

Health Records Systems and Integration / Health IT / Telemedicine Workgroup

Agenda 2/24/2020
(times are approx)

1. Introductions (10min)
2. Tasks, deliverables, expectations: (20 min)
 - a. From the JES:
 - i. (JES) **Health Record System**. The account total includes \$30,000,000 derived from the rescission and re-appropriation of prior year emergency funds to enable the DHS CMO, in conjunction with CBP, ICE, and other operational components, to develop and establish interim and long-term electronic systems for recording and maintaining information related to the health of individuals in the Department's custody.
 - ii. (JES) **Health Record System**. A plan (and spend plan) for the design and development of such systems shall be provided to the Committees within 90 days of the date of enactment of this Act. (March 19, 2020)
 - b. Definitions and clarifications:
 - i. Determine working definition of "interim" and "electronic systems"
 - ii. Determine "plan" scope and define "system" vice "systems"
 - c. Develop Health Record System (HRS) Plan, including spend plan (3/5/20)
 - d. Develop Charter for HRS Oversight Board (HRSOB) (3/5/20)
 - e. Submit HRS Plan for Departmental Clearance
 - f. Submit Plan to Committee
3. Component descriptions of capabilities/issues/concerns/requirements regarding health records: (60 min max, with 5 min stretch break)
 - a. What types of activities does your component perform that might be construed as generally medical or health-related in nature?
 - b. What is the reporting structure for oversight of those activities?
 - c. What are the Systems of Records for those activities? In what format are those records kept (database, paper, etc)?
 - d. What other records are generated from those activities, including informal records? Are there repositories of legacy records that you deem valuable? In what format do all of these records occur (Excel, published reports, web page dashboards, retired database, etc)?
 - e. What outside systems do your records connect to / import from / export to? What systems do they need to connect to, but do not?
 - f. What contracts and systems support the creation, maintenance, or archiving of those records?
 - g. How much does your component budget annually to support those contracts, products, systems, and records?
 - h. What gaps do you perceive in the information returning to you from those records?
 - i. How would you close those gaps, and what would it cost?
 - j. What value would you find in having access to information or expertise from other DHS components? From outside agencies or non-Federal partners?
4. CMIO infographic concept for an integration platform solution (30 min max)

Please use the table below to designate additional points of contact (POC) for your component/office for review policies and guidance, and to provide updates to your Component on the CMO's activities; however, t

| Working Group | Component/Office |
|---|------------------|
| Disease Surveillance and Reporting | IHSC |
| Health Records Systems and Integration/Health IT/ Telemedicine | IHSC |
| Medical Guidance/Requirements | IHSC |
| Quality Assurance/Performance Improvement | IHSC |
| Outbreak Response (DHS Personnel and individuals in DHS care/custody) | IHSC |
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(b)(6); (b)(7)(C)

Subject: FY2020 DHS Health System Coordination Activities

Dear Colleagues,

As you are likely aware, you have been designated as a primary point of contact (POC) for your Component to assist the Office of the Chief Medical Officer (OCMO) with accomplishing the medical coordination activities and requirements described in the fiscal year (FY) 2020 DHS Appropriations Bill and Joint Explanatory Statement. I have attached a matrix that describes these activities and requirements. You will note that some of them have tight timelines, and I, in conjunction with your Component leadership, am required to brief the appropriations committees on or before March 19, 2020 on the progress made and future efforts planned toward meeting these requirements.

To design and implement our strategies for these activities I have identified seven working groups:

1. Disease Surveillance and Reporting
2. Health Records Systems and Integration/Health IT/ Telemedicine
3. Medical Guidance/Requirements
4. Quality Assurance/Performance Improvement
5. Outbreak Response (DHS Personnel and individuals in DHS care/custody)
6. DHS-wide Medical Response Strategy (Migration Surges – Annex Q, NSSEs, SEARs, Stafford Act Disasters)
7. CBP Implementation Plan for Medical Directive

I am requesting your assistance with identifying substantive experts/POCs from your respective Components to serve on each working group. **Please use the attached table to provide information on the POCs for your Component for each working group.** As the primary POC, you will be kept informed of each working group's activities and will be asked review policies and guidance, and to provide updates to your Component on the CMO's activities; however, the working group POCs on this table should have substantive expertise specific to each working group. Further, while each working group will have its own meeting and deliverable cadence, many of them will exist concurrently; therefore, it is best to have a specific POC for each working group. **Please submit your completed table to (b)(6); (b)(7)(C) Director of Health System Management, at (b)(6); (b)(7)(C) to no later than February 12, 2020.**

If you have any questions, please do not hesitate to contact me at (b)(6); (b)(7)(C) or you may contact (b)(6); (b)(7)(C) at (b)(6); (b)(7)(C)

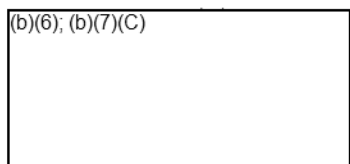
Thank you for your assistance. We look forward to working with you to further enhance medical coordination activities within the Department.

Best regards,

(b)(6); (b)(7)(C) MD, MS
Chief Medical Officer

Department of Homeland Security

(b)(6); (b)(7)(C)

A rectangular box with a black border, containing the text "(b)(6); (b)(7)(C)". This indicates that the content within the box has been redacted under these specific FOIA exemptions.