

Statement of Interest

Participation in IHS Multi-Tenant Enterprise EHR



The purpose of this Statement of Interest is to advise the Indian Health Service (IHS) Health Information Technology (IT) Modernization Program Management Office (PMO) that the entity named below is considering joining the IHS, Tribes, Tribal Organizations, and Urban Indian Organizations as a tenant on the planned IHS Enterprise Electronic Health Record (EHR) solution, and requests to be included in associated planning activities. This document shall not be construed as a commitment to participate in the IHS Enterprise EHR, but serves as notice to the IHS that the named entity has a potential interest and desires to participate in planning as outlined below.

Upon receipt of a completed Statement of Interest, the PMO will initiate communication with the entity using the contact information provided below. The purpose of this contact will be to:

- Establish relationships;
- Develop understanding of the services delivered by the entity and the potential opportunities for subject matter experts from the entity to contribute to planning activities; and
- Begin preliminary planning for site organizational, technical, and infrastructure readiness assessments.

The entity recognizes that the above activities will take place over a period of months to years, but requests to be included, to the extent possible, as these activities evolve. The entity also understands that the scope of this engagement is limited to planning for the multi-tenant IHS Enterprise EHR. This Statement does not influence or alter any aspect of Tribal sovereignty or self-determination under the provisions of the Indian Self-Determination and Education Assistance Act (ISDEAA). This includes, but is not limited to, Programs, Functions, Services, and Activities, and any associated Tribal shares, which shall continue to be governed by existing statutes, regulations, and policies. Furthermore, this document shall not be construed as a proposal or final offer of any kind under the ISDEAA.

Address:

Point of contact:

Name:

Title:

E-mail:

Telephone:

Approximate total number of employees at entity's health care facilities:

Name of entity (Tribe, Tribal Organization, or Urban Indian Organization):

Please	select th	e statement below that best describes	the facilities managed by the entity named above:	
		The entity's health care facilities prese Management System (RPMS) and are	ently use the Resource and Patient likely to transition to the IHS Enterprise EHR.	
		The entity's health care facilities presently use a commercial EHR solution but are considering transitioning to the IHS Enterprise EHR.		
		The entity's health care facilities use a EHR systems and are considering trans	combination of RPMS and commercial sitioning to the IHS Enterprise EHR.	
		•	e an RPMS database with a federally operated IHS a separate tenancy on the IHS Enterprise EHR.	
begin ir EHR thr interest	n 2025, a oughou ted and p	and run through 2031. The IHS plans to this period. Please indicate the time f	EHR calls for the earliest implementations to continue utilizing and maintaining the RPMS rame(s) in which the entity would likely be prise EHR. If more than one time frame is	
		Early (2025-2026)		
		Mid-term (2027-2029)		
		Late (2030-2031)		
	Comme	ents:		
Organiz	ation) is	-	pove (Tribe, Tribal Organization, or Urban Indian n the IHS Enterprise EHR and requests to be	
	Name c	of Authorized Representative	Signature of Authorized Representative	
	Title of	Authorized Representative	Date	

 $Please\ return\ the\ completed\ Statement\ of\ Interest\ form\ to\ modernization@ihs.gov.$

