
Nisqually Tribe (will be transitioning to NextGen)
Nooksack Tribe
Quileute Tribe
Quinault Indian Nation
Samish Indian Nation
Skokomish Indian Tribe
Snoqualmie Tribe
Spokane Tribe of Indians
Swinomish Indian Tribal Community (will be transitioning to EPIC)
Yakama Nation

TABLE G

Washington Tribes on RPMS and another system

<i>Tribe</i>	<i>EHR System</i>
Cowlitz Indian Tribe	RPMS and Office Ally
Kalispel Tribe of Indians	RPMS, Centricity, Insync and Dentrax
Lummi Nation	RPMS, Methasoft (SUD/OTP) and Dentrax
Squaxin Island Tribe	RPMS and Dentrax

TABLE H

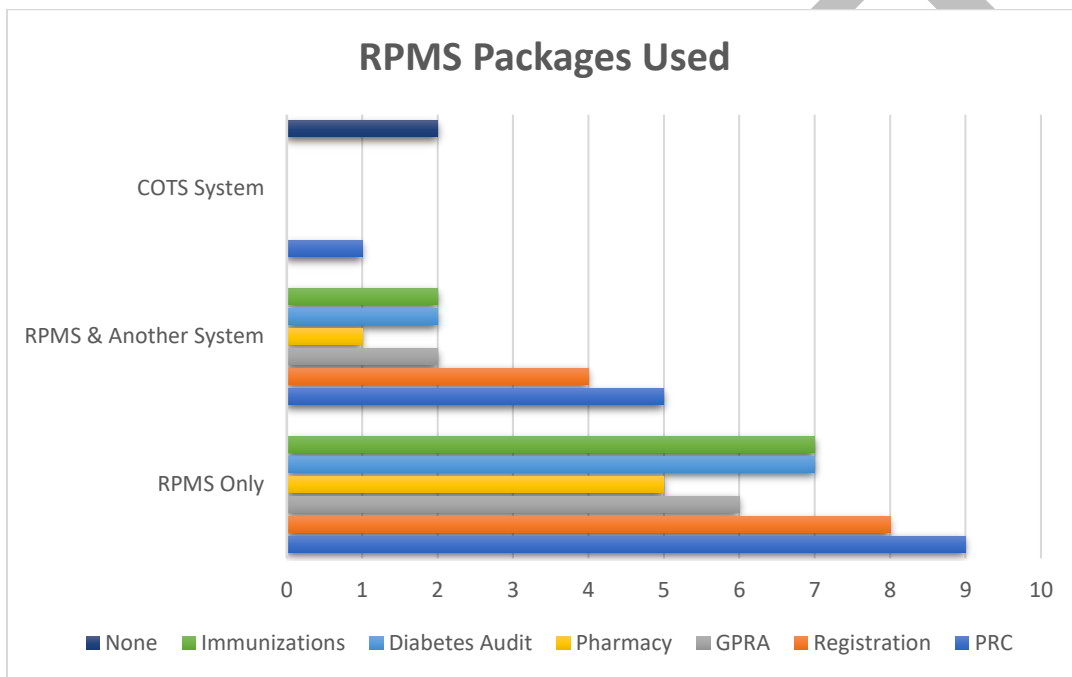
Washington Tribes On Another System/Commercial Off The Shelf (COTS) System

<i>Tribe</i>	<i>EHR System</i>
Jamestown S’Klallam Tribe	EPIC
Port Gamble S’Klallam Tribe	NextGen
Puyallup Tribe	NextGen
Sauk-Suiattle Indian Tribe	Office Ally
Shoalwater Bay Tribe	EPIC and Dentrax
Stillaguamish Tribe	Office Ally
Suquamish Tribe	Excel and Office Notes
Tulalip Tribe	EPIC, Pioneer and Dentrax
Upper Skagit Tribe	MacPratice

RPMS packages currently used by tribes

Survey responses were comprised of 16 tribes out of the 29 tribes in Washington. Out of the 16 tribes who responded to the categorical question of which RPMS packages the tribal clinic(s) use RPMS more for purchased and referred care (PRC) and for registration. 15 tribes use the RPMS PRC package; 12 tribes use the registration RPMS package; 2 tribes use the GPRA RPMS package; 6 tribes use the pharmacy RPMS package; 9 tribes use the diabetes audit RPMS package; 9 tribes use the immunizations RPMS package; and 2 tribes do not use any of the RPMS packages.

CHART 1



Electronic clearinghouse tribe currently uses

Survey respondents consisted of 21 of the 29 Washington tribes. An electronic clearinghouse is used for providers to create and submit claims electronically. Out of the 21 responses, 9 tribes are on the RPMS system and use RPMS as the electronic clearinghouse; 4 tribes utilize the Office Ally electronic clearinghouse; 2 tribes use the EPIC electronic clearinghouse; 2 tribes use the Change Healthcare (formerly Emdeon) electronic clearinghouse; 1 tribe on RPMS uses the PHlcure electronic clearinghouse; 1 tribe on RPMS uses the CLAIMSMD electronic clearinghouse; 1 tribe uses the SSI Group electronic clearinghouse; 1 tribe uses Waystar, and 1 tribe uses the Dentrux electronic clearinghouse for dental services.

TABLE I

Electronic Clearinghouse	# of Tribes	Tribe and EHR system
RPMS	9 tribes	Colville (RPMS), Lower Elwha (RPMS), Makah (RPMS), Muckleshoot (RPMS), Quileute (RPMS), Quinault (RPMS), Snoqualmie (RPMS), Yakama (RPMS)
Office Ally	4 tribes	Cowlitz (RPMS, Office Ally), Lummi (RPMS, Methasoft, Dentrix), Skokomish (RPMS), Swinomish (RPMS)
EPIC	2 tribes	Jamestown S’Klallam (EPIC), Shoalwater Bay (EPIC, Dentrix)
Change Healthcare (Emdeom)	2 tribes	Lummi (RPMS, Methasoft, Dentrix), Spokane (RPMS)
PHIcure	1 tribe	Nooksack (RPMS)
CLAIMSMD	1 tribe	Chehalis (RPMS)
SSI Group	1 tribe	Tulalip (EPIC, Pioneer, Dentrix)
Waystar	1 tribe	Colville (RPMS)
Dentrix	1 tribe	Shoalwater Bay (EPIC, Dentrix)

Purchase timeframe of another system/COTS system

Survey responses were received from 7 tribes out of the 29 tribes in Washington. The timeframe of when tribal clinic(s) purchased and switched to another EHR system varied from less than a year to more than six years. 1 tribe purchased another EHR system(s) less than a year ago; 2 tribes purchased another system(s) between 1 and 2 years ago; 3 tribes purchased another EHR system between 3 to 5 years ago; 1 tribe purchased another EHR system more than 6 years ago; and 2 tribes were unsure of the timeframe for when their tribal clinic(s) purchased another system.

TABLE J

Timeframe	EHR System and Tribes
Less than a year ago	Centricity/Insync/Dentrix (Kalispel)
1-2 years ago	EPIC (Shoalwater Bay) EPIC/Pioneer/Dentrix (Tulalip)
3-5 years ago	EPIC (Jamestown S’Klallam) Office Ally (Sauk Suiattle) Excel & Office Notes (Suquamish)
6+ years ago	Methasoft/Dentrix (Lummi)

Reasons for converting to another system/COTS EHR system

Survey responses were from 8 out of the 29 tribes in Washington for the categorical question on reasons the tribal clinic(s) elected to move to another system/COTS system. Functionality was selected as the primary significant reason for the tribal clinic(s) switching from RPMS to another system/COTS system with 8 different EHR systems for 7 tribes. Care management was the reason for the second highest response rate for 5 different EHR systems for 4 tribes.

TABLE K

Reason	# of EHR systems	EHR system and Tribe
Functionality	8 EHR systems	Office Ally (Cowlitz), EPIC (Jamestown S’Klallam, Shoalwater Bay), Centricity (Kalispel), Insync (Kalispel), Methasoft (Lummi), Excel/Office Notes (Suquamish), Pioneer (Tulalip), Dentrix (Kalispel, Lummi, Tulalip)
Interfaces	4 EHR systems	Centricity (Kalispel), Insync (Kalispel), Dentrix (Kalispel, Squaxin Island, Tulalip) Pioneer (Tulalip)
Care management	5 EHR systems	Centricity (Kalispel), Insync (Kalispel), Methasoft (Lummi), EPIC (Tulalip) Excel/Office Notes (Suquamish), Dentrix (Kalispel, Lummi, Tulalip)
Referral management	4 EHR systems	Excel/Office Notes (Suquamish), EPIC (Tulalip), Pioneer (Tulalip), Dentrix (Tulalip)
Billing system	2 EHR systems	EPIC (Shoalwater Bay), Dentrix (Squaxin Island)
Reporting different funding streams	1 EHR system	Office Ally (Cowlitz)
Connectivity to local health care providers	1 EHR system	EPIC (Jamestown S’Klallam, Tulalip)

Successes of the EHR system compared to RPMS

Survey responses consisted of open-ended responses from 8 tribes out of the 29 tribes in Washington. The responses were arranged into 6 different categories. Responses varies across the categories and statements were placed into multiple categories. Coding and billing as well as clinical documentation were the main successes mentioned for utilization of a different EHR system. Coding and billing was highlighted as a success for users of EPIC, Insync, Centricity, and Dentrix. Clinical documentation was reported as a success for tribal respondents using EPIC, Pioneer, Dentrix, Centricity, and Insync. Reporting, care management, and local utilization were identified as successes for tribal clinics responding as users of EPIC, Pioneer, and Dentrix.

Medication management was mentioned as a success for tribal clinics using EPIC, Pioneer, and Dentrix.

TABLE L

Successes	# of Tribes	EHR System
Coding and Billing	3 tribes	EPIC(2), Insync, Centricity, Dentrix
Reporting	2 tribes	EPIC, Pioneer, Dentrix
Medication Management	1 tribe	EPIC, Pioneer, Dentrix
Local utilization	2 tribes	EPIC(2), Pioneer, Dentrix
Clinical documentation	3 tribes	EPIC (2), Pioneer, Dentrix, Centricity, Insync
Care management	2 tribes	EPIC(2), Pioneer, Dentrix

Examples of successful statements of EHR systems

Examples of a select few statements that were put into categories are included in the open-ended responses are provided below for EPIC and RPMS. Successful statements for EPIC included patient continuity with other organizations, collaborative charts with specialists and hospitals, reporting, medication management, and population health management. Billing successes through EPIC were mentioned in all of the three open-ended responses. A successful statement for RPMS included the ability to review documents for claims as well as send follow-up tasks to staff.

TABLE M

EHR System	Success Statement
EPIC	<ul style="list-style-type: none"> • Collaborative charts with specialists and hospitals, reporting, population health management and billing all work well. • Patient continuity with other organizations, reporting, medication management, not repeating tests, health information exchange, and MyChart are all successes. • We are billing two times more in EPIC than with RPMS and we are able to send out monthly statements. Our accounts receivable is down and manageable.
RPMS	<ul style="list-style-type: none"> • We were paper charting prior to this EHR, the ability for billing to review documents for claims, send tasks to staff for follow-up in charges, care, scheduling etc.

Issues/Barriers with EHR System

Survey responses to the open-ended question of what issues and barriers exist with the EHR system were reported from 8 tribes out of the 29 tribes in Washington. The open-ended responses were arranged into 8 categories. The majority of responses mainly highlighted integration as a barrier. Integration was highlighted as a barrier by 5 tribes on RPMS, Dentrix,

Centricity, Insync, and EPIC. Survey respondents who use RPMS and Dentrix mentioned cost, reporting, billing and payment, difficulty of use, care management, and support as barriers in their EHR system. Users of EPIC reported difficulty of use, care management, and the behavioral health template as barriers.

TABLE N

Issues/Barriers	# of Tribes	EHR System
Cost	2 tribes	RPMS, Dentrix, Excel and Office Notes
Reporting	1 tribe	RPMS, Dentrix
Billing and Payment	1 tribe	RPMS, Dentrix
Integration	5 tribes	RPMS (4), Dentrix (4), Centricity, Insync, EPIC
Difficulty of Use	2 tribes	RPMS, EPIC, Pioneer, Dentrix
Care Management	2 tribes	RPMS, Dentrix (2), EPIC
Support	2 tribes	RPMS (2), Dentrix (2)
Behavioral Health Template	2 tribes	RPMS, EPIC

Issues/Barriers Statements

Examples of a select few statements that were put into categories are included in the open-ended responses are provided below for EPIC, Centricity/Insync/Dentrix and RPMS. Barrier statements for EPIC consisted of purchased and referred care (PRC)/contracted health services (CHS) is still being done by RPMS, massive amounts of data available to providers so there is loss of autonomy in customization. Both users on RPMS and Centricity/Insync/Dentrix highlighted the interface as a barrier. Users of RPMS also mentioned system break downs and struggling with clinical documentation and business office functions.

TABLE O

EHR System	Issues/Barriers Statements
EPIC	<ul style="list-style-type: none"> • PRC/CHS is still being done by RPMS and dual patient registration is in RPMS, EPIC, and Dentrix. • Lost autonomy in customization and loss of efficiency due to change and massive amounts of data available to the providers now. • Behavioral Health not great with EPIC and need the dental version of EPIC.
Centricity/Insync/Dentrix	<ul style="list-style-type: none"> • Interface with RPMS system is an issue.
RPMS	<ul style="list-style-type: none"> • Struggling for the majority of our clinical documentation and business office functions. • Breaks down, glitches, difficult to get set up. An example is Interfacing with outside sources such as lab results, scanning, and pharmacy.

Approximate Costs of COTS System

Survey responses with approximate costs chosen categorically were received from 4 tribes out of the 29 tribes of Washington. Office Ally was categorized as costing less than \$20,000; Centricity, Insync, and Dentrix were categorized as costing \$20,000 - \$80,000; and EPIC was categorized as costing \$300,000 - \$400,000 and more than \$500,000 depending on the package.

Approximate cost of additional components

Respondents categorized Office Ally as costing less than \$2,000 for additional components and also costing more than \$10,000 for additional components. EPIC was categorized as costing more than \$10,000 for additional components.

Approximate ongoing maintenance costs per month

Respondents answered that ongoing maintenance costs for Office Ally ranged from less than \$500 to more than \$3,000 per month. EPIC ongoing maintenance costs were also categorized as more than \$3,000 per month. It was reported that ongoing maintenance costs for Centricity/Insync/Dentrix are between \$500 and \$1,000 per month.

Submission of reports to the IHS National Data Warehouse (NDW)

Tribes do not have to report to the NDW, we were interested in who reports and who doesn't. If there are people on another system/COTS system we want to know if they report to the NDW, the new process has been described as agnostic. 4 tribes out of the 29 tribes in Washington responded to the categorical question on which reports are easily able to be generated and submitted to the IHS National Data Warehouse (NDW).

4 tribes who responded using EPIC, Pioneer, Dentrix, Excel and Office Notes have stated that they are easily able to submit reports to the NDW. However, 2 tribes stated that they are not able to submit reports to the NDW. Users of EPIC reported being able to easily submit reports for grants, GPRA, quality programs, the diabetes management audit, and workload reports. Users of Methasoft and Dentrix highlighted the ability to easily generate GPRA reports. Users of Pioneer selected the diabetes management (DM) audit and workload reports as easily generated reports. 1 tribe responded with the ability to use Excel and Office Notes to easily generate billing and appointments reports.

Reports easily generated

TABLE P

Reports easily generated	EHR system
Grants	EPIC
GPRA	EPIC, Methasoft, Dentrix.
Quality Programs	EPIC
DM Audit	EPIC, Pioneer
Billing, Appointments	Excel, Office Notes
Workload Reports	EPIC, Pioneer, Dentrix

Need to increase staff from switching to a COTS

Survey responses consisted of 7 tribes out of the 29 tribes of Washington who answered if there was a need to increase staff when switching from RPMS to another system or a COTS system. Four tribes who utilize EPIC, Centricity, Insync, and Dentrix reported the need to increase staff. Three tribes who utilize EPIC, Pioneer, Dentrix, and Excel and Office notes conveyed that they did not need to increase staff.

Staff satisfaction with the switch from RPMS to a COTS

Survey responses were received from 3 tribes out of the 29 tribes in Washington on the question how staff satisfaction was with switching from RPMS to another system or a COTS system. One tribal clinic reported that staff satisfaction with EPIC was very satisfied, while another tribe clinic reported staff satisfaction as somewhat satisfied with EPIC. Users of Pioneer, Centricity, Insync, and Dentrix relayed that staff were somewhat satisfied with the conversion from RPMS to another system.

Technical support for the COTS compared to RPMS

Survey responses were received from 4 tribes out of the 29 tribes in Washington on the question asking how useful is technical support for another system or a COTS system compared to RPMS technical support. Users of EPIC, Methasoft, and Dentrix identified technical support as much more useful. Users of Insync, Centricity, Dentrix, Excel and Office Notes responded that the usefulness of technical support was somewhat more useful than that of RPMS.

Clinical end user support/training for the COTS compared to RPMS

Survey responses were received from 4 tribes out of the 29 tribes in Washington on the question regarding usefulness of clinical end user support and training for another EHR system or COTS system compared to that of RPMS. EPIC, Methasoft and Dentrix was reported as much more useful. Insync, Centricity, Dentrix, Excel, and Office Notes was conveyed as somewhat more useful for end user support and training than that of RPMS. One tribal clinic designated

the usefulness of end user support and training for EPIC, Pioneer, and Dentrix as about the same compared to that of RPMS.

Interoperability Improvement with other local providers/hospitals

Three survey respondents who utilize the EPIC EHR system stated that interoperability improved with local providers and hospitals.

****A draft final report with survey responses from tribes in the Portland Area (ID, OR, WA) is forthcoming prior to finalization of the report and development of a health IT advocacy brief****

DRAFT