

PROFILES OF *PROGRESS* II

State Health IT Initiatives

September 2007



INTRODUCTION



What a difference a year makes. When NASCIO released its original publication, *Profiles of Progress: State Health IT Initiatives*, in November of 2006, it was the first document to specifically highlight what role state CIOs are playing in state health information technology (HIT) efforts. For the first time, state CIOs had a resource in which to quickly assess where and how their peers from around the country were beginning to become involved in health IT initiatives from the ground up. When this compendium was first released, many states were just beginning to take note of health IT and its implications for healthcare cost-savings and improved quality of care. Today, as this updated document reflects, states have been rapidly moving forward with health IT efforts and many have moved from an abstract planning phase to implementation.

Health IT has transitioned from an emerging idea to a quickly growing trend that spans all levels of government—from national HIT efforts to state and regional initiatives. Hundreds of health IT-related bills have been introduced in the states and twenty executive orders calling for health IT and health information exchange initiatives to improve health and healthcare have been issued in fifteen states, with seven of these occurring thus far in 2007.¹ Since its inception in October of 2006, the National Governors Association’s State Alliance for e-Health, which provides a forum through which Governors, elected state officials and other policy-makers can work together to identify inter- and intrastate-based HIT policies and best practices,² has held regular meetings of the full Alliance and its three Task Forces—two of which include state CIOs as active members.

In this compendium, a “snapshot” of where each state stands in regards to their HIT efforts is outlined, as well as what role, if any, the state CIO has in the process. This compendium highlights the ways in which state CIOs are utilized in state-driven health IT initiatives. As in the previous compendium, this product does not necessarily represent all HIT efforts in each state. Instead, it focuses on measures that state governments have either initiated or endorsed through legislation, executive order, or by engaging in public/private or non-profit partnerships with outside organizations. Healthcare continues to be among the top priorities of the nation’s Governors.

State CIOs are more active than ever in their states’ health IT efforts at widely varying levels. From serving as an advisory resource, helping drive the development of a future health IT effort, or being fully engaged in the implementation of a health information exchange, state CIOs are recognizing that they play a critical role in the advancement of health information technology efforts by getting a seat at the table at the outset of these initiatives. This compendium reflects the growing recognition of the state CIOs role in health IT and expanding participation in these efforts on the part of the state CIO.

¹ eHealth Initiative State Legislative Tracking System, Janet Marchibroda, CEO of eHI Initiative, presentation, June 2007.
² National Governors Association. <www.nga.org> September 2007.



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Please direct any updates, questions or comments about this compendium or any of NASCIO's Health Information Technology research products to Stephanie Jamison at sjamison@amrms.com or (859) 514.9148.

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Governor's Executive Task Force to Strengthen Alabama Families

Group Website: www.strengthenfamilies.alabama.gov

Group Size: Approximately 30 members

Source of Authority: Governor

Source Document: www.strengthenfamilies.alabama.gov

State Government Involvement: A number of state agencies are represented on this Task Force. Sixteen state department directors are executive members and the Task Force is staffed by members of the Governor's office.

State CIO Involvement: The state CIO is an executive member of the Governor's Task Force to Strengthen Alabama Families and is currently providing IT & Project Management (PM) staff support for the Camellia Project and other e-health initiatives. The state CIO is directly involved with the creation and direction of the Health and Human Services Framework for Alabama.

Major Initiatives: This Task Force is working to examine issues and make recommendations on improving e-health efforts throughout the state. Under the direction of Governor Riley, Alabama has embarked on the task of transforming the management and delivery of the state's health and human services. This major initiative, which is directed by the Governor's Task Force to Strengthen Alabama Families, is seeking ways to ensure greater coordination, collaboration, and connection among multiple federal, state, and local Health and Human Services (HHS) agencies. As part of this initiative, Alabama has committed to materially increasing health and human service outcomes for children and families as measured by a dramatic increase in the state's national ranking in child and family indicators. These goals will be accomplished by ensuring a comprehensive and coordinated system of services that:

- Integrates across agencies, community programs, and resources
- Offers accountability and efficiency
- Leverages existing assets
- Reduces duplication of efforts
- Measures effectiveness across programs
- Eases access to services

Phase 1 of this endeavor has been completed and can be reviewed at www.camellia.alabama.gov, which focuses on the "Benefits and Services Form" also known as the "Camellia Tool." Phase Two of the Camellia Project (ESB – Enterprise Services Bus & CCI – Common Client Index) represents a very visible, important step in moving toward the Connected HHS Framework model of shared business functions, systems coordination, and data sharing and is presently being evaluated with a release date of October 2007 for the initial project plan draft. The implementation of these programs will place Alabama in the forefront of a national trend to improve its health and human services programs.

Last Updated: 08.14.2007



Alaska Regional Health Information Organization

Group Website: www.alaskarhio.org

Group Size: 10-member Steering Committee

Source of Authority: Alaska Telehealth Advisory Council

Source Document: www.alaskarhio.org/index.php

State Government Involvement: Alaska RHIO was formed in January 2006 by the Alaska Telehealth Advisory Council (ATAC). ATAC is under the jurisdiction of the Alaska Health and Social Services Department (H&SS) and is co-chaired by the Commissioner of the Department of H&SS.

Alaska RHIO secured a Health Information Security and Privacy Collaboration (HISPC) grant with the support of the Governor's office. The Director of the Alaska State Public Health Department also sits on the Steering Committee.

State CIO Involvement: NASCIO staff could not detect state CIO involvement as of 08/07/07.

Major Initiatives: The Alaska RHIO mission is to facilitate health information exchange (HIE) among consumers, employers, clinicians, hospitals, pharmacies, nursing homes, payers, and other health care providers.

Alaska RHIO is working to exchange health information securely and in a timely fashion while still protecting privacy. In an effort to facilitate electronic health record implementation throughout the state, the Alaska RHIO also works in close partnership with the Alaska EHR Alliance, the Alaska Primary Care Association, Mountain Pacific Quality Health and other organizations throughout the state. These organizations provide planning, implementation and support of electronic health records in physician practices and community health centers.

Last Updated: 08.07.2007



Arizona Health-e Connection

Group Website: www.azhec.org

Group Size: 26-member Board of Directors

Source of Authority: Non-profit

Source Document: www.azhec.org/documents/Executive%20Order.pdf

State Government Involvement: The Arizona Health-e Connection was created by Executive Order and there are several members of state government and the Governor's office on the Board of Directors and Executive Committee.

State CIO Involvement: The state CIO serves as Co-Chair for the Health-e Connection and sits on the Executive Committee. His agency is staffing much of the effort during the Roadmap development and first year implementation. Additionally, the state CIO's agency was chosen by the Governor and Legislature to administer an annual \$1.5 million health information technology grant program for rural health care providers.

Major Initiatives: The proposed Roadmap to an integrated statewide health data information system includes health IT adoption strategies and recommendations. On January 30, 2007, Governor Napolitano announced that with the \$12 million federal Deficit Reduction Act of 2005 grant, Arizona will begin to develop a computerized medical record-keeping system for patients enrolled in the state's publicly funded health care system. Pilot testing of the system will begin next January and all Arizona Health Care Cost Containment System (AHCCCS) providers will have access to all patient records by computer by the end of 2011. AHCCCS provides medical care to more than a million people.

On April 4, 2006, the Arizona Health-e Connection Roadmap was released as ordered by Governor Napolitano in Executive Order 2025 in 2005. Since this Roadmap has been released, there is currently a "transition structure" that includes the Roadmap Steering Committee and eight implementation teams responsible for implementing the first year deliverables of the Roadmap including establishing the 501(c)(3) organization.

For fiscal year 2007, Governor Napolitano and the Arizona Legislature appropriated \$1.5 million to the Government Information Technology Agency (GITA), in order to establish an information technology grant program for rural health care providers. Three rural hospitals, three community health centers, and a rural behavioral health service organization were awarded grants through a competitive process, for the purpose of implementing interoperable, electronic health record systems. The grant program will continue in FY 08 and 09, though focused on development of rural health information exchanges, and rural health IT workforce development.

Last Updated: 09.04.2007



Arkansas Telehealth Oversight and Management (ATOM)

Group Website: No website

Group Size: 16 public and private member organizations

Source of Authority: Public-Private partnership

Source Document: None currently available

State Government Involvement: State government members include the Arkansas Center for Health Improvement, Arkansas Department of Health, Arkansas Department of Human Services, Arkansas Foundation for Medical Care, Arkansas Department of Information Systems, Arkansas Research & Education Optical Network, and the University of Arkansas for Medical Science.

State CIO Involvement: The state CIO is an Advisory Board Member and provides staff support for this initiative.

Major Initiatives: The ATOM proposed a statewide telehealth network. The telehealth network will be created through three methods: 1) Consolidation of sites that currently exist on separate networks, 2) Update and Addition of sites in need of increased bandwidth and improved accessibility, and 3) Expansion of the network to include access to Internet2 and the Arkansas Interactive Video Network.

Health Care Providers will be connected to the telehealth network in the priorities as developed by ATOM beginning with health care providers in the rural delta areas. Once these locations are connected the rural health care providers in the remaining areas of the state will be connected. The order of installation will be determined by RUCA (Rural Urban Commuting Areas) code and efficacious use of installation resources. This priority ranking will act as a tool when adding telehealth resources to rural areas of Arkansas.

ATOM ADVISORY COMMITTEE

The ATOM Advisory Committee is responsible for keeping the membership informed, responding to the concerns of ATOM members, and providing recommendations and advice to the Operational Board.

ATOM OPERATIONS BOARD

The ATOM Operations Board oversees daily activities related to the Arkansas Telehealth Network. The board makes the day-to-day decisions required to maintain the network and oversees contractual services.

Last Updated: 09.18.2007



California Health Care Reform

Group Website: No website

Group Size: TBD

Source of Authority: Executive Order

Source Document: <http://gov.ca.gov/index.php?/executive-order/5626/>

State Government Involvement: The Secretaries of the Health and Human Services Agency and the Business, Transportation and Housing Agency and the State Chief Information Officer are directed to convene a work group. This work group does not currently have an official title.

State CIO Involvement: The state CIO is in direct involvement with the creation and direction of this work group.

Major Initiatives: The Governor's called for advancing California's health IT efforts by increasing transparency of quality and pricing information, and increasing accountability in public and private health care delivery systems. The executive order identified key actions for the state to pursue, including providing state leadership for 100 percent electronic health data exchange, leveraging state purchasing power, developing a quality reporting mechanism through the Office of the Patient Advocate, and strengthening the ability of the Office of Statewide Health Planning and Development to collect, integrate and distribute data.

The Work Group is also charged, by December 31, 2007, to develop with stakeholders, including representatives of patients, physicians, hospitals, long-term care providers, pharmacists, payers and other appropriate stakeholders initial performance metrics to measure the success of health care transparency and accountability implementation activities undertaken by public and private health care purchasers.

Last Updated: 09.17.2007



Colorado Regional Health Information Organization (CORHIO)

Group Website: www.corhio.org

Group Size: 26-member Steering Committee and 2 additional staff members

Source of Authority: Non-profit

Source Document: www.corhio.org/about/background.html

State Government Involvement: Five members of the steering committee represent state or local government interests.

State CIO Involvement: The CIO is a member of the CORHIO Board.

Major Initiatives: CORHIO will lead development and be responsible for ongoing operation of the statewide network for the exchange of electronic health information throughout the state and eventually to other states. CORHIO will establish business rules, technology standards and governance for the exchange of clinical and other health data.

The Colorado Health Information Exchange project (COHIE), a project of CORHIO, involves four contract partners that are committed to the work of developing a prototype for statewide interoperable health information exchange following the outline of the Markle Foundation's Common Framework. The COHIE project's work will become part of the foundation for Colorado's statewide health information network. The four contract partners include Denver Health, Childrens' Hospital, University Hospital, and Kaiser Permanent of Colorado.

The COHIE project is currently working to build Colorado's capacity for state-wide health information exchange that is based on a federated, web-based model. COHIE's goals include creating a model that is low-cost and self-sustaining, which accommodates diverse platforms, systems, needs, resources, and affiliations and synergizes with the Nationwide Health Information Network (NHIN). This federated model is not a data repository. Data "lives" at its point of generation and will be shared through CORHIO's hub when needed via a secure and confidential process.

Last Updated: 09.10.2007



eHealth Connecticut

Group Website: www.ehealthconnecticut.org

Group Size: 26-member Board of Directors

Source of Authority: Non-profit

Source Document: www.saintfrancisdoctors.com/ehealthconnecticut/documents

State Government Involvement: The Governor helped launch this program and representatives from the state Department of Social Services and Department of Public Health, as well as the Lieutenant Governor, provide direction as ex-officio board members.

State CIO Involvement: No state CIO involvement was detected by NASCIO staff as of 08/08/07.

Major Initiatives: Representing a collaborative approach to meeting the challenges of health information technology adoption and interoperability for the state, eHealth Connecticut is Connecticut's single organization focused on statewide health information exchange.

eHealthConnecticut plans five projects whose implementation and completion will provide the foundation and applications necessary for Health Information Exchange: 1) Ready the state for Health Information Exchange (HIE) by establishing a collaboration forum, educating stakeholders, adopting standards, certifying technology providers, and producing annual statewide progress reports; 2) HIE and ePrescribing in collaboration with the Connecticut Department of Social Services (DSS); 3) Hospital and physician sharing of laboratory and medication information; 4) Implementation of a statewide database of clinical quality and cost information for public reporting of provider performance; and 5) An incentive program for providers to spur the adoption of health information technology.

Last Updated: 08.08.2007



Delaware Health Information Network (DHIN)

Group Website: www.dhin.org

Group Size: 19-member Board of Directors

Source of Authority: Legislation

Source Document: <http://dhcc.delaware.gov/information/dhin.shtml>

State Government Involvement: Several board members for DHIN are representatives of state government. This is considered to be a partnership between the state and healthcare providers which includes the state, healthcare providers, and other interested parties (such as the Medical Society of Delaware, employers, insurers, etc). Other state government representatives serve on DHIN Committees.

State CIO Involvement: The state CIO is on the DHIN Board of Directors.

Major Initiatives: This is a RHIO under the direction of the Delaware Health Care Commission. Its mission is to facilitate the design and implementation of an integrated, statewide health information exchange system to support the information needs of consumers, health plans, policymakers, providers, purchasers and research to improve the quality and efficiency of health care services in Delaware.

In March of 2007, Delaware became the first state in the nation to implement statewide health information exchange through DHIN. Built with a \$4.7 million grant from the federal Agency for Healthcare Research and Quality, \$2 million from the state government and \$2 million from three hospital systems, LabCorp and Blue Cross Blue Shield of Delaware, DHIN is not charging fees for its services and is expecting more capital funding from the state and the participating health care companies. They are currently working on the development of a long-term financial plan and sustainability model.

Last Updated: 08.14.2007



Florida Health Information Network (FHIN)

Group Website: No website

Group Size: 12-member Advisory Board

Source of Authority: Executive Order

Source Document: http://ahca.myflorida.com/dhit/executive_order.shtml

State Government Involvement: This group is composed of representatives of the provider community, information technology experts and health care policy experts and is managed by the Bureau Chief of the Agency for Health Care Administration (AHCA).

State CIO Involvement: The state CIO has been very involved with both the advisory board from a policy creation stand point, and in reviewing all drafts of technical and security models of the proposed FHIN.

Major Initiatives: The Governor's Health Information Infrastructure Advisory Board was created to advise and support AHCA in the development of a plan for a statewide health information exchange network known as the Florida Health Information Network (FHIN).

In July of 2007, the Advisory Board submitted its final report to Governor Crist. Among its recommendations for implementation of FHIN included:

- Promote and support the continuing development of the state's local health information exchanges
- Establish a new advisory board to guide the direction and the development of FHIN
- Require action on specific steps to assist in developing the network from Florida Medicaid, the Department of Health, and the Department of Management Services, among possible others
- Insist on a "bias in favor of action" on this initiative by members of your administration, placing an emphasis on data exchange operations.

Last Updated: 09.16.2007



Georgia Health Information Technology and Transparency (HITT) Advisory Board

Group Website: http://dch.georgia.gov/00/channel_title

Group Size: 12-member Advisory Board and 16 ad-hoc experts

Source of Authority: Executive Order

Source Document: www.gov.state.ga.us/ExOrders/10_17_06_01.pdf

State Government Involvement: Governor Perdue created the Georgia Health Information Technology and Transparency Advisory Board on October 17, 2006, and it will advise the Georgia Department of Community Health (DCH). The Commissioner of DCH also appointed the twelve members of this Board, which includes a representative from the state Division of Public Health.

State CIO Involvement: The Georgia Technology Authority is an ad-hoc member of the HITT board; the State CTO represents GTA at those meetings.

Major Initiatives: This Advisory Board was created in order to advise DCH on the best practices for encouraging the use of electronic health records and establishing a statewide strategy to enable health information to be readily available and transparent.

The goal of the Board is to facilitate the implementation of health information exchange statewide and to develop a consumer-focused website that provides to consumers health care quality and cost information. The health information exchange project is being run as a grant opportunity. DCH is accepting applications for up to \$300,000 in grants to help foster the development of HIE, electronic prescribing, and the adoption of electronic medical records across Georgia. The health information transparency project is underway and the first phase of the project is expected to go live in January of 2008.

Last Updated: 08.24.2007



Hawaii Quality Healthcare Alliance (QHA) Health Information Exchange Network

Group Website: No website

Group Size: Several stakeholder groups

Source of Authority: Non-profit

Source Document: <http://openhre.org/print.php?sid=19>

State Government Involvement: QHA is a non-profit consortium which includes state government agencies.

State CIO Involvement: The State CIO is not involved in QHA at this time.

Major Initiatives: QHA has many projects underway or in the planning stages including statewide implementation of the health information exchange network.

Other projects include implementing a statewide unique patient identifier number (UPIN) that will be maintained in a database, establishing electronic health records that include e-prescribing and electronic laboratory result reporting (eLAB) components and developing a patient portal that will allow patients to view their electronic health record, clinical record, medication history and lab results.

Last Updated: 08.09.2007



Idaho Health Quality Planning Commission

Group Website: No website

Group Size: TBD

Source of Authority: Legislation

Source Document: www3.state.id.us/oasis/2006/H0738.html

State Government Involvement: The Health Quality Planning Commission will be within the state Department of Health and Welfare.

State CIO Involvement: The State CIO is not involved in this Commission at this time.

Major Initiatives: This legislation, effective July 1, 2006, calls for stakeholders in Idaho's health system to come together to discuss three major health planning needs in the state: 1) coordinated implementation of health information technology; 2) coordinated implementation of patient safety standards and reporting; and 3) coordinated implementation of pricing transparency in health services and health insurance.

Last Updated: 08.09.2007



Illinois National Electronic Disease Surveillance System

Group Website: Secure Portal

Group Size: 20

Source of Authority: Legislation

Source Document: www.idph.state.il.us/public/press05/2.9.05.htm

State Government Involvement: This project is a part of the Department of Public Health. The Executive Steering Committee is chaired by a representative from this Department.

State CIO Involvement: State CIO involvement has been minimal, as each agency-specific application is run the agency's CIO.

Major Initiatives: In production for the past three years, the web-based Illinois National Electronic Disease Surveillance System (I-NEDSS) employ Electronic Laboratory Reporting (ELR) using the HL7 data format standard and encrypted message transmission. I-NEDSS is a Web-based application used by all 95 local health departments in Illinois and by health care providers and laboratory staff throughout Illinois to report and investigate infectious disease conditions, clusters and outbreaks.

Through this important project, the Illinois Department of Public Health (IDPH) is working with hospitals and reference laboratories to standardize the secure automated reporting of health-related laboratory data. The Department participates in numerous national groups which foster the security and standardization of electronic laboratory reporting.

In September of 2007, the Healthcare Information Management Systems Society (HIMSS) awarded I-NEDSS with a Nicholas E. Davies Award of Excellence in the Organizational, Ambulatory and Public Health categories. The Davies Awards recognize excellence in the implementation of the electronic health record.

Last Updated: 09.14.2007



Indiana Health Informatics Corporation (IHIC)

Group Website: No website

Group Size: 7-member Board, 5 appointed by the Governor

Source of Authority: Legislation

Source Document: www.in.gov/legislative/bills/2007/IN/IN0551.1.html

State Government Involvement: Several representatives of state government will be included on the Board of IHIC.

State CIO Involvement: State CIO is a proposed member of the governing board.

Major Initiatives: The formation of the Indiana Health Informatics Corporation (IHIC) was enabled by the passage of legislation during the 2007 general session and became effective on July 1, 2007.

Some of the principle activities of the IHIC include:

- Defining the vision for a statewide health information exchange system to electronically exchange health care information between entities in the health care system.
- Prepare and modify, as necessary, a plan to create the statewide health information exchange system.
- Evaluate, analyze, and report on Indiana's progress toward implementing the statewide health information exchange system.

Also in Indiana, the Indiana Health Information Exchange (IHIE), on whose Board the State Commissioner of Health sits, has several health IT initiatives that are already in progress. IHIE's first major project – community-wide clinical messaging — went live in November 2004. The clinical messaging service, called the DOCS4DOCS® system, is a Web-based service that delivers clinical reports such as transcription, radiology and laboratory to physician offices, replacing traditional delivery systems such as courier and postal mail. It was developed by the Regenstrief Institute and is run in conjunction with IHIE.

In July of 2007, IHIE announced that its DOCS4DOCS® service is now delivering clinical results directly into Community physician electronic health records and in addition to receiving results via the secure, Web-based service, Community physicians who have an EHR receive this information directly into their system.

The Quality Health FirstSM program is a clinical quality program for health and chronic disease management built on the DOCS4DOCS® service functionality. The community service provides standardized quality measures used by physicians and health insurers to help monitor chronic diseases and common preventative health screenings. The program combines medical and drug claims data from participating health plans with patient prescription drug data, lab and test results from the Indiana Network for Patient Care database and the DOCS4DOCS® service. The Quality Health FirstSM program creates reports that physicians can use to better monitor and improve the health of their patients. Specifically, the system will be able to provide alerts, reminders and follow-up treatment information to help manage chronic diseases like diabetes, high cholesterol and certain types of cancer.

Last Updated: 09.17.2007



Iowa Health Information Technology (HIT) Initiative – Health Information Security and Privacy Collaboration (HISPC)

Group Website: www.iowamedical.org/HIT/index.htm (Iowa HIT Initiative)
www.ifmc.org/hcgp (Iowa Foundation for Medical Care)

Group Size: HISPC is a collaboration of 20+ healthcare organizations with a 14-member Steering Committee.

Source of Authority: Non-profit

Source Document: www.iowamedical.org/HIT/HISPCCommGroupStruct.pdf

State Government Involvement: The Iowa Foundation for Medical Care (IFMC), along with the Iowa Medical Society, spearheaded the Iowa HIT Initiative to advance adoption of health IT in Iowa. IFMC was designated by the Governor's Office as the lead agency for HISPC in Iowa. HISPC is a national contract charged with assessing the privacy and security of health information exchange in 34 states. HISPC was funded through an AHRQ grant with project oversight provided by RTI International.

Representatives from the Office of the Governor, the Attorney General's Office of Iowa, the Department of Human Services, Department of Public Health, the State Board of Pharmacy Examiners, and the Iowa Commission of Veterans' Affairs have participated in the HISPC Steering Committee and/or work groups.

State CIO Involvement: The state CIO is a member of the HISPC Steering Committee.

Major Initiatives: The Iowa HIT Initiative is a forum for Iowa's health care community to exchange ideas and advance the adoption of HIT in the state. It has convened three successful statewide HIT Summits to highlight the national agenda and Iowa-specific HIT activities, such as provider office implementation of EHR systems.

The original HISPC contract timeframe was May 2006 – April 2007. IFMC received a contract extension in July 2007 to continue HISPC work through the end of the year. Iowa objectives for the extension period include:

- Pilot the creation and exchange of a Continuity of Care Document (CCD) between two health systems in Iowa (University of Iowa and the Iowa Health System)
- Document and address privacy/security issues regarding exchange of this document.
- Identify issues requiring further legal, technical or HIPAA expertise for hand-off to Iowa "expert panels" on privacy and security.
- Develop a best practices guide from Iowa HISPC activities and CCD pilot exchange project to enhance other state efforts and future work.

IFMC is also participating in the development of a multi-state HISPC collaborative, scheduled to begin work in 2008. The collaborative topic is "Developing Inter-Organizational Agreements to Prepare for Live Data Exchange."

Last Updated: 09.17.2007



Kansas Health Information Exchange Commission

Group Website: No website

Group Size: 17

Source of Authority: Executive Order

Source Document: www.governor.ks.gov/news/NewsRelease/2007/nr-07-0207a.htm

State Government Involvement: Representatives from state government agencies were appointed as members of the Commission, including the Health Policy Authority, the Insurance Commissioner and the Department of Health and Environment.

State CIO Involvement: The State CIO is not a current member of the Kansas Health Information Exchange Commission, but remains involved with health IT in Kansas by having representation in the statewide health information technology and health information exchange policy initiative created by the Governor's Health Care Cost Containment Commission.

Major Initiatives: The Commission will work to advance the recommendations of the HIE workgroups created through the statewide health information technology and health information exchange policy initiative. That initiative was created by the Governor's Health Care Cost Containment Commission, which sought to identify ways to reduce administrative costs in health care.

Created in February of 2007 by Governor Sebelius, the HIE Commission will further the work of the Health Care Cost Containment Commission by seeking opportunities to expand the initiatives and implement the recommendations of the previous commission including efforts to standardize credentialing procedures for physicians joining health plan and hospital networks, developing an advanced ID card project, and seeking ways to promote the electronic exchange of health information while assuring the privacy and security of that information.

Last Updated: 08.23.2007



Kentucky e-Health Network (KeHN)

Group Website: <http://chfs.ky.gov/ehealth>

Group Size: 23, including 7 core members, 8 at-large members, and 8 ex-officio members.

Source of Authority: Legislation

Source Document: www.lrc.ky.gov/record/05rs/SB2.htm

State Government Involvement: There is wide-ranging state government representation, including two state Representatives, two state Senators, the Secretary of the Cabinet for Health and Family Services, the Commissioner of the Department for Medicaid Services and the Commissioner of the Department of Commercialization and Innovation as ex-officio members of the Board.

State CIO Involvement: The Commissioner of Information Technology is among the core members of the Board.

Major Initiatives: In September of 2007, the KeHN board approved the creation of the Kentucky eHealth Corporation. This newly created Corporation will be responsible for policy implementation. KeHN will be facilitated by ConnectKY with Board members appointed by the KeHN Board. This corporation will also be responsible for, among other programs, implementing the Kentucky Health Information Partnership (K-HIP) project. K-HIP is a project facilitated by the Cabinet for Health and Family Services to bring together major health care organizations in Kentucky to develop a common web portal for provider-payor communications.

Also underway is the e-Prescribing Partnerships in Kentucky (ePPIK) Grant Program that will assist with adoption of health information technology to advance the e-Prescribing in the Commonwealth. Offered by the Cabinet for Health and Family Services in partnership with the Kentucky e-Health Network Board and the Governor's Office for Local Development, the ePPIK Grant program will promote the formation of partnerships within a community between physician's offices, hospitals, pharmacies and other health care entities to facilitate true end-to-end electronic prescription processing.

Last Updated: 09.18.2007



Louisiana Health Information Exchange (LaHIE)

Group Website: www.accesshealthinc.org/lahie.html

Group Size: Nine member organizations have a representative on the Steering Committee.

Source of Authority: Louisiana Department of Health and Hospitals

Source Document: www.dhh.louisiana.gov/offices/news.asp?ID=156&Detail=747

State Government Involvement: LaHIE began as a contract between Louisiana Department of Health and Hospitals and the Office of the National Coordinator for Health Information Technology. Louisiana Medicaid Program is also part of LaHIE.

State CIO Involvement: The state CIO has been actively engaged with LaHIE stakeholder groups by being available to speak and providing support from the Governor's office.

Major Initiatives: LaHIE is a collaborative consortium of public and private health care organizations with an interest in maximizing technology to improve access to health information and patient care. It was developed to be a prototype for health information exchange and its initial primary focus was to recover and recreate medical histories for Hurricane Katrina and Rita evacuees.

LaHIE's partners are committed to expanding the demonstration beyond its formative stage by leveraging the infrastructure established. As the second phase begins, the LaHIE steering committee has identified short-term goals for the next year and long-term goals in the next three to five years. Among the Phase II goals are formalizing the governance structure, executing of a participant agreement, developing a sustainable business model, recruiting new publishers and establishing an independent operating entity.

A prototype was developed through funding from HHS/ONC that demonstrated clinical information exchange within and among the Baton Rouge and New Orleans markets. The steering committee that was responsible for leading that project plans to act as the governing body for the RHIO that will serve the Baton Rouge and New Orleans market in southeast Louisiana. They are meeting regularly to outline a plan to move forward in taking the LaHIE prototype to an implementation phase.

During the last legislative session, funding was made available for the development of a North Louisiana RHIO that will be hosted by LSU Health Science Center in Shreveport and initially will include 7 Rural Hospitals. They are establishing their governance structure and the hospitals are moving forward on electronic system adoption. Separate funding was made available to support other RHIO development as well as support for EMR adoption in physician practices.

Last Updated: 08.27.2007



Maine HealthInfoNet (HIN)

Group Website: www.hinfonet.org

Group Size: 19-member Board of Directors

Source of Authority: Non-profit

Source Document: www.hinfonet.org/about_hinfo.shtml

State Government Involvement: Representatives from the Maine Department of Health & Human Services and the Governor's Office of Health Policy and Finance sit on the Board.

State CIO Involvement: An Office of Information Technology representative has been designated as the administrator of the technology aspects of the project.

Major Initiatives: The Maine Health Access Foundation has awarded HealthInfoNet its first-ever \$1 million matching grant to help transition the system from its two-year planning and development phase to first-stage implementation by early 2008.

Efforts are underway to secure the estimated \$6 million needed – the \$2 million matching grant is being put toward this effort – to begin an extensive pilot of the HealthInfoNet system. Additional federal and state funding is needed in order to meet the \$6 million goal.

Last Updated: 08.10.2007



Maryland Task Force to Study Electronic Health Records

Group Website: <http://mhcc.maryland.gov/electronichealth/index.htm>

Group Size: 26

Source of Authority: Legislation

Source Document: <http://mlis.state.md.us/2005rs/billfile/sb0251.htm>

State Government Involvement: This Task Force includes representatives of the Maryland Senate and the House of Delegates, the Office of the Attorney General, the Johns Hopkins and the University of Maryland Schools of Medicine, and the federal Veterans Administration, as well as 20 members appointed by the Governor to represent a broad range of provider and consumer interests, as specified in the enabling legislation.

State CIO Involvement: The designee from the Department of Budget and Management is an employee of the state CIO's Office of Information Technology.

Major Initiatives: Over the next two years, the Task Force will study the current use, and potential expansion, of electronic health records across the state. Its legislative mandate calls for the Task Force to identify the key policy, privacy, and economic issues that must be addressed in the creation of a regional health information organization (RHIO) for Maryland, and to report its findings to the Governor and the General Assembly.

The Maryland Health Care Commission (created by the General Assembly in 1999) and the Health Services Cost Review Commission are working toward the development of a long-term, sustainable plan for supporting the effective, efficient, and secure exchange of health information across the spectrum of health care stakeholders by assisting the work of the Task Force to Study Electronic Health Records.

Last Updated: 08.10.2007



Massachusetts Health Data Consortium

Group Website: www.mahealthdata.org

Group Size: 125 organizational members and 80 individual members

Source of Authority: Incorporated as a 501(c)(3) non-profit organization. Various Administrations have delegated health care community coordination responsibilities to the Consortium in areas such as HIPAA education and the Massachusetts Health Information Security and Privacy Collaborative (HISPC).

Source Document: N/A

State Government Involvement: Three Board of Directors positions are designated for the Commonwealth of Massachusetts. In addition, staff members from various state agencies actively participate in Consortium forums, workgroups and events.

State CIO Involvement: The state CIO's office is represented in one of the three Board seats reserved for state government.

Major Initiatives: The Consortium's mission is to promote health information technology and health information exchange. This mission is implemented through (1) facilitating discussion forums that bring the healthcare community together to address issues of concern to certain stakeholders (e.g., chief information officers, data managers, operations staff) and particular topics (e.g., behavioral health, electronic health record implementation, rural health); (2) holding educational events several times a year that attract renowned speakers and hundreds of participants; and (3) implementing projects to advance HIT and HIE such as the Massachusetts Health Information Security and Privacy Collaborative (HISPC).

Massachusetts SHARE (Simplifying Healthcare Among Regional Entities) is a regional collaborative initiative operated by the Massachusetts Health Data Consortium. MA-SHARE seeks to promote the inter-organizational exchange of healthcare data using information technology, standards, and administrative simplification, in order to make accurate clinical health information available wherever needed in an efficient, cost-effective, and safe manner. The early focus was on HIPAA standard administrative transactions, and it has now branched into clinical exchanges with an emphasis on "push" technology.

Additionally, Massachusetts has implemented a major initiative to enhance the use of electronic health records through the Massachusetts e-Health Collaborative (www.maehc.org), a non-profit public/private partnership formed in 2004 representing 34 member organizations. The Collaborative has since launched a pilot project in which three communities – Brockton, Newburyport, and Northern Berkshire – were awarded a total \$50 million commitment from Blue Cross Blue Shield of Massachusetts to fund its demonstration project phase of the full implementation of electronic medical records and assess the health/cost/community impacts.

The Massachusetts e-Health Collaborative and the Massachusetts Health Data Consortium and its subsidiary MA-SHARE are each crucial organizations influencing HIT efforts in Massachusetts. The eventual goal is to link the communities participating in the current pilot program – and others – to MA-SHARE.

Last Updated: 08.29.2007



Michigan Health Information Technology (HIT) Commission

Group Website: www.michigan.gov/mdch

Group Size: 13

Source of Authority: Legislation

Source Document: www.legislature.mi.gov/documents

State Government Involvement: The 13 members of the HIT Commission are appointed by the Governor and there are representatives from state government among its membership. The HIT Commission is housed within the state's Department of Community Health.

State CIO Involvement: The state CIO is a member of the Commission.

Major Initiatives: Spearheaded by the state Departments of Community Health and IT, the Michigan Health Information Network (MiHIN) recently completed its *Conduit to Care* report and presented it to Governor Granholm in December of 2006. *Conduit to Care* consisted of a statewide Steering Committee and six work-groups which brought approximately 200 healthcare, government and information technology leaders together to develop this report.

One recommendation from *Conduit to Care* was to form and fund a state MiHIN Resource Center in order to provide day-to-day governance, guidance, direction and coordination to the design and implementation of regional HIEs and statewide exchanges. This Resource Center is currently operational and can be found at www.MiHIN.org.

In June of 2007, the Michigan Departments of Community Health and Information Technology announced more than \$4.5 million in funding that will create a statewide infrastructure for healthcare information exchange that will streamline the sharing of medical information throughout Michigan. This funding will also go toward the MiHIN Resource Center and will, among other things, assist regional health information exchange efforts across the state, focusing on daily activities in order to increase the adoption rate and successful implementation of regional HIEs across Michigan.

Last Updated: 08.28.2007



Minnesota Health Information Exchange

Group Website: No website

Group Size: TBD

Source of Authority: Non-profit

Source Document: www.governor.state.mn.us/mediacenter/pressreleases

State Government Involvement: The Minnesota Health Information Exchange will operate as a non-profit and is a public/private partnership between hospitals, insurance companies and the Minnesota Department of Human Services.

State CIO Involvement: NASCIO staff could not detect state CIO involvement as of 9/13/07.

Major Initiatives: The Minnesota Health Information Exchange seeks to improve patient safety, increase efficiency among health care providers, and reduce administrative costs for all health care organizations. The founding partners include Allina Hospitals & Clinics, Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, and the state of Minnesota. UCare is also an initial financial contributor to the exchange. Others supporting the project include Community Health Information Collaborative, Fairview Health Services, FirstPlan, HealthEast Care System, Hennepin County Medical Center, North Memorial Medical Center, Park Nicollet Health Services, and Preferred One. When the exchange goes live in early 2008, it will serve more than three million Minnesotans, and additional Minnesotans will be served as more health care organizations join the exchange.

The exchange will create an electronic superhighway that allows for a secure interchange of clinical information among provider and payer. Initially, Minnesota Health Information Exchange will provide the connectivity needed to obtain medication histories, lab orders and test results across health systems. Future electronically-based services will include radiology reports; Minnesota Department of Health disease surveillance reporting; and electronic prescriptions.

Minnesota Health Information Exchange is funded by start-up money from its founding organizations and by subscriber fees, which, together with the public-private partnership nature of the exchange, make it unique among other health information exchanges around the country. Any excess revenue generated from Minnesota Health Information Exchange operations will be used to develop additional electronic health care services.

Last Updated: 09.13.2007



Mississippi Health Information Infrastructure Task Force

Group Website: No website

Group Size: 20

Source of Authority: Executive Order

Source Document: www.governorbarbour.com/proclamations/Executive

State Government Involvement: Representatives from state government agencies sit on the Task Force, as well as two members of the state House of Representatives and two members from the state Senate.

State CIO Involvement: The state CIO is a member of the Task Force. The state CIO is also a member of the state delegation appointed by Governor Barbour to the Gulf Coast Health Information Technology Task (GCTF) created by the Southern Governors' Association.

Major Initiatives: The Task Force, created by Governor Barbour by Executive Order 979 in March 2007, is directed to develop recommendations for an overall strategy for the adoption and use of health information technology and health information exchange to improve health and health care in Mississippi; identifying the benefits and costs of a comprehensive statewide health information technology infrastructure; addressing potential technical, scientific, economic, security, privacy, and other issues related to the adoption of interoperable healthcare information technology; identifying existing health information technology resources, including funding sources, to support the development of a statewide health information infrastructure; identifying technology options to realize a comprehensive health care information infrastructure; and ensuring health information privacy and security in electronic health information exchange.

Additionally, Mississippi is part of The Gulf Coast Health Information Technology Task Force (GCTF), which is a collaborative group coordinated by the Southern Governors' Association (SGA) and composed of Governors' appointees representing Alabama, Louisiana, Mississippi, and Texas. The GCTF is charged with the responsibility of developing a plan for a technology infrastructure upon which health care delivery and financing organizations can provide the technologies and processes required to provide effective, efficient, and consumer-focused approaches to health care delivery. This initiative is supported with funding received from the Robert Wood Johnson Foundation and the U.S. Department of Health and Human Services' Office of the National Coordinator.

Last Updated: 08.23.07



Missouri Healthcare Information Technology Task Force

Group Website: www.dhss.mo.gov/HealthInfoTaskForce/index.html

Group Size: 14

Source of Authority: Executive Order

Source Document: www.gov.mo.gov/eo/2006/eo06_003.htm

State Government Involvement: Representatives on the Task Force included the Governor's Healthcare Policy Advisor, the State CIO, Department Directors, and IT Directors.

State CIO Involvement: The state CIO was a member of the Task Force.

Major Initiatives: The members of the Missouri Health Information Technology Task Force submitted their final report on September 1, 2006, as directed by the Executive Order. Recommendations submitted included one to form a new steering committee in order to carry out the recommendations set forth by the Task Force with broad representation from payors, providers, employers, consumers, subject matter experts and state leaders. The Task Force expired on December 31, 2006. Several initiatives have moved forward. The Governor's Office is in the process of coordinating IT healthcare discussions with the public benefit agencies and the state CIO's office. The report is available at: www.dhss.mo.gov/HealthInfoTaskForce/Report.html

Additional HIT efforts in Missouri include:

MO HealthNet: Legislation reforming Missouri's state healthcare program passed during the 2007 Legislative Session. Senate Bill 577 replaces the Medicaid program with MO HealthNet, which focuses on preventive care over more costly emergency care and emphasizes transparency and consumer choice. Senate Bill 577 is located at www.senate.mo.gov/07info/BTS_Web/Bill.aspx?SessionType=R&BillID=28834

CyberAccess: Located within the Department of Social Services Division of Medical Services, this is an innovative Electronic Health Record program for Medicaid recipients and is available to their healthcare providers. The web-based tool, called CyberAccess, allows physicians to prescribe electronically, view diagnosis data, receive alerts, select appropriate preferred medications and electronically request drug and medical prior authorizations for their Medicaid patients. More information is available at www.dss.mo.gov/dms/cs/medprecert/pages/cyberaccess.htm

Last Updated: 09.07.2007



HealthShare Montana

Group Website: No website

Group Size: 130+

Source of Authority: HealthShare Montana is in the application process to become a non-profit organization.

Source Document: N/A

State Government Involvement: Several representatives from state government agencies sit on the Board and are involved in this initiative.

State CIO Involvement: The state CIO is a member of the Board.

Major Initiatives: HealthShare Montana, formerly known as the Montana HIT Task Force, began as a grassroots coalition of healthcare providers, state and federal agencies, consumers and other stakeholders that share in common the primary goal of promoting the use of electronic health information technology throughout the state.

HealthShare Montana is an organization of healthcare providers and stakeholders brought together with the assistance of U.S. Senator Max Baucus as a result of his desire to improve healthcare for Montanans. These representatives and stakeholders met throughout 2006 and 2007. The meetings were held at several locations around Montana, and participants attended in person and via phone and videoconference. Thirty-three stakeholders were represented. Categories of stakeholders ranged from healthcare providers and healthcare facilities to payers, state government, physician and hospital associations, and representatives of the Office of Rural Health and Montana educational institutions.

Issue-specific groups titled Governance, Finance, Technology, Physician Champions, Legislative, and Public Interest have formed from volunteers, and as a result of the work of several of these groups, an organizational resolution and a Steering Committee were approved at the January 19, 2007 meeting. Articles of Incorporation have been accepted by the State of Montana, and HealthShare Montana is now a Public Benefit Corporation. Bylaws to reflect this function and purpose have been drafted and approved. An application to become a 501(c)(3) corporation has been submitted.

On July 11th, 2007, a formal board was elected. The HealthShare Montana Board will be tasked with maintaining and refreshing the vision, strategy, and outcome metrics underpinning the project. It will also provide advocacy when needed and build trust, buy-in, and participation of major stakeholders statewide. Additionally, the Board will work to assure equitable and ethical approaches in implementing HIT, HIE, and all forms of telehealth in Montana. It may also raise, receive, manage, and distribute state, federal, or private funds. It will prioritize and foster interoperability for statewide and regional projects.

Last Updated: 09.10.2007



Nebraska Information Technology Commission eHealth Council

Group Website: www.nitc.ne.gov

Group Size: 25

Source of Authority: Lieutenant Governor and the Nebraska Information Technology Commission

Source Document: www.nitc.ne.gov/eHc/eHealthCounciloverviewJuly2007.pdf

State Government Involvement: The Nebraska Information Technology Commission, which is chaired by the Lieutenant Governor, formed the eHealth Council in 2007. The eHealth Council includes representatives of state government as well as representatives from public health, health care providers, eHealth initiatives, payers and employers, consumers, and resource providers.

State CIO Involvement: The Office of the CIO is represented on the eHealth Council and is providing staff support.

Major Initiatives: The Nebraska Information Technology Commission's eHealth Council was created to foster the collaborative and innovative use of eHealth technologies through partnerships between public and private sectors, and to encourage communication and coordination among eHealth initiatives in Nebraska.

The eHealth Council is charged with:

- Reviewing the current status of healthcare information technology adoption by the healthcare delivery system in Nebraska;
- Addressing potential security, privacy and other issues related to the adoption of interoperable healthcare information technology in Nebraska;
- Evaluating the cost of using interoperable healthcare information technology by the healthcare delivery system in Nebraska;
- Identifying private resources and public/private partnerships to fund efforts to adopt interoperable healthcare information technology;
- Supporting and promoting the use of telehealth as a vehicle to improve healthcare access to Nebraskans; and
- Recommending best practices or policies for state government and private entities to promote the adoption of interoperable healthcare information technology by the healthcare delivery system in Nebraska.

The eHealth Council is establishing an eHealth Clearinghouse to facilitate the exchange of information on eHealth in the state. The clearinghouse is at www.nitc.ne.gov/eHc/clearing/index.html.

Last Updated: 08.17.2007



Nevada HealthInsight

Group Website: www.healthinsight.org/index.html

Group Size: 30+

Source of Authority: Non-profit

Source Document: www.healthinsight.org/about/about.html

State Government Involvement: The Director of the Governor's Consumer Health Alliance Office sits on the Board of Trustees and the Bureau Chief of Health Planning and Statistics in the Nevada State Health Department sits on the Council.

HIT Role: One of the primary functions of this organization is to assist physician offices with the adoption and implementation of electronic health records (EHR) technology.

State CIO Involvement: The state CIO has been involved in the initial discussions and is a resource for HealthInsight.

Pilot/Operational Projects: In June 2006, HealthInsight announced they were offering free EHR adoption assistance to primary care physician practices across the state through the Doctor's Office Quality-Information Technology (DOQ-IT) project. DOQ-IT is a program, sponsored by the Centers for Medicare & Medicaid Services (CMS), designed to improve quality of care, patient safety, and efficiency for services provided to Medicare beneficiaries by promoting the adoption of EHRs in physician practices.

HealthInsight has worked with virtually every health care provider in the state and has consistently scored above the 90th percentile in satisfaction and performance on their improvement projects. The following are a list of recommendations that HealthInsight has formulated:

1. Support the collaboration of providers in various health care settings, inpatient, outpatient, nursing homes, home health agencies, payers, pharmacies, etc. to facilitate both HIT and HIE in Nevada.
2. Encourage the adoption of HIT thru Medicaid and State Employee Health funds through Pay for Performance or other incentive programs
3. Develop legislation or work through the DHHS committee structure to support a Regional Health Information Exchange organization in this state.
4. RHIE development should be prioritized to meet the urgent needs of the community – i.e., Emergency services connect; Hospital connect; Pharmacy connect; Physician connect; Laboratory, Radiology and Payer connect, etc.
5. RHIE and HIT development should be a publicly supported program with a broad segment of community involvement and input to include all stakeholders.

Last Updated: 11.14.2006



New Hampshire Citizens Health Initiative

Group Website: www.steppingupnh.org

Group Size: 150+

Source of Authority: Governor

Source Document: www.nh.gov/governor/news/2005/092205health.htm

State Government Involvement: This initiative was created by the Governor and brings lawmakers and state government officials together with health care providers, insurers, business, and consumers.

State CIO Involvement: NASCIO staff could not detect state CIO involvement as of 08/13/07.

Major Initiatives: Governor Lynch created the New Hampshire Citizens Health Initiative to address various issues for improving health quality in the state and among them is implementing health information technology efforts. The Citizens Health Initiative lists ePrescribing, an employer web portal, electronic medical records and strategic planning for health information technology among its major initiatives for 2007.

Last Updated: 08.13.2007



New Jersey Health Information Security and Privacy Collaboration (NJ-HISPC)

Group Website: www.state.nj.us/dobi/njhispc.html

Group Size: 28 stakeholder groups

Source of Authority: Governor

Source Document: N/A

State Government Involvement: NJ-HISPC is a cooperative collaboration of several departments in state government. The Department of Banking and Insurance (DOBI) was the lead agency—selected by the Governor—and was supported by the Departments of Health and Senior Services, Human Services, Military and Veterans Affairs, the State’s Professional Boards, and other entities.

State CIO Involvement: NASCIO staff research could not detect state CIO involvement as of 09/17/07.

Major Initiatives: The second phase of the Health Information Security and Privacy Collaboration (HISPC) is underway. In addition to state government direction, Rutgers University, Center for State Health Policy and Thomas Edison State College provided professional assistance on the acquisition and assembly of data. Many corporate and private citizens also served in a voluntary advisory capacity providing details on best practices, critical analysis of the data, organizing information and drafting reports.

As a result, the project managers of the thirty-four HISPC participating entities were designated as the National HISPC. This group is charged with the responsibility to implement the findings and recommendations that were submitted in the Final Implementation Plans submitted by the State HISPCs. Interim federal funding has been provided for May and June 2007 and NJ-HISPC is in the process of submitting further contract proposals which will cover funding for the implementation activities from July 1, 2007 to December 31, 2007.

Specifically, NJ-HISPC will seek to develop an educational presentation on the value of electronic health records and to help clear up many misunderstandings regarding the application of the privacy and security laws and regulations. After the educational package, syllabus and PowerPoint are developed, representatives of the DOBI speakers bureau will make electronic health record presentations to health care providers, civic groups and consumers. Thomas Edison State College is expected to participate in this effort and may be able to award continuing education credits.

NJ-HISPC also has launched an effort with New York State and New York City to develop an electronic health care record for Medicaid children pursuant to a Medicaid Transformation Grant received at the New Jersey Department of Human Services. New Jersey and New York will also endeavor to merge their public health registries to better serve consumers and to assist public health authorities in the event of a major crisis such as a bioterrorist event or pandemic.

Last Updated: 09.17.2007



New Mexico Health Information Collaboration (NMHIC)

Group Website: www.nmrhio.org

Group Size: 25 partnering organizations

Source of Authority: Public-private partnership

Source Document: www.nmrhio.org/displaycontent.aspx?contentuno=58

State Government Involvement: The state Department of Health is involved in this effort.

State CIO Involvement: NASCIO staff could not detect state CIO involvement as of 08/13/07.

Major Initiatives: NMHIC is an effort by public and private health systems, insurers and employers in the state to develop electronic health information exchange. Its decentralized network architecture allows all authorized users to access information from the network while allowing each data provider to maintain control of its data in its own facility. The NMHIC secure electronic patient referral module streamlines the referral process in both directions.

NMHIC has a nearly complete Master Patient Index that is capable of locating the records for a specific patient across the network (wherever the patient has received care). It also has a data engine that enables access to these records by health care providers at the time of the patient visit and a secure electronic referral module/clinical messaging.

A Governance Model Task Force with engaged work groups is charged with developing a neutral non-profit organizational base for NMHIC and the New Mexico Regional Health Information Organization as well as a sustainable business model.

Last Updated: 08.13.2007



New York Office of Health Information Technology Transformation

Group Website: www.health.state.ny.us/technology

Group Size: TBD

Source of Authority: Commissioner of Health

Source Document: www.health.state.ny.us/press/releases/2007

State Government Involvement: This newly created Office is housed within the state Department of Health (DOH).

State CIO Involvement: TBD

Major Initiatives: This Office was created in August of 2007 by the Commissioner of Health as part of Governor Spitzer's agenda to advance patient-centered care and enable improvements in health care quality, affordability and outcomes for each person, family and business in New York. An initial \$106 million will be invested in the health care community during 2007-2008 to support the implementation of health IT tools to allow portability of patients' medical records and new tools to assess and target improvements in health care quality.

The Commissioner has charged the Office of Health Information Technology Transformation with coordinating health IT programs and policies across the public and private health care sectors. These programs and policies will establish the health IT infrastructure and capacity to support clinicians in quality-based reimbursement programs and new models of care delivery.

DOH has set initial activities to advance a statewide interoperable health information and quality infrastructure, which include:

- A strategic health IT implementation plan to be used as a guide for implementing an interoperable health information infrastructure in New York that will be submitted to the Commissioner of Health within 90 days. The plan, to be updated regularly, will include key clinical, patient, technical, organizational, financial and policy components required to advance statewide interoperable health IT.
- Establishing a health IT coordinating council to bring together internal DOH programs and policies involving health IT to align strategies, avoid duplication and streamline programs.
- Establishing a health IT public-private partnership to help DOH collaborate with public and private health care leaders on health IT.

Last Updated: 08.13.2007



North Carolina Healthcare Information and Communications Alliance (NCHICA)

Group Website: www.nchica.org

Group Size: 33-member Board of Directors and 190+ member organizations

Source of Authority: Executive Order

Source Document: www.nchica.org/AboutNCHICA/CorpInfo/ExecOrder.htm

State Government Involvement: Representatives from state government sit on the Board and are also active in technology, clinical and policy projects undertaken by the membership.

State CIO Involvement: The staff of the state CIO's office has been involved in the development of privacy and security policies and other initiatives for the past several years. For example, a member of the state CIO's policy staff acted as both a contributor and co-editor of the North Carolina Health Information Security and Privacy Collaboration (HISPC) Final Implementation Plan which was published in April 2007.

Major Initiatives: Working closely with its members, NCHICA operates in many venues as a convener, promoter, educator, catalyst and innovator. NCHICA leads demonstration projects, hosts educational sessions, fosters collaborative efforts and supports statewide and national initiatives that promote standards-based IT and policy in health and care statewide.

NCHICA supports national health IT goals through active engagement in the following initiatives: informing clinicians and other healthcare stakeholders about the benefits of electronic health information; developing seamless and secure health information exchange capability for all stakeholders, while ensuring privacy protections; empowering consumers to play a more active role in their healthcare through their use of IT; and leveraging IT to improve the health of the entire nation.

Specifically, NCHICA led North Carolina's participation in Phase 1 of the Nationwide Health Information Network (NHIN) Prototype Architecture contract with the HHS Office of the National Coordinator for Health Information Technology (ONC). Also, NCHICA is leading North Carolina's involvement in the Health Information Security and Privacy Collaboration (HISPC) funded by ONC and the Agency for Health Research and Quality (AHRQ) in conjunction with the National Governors Association.

Last Updated: 08.20.2007



North Dakota Health Information Technology Steering Committee

Group Website: www.med.und.nodak.edu/depts/rural/sorh/hit

Group Size: 17

Source of Authority: Legislation

Source Document: www.legis.nd.gov/assembly/60-2007/bill-text/HAVG0200.pdf

State Government Involvement: The Steering Committee consists of the state Health Officer, the Governor or the Governor's designee, the Executive Director of the Department of Human Services or the Executive Director's designee, individuals appointed by the Governor to represent state government interests, and individuals appointed by the state Health Officer to represent health information technology stakeholders.

State CIO Involvement: The State CIO sits on the Steering Committee as a representative of the Governor.

Major Initiatives: The Steering Committee is charged with making recommendations for implementing a statewide interoperable health information infrastructure that is consistent with emerging national standards and promotes interoperability of health information systems for the purpose of improving health care quality, patient safety, and overall efficiency of health care and public health services.

The Steering Committee is also charged with the development of a grant program that will fund collaborative health information technology projects that will support health care providers in planning and implementing interoperable health information technology systems.

Last Updated: 08.13.2007



Ohio Health Information Partnership Advisory Board

Group Website: No website

Group Size: TBD

Source of Authority: Governor

Source Document: <http://governor.ohio.gov/Portals/202007-30S.pdf>

State Government Involvement: The Governor will appoint a co-chair and two members of the Advisory Board each will come from the House and Senate.

State CIO Involvement: The State CIO will lead this Advisory Board.

Major Initiatives: The board's mission is to bring together representatives from the public and private sectors to work on health information technology issues and to coordinate that work with the Ohio Broadband Council.

This Board, scheduled to sunset Dec. 31, 2008, unless the order is extended, will develop an operational plan on how to implement the recommendations in the Ohio Health Information Security and Privacy Collaboration (HISPC) implementation plan and the Ohio HIT Strategic Roadmap for consideration by the Governor's Office and the Ohio General Assembly. This operational plan will:

- Include a business proposal for creating a state-level, public-private organization to coordinate ongoing efforts to implement a strategy for the adoption and use of electronic health records and exchange of health information
- Guide legislative and regulatory actions
- Identify obstacles to the implementation of an effective health information infrastructure in the state and provide policy recommendations to remove or minimize those obstacles
- Advise the Governor and General Assembly on issues related to the development and implementation of the health information infrastructure
- Advise the Governor and General Assembly on issues related to the privacy and security of health information
- Oversee the ongoing work of Ohio's HISPC project.

The Governor will also select individuals currently serving on the HISPC Steering Committee to serve on this Board.

Last Updated: 09.19.2007



Oklahoma Health Care Authority (OCHA)

Group Website: www.ohca.state.ok.us

Group Size: 7-member Board plus OCHA employees

Source of Authority: Legislation

Source Document: www.sos.state.ok.us/documents/Legislation/50th/2006/

State Government Involvement: OCHA is a state agency that controls state-purchased health care.

State CIO Involvement: The state CIO is not involved with OCHA.

Major Initiatives: Governor Brad Henry signed HB 2842 on June 9, 2006 which created the "Oklahoma Medicaid Reform Act of 2006." This legislation called on the Oklahoma Health Care Authority to conduct a needs analysis to design a database of electronic medical records for Medicaid providers. The Act states that OCHA shall conduct a needs analysis to design a database of clinical utilization information or electronic medical records for Medicaid providers. A report shall be submitted by January 1, 2008.

Also, the bill charged the Authority with designing and implementing an electronic prescribing pilot program. The pilot program may include: providing hardware, software, and connectivity for a limited number of prescribers. This group is in the process of bidding the electronic prescribing program and hopes to have a vendor on-line by the end of 2007.

Last Updated: 09.10.2007



Oregon Health Information Portability and Privacy Activities

Group Website: www.oregon.gov/DAS/OHPPR/HISPC.shtml

Group Size: TBD

Source of Authority: Governor

Source Document: www.governor.state.or.us/Gov/p2006/press_053006b.shtml

State Government Involvement: The Health Information Technology Coordinator continues to be a point of coordination and promotes collaborative efforts in Oregon regarding issues of health information portability and privacy.

Additionally, the State's Attorney General is active in the State Alliance for eHealth as part of an initiative put forth by the National Governors Association and is one of seven voting members of the Alliance. The Health Information Security and Privacy Collaboration (HISPC) Steering Committee was appointed by the Governor and has provided guidance to the project over the past year. The Public Employees Benefits Board has been instrumental in its role as a purchaser incentivizing the use of health information technology in its contracts with payers.

State CIO Involvement: On behalf of the State CIO, the State Chief Information Security Officer has and will continue active participation in the effort and will regularly attend the HIPSC Steering Committee, now Health Information Infrastructure Advisory Committee (HIIAC) meetings.

Major Initiatives: This HISPC Steering Committee is slated to undergo a transition to the newly created Health Information Infrastructure Advisory Committee (HIIAC). This committee will be conducted under the Governor's office, directed by the Governor's Health Policy Advisor and will be staffed by the Office for Oregon Health Policy and Research. Furthermore, the Oregon Legislature recently passed a bill that provides for broad health reform planning with an emphasis on universal healthcare access. It contains a provision for personal and private health records for all Oregonians. The newly formed Oregon Health Fund Board will include health information infrastructure in the form of personal health records in its reform recommendations. A variety of working groups comprised of domain experts from a broad range of stakeholder groups will be established. Additionally, the Office for Oregon Health Policy and Research with private sector partners has conducted an annual statewide Electronic Health Records (EHR) inventory.

Oregon has assessed how privacy and security laws and business practices affect exchange of interoperable electronic health information through HISPC and will conduct consumer outreach in the form of a documentary film regarding health information portability and privacy in the second part of the HISPC project.

Key representatives from the Oregon Department of Human Services (DHS) are also involved in the HIIAC. The CIO and the Privacy Officer for Oregon DHS are participating as active stakeholders. Additionally, Oregon DHS is in the process of implementing a new Medicaid Management Information System (MMIS). MMIS is a federally required information system used to manage and report on the \$3.1 billion per year in Medicaid payments that are made to over 31,000 Oregon Medicaid providers for services rendered to over 400,000 Oregonians. When implemented, the MMIS will serve to accelerate the promotion of health information exchange and, ultimately, have a central role in creating portable, personal health record bank accounts for all Oregon Medicaid beneficiaries.

OREGON



Oregon DHS is evaluating the feasibility of collecting clinical data to support a personal health record for Medicaid recipients as documented in the Federal Medicaid Information Technology Architecture (MITA) initiative. Oregon DHS employees are also engaged in various emergency preparedness and public health programs where the secure exchange of health information is a fundamental consideration.

Last Updated: 09.13.2007



Pennsylvania Governor's Office of Health Care Reform

Group Website: www.gohcr.state.pa.us

Group Size: 17

Source of Authority: Legislation/Executive Order

Source Document: www.ohcr.state.pa.us/about-the-office/index.html

State Government Involvement: The Governor's Office of Health Care Reform (GOHCR) works with the Cabinet and key stakeholders to further adoption of initiatives announced in the ***Prescription of Pennsylvania*** – the Governor's comprehensive plan to restructure health care in the state.

State CIO Involvement: GOHCR is working with the Office of Information Technology, Department of Health, Department of Public Welfare, Department of Military and Veterans Affairs, and the Department of Community and Economic Development to establish a workgroup to focus on Health IT for the state.

Major Initiatives: GOHCR works with various state departments, industry leaders and the Pennsylvania eHealth Initiative (PAeHI) to advance several HIT initiatives including the use of electronic medical records (EMR) in Pennsylvania and determining the state's role in health information exchanges (HIE), which will ultimately tie into a national system. This system will allow patients and health care providers to securely access medical records regionally and throughout the country. GOHCR also works with these entities to promote the use of ePrescribing by providers. In addition to these efforts, RHIO activity has started independently in eight areas across the state.

Last Updated: 09.17.2007



Rhode Island Health Information Exchange

Group Website: No website

Group Size: TBD

Source of Authority: Governor

Source Document: www.ri.gov/GOVERNOR/view.php?id=2276

State Government Involvement: The state Department of Health is spearheading this effort as part of the Governor's goal of statewide electronic access to health information by 2010.

State CIO Involvement: The state CIO is a member of the steering committee.

Major Initiatives: The Rhode Island Health Information Exchange is a public-private partnership spearheaded by the state Department of Health. In July of 2007, the Department of Health announced that it had selected a vendor to consolidate the health information of Rhode Island residents, providing authorized doctors, hospitals and pharmacists a more complete patient health file.

The Department of Health, working closely with community partners, providers, and other key stakeholders, will oversee the development of this interconnected, interoperable system. The Department of Health has engaged a wide range of consumer advocacy groups, health care attorneys, and others to ensure the system protects patients' privacy and addresses the needs of both health care consumers and clinicians.

Last Updated: 09.13.2007



South Carolina Architecture Oversight Committee (AOC)

Group Website: www.cio.sc.gov/eaweb

Group Size: 53

Source of Authority: State Budget and Control Board

Source Document: www.cio.sc.gov/SCEA/AOC-GOVERNANCE-By-Laws.pdf

State Government Involvement: The AOC represents all state agencies and is comprised of a total of nineteen representatives that are either elected or appointed.

State CIO Involvement: This Committee falls under the Division of the CIO with senior management serving as chairman.

Major Initiatives: The South Carolina AOC is currently in the process of identifying healthcare IT needs with State Agencies and rural medical associations through a Community of Interest (CoI) that is part of the Architecture Oversight Committee. Through this CoI, they hope to provide standard data elements across the Healthcare IT System that benefits both public and private providers alike.

South Carolina is working to link the healthcare IT needs to an ERP that is being built across the State. The vision is the integration of state healthcare agencies and private providers into a system of systems that provides real time information.

South Carolina is also working with the North Carolina Healthcare Information and Communications Alliance, Inc. (NCHICA) to strengthen the relationship between State-to State on sharing healthcare information and permitting interoperable health information exchange if needed.

On June 13, 2007, South Carolina met with the Southern Institute on a priority schools initiative that would utilize SC Healthcare and Education databases to assist in improving the issues with the South Carolina priority schools.

Last Updated: 08.20.2007



South Dakota Electronic Health Record Assessment (SDEHRA)

Group Website: No website

Group Size: 30

Source of Authority: Secretary of Health

Source Document: www.state.sd.us/news/showDoc.aspx?i=7835

State Government Involvement: The Assessment was a joint effort of the state Departments of Health, Human Services and Social Services working with Dakota State University.

State CIO Involvement: The state CIO is a member of the SDEHRA Steering Committee.

Major Initiatives: The year-long South Dakota Electronic Health Record Assessment (SDEHRA) project concluded on August 23, 2007 with the first Health Information Technology (HIT) Summit. The Summit featured state, regional, and national speakers on the topic of HIT as well as the SDEHRA findings.

Consumer Survey Responses: It was found that survey respondents generally have adequate internet access, but are not currently using it to communicate with health care providers. Only 25% of respondents currently maintain a personal health record and only 6% maintain their personal health record in electronic format.

Survey respondents overwhelmingly want control over who has access to their health records and are almost evenly divided on the issue of giving family members the ability to access their records. Respondents believe that an electronic health record (EHR) will reduce the occurrence of medical errors and ultimately reduce medical costs; however, they are ambivalent about the accuracy and security of their electronic medical information.

Provider Survey Responses: Although only 32% of respondents indicated the use of an EHR, that is well above the national average rate of 20%. Costs and integration concerns are the leading barriers to implementing an EHR. Over half of the responses, 55% stated that they do not maintain clinical data in electronic format while 36% responded that clinical information is maintained in electronic format. Again, cost and integration are a significant barrier.

The SDEHRA team made the following recommendations to the Steering Committee for consideration as the project rolls into the second phase.

1. Develop a center to provide united and focused leadership.
2. Address limits identified in the process and gather a broader spectrum of consumers, and payers.
3. Develop and deliver educational and training resources both for consumers and providers.
4. Design and initial, narrowly focused system, which builds on resources already in use in the state.
5. Enact a comprehensive South Dakota Health Records Act which engrosses all health statutes under one umbrella.

These recommendations were presented to the Steering Committee at the HIT Summit and they will define the scope of work for the next phase of the project. The Steering Committee will make recommendations for moving ahead on some or all of the recommendations as they will ultimately drive the solutions which will be implemented.

Last Updated: 09.14.2007



Tennessee Governor's eHealth Council

Group Website: www.TennesseeAnytime.org/ehealth

Group Size: 16

Source of Authority: Executive Order

Source Document: www.tennesseeanytime.org/ehealth/order.html

State Government Involvement: The Council is administered under the Department of Finance & Administration.

State CIO Involvement: The State CIO works closely with the Chair of the eHealth Council to coordinate efforts around the use of health information technology.

Major Initiatives: The Council builds consensus across Tennessee's health care stakeholders, advises state government on the promotion of electronic medical records (EMRs), and implements regional and statewide health information exchange initiatives. Tennessee is recognized nationally for its eHealth initiatives. At \$6.8 million, Tennessee ranks fourth in the nation in the receipt of federal funds from the Agency for Healthcare Research and Quality (AHRQ) to develop EMRs and related health informatics technology over the next five years. The Council has developed an implementation roadmap that prioritizes consensus building, connectivity and ePrescribing with a plan for targeted county-by-county rollout.

Health Information Exchange (HIE): Tennessee has two HIEs that have each been operational for more than a year. The Mid-South eHealth Alliance is a regional health information organization (RHIO) sharing clinical encounter data among emergency departments in 15 Memphis-area hospitals. They have almost 1 million records from over 800,000 unique patients and add approximately 30,000 records daily.

Shared Health is a statewide, private HIE using claims-based data. Shared Health has over 2.2 million members (just over 1/3 of Tennessee's population). Over 5,000 physicians (out of 14,600) have registered and are actively using the data at the point-of-care.

Among Tennessee's emerging HIE initiatives, CareSpark, a RHIO in upper east Tennessee, is closest to going live. CareSpark is expected to be operational and interoperable across state lines by the end of 2007, serving 8 counties in Tennessee and 8 counties in Virginia. There are also emerging initiatives in the Nashville, Knoxville, and Jackson areas and among state agencies, including local health departments in 89 of Tennessee's 95 counties.

Connectivity: In FY07, the Council facilitated a \$1.6 million Safety Net grant to the Community Health Network to organize, equip and maintain a telehealth network at up to 45 community health centers, making specialty care more available to patients in underserved and rural areas.

For FY08, eHealth will dispense more than \$13 million in grants to drive broadband connectivity among providers by leveraging the state's existing private broadband network, TNII, which links all state agencies, schools and libraries. TNII will provide the backbone for both connectivity and authentication.

TENNESSEE



ePrescribing: In FY07, the Council facilitated a strategic workgroup on ePrescribing which resulted in an ePrescribing “go-to-market” strategy with solid consensus across stakeholders. A series of local ePrescribing pilots are currently in the planning stages.

In late 2006, Governor Bredesen was tapped to Co-Chair the NGA’s new State Alliance for eHealth, organized to oversee consensus efforts to improve the nation’s health care system through the effective and efficient use of health information technology.

Last Updated: 08.22.2007



Texas Health Care System Integrity Authority (THCSIA)

Group Website: No website

Group Size: TBD

Source of Authority: Executive Order

Source Document: www.governor.state.tx.us/divisions/press/exorders/rp61

State Government Involvement: Four representatives of state government served as ex-officio members of the Texas Health Care System Integrity Partnership, which was charged with the initial development of THCSIA. Among these representatives were the state Health and Human Services Executive Commissioner, the Acting Commissioner of the Texas Department of State Health Services, the Texas Insurance Commissioner and the Texas Attorney General.

State CIO Involvement: The Department of Information Resources (DIR) was pleased to be a resource to the state agencies and other members who participated in the advisory group. At this date, the advisory group is not able to determine the level of involvement of the Texas Department of Information Resources.

Major Initiatives: In March of 2007, the Texas Health Care System Integrity Partnership, an advisory group for the development of THCSIA, issued a report featuring recommendations for the development of the finance and governance structures for the THCSIA. The goal of THCSIA, in order to further efforts to create a secure electronic medical records system, is to arm consumers with the ability to comparison shop for health care and provide a more robust health insurance market for small employers.

In the report, the Partnership proposed that the purpose of THCSIA should be to promote a safe, high-quality, and efficient health care system in Texas and the primary function of the Authority should be to enable the secure, electronic exchange of health information, such as:

- Establishing statewide HIE capabilities for electronic laboratory results and medication history delivery;
- Supporting regional HIE initiatives by identifying data and messaging standards for HIE;
- Identifying standards for streamlining health care administrative functions across payers and providers, including electronic patient registration and communication of health plan enrollment, and information at the point of care regarding services covered by health benefit plans;
- Protecting patient confidentiality in all its operations.

The report also proposed that the Texas Legislature should consider providing initial financing of at least \$1 million for the 2008-09 biennium to support the initial operations of the Authority.

Last Updated: 09.13.2007



Utah Health Information Network (UHIN)

Group Website: www.uhin.com

Group Size: 17 organizations

Source of Authority: Non-profit

Source Document: www.uhin.com/about

State Government Involvement: The state Department of Health is a member of the Network.

State CIO Involvement: The CIO is a UHIN Board member and is involved in all of the planning activities of UHIN and shares knowledge regarding IT operations and new technologies that can be beneficial to UHIN.

Major Initiatives: UHIN, in operation since 1993, currently serves all the hospitals, ambulatory surgery centers, national laboratories and approximately 90% of the medical providers in Utah. UHIN participants have come together for the common goal of reducing health care administrative costs through data standardization of administrative health data and electronic commerce.

One initiative through UHIN is UHINet, the new Internet portal that membership can use to send and receive HIPAA-compliant transactions. Subscribers can connect with all Utah domiciled payers as well as an additional 450 national payers through UHINet. All data that is sent or received through UHINet is encrypted.

Last Updated: 09.13.2007



Vermont Information Technology Leaders (VITL)

Group Website: www.vitl.net

Group Size: 30+

Source of Authority: Non-profit

Source Document: www.vitl.net/interior.php/pid/2

State Government Involvement: VITL is supported by state agencies and also receives funding for HIT research and development from the state budget. The VITL Advisory Board represents virtually every stakeholder in the healthcare arena in Vermont.

State CIO Involvement: The state CIO is the Commissioner of the Vermont Department of Information and Innovation and serves as a Director for VITL.

Major Initiatives: VITL has facilitated communication among Vermont's health IT experts and created the foundation for future health IT collaboration. VITL has implemented a Health Information Exchange (HIE) network that will allow for seamless data transfers among health care systems. The HIE will initially support two pilot projects. One project will deliver patient medication histories to emergency department physicians in two Vermont towns, and the other project will implement an online chronic care support system. In the coming years, interfaces to all major providers will be implemented to create a statewide RHIO. Critical to the success of this exchange network is to increase the adoption of electronic health records.

In July of 2007, VITL released their plan to achieve statewide electronic health record adoption by 2014, in accordance with President Bush's goal for the country. The report called for a health data exchange infrastructure that can support central data repositories and retrieve data from distributed nodes on the network. The report proposed an incremental approach to building the system and said the state should spend at least \$1 million annually on the health data exchange while using alternative sources of revenue, including transaction fees, federal funds and private contributions.

Last Updated: 09.11.2007



Virginia Governor's Health Information Technology Council

Group Website: www.ehealth.vi.virginia.gov

Group Size: 24

Source of Authority: Executive Order

Source Document: www.ehealth.vi.virginia.gov/executiveorder.htm

State Government Involvement: The Secretaries of Health and Human Resources and Technology Co-Chair the Council. Also, two members of the Virginia House of Delegates sit on the Council in addition to a member of the Virginia Senate.

State CIO Involvement: The state CIO is *ex officio* member of the Council.

Major Initiatives: The primary objectives of the Council are to establish an interoperability framework, encourage public-private partnerships to increase adoption of electronic medical records and encourage vendors and entrepreneurs to build to the national certification standards for Healthcare Information Technology as well as identify areas where health information technology can lower health care costs for the Commonwealth of Virginia as an employer and health insurer.

In December of 2006, the Council made its recommendation to the Governor for how the \$500,000 in funding designated by the General Assembly for this year should be spent and in February of 2007, Governor Kaine announced that MedVirginia, the Community Care Network of Virginia, and CareSpark would receive \$250,000 in funding. An invitation for the second round of grant requests will be released in mid-September or early October, 2007.

In July of 2007, the Council broadened its scope to act in an advisory role for a broad range of Health IT issues. These areas include, but are not limited to, ePrescribing, enterprise Master Patient Index (eMPI), and the potential establishment of Public Private Partnerships. The Council will continue to assess progress made by previous grant awardees and will be looking at future state agency Health IT initiatives.

Last Updated: 08.14.2007



Washington State Health Care Authority (HCA) and the Health Information Infrastructure Advisory Board (HIIAB)

Group Website: www.hca.wa.gov/hit

Group Size: 12

Source of Authority: Legislation

Source Document: <http://apps.leg.wa.gov/billinfo/summary.aspx?bill=5064&year=2005>
<http://apps.leg.wa.gov/billinfo/summary.aspx?bill=5930&year=2007>

State Government Involvement: The HIIAB is supported by policy staff from the Washington State Health Care Authority (HCA). Representatives of the health care community, consumers and the state CIO are members. The Washington State budget includes funds to support a group of health information initiatives.

State CIO Involvement: The state CIO is a member of the HIIAB and, in conjunction with the state budget office, has been authorized to approve the expenditure of funds designated for certain health information projects.

Major Initiatives: HCA and HIIAB, created by SSB 5064, developed a strategy for the adoption and use of electronic medical records and health information technologies that are consistent with emerging national standards and promote interoperability of health information systems. During the 2007 session, the Washington State Legislature passed a bill which authorizes the HCA to establish an Advisory Board, which may consist of HIIAB members, to assist with the design and pilot of a consumer-centric health information infrastructure.

HCA and HIIAB submitted the required final report with findings and recommendations in December of 2006. The report calls for the phased implementation of a competitive health record banking model.

The state budget for the 2007-09 Biennium includes funds to support the following health information projects.

Health Record Banks – Based upon the HIIAB report, complete the design of a consumer-centric health information infrastructure and health record banks.

Health Information Tech Grants – Provide grants to health care providers to purchase health information technology.

Eastern State Hospital – Connect Eastern State Hospital to an integrated hospital information system to improve operations and interactions with community clinics.

Critical Patient Info Initiative – Implement a pilot project to evaluate the use of a medical response health record system by emergency medical personnel in King, Snohomish, Thurston, and Whatcom Counties.

Medical Records Technology Gap – Evaluate the information technology infrastructure of institutions operated by the Departments of Social and Health Services, Veterans Affairs, and Corrections and prepare a strategy for the use electronic medical records at these facilities.

Last Updated: 09.12.2007



West Virginia Health Information Network (WVHIN) Board

Group Website: www.WVhin.org

Group Size: 17-member Board and 3 staff positions

Source of Authority: Legislation

Source Document: www.legis.state.wv.us/2006_SESSIONS/RS/BILLS/SB170

State Government Involvement: Several members of the Board of Directors come from state government, including the Director of the Public Employees Insurance Agency, the Chief Technology Officer of the Office of Technology, Secretary of Health and Human Resources, the Chair of the Health Care Authority and the President of the Board of Pharmacy. The state's Chief Privacy Officer was appointed as the Executive Director in 2007.

State CIO Involvement: The state CIO is a member of the Board and serves as Chair of its Technology Committee.

Major Initiatives: This public-private collaborative Board is composed of provider, payer, state government, higher education and consumer representatives and is tasked with transforming the state's paper-based health care industry into a streamlined, statewide network of electronic medical records. To date, the Board has:

- Assisted Governor's office to pass legislation which authorized electronic prescribing in the state.
- Established a Technology Committee chaired by the CIO to evaluate HIT systems, business models, and sustainability in preparation for issuing an RFP for implementation of a statewide Health Information Exchange.
- Participating in the continuation of the HISPC project and a parallel consumer engagement and education project.
- Applied as a sub-contractor for the CDC Biosurveillance RFP and as a prime contractor for the NHIN2 Trial Implementation.
- Participating with the WV Telehealth Alliance to apply for FCC Rural Health Pilot project and promotion of telehealth capabilities and infrastructure.
- Assisted with an application for a CAH FLEX HIT grant.
- Coordinating HIT planning activities with the state Medicaid's \$13.8 million Medicaid Transformation Grant awards.
- Working in coordination with the state Office of Technology and the Office of the Governor to support the Governor's initiative to provide broadband access for the entire state by 2010.
- Coordinating with multiple, ongoing HIT education and implementation projects around the state including the installation of the VA's VistA software in state-operated hospitals.

Last Updated: 08.21.2007



Wisconsin e-Health Care Quality and Patient Safety Board

Group Website: <http://ehealthboard.dhfs.wisconsin.gov>

Group Size: 20

Source of Authority: Executive Order

Source Document: www.wisgov.state.wi.us

State Government Involvement: This group is chaired by the state Secretary of Health and Family Services, in addition to other state representatives.

State CIO Involvement: The state CIO is identified as a resource for the Information Exchange Workgroup within the e-Health Care Quality and Patient Safety Board.

Major Initiatives: In December of 2006, the board recently published a five-year road map for Wisconsin's move to health information technology and greater health information exchange. The eHealth Action Plan Components are as follows:

- Establish the eHealth technology platform:
 - HIT adoption
 - Regional health information exchange (HIE)
 - Statewide HIE services
- Value-based purchasing policies and actions
- Link HIT and HIE plans to prevention and disease management activities
- Take an incremental approach - growing thoughtfully over time with frequent evaluation of progress.

Last Updated: 08.14.2007



Wyoming Health Information Organization (WyHIO)

Group Website: www.wyhio.org

Group Size: 13-member Board of Directors

Source of Authority: Non-profit

Source Document: www.wyhio.org/11.html

State Government Involvement: Representatives from state government sit on the Board.

State CIO Involvement: The state CIO serves as liaison to state government.

Major Initiatives: The WyHIO is working under contract to the Wyoming Healthcare Commission (WHCC) to provide information on existing information technology capability in Wyoming's medical community, specific software in use, access to high speed Internet connections in Wyoming, and the ability to exchange electronic healthcare information among providers in Wyoming. The WyHIO has also contracted with the Wyoming Survey and Analysis Center at the University of Wyoming to conduct the survey. The WyHIO has partnered with the twelve other healthcare organizations to apply for an FCC grant to tie hospitals and mental health and substance abuse centers together in a dedicated communications network.

Wyoming was one of 34 states and territories participating in the U.S. Department of Health and Human Services Agency's Healthcare Research and Quality project to address privacy and security policy questions affecting the interoperable exchange of electronic health information. The University of Wyoming Center for Rural Health Research and Education (CRHRE) was the primary contractor and the WyHIO board was the Steering Committee for the project.

Wyoming requested, and was granted a follow-on grant to create an online privacy/security resource center for Wyoming. This center will have the responsibility of coordinating research and education to address barriers to health information exchange. The WyHIO will provide overall coordination of the project and work with the Steering Committee to assure completion of the project and its transition to the WyHIO at the end of the contract.

The WyHIO has entered into a working relationship with a local hospital and the Wyoming Department of Health for a pilot project to establish an HIE within the local healthcare community. A secondary objective is to connect that local exchange to the proposed statewide Medicaid information exchange at the Wyoming Department of Health. The WyHIO has begun a project with technical staff of healthcare providers statewide to review, develop, and adopt standards, protocols, policies, etc, for an HIE in Wyoming.

The WyHIO is participating with healthcare providers, legislators, educators, state government, and other organizations in Governor Freudenthal's HIT Task Force. The Task Force will draft a commonly-shared plan for the development of health information technology in Wyoming including recommendations which outline 1) the role of the State of Wyoming, 2) any necessary statutory and policy changes and 3) the structure or organization, if necessary, to support future HIT development.

Last Updated: 08.20.2007