

# PROFILES OF PROGRESS 4

TWO THOUSAND TEN

## STATE HEALTH IT INITIATIVES



JULY 2010

# INTRODUCTION



*“In today’s global society, it is absolutely critical that we adopt practices that enable health information to be transmitted quickly and accessibly across the Commonwealth and state lines.”—Governor Bob McDonnell of the Commonwealth of Virginia*

The health care reform debate has created a very contentious period for both the state governments and the federal government, but one thing that has been generally agreed upon is that health information technology will help improve our health care system. In February of 2009 the federal government enacted a multi-billion dollar stimulus bill in an effort to help our ailing economy and, in March of 2010, President Obama signed into law sweeping healthcare reform legislation that touches nearly every individual in the United States. Each of those individuals, whether currently covered by health insurance or will be covered by the new law, will be dependent upon the states, stakeholders, and state CIOs vital role in lowering costs, improving care and increasing efficiencies through the use of technology in healthcare.

Now in its fourth installment, the 2010 compendium outlines where state health IT initiatives stand and draws attention to the role of the state CIO in these efforts. This compendium will focus on state-led, or state designated entities, that are working toward a successful statewide health information exchange.

In March 2010 the Office of the National Coordinator for Health Information Technology (ONC), the principal federal entity charged with nationwide efforts to implement the exchange of health information technology, announced the recipients of the State Health Information Exchange Cooperative Agreement Program (State HIE). In total, 56 states, eligible territories, and qualified State Designated Entities (SDE) received awards totaling nearly \$550 million.<sup>1</sup>

The State HIE Cooperative Agreement Program funds states efforts to build capacity for exchanging health information within the state and across state lines. The state or SDE will be responsible for increasing connectivity and enabling patient-centric information flow as a way to improve the quality and efficiency of care. Paramount to the projects success is stakeholder collaboration and continual advancements in governance, policies, technical services, business operations, and financing mechanisms for each state, territory, or SDE’s four-year performance period. The state HIE is building on existing efforts to advance regional and state-level health information exchange while moving toward nationwide interoperability with the National Health Information Network (NHIN).

As part of the architecture for the NHIN, the ONC plans to announce the winners of eleven contracts for developing a health information exchange framework based on a model originated by federal homeland security agencies. The National Information Exchange Model, or NIEM, is a technical approach to information sharing that federal agencies developed during the last decade, prompted by the need to share homeland security information quickly and securely. The vendors have been enlisted to develop health information

*“States play a critical leadership role in advancing the development of the exchange capacity of healthcare providers and hospitals within their states and across the nation. Health information exchange will enable eligible healthcare providers to be deemed meaningful users of health IT and receive incentive payments under the Medicare and Medicaid electronic health record incentive program.”  
—David Blumenthal, M.D., M.P.P., National Coordinator for Health Information Technology at HHS.*

<sup>1</sup> See <[http://healthit.hhs.gov/portal/server.pt?open=512&objID=1488&parentname=CommunityPage&parentid=58&mode=2&in\\_hi\\_userid=11113&cached=true](http://healthit.hhs.gov/portal/server.pt?open=512&objID=1488&parentname=CommunityPage&parentid=58&mode=2&in_hi_userid=11113&cached=true)>.



exchange definitions and standards within the NIEM framework, along with use cases for testing transactions. The NIEM framework will incorporate and build upon standards that are already in place.<sup>2</sup> NASCIO advocates for NIEM adoption and promotes the methodology for planning, designing and implementing collaborative information exchange. In 2006, NASCIO released [A National Framework for Collaborative Information Exchange: What is NIEM?](#) which examined the vision of NIEM and how it has expanded to include health information technology.

While the State HIE cooperative agreements have a four-year performance period, the recipients have also agreed to match a portion of the grants being awarded in the second year of the award, 2011. Fortunately the states are not limited on how these matching funds can be acquired and the capital can come from sources other than the state general revenues.

The state CIOs role in a state HIE may depend upon how involved the state is with overseeing the privacy, security, sustainability, and dependability of the HIE. If public expectations are high for strong government presence it will most likely be a government-led electronic health information exchange. On the other hand, if a state chooses to be less involved in overseeing the HIE and determining the business model, it can let other actors, such as a non-profit entity created by stakeholders, operate the HIE.<sup>3</sup> NASCIO suggests that a state HIE should develop from a few guiding principles that, regardless of the governance model, state CIOs can provide during the planning and implementation phases:

- An effective statewide HIE will be able to securely integrate data and make it accessible in a federated model.
- Secure and standardized sharing of data is essential to implementing an efficient and dependable HIE.
- A statewide HIEs primary purpose is to share clinical data from different sources and make them interoperable with the NHIN standards.

- Although an HIE may mature and include eligibility, biosurveillance, claims data, reporting, and provide communication functions, it is essential to focus on making the HIE compatible with clinical use. The less stringent HIPAA privacy laws in HITECH require a clinical use case as a requirement.
- The Meaningful Use (MU) provisions that were announced by ONC in July of 2010 can not be met with just a state HIE. A state HIE is a single component, in combination with electronic health records (EHRs), Computerized Physician Order Entry (CPOE) systems, financial exchanges, etc., that work together to achieve MU.<sup>4</sup>

The HITECH ACT greatly expands the role of states in planning and implementing health information exchange. Harmonization between the state-level HIT coordinators and federal HIT policy organizations is vital to trouble-shooting any gaps that may exist. As early adopters start to implement HIEs it is important that state standards don't conflict with one another. States should begin to collaborate on how they will connect to the NHIN and define where the NHIN begins and the state HIE ends.

A great deal of emphasis has been placed on the use of technology in healthcare and how it can be leveraged to improve patient care, efficiency and reduce costs by electronically exchanging medical information. A statewide HIEs key objective is to provide an enterprise-wide architecture that will be secure, efficient, and interoperable for the exchange of information amongst all stakeholders. The state CIOs recognize that there is no better opportunity than now for carrying out these goals. The massive influx of federal dollars provides the states with an unprecedented opportunity to implement a health information exchange, but fulfillment of this goal is going to require the ingenuity of the states, state CIOs and stakeholders to make health information exchange a sustainable reality. While states policies and progress vary greatly, this compendium provides a cross section of this momentous time in healthcare reform.

<sup>2</sup> See < <http://www.govhealthit.com/newsitem.aspx?nid=73807> >, May 26, 2010.

<sup>3</sup> See < <http://www.nga.org/portal/site/nga/menuitem.9123e83a1f6786440ddcbeeb501010a0/?vgnextoid=8074c55482a5f110VgnVCM1000005e00100aRCRD#reports> >, 2009.

<sup>4</sup> See < [http://thomsonreuters.com/content/press\\_room/tsh/tr\\_establishes\\_best\\_practices\\_statewide\\_health](http://thomsonreuters.com/content/press_room/tsh/tr_establishes_best_practices_statewide_health) >, March 2010.

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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 Chad Grant at [cgrant@amrms.com](mailto:cgrant@amrms.com) or (859) 514.9148.

Founded in 1969, the National Association of State Chief Information Officers (NASCIO) represents state chief information officers and information technology executives from the states, territories, and the District of Columbia. The primary state government members are senior officials who have executive level and statewide responsibility for information technology leadership. State officials who are involved in agency level information technology management may participate as associate members. Representatives from other public sector and non-profit organizations may also participate as associate members. Private sector firms may join as corporate members and participate in the Corporate Leadership Council.

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## Alabama Health Information Exchange Advisory Commission

**Group Website:** [www.medicaid.alabama.gov/Transformation/Transformation\\_HIE\\_Commission.aspx](http://www.medicaid.alabama.gov/Transformation/Transformation_HIE_Commission.aspx)

**Source of Authority:** Governor

**Governance:** 23-member Commission

**Source Document:** [www.medicaid.alabama.gov/Transformation/Transformation\\_HIE\\_Initiatives.aspx](http://www.medicaid.alabama.gov/Transformation/Transformation_HIE_Initiatives.aspx)

**State Government Involvement:** The Commissioners from the Alabama Medicaid Agency, Department of Human Resources, Department of Rehabilitation, Department of Mental Health, Department of Senior Services, the Chief Information Officer of the Alabama Department of Finance, the State Health officer of the Alabama Department of Public Health and a representative from the Alabama State Board of Health all serve on the Commission.

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

**Major Initiatives:** Since January 2007, the Alabama Medicaid Agency, in collaboration with its stakeholder committee, has established the initial infrastructure for exchanging health information in Alabama through its Medicaid transformation grant, *Together for Quality* (TFQ). In August 2009, the Office of the National Coordinator announced the State Health Information Exchange Cooperative Agreement Program funding opportunity as specified in the American Recovery and Reinvestment Act of 2009. As a result of the ARRA, the Alabama Medicaid Agency received approximately \$10.5 million under the State Health Information Cooperative Agreement Program to plan, design, build, and operate a state-wide health information exchange.

In addition, there have been other funding opportunities provided through the American Reinvestment and Recovery Act. Combined, these funding streams offer Alabama unprecedented resources to expand the work that began through TFQ by creating a statewide HIE that is representative of providers, payers, patients and that connects sources of information to enhance quality and efficiency within Alabama's health care delivery systems.

The goal of the Alabama Health Information Exchange is to improve health care quality and efficiency by facilitating the meaningful adoption of health information technology and the secure exchange of health information. The following goals have been established:

- Ensure health information is available to health care providers at the point of care for all patients
- Reduce medical errors and avoid duplicative procedures
- Improve coordination of care between hospitals, physicians, and other health professionals
- Provide consumers access to their own health information to encourage greater participation in their health care decisions

*Last Updated: 07.19.10*



## Alaska eHealth Network

**Group Website:** [www.ak-ehealth.com/](http://www.ak-ehealth.com/)

**Governance:** 8-member Board of Directors

**Source of Authority:** Non-profit 501(c)(3)

**State Government Involvement:** The Alaska eHealth Network (AeHN) is a 501(c)(3) Alaska non-profit corporation, organized and managed by Alaskans. As a network of public and private organizations and businesses involved in healthcare, AeHN has been actively working on adoption of electronic health records (EHRs) and specifically on health information exchange (HIE) activities since 2005.

Over the course of the last ten years, AeHN's predecessor organization, the Alaska Telehealth Advisory Council (ATAC, 1996-2005), and subsequently, AeHN and AeHN staff (2005-2010) have been actively engaged in the development of standardized HIE policies, procedures, participant agreements, provider agreements, data use agreements, and continued refinement of the business, technical and communications plan for HIE in Alaska. In addition, providers from across Alaska have been regularly engaged in ongoing forums, discussions and planning sessions for HIE through AeHN and AeHN's predecessor organization.

**State CIO Involvement:** The state CIO has participated on numerous workgroups in conjunction with this major statewide initiative. The Alaska DHSS Medicaid Office has assigned an HIT Coordinator to work with AeHN in this statewide initiative.

**Major Initiatives:** Alaska eHealth Network (AeHN) mission is to promote the use of electronic health records and establish a health information exchange network to assist Alaska's providers in meeting federal and state requirements for widespread access to a statewide health information data exchange system that improves quality, safety, outcomes and efficiency in healthcare by making vital data available to providers, payers, and patients when and where they need it.

AeHN is working to exchange health information securely and timely while still protecting privacy. In an effort to facilitate electronic health record implementation throughout the state, the AeHN 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.

AeHN is a recent recipient of federal funding through the ONC Regional Extension Center grant opportunity and is a past participant in the Health Information Security and Privacy Collaborative.

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## Arizona Health-e Connection

**Group Website:** [www.azhec.org](http://www.azhec.org)

**Governance:** Seven permanent Directors on the Board and sixteen Designated Directors, along with four staff members.

**Source of Authority:** Non-profit

**Source Document:** [www.azhec.org/history.jsp](http://www.azhec.org/history.jsp)

**State Government Involvement:** Prior to its non-profit status, the Arizona Health-e Connection (AzHeC) was created by Executive Order. In addition, 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 a Permanent Director on the Board of Directors.

**Major Initiatives:** Arizona is considered a national leader in the state health information technology movement. While AzHeC began as a state-led program called upon by the Governor to comprehensively review issues and develop recommendations, this collaborative has evolved into a private-public partnership to refine those recommendations and facilitate implementation.

Arizona Health-e Connection is neither a regional health information organization (RHIO) nor an information exchange, but instead has a strategic direction to support the establishment of successful Health Information Infrastructure in Arizona through activities in the following three areas:

- Serving as an educator and statewide clearinghouse for information
- Researching and developing statewide policies, and model legal agreements
- Supporting health information exchange and provider adoption of health information technology

AzHeC involved with other statewide health IT efforts underway including efforts undertaken by the Arizona Government Information Technology Agency (GITA):

**Arizona Health Privacy Project:** Funded by the Health Information Security and Privacy Collaboration (HISPC) project which was established and funded by the Agency for Healthcare Research and Quality in 2006. Arizona's GITA received \$350,000 in 2006 to participate in the HISPC - Arizona Health Privacy Project. In 2008, an additional \$414,000 was awarded to the agency to participate on a multi-state collaborative to address standards for health information exchange.

**RHITA:** GITA manages the Rural Health Information Technology Adoption (RHITA) grant program to support the implementation of healthcare information technology and healthcare information exchange among rural healthcare providers. The current RHITA Program promotes the development of effective and secure Health Information Exchange (HIE) among medical providers serving rural Arizona.

# ARIZONA



**AHCCCS HieHR Utility:** AHCCCS, Arizona's Medicaid agency, was awarded a Medicaid Transformation Grant from the Centers for Medicare and Medicaid Services (CMS) on January 25, 2007 to develop and implement a web-based health information exchange (HIE) utility to give all Medicaid providers instant access to patient's health records at the point of service. The Federal funds are being used to support the planning, design, development, testing, implementation and evaluation of the AHCCCS Health Information Exchange and Electronic Health Record (HieHR) Utility.

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## Arkansas Office of Health Information Technology/ Arkansas Health Information Exchange Council

**Group Website:** [recovery.arkansas.gov/hie/index.html](http://recovery.arkansas.gov/hie/index.html)

**Governance:** In addition to establishing a State Coordinator of Health Information Technology, there is a Council of at least 15-members designated by the Governor.

**Source of Authority:** Executive Order

**Source Document:** [recovery.arkansas.gov/hie/progress.html](http://recovery.arkansas.gov/hie/progress.html)

**State Government Involvement:** There are at least fifteen state government members, designated by the Governor, to be included in the Arkansas Health Information Exchange Council. A few of the representatives are the Surgeon General, the Arkansas Department of Information Systems, the Arkansas Department of Health, the Arkansas Department of Human Services, the Arkansas Science and Technology Authority and the Arkansas Department of Human Services.

**State CIO Involvement:** The state CIO serves as a member on the Arkansas Health Information Exchange Council.

**Major Initiatives:** The state of Arkansas has provided start-up dollars to complete the planning process to establish a Health Information Exchange. During this planning process, the state submitted an application for a federal State Health Information Cooperative Agreement Program made available through the Office of the National Coordinator for Health Information Technology (ONC) within the United States Department of Health and Human Services. The state expects to receive approximately \$7.9 million to assist in covering initial costs. This is one of several federal grant opportunities under the HITECH Act provided to states through the American Reinvestment and Recovery Act of 2009. The opportunities provided through the HITECH Act will offer much-needed local and regional financial and technical assistance to support the health care system while enabling coordination and alignment within and among states.

The planning process for Arkansas is currently underway and implementation of the project will begin as federal dollars become available. Once the infrastructure is complete, the HIE will be maintained and upgraded on a continual basis. The project timeline was established in tandem with other federal programs for the expansion of broadband capacity, financial incentives for physicians to use electronic medical records, and the coordination of technology advances within Medicaid and Medicare.

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## California Health and Human Services Agency/ Cal eConnect

**Group Website:** [www.ehealth.ca.gov](http://www.ehealth.ca.gov)

**Source of Authority:** Governor Appointee- Deputy Secretary for HIT - CA Health and Human Services Agency (CHHS)

**Source Document:** [www.ehealth.ca.gov/eHealthPlan/tabid/72/Default.aspx](http://www.ehealth.ca.gov/eHealthPlan/tabid/72/Default.aspx)

**State Government Involvement:** The California Health and Human Services Agency (CHHS) serves as the lead agency on HIE and HIT issues for the State.

**State CIO Involvement:** The State Chief Information Officer (CIO) partners with CHHS and other cabinet-level leaders to oversee the State's HIE and HIT related efforts, directly partnering with the Deputy Secretary for HIT.

**Major Initiatives:** ARRA-related

**Medi-Cal Electronic Health Records Incentive Program:** The American Recovery and Reinvestment Act of 2009 established the Electronic Health Record Incentive Program for Medicaid and Medicare providers. Beginning in 2011 eligible Medi-Cal providers and hospitals will be able to receive incentive payments to assist in purchasing, installing, and using electronic health records in their practices. The [Office of Health Information Technology \(OHIT\)](#) has been established in the Department of Health Care Services to carry out the activities. OHIT works closely with the Office of the Deputy Secretary for Health Information Technology in the California Health and Human Services Agency to coordinate with wider health information exchange efforts throughout California and the nation.

**California's State HIE Cooperative Agreement Program:** California was awarded \$38.8 million in planning and implementation funds from the Office of the National Coordinator. Over the next year, the State will begin the implementation of its four-year plan to support its eligible providers to achieve and demonstrate meaningful use, positioning them to receive maximum incentive reimbursement. Governor Schwarzenegger and California Health and Human Services Agency (CHHS) Secretary Kim Belshé announced Cal eConnect as the non-profit entity that will provide leadership and oversee a collaborative process to develop and support the HIE services in California. Cal eConnect's Board of Directors is composed of 22 members from the stakeholder community.

Cal eConnect has converted the HIE Operational Plan into an actionable Implementation Plan, with input from a variety of stakeholders. This plan will be carried out upon receipt of a second grant from CHHS.

**eHealth Advisory Board:** Provides high-level guidance on policy and strategy for eHealth. The Board is comprised of cabinet –level state leaders (including the State CIO, members of the legislature and leadership from the private and nonprofit sectors).

**Statewide coordination of HIE effort- eHealth Coordinating Committee:** A public/private collaboration convened and chaired by the Deputy Secretary for HIT coordinates various eHealth initiatives (including ARRA) make operational policy recommendations to support the efforts of CA providers and hospitals to become meaningful users of EHRs in a manner that benefits all residents. Representatives include State departments and California's governance entity (Cal eConnect), California Telehealth Network, HIT Workforce, Rural efforts, Regional Extension Centers, CA Health Facilities Financing Authority.



**California government coordination effort- State Policy and Coordination Committee:** With the primary focus on improving patient outcomes, this workgroup will address the policy needs required to: a) collaborate on the exchange of health information (HIE); b) incorporate CHHS and State eHealth initiatives in response to the ARRA; and to c) provide a collaborative foundation for future Agency-wide efforts and cross-departmental cooperation in support of HIE/HIT.

**Office of Health Information Integrity (CalOHII):** Provides support to health information exchange by providing policy recommendations to the Cabinet Secretary for CHHS and the Deputy Secretary for HIT for privacy and security. CalOHII also addresses the harmonization of laws related to privacy, access, and the security of individually identifiable health information.

**California Privacy and Security Advisory Board:** Privacy and security of health information is a cornerstone to the success of the electronic exchange of health information. The Privacy and Security Advisory Board (PSAB) is the arena where the interactions of the law, privacy, security and the education of consumers and providers can be strategically explored and addressed. The goal is to work through the business variations and legal impediments found within California so that we can be in a position to pilot the exchange of electronic health information with other states.

**California Health Information Law Identification (CHILI):** CHILI identifies analogous federal provisions present in the Health Insurance Portability and Accounting Act (HIPAA).

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## Colorado Regional Health Information Organization (CORHIO)

**Group Website:** [www.corhio.org](http://www.corhio.org)

**Governance:** 21-member Board of Directors

**Source of Authority:** Non-profit

**Source Document:** [www.corhio.org/about.aspx](http://www.corhio.org/about.aspx)

**State Government Involvement:** The State of Colorado serves as a financial partner for CORHIO and several state government agencies have representatives on the Board.

**State CIO Involvement:** The CIO has been an ex-officio member of the CORHIO Board in the past.

**Major Initiatives:** CORHIO was awarded a \$9.175 million ARRA HITECH grant to create statewide health information exchange capacity in Colorado. This is to facilitate health information exchange within and among communities across the state to improve the quality and efficiency of health care for all Coloradans. Also, CORHIO was awarded an ARRA HITECH Regional Extension Center (REC) grant of \$12.475 Million from The Office of the National Coordinator of Health IT. CORHIO will enter this cooperative agreement on behalf of CO-REC to facilitate adoption and meaningful use of electronic health records.

In December of 2008, a statewide health information exchange initiative went live in Colorado. An effort that was estimated to benefit more than 1 million Coloradans, this initiative was a key component of Governor Ritter's ambitious "[Building Blocks to Healthcare Reform](#)" plan launched in February of 2008.

In addition, CORHIO's participation in the federal Health Information Security and Privacy Collaborative (HISPC) funded by the HHS Office of the National Coordinator was extended by the Governor in April of 2008. The third phase of the collaborative includes both (1) improved understanding and technical improvements to the privacy and security of health information exchange through the adoption of standards that are applicable throughout Colorado and beyond and (2) improved ability to engage and educate consumers about health information exchange, particularly regarding privacy and security issues.

During the first phase, Colorado produced a comprehensive report on the variations of business practices and state regulatory climate for privacy and security, relative to health information technology. For the second phase of the collaborative, CORHIO developed privacy and security procedures through a collaborative process with the AHRQ Demonstration partners as well as the Department of Health Care Policy and Financing, the Department of Public Health and Environment, and Exempla Hospital System. These policies were shared with consumer representatives as well.

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## eHealth Connecticut

**Group Website:** [www.ehealthconnecticut.org](http://www.ehealthconnecticut.org)

**Governance:** 24-members on the Board of Directors and 1-Ex-Officio member

**Source of Authority:** Non-profit

**Source Document:** [www.ehealthconnecticut.org/About.aspx](http://www.ehealthconnecticut.org/About.aspx)

**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.

**Major Initiatives:** In January, 2009, eHealth Connecticut was contracted by the state's Medicaid agency, the Department of Social Services (DSS), to implement an HIE pilot. The funding was provided by the Centers for Medicare & Medicaid Services (CMS) of the US Department of Health and Human Services via a Medicaid Transformation Grant. The pilot project became operational in the spring of 2010. The HIE will connect Federally Qualified Health Centers, acute care hospitals, and private physicians who will interoperate using standards promulgated by the Office of the National Coordinator. Primary care, emergency, and inpatient data will be shared via "Continuity of Care" documents stored in secure, private computers. These documents contain structured data including patient problems, allergies, medications, laboratory results, and physician notes. While the project is being funded by DSS with a focus on Medicaid recipients, the system will benefit all patients, regardless of payer. The HIE platform is being implemented as a shared service "utility" that could be scaled statewide.

**HIT Adoption:** On April 6, 2010, eHealth Connecticut was designated as the statewide Health Information Technology Regional Extension Center (HITREC), with a \$5.75 million federal grant awarded by the Office of the National Coordinator (ONC), Department of Health and Human Services, Grant Number 90RC0053. The goal of eHealthConnecticut's HITREC is to help the state's providers, mainly physician office practices and Federally Qualified Health Centers, select, implement, and achieve meaningful use of Electronic Health Record (EHR) systems. This includes connecting them to a statewide Health Information Exchange (HIE) to enable sharing of patient data. The commitment is to help a minimum of 2,500 of the state's 8,000 practicing physicians over the next four years.

eHealth Connecticut's approach is to charge providers a fee for HITREC services. In the first two years, they will charge a fee of \$500 per provider for selection, implementation, and meaningful use assistance. Enabled by the federal 9:1 match available through the HITREC grant, this initial \$500 fee will enable a provider to receive a full complement of services valued at \$5,000 per provider, so a provider will realize significant value from engaging with the HITREC. eHealthConnecticut's plan is to be self sufficient by 2012-13, with three revenue streams to complement and eventually replace the federal subsidy: service fees from provider customers, membership dues, and special projects for paying customers.



eHealthConnecticut has worked since 2005 to build trust and capability throughout Connecticut. Designation as Connecticut's HIT Regional Extension Center creates strong synergy with our Health Information Exchange and Quality Improvement programs, which together provide a solid foundation to deliver value to Connecticut's 3.5 million residents.

**Project assets have been developed that can be leveraged statewide:** A technology platform providing central HIE services, enabling interfaced EHR systems to interoperate. The system has been developed by Hartford Hospital and Misys Open Source Solutions. The system is being hosted at the Connecticut Hospital Association, and complies with interoperability standards being promulgated by the federal government. The system has the capability to be the statewide "network of networks," enabling individual providers to interface directly, or via local HIE's, that will exist in various communities throughout the state. The vision is that the eHealth Connecticut HIE will in turn link to the National Health Information Network being championed by the federal government.

The privacy policies and a Universal Medical Records Release Authorization (UMRRA) form can be used by physicians, hospitals, and other providers throughout the state. These have been developed by eHealth Connecticut's Privacy Committee comprised of consumer advocates, providers, DSS representatives, and legal advisors. The policies are posted on the web site. The UMRRA is for patients to sign giving authorization for the inclusion of their information in the eHealthConnecticut system.

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## Delaware Health Information Network (DHIN)

**Group Website:** [www.dhin.org](http://www.dhin.org)

**Governance:** 17-member Board of Directors

**Source of Authority:** Legislation

**Source Document:** [dhcc.delaware.gov/information/dhin.shtml](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:** One of only three states awarded federal stimulus dollars for implementation of a health information exchange; the remaining 37 states received money to develop a plan that DHIN developed in 2005. In October 2007, the DHIN was one of the nine initial health information exchanges (HIEs) selected to participate in the U.S. Department of Health and Human Services' National Health Information Network Trial Implementations. Since that time, DHIN and its partner Medicity, Inc. have played an active leadership role in collaborating with other NHIN contract recipients across the nation to help create a working national health information network infrastructure.

Created in 1997 by the General Assembly, DHIN is a fully operational state-wide health information exchange and is considered to be the first statewide exchange in the nation. DHIN is a collaboration of physicians, hospitals, commercial laboratories, community organizations and patients, designed to provide for the secure, fast and reliable exchange of health information among the many medical providers treating patients in the State. DHIN provides one source and one format for all clinical results.

*Last Updated: 07.19.10*



## Florida Health Information Network (FHIN)

**Group Website:** [www.fhin.net/FHIN/workgroups/HIECC.shtml](http://www.fhin.net/FHIN/workgroups/HIECC.shtml)

**Governance:** 18-member Coordinating Committee

**Source of Authority:** Agency for Health Care Administration

**Source Document:** [www.fhin.net/FHIN/workgroups/HIECCmission112607.pdf](http://www.fhin.net/FHIN/workgroups/HIECCmission112607.pdf)

**State Government Involvement:** In July 2009, the governor designated the Health Information Exchange Coordinating Committee (HIECC) to lead the stimulus-funded health information technology initiatives. The Health Information Exchange Coordinating Committee was organized by the Florida Agency for Health Care Administration during the fall of 2007 to advise and support the Agency in developing and implementing a strategy to establish a privacy-protected, secure, and integrated statewide network for the exchange of electronic health records among authorized physicians.

**State CIO Involvement:** The state CIO has been involved with the Florida Health Information Network since its beginning. Input from the state CIO is welcomed for both policy creation and in reviewing technical and security models of the proposed network. In the summer of 2010, the state CIO will be involved first hand in the release of an Invitation to Negotiate for a technology vendor to build a statewide health information exchange, and will help evaluate the proposals that come in from vendors.

**Major Initiatives:** The Health Information Exchange Coordinating Committee advises and supports the Agency for Health Care Administration to develop and implement a strategy for establishing a privacy-protected, secure, and integrated statewide network for the communication of electronic health records among authorized parties. The Committee functions as an issue-oriented technical workgroup of the State Consumer Health Information and Policy Advisory Council. The HIECC is currently advising the Agency on the health information exchange services provided under a \$20.7 million award for the State Health Information Exchange Cooperative Agreement Program between the Agency and the Office of the National Coordinator for Health Information Technology.

The documents can be found at: [www.fhin.net/FHIN/workgroups/HIECC.shtml](http://www.fhin.net/FHIN/workgroups/HIECC.shtml)

- In 2009, the HIE Coordinating Committee approved the launch of a Medicaid health information exchange in a public-private partnership between the Agency and Availity, LLC. Availity will integrate Florida Medicaid, Blue Cross Blue Shield of Florida and Humana claims data into a claims-based electronic health record and offer it at no charge to all Medicaid providers in the state. Future plans are to include lab results, immunization data and discharge data on the uninsured.
- In 2009 the HIE Coordinating Committee approved the Application and Strategic and Operational Plan for the Agency's application to the State Health Information Exchange Cooperative Agreement Program.
- In 2009 the HIE Coordinating Committee reviewed the applications of four Regional Extension Centers in Florida.
- In 2010 the HIE Coordinating Committee reviewed and approved the services to be provided by the state level health information exchange.

# FLORIDA



- In 2010 the HIE Coordinating Committee approved the 2009 Florida Electronic Prescribing Report.
- In 2010 the HIE Coordinating Committee reviewed the Proposal for the State Medicaid Health Information Technology Plan and the Medicaid EHR Incentive Program.
- In 2010 the HIE Coordinating Committee approved the Agency's Request for Information on Health Information Exchange.

*Last Updated: 07.19.10*



## Georgia Health Information Technology and Transparency (HITT) Advisory Board

**Group Website:** [dch.georgia.gov/00/channel\\_title](http://dch.georgia.gov/00/channel_title)

**Governance:** 9-member Advisory Board

**Source of Authority:** Executive Order

**Source Document:** [dch.georgia.gov/vgn/images/portal/cit\\_1210/42/50/70384567HITT\\_Executive\\_Order.pdf](http://dch.georgia.gov/vgn/images/portal/cit_1210/42/50/70384567HITT_Executive_Order.pdf)

**State Government Involvement:** The HITT Advisory Board members advise the Georgia Department of Community Health (DCH). Additionally, the Office of Health Information Technology and Transparency is housed within Georgia's Department of Community Health and has the responsibility to support the HITT Advisory Board.

**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:** New Health Information Exchange (HIE) Subcommittee workgroups were created to coordinate Georgia's stakeholder response to the ARRA/HITECH Act which is not covered in the HIE program activities:

- **Governance and Financial Capacity** - This work group is responsible for convening health care stakeholders to create trust and consensus on an approach for statewide HIE and to provide oversight and accountability of HIE to protect the public interest. Developing and maintaining a multi-stakeholder process to ensure HIE among providers is in compliance with applicable policies and laws. Identification and management of financial resources necessary to fund health information exchange, including public and private financing for building HIE capacity and sustainability, pricing strategies, market research, public and private financing strategies, financial reporting, business planning, audits, and controls.
- **Technical Infrastructure** - This work group is responsible for the architecture, hardware, software, applications, network configurations and other technological aspects that physically enable the secure technical services for HIE.
- **Business and Clinical Operations** - This work group is responsible for identifying requirements, use cases, process design, functionality development project management, help desk, systems maintenance, change control, program evaluation and reporting.
- **Legal and Privacy Policy** - This work group is responsible for identifying legal and policy barriers and enablers related to the electronic use and exchange of health information.

In February of 2008, the HITT Advisory Board adopted its Health Information Technology and Transparency (HITT) Strategic Plan that was prepared by the Office of HITT outlining achievement and identifying future objectives. Among the achievements included several meetings convening of stakeholders, several grants were awarded to healthcare facilities to implement various aspects of health IT including electronic health record and e-prescribing development. Other achievements include incorporating health information exchange in Medicaid programs and a contract in place with a vendor to upgrade its existing MMIS system to be compliant with the Medicaid IT Architecture (MITA) principles.

# GEORGIA



Future objectives included a continued promotion of statewide health information exchange, the creation of a roadmap for HIE that includes public and private sector stakeholders, all citizens of Georgia, health care providers, and public health. Other future efforts included the continuation of the Health Information Transparency Initiative and increased focus on e-prescribing.

*Last Updated: 07.19.10*



## Hawaii Health Information Corporation (HHIC)

**Group Website:** [www.hhic.org](http://www.hhic.org)

**Governance:** 13-member Board of Directors and 1-Ex-Officio Member

**Source of Authority:** Non-profit

**Source Document:** [hhic.org/about-hhic.asp](http://hhic.org/about-hhic.asp)

**State Government Involvement:** A representative of the state Department of Health serves on the Board of Directors.

**Major Initiatives:** HHIC's mission is to collect, analyze and disseminate statewide health information to support efforts to continuously improve the quality and cost-efficiency of Hawaii's health care services.

A private, not-for-profit corporation established in 1994, HHIC maintains one of Hawaii's largest healthcare databases. Services offered through HHIC include reporting, consulting, training and fostering collaboration. Ongoing development efforts are guided by the requirements, needs and requests of Hawaii's healthcare community. Bringing together experts from key areas of the industry, HHIC has available the expertise of health care analysts, registered health information administrators, health information privacy and security experts, medical consultants, health services planners, and database, website and systems specialists.

Through HHIC's comprehensive database and expert analytical capabilities, organizations are provided with information essential to health care quality management, community assessment, planning and policy analysis, and research.

*Last Updated: 07.19.10*



## Idaho Health Data Exchange (IHDE)

**Group Website:** [www.idahohde.org](http://www.idahohde.org)

**Governance:** 13-member Board of Directors

**Source of Authority:** Non-profit

**Source Document:** [www.idahohde.org/about.html](http://www.idahohde.org/about.html)

**State Government Involvement:** The IHDE emerged as a result of the efforts of the Health Quality Planning Commission which was created by the 2006 Legislature. The Commission was charged with promoting improved quality of care and health outcomes through investment in health information technology. A representative of the Director of the Department of Health & Welfare also sits on the Board of Directors.

**Major Initiatives:** In 2008, the IHDE selected a vendor and began work to link healthcare stakeholders to form the state's first health information exchange. The IHDE will allow 1,500 physicians, at least 30 hospitals and 10 data centers to share health information electronically. By June 2009, the Idaho HDE hopes to connect 100 physicians, a third hospital and two independent data sources.

The Idaho Health Data Exchange, Inc., a 501(c)(6) non-profit corporation, was established to govern the development and implementation of a health information exchange in Idaho. The Board includes representation from both the public and private sectors, including the health care delivery and financing systems, health care providers, Idaho Employer Coalition and consumers.

Initial funding for the effort was appropriated by Idaho's Legislature and ongoing funding comes from participants in the Exchange.

*Last Updated: 07.19.10*



## Illinois Health Information Exchange (ILHIE)

**Group Website:** [www.hie.illinois.gov/](http://www.hie.illinois.gov/)

**Governance:** The ILHIE Advisory Committee includes representation from hospitals and universities, businesses, FQHCs, physicians, nursing homes, insurers, advocates, pharmacies, rural health providers, legislators, the City of Chicago Public Health department, state agencies and the Governor's Office. The goal of the Committee is to advise the state on matters relating to ILHIE and to support progress toward a state-level exchange. Membership and participation in the Advisory Committee continues to expand to reflect the increased breadth and depth of interest in ILHIE in Illinois and the need for representation among all stakeholders.

**Source of Authority:** The new Illinois Office of Health Information Technology was created by the governor's Executive Order and will be the State entity responsible for all HIE efforts.

**Source Document:** [www.hie.illinois.gov/](http://www.hie.illinois.gov/)  
[www.illinois.gov/gov/execorders/2010\\_01.htm](http://www.illinois.gov/gov/execorders/2010_01.htm)

**State Government Involvement:** This program is administered by the Illinois Department of Healthcare and Family Services (HFS). HFS staffs the Illinois Health Information Exchange (HIE) Advisory Committee in cooperation with the Office of the State CIO and the Department of Public Health.

**State CIO Involvement:** The State CIO is a member of the HIE Advisory Committee.

**Major Initiatives:** The governor announced that Illinois will receive \$18.8 million in federal funds to develop a statewide Health Information Exchange (HIE), which will allow Illinois' healthcare providers to electronically share health information. To lead this effort the governor signed an Executive Order to create the Illinois Office of Health Information Technology. The new office will be funded by the federal grant and housed in the Governor's Office. The office will develop and implement the state's health information technology initiatives, including the creation of the statewide HIE. Currently the Office of HIT is working in collaboration with the ILHIE.

The Office of Health Information Technology will also collaborate with the two ARRA-funded Regional Extension Centers in Illinois, which are led by Northern Illinois University and Northwestern University. The centers will provide technical assistance and outreach to primary care providers and hospitals throughout Illinois to help them adopt electronic health records.

HFS received \$3 million in state funding in February 2009 to provide health information exchange planning grants throughout the state. This is the first investment of state funding to health information exchange efforts and is intended to facilitate the critical planning work necessary to move Illinois forward on meaningful exchange of health information. Illinois is committed to the development of a state-level health information exchange that will help improve the overall quality of healthcare throughout the state, reduce health disparities, increase patient care coordination among providers, reduce medical errors and duplicative services, and control costs.

*Last Updated: 07.19.10*



## Indiana Health Information Technology, Inc. (IHIT)

**Group Website:** No website

**Governance:** Board of Directors

**Source of Authority:** State-chartered non-profit

**Source Document:** [www.in.gov/fssa/](http://www.in.gov/fssa/)

**State Government Involvement:** Beginning in June 2010, a state-wide HIT coordinator will be appointed by the Indiana Family and Social Services Administration will be responsible for managing the allocation of the \$10.3 million ARRA HIT funding the state received in March. The coordinator will work closely with Indiana's state designated entity, the Indiana Health Information Technology, Inc. (IHIT) and its Board of Directors to determine the best use for the HIT funding. The coordinator will also be responsible for working with local, state, federal and private partners to build collaboration with Indiana's other ARRA health information exchange (HIE) funding recipients such as Purdue's Regional Extension Center, Ivy Tech, and the recently announced Beacon Community grant awarded to the Indiana Health Information Exchange (IHIE). In addition, the coordinator will also ensure that FSSA's Medicaid HIT efforts are properly coordinated and integrated with all statewide HIE / HIT initiatives.

**Major Initiatives:** In March of 2010, the American Recovery and Reinvestment Act's State Health Information Exchange Cooperative Agreement Program (CAP) announced the award of a four-year, \$10.3 million grant to the State of Indiana to further enhance the quality and reach of the state's existing health information technology delivery system to improve health outcomes for Hoosiers and reduce costs across the continuum of health care. The grant will be made to the state through a new state-chartered non-profit entity created for this program, Indiana Health Information Technology, Inc. (IHIT).

To accomplish the mission of covering every corner of Indiana, IHIT will work with Indiana's robust private sector of HIOs, including:

- Indiana Health Information Exchange (IHIE)
- HealthLINC
- MedWeb
- Michiana Health Information Network (MHIN)
- HealthBridge

One of the HIE's that has gained considerable national attention as a mature HIE effort—the **Indiana Health Information Exchange (IHIE):** [www.ihie.com](http://www.ihie.com).

The IHIE, on whose Board the State Commissioner of Health sits, has several health IT initiatives that are already in progress. Currently 30 hospitals in Indiana are part of IHIE's network, with several others in the pipeline. The IHIE is considered to be a national health information exchange best practice and because of this, they are involved in several federally funded activities to help support the growth and development of health information exchanges.



IHIT, in collaboration with the HIOs, will prioritize and develop work plans for the following key areas of focus:

- Expanding the infrastructure statewide to add more connectivity and interoperability, especially in underserved areas
- Establishing standard formats for the delivery of clinical messages so that communication between two entities in the statewide system can be sent and received seamlessly
- Expanding electronic quality reporting, public health reporting, and other clinical summaries relevant to meaningful use guidelines
- Developing a system that will identify patient records and match them to the specific individual's health information across all healthcare providers
- Adopting nomenclature normalization based on national standards
- Building a clinical repository with data from Medicaid patient records for better information on their patient populations
- Creating a statewide shared healthcare provider directory

*Last Updated: 07.19.10*



## Iowa Electronic Health Information Advisory Council and Executive Committee

**Group Website:** [www.idph.state.ia.us/ehealth](http://www.idph.state.ia.us/ehealth)

**Governance:** 9-member Executive Committee (voting) and 18-member Advisory Council (non-voting)

**Source of Authority:** Legislation

**Source Document:** [www.idph.state.ia.us/ehealth/reports.asp](http://www.idph.state.ia.us/ehealth/reports.asp)

**State Government Involvement:** This initiative was legislatively created and is housed within the Iowa Department of Public Health.

**State CIO Involvement:** The state CIO attends e-Health Executive Committee and Advisory Council meetings.

**Major Initiatives:** The e-Health Executive Committee and Advisory Council was created as a public-private effort to promote the adoption and use of health information technology in Iowa. The Executive Committee and the Advisory Council makes recommendations and directs the development of plans to improve health care quality, increase patient safety, reduce health care costs, enhance public health, and empower individuals and health care professionals with real time medical information.

The legislation charged Iowa Department of Public Health and the e-Health Executive Committee and Advisory Council with a broad spectrum of health information technology goals, including but not limited to a statewide health information exchange (HIE). Standards and policies developed for the plan must promote and be consistent with national standards developed by the Office of the National Coordinator for Health Information Technology (ONC) of the U.S. Department of Health and Human Services. Iowa Department of Public Health was a recipient of the four-year state HIE cooperative agreement program from ONC on behalf of Iowa e-Health.

The council met for the first time Jan. 16, 2009. Six workgroups have been formed to address various aspects of Iowa e-Health planning. Stakeholders from across the health care spectrum are involved in the formation of policy related to Iowa e-Health.

The workgroups are:

- Continuity of Care and Interoperable EHRs
- Provider Adoption of EHR
- HIE Infrastructure and Networks
- Safeguard Privacy and Security
- Governance and Finance
- HIT Workforce and Education

*Last Updated: 07.19.10*



## Kansas Health Information Exchange, Inc.

**Group Website:** N/A

**Governance:** Board of Directors consisting of 15 voting members and 2 non-voting members

**Source of Authority:** Executive order

**Source Document:** [governor.ks.gov/issues-a-initiatives/executive-orders/717-executive-order-10-06](http://governor.ks.gov/issues-a-initiatives/executive-orders/717-executive-order-10-06)

**State Government Involvement:** The Governor designated the Kansas Department of Health and Environment (KDHE) as the state designee for health information technology. KDHE facilitated the creation of a strategic and operational plan for a statewide infrastructure for health information exchange (HIE). These plans will act as a blue print for the Kansas Health Information Exchange, Inc. and will be responsible for the deployment and operation of the Kansas HIE. To guide the planning and implementation process, KDHE convened the e-Health Advisory Council to provide broad based stakeholders representation from 33-plus health care organizations. The eHealth Advisory Council, Kansas Foundation for Medical Care (KFMC) as the regional extension center, KDHE and the Kansas Health Policy Authority (as the state Medicaid agency) work very closely to synchronize the State HIE Plan with both the activities of KFMC and the creation of the State Medicaid HIT Plan.

**State CIO Involvement:** The state CIO is not engaged in the process directly but has identified a number of staff have taken part in both the Advisory Council and the associated workgroups.

**Major Initiatives:** The primary goal of this health information exchange is to enable healthcare stakeholders to share data for coordinating patient care and to support public entities in achieving their population health goals. More specifically, this process will enable stakeholders to focus on developing medical homes for Kansans and on utilizing the chronic care model to address identified disease conditions.

The Kansas Health Information Exchange, Inc. shall promulgate standards for approval of and operation of statewide and regional HIEs in the state which shall be designated as "approved HIEs" including, but not limited to, the following:

- Satisfaction of certification standards for health information exchange promulgated by the federal government
- Adherence to national recognized standards for interoperability
- Adoption and adherence to rules promulgated by the corporation regarding access to and use and disclosure of protected health information maintained by or on a health information exchange
- Demonstration of adequate financial resources to sustain continued operations in compliance with the aforementioned standards, rules and safeguards
- Conduct of operation in a transparent manner to promote consumer confidence
- Implementation of security breach notification procedures

*Last Updated: 07.19.10*



## Kentucky Health Information Exchange

**Group Website:** [chfs.ky.gov/os/goehi/khie.htm](http://chfs.ky.gov/os/goehi/khie.htm)

**Governance:** The 23-member Kentucky Health Information Exchange Coordinating Council is attached to the Governor's Office of Electronic Health Information (GOEHI). The council advises the GOEHI and assists in developing guiding principles and detailed policies and procedures to underscore the administration and operation of the Kentucky Health Information Exchange (KHIE), which provides the technical infrastructure to support statewide electronic exchange of health information. The Kentucky eHealth Network Board will guide the development of the project in collaboration with the University of Kentucky and the University of Louisville.

**Source of Authority:** CHFS Secretary Janie Miller executed an Administrative Order on Feb. 23, 2010 to create the Kentucky Health Information Exchange Coordinating Council to be attached to the GOEHI.

**Source Document:** [chfs.ky.gov/os/goehi/Kentucky+Health+Information+Exchange+Coordinating+Council.htm](http://chfs.ky.gov/os/goehi/Kentucky+Health+Information+Exchange+Coordinating+Council.htm)

**State Government Involvement:** This is a state-driven initiative led by the Lieutenant Governor, in partnership with the Governor.

**State CIO Involvement:** State CIO staff sits on the eHealth Network Board.

**Major Initiatives:** On January 15, 2009, Kentucky announced a plan to create a statewide health information exchange (HIE) and released an RFP for development of the HIE infrastructure. The federated system became available for statewide use in April 2010 through the use record locator service (RLS) that both pulls and sends health information. A master patient index (MPI) ensures the information that is being requested is indeed the patients and not that over another patient with a similar name.

The KHIE provides a common, secure, electronic information infrastructure for sharing health information. It is designed according to national standards to ensure interoperability among disparate health records systems. Through connectivity to the National Health Information Network (NHIN), the KHIE can support health information exchange across states. KHIE supports patient-centered care that leads to improvements in quality of care and health outcomes, a reduction in medical errors, and more efficient use of health care dollars.

The KHIE provides an EMR (electronic medical record) "Lite" at no-cost to providers. The EMR "Lite" will support electronic prescribing, push and pull data to generate a patient master summary record (continuity of care document); and, support the provider in qualifying for Meaningful Use. The EMR "Lite" is intended to serve as an entry point and a bridge to full use of an EMR. It is designed to support the transfer of patient data to populate an EMR as the provider later transitions to a more robust free-standing EMR.

*Last Updated: 07.19.10*



## Louisiana Health Information Exchange (LaHIE)

**Group Website:** [www.dhh.state.la.us/offices/?ID=312](http://www.dhh.state.la.us/offices/?ID=312); [selhix.org/lahie.html](http://selhix.org/lahie.html)

**Governance:** 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](http://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 engaged with LaHIE stakeholder groups.

**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.

The LaHIE developed an online portal that allowed physicians affiliated with different hospitals exchange patient data. Hurricane Katrina demonstrated the value of electronic health records could have in preventing disruptions in care, according to physicians. The Bush administration after the hurricane awarded Louisiana a \$3.7 million grant to transition to an EHR system.

LaHIE has used the federal grant to develop a program under which hospitals would maintain EHRs on their own servers; however, some information — including patients' names, addresses, insurance information and allergies — would be stored on a central database.

The LaHIE steering committee identified short-term 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 of a sustainable business model
- Recruiting new publishers
- Establishing an independent operating entity

*Last Updated: 07.19.10*



## Maine HealthInfoNet

**Group Website:** [www.hinfonet.org](http://www.hinfonet.org)

**Governance:** 20-member Board of Directors

**Source of Authority:** Non-profit

**Source Document:** [www.hinfonet.org/about.html](http://www.hinfonet.org/about.html)  
[mobile.maine.gov/e/news/?sid=95308](http://mobile.maine.gov/e/news/?sid=95308)

**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:** Maine's HealthInfoNet, the state's designated health information exchange, was awarded \$4.7 million from the American Recovery and Reinvestment Act, just as the governor issued an executive order creating two new state entities responsible for the expansion and coordination of healthcare IT. This sum is in addition to \$6.5 million in stimulus money disbursed to the project in February 2010, which is earmarked for development of a statewide healthcare information technology plan.

The governor issued an executive order creating two new state entities responsible for the expansion and coordination of healthcare IT. As required by ARRA, the Office of the State Coordinator for Health Information Technology will operate from within the Governor's Office of Health Policy and Finance. The governor also announced the establishment of a new Health Information Technology Steering Committee. According to the governor's executive order, the Office of the State Coordinator will serve as a focal point and clearinghouse for the state's healthcare IT policy, assuring coherent and collaborative cross-agency planning, developing and disseminating public information about healthcare IT through partnerships with stakeholders, and working collaboratively with HealthInfoNet.

Organizations participating in Maine's HealthInfoNet (HIN) have now been connected via a secure Virtual Private Network or VPN. This new network was completed in August 2008 following five months of intensive technical work by project teams at hospitals, practices and HIN's own technical staff.

This work represents substantial progress in the development of Maine's statewide health information exchange and has required an extraordinary level of collaboration between organizations that have not previously been linked electronically.

*Last Updated: 07.19.10*



## Maryland Statewide Health Information Exchange

**Group Website:** [mhcc.maryland.gov/electronichealth/hie.html](http://mhcc.maryland.gov/electronichealth/hie.html)  
[www.crisphealth.org/](http://www.crisphealth.org/)

**Governance:** The statewide health information exchange (HIE) consists of a diverse governance structure that promotes transparency and addresses the needs of various stakeholders. The governance is comprised of the Chesapeake Regional Information System for our Patients (CRISP) Board of Directors and an Advisory Board, which is divided into three committees: finance, technology, and clinical. An independent Policy Board with a diverse stakeholder representation was assembled by the MHCC to develop the policies that will be adopted by the MHCC and implemented by CRISP to govern the statewide HIE.

**Source of Authority:** House Bill 706, *Electronic Health Records – Regulation and Reimbursement*, was passed in the 2009 legislative session and signed into law by Governor Martin O’Malley on May 19<sup>th</sup>. HB 706 required the MHCC to designate a HIE for the state by October 2009, adopt regulations that require state-regulated payers to provide incentives to health care providers to promote the adoption and meaningful use of electronic health records (EHRs) by September 2011, and to designate one or more management service organizations (MSOs) by October 2012.

**Source Document:** [mlis.state.md.us/2009rs/bills/hb/hb0706t.pdf](http://mlis.state.md.us/2009rs/bills/hb/hb0706t.pdf)

**State Government Involvement:** The MHCC is state agency authorized and charged by the Governor of Maryland to expand the adoption of health information technology and establish a statewide HIE.

**State CIO Involvement:** Governor Martin O’Malley has appointed David Sharp, the Director of the Center for Health Information Technology for the MHCC, as Maryland’s Health IT Coordinator.

### Major Initiatives:

#### Health Information Exchange-

**A Consumer-Centric Statewide Health Information Exchange:** In 2008, the MHCC retained two multi-stakeholder groups to administer independent planning projects. The purpose of these planning projects was to identify the best ideas around governance, technology infrastructure, financial sustainability, privacy and security policies, and outreach, among other things. The two groups were the CRISP and the Montgomery County Health Information Exchange. The two multi-stakeholder groups submitted their planning reports to the MHCC in February 2009. Based on the recommendations from these groups, a document entitled *Design Specifications for the Maryland Health Information Exchange* was developed in March 2009. These specifications took the best practices from the two planning reports and augmented them with the best practices from emerging or established HIEs. This created a blueprint for the Maryland HIE. The MHCC used the specifications to develop *The Health Information Exchange Implementation Plan* and ultimately the *Request for Application for the Maryland HIE*, which was released in April 2009. The MHCC received four responses to the RFA in June, and designated CRISP as the multi-stakeholder group to build the statewide HIE. In August 2009, the Health Services Cost Review Commission approved funding for CRISP in an amount up to \$10 million.

The MHCC was awarded an additional \$9.3 million through the Office of the National Coordinator for Health Information Technology (ONC) under the State Health Information Exchange Cooperative Agreement Program. These funds will assist in building out the statewide HIE and increase the HIE services available to



providers. Maryland is only one of three states in the nation that has received approval from ONC to transition from HIE Planning to HIE Implementation. CRISP was awarded \$5.5 million under the *Health Information Technology Extension Programs: Regional Centers Cooperative Agreement Program* funding from ONC. The Regional Extension Center will offer technical assistance, guidance, and information on best practices to support and accelerate the adoption and meaningful use of EHRs.

### **Electronic Health Records-**

**EHR Product Portfolio:** The MHCC developed a web-based EHR Product Portfolio (portfolio). This nationally recognized portfolio is located on the MHCC's website and contains a core set of product information that will assist physicians in assessing and selecting an EHR system. Only those vendors who meet the Certification Commission for Healthcare Information Technology's (CCHIT) stringent certification standards relating to functionality, interoperability, and security are included in the portfolio, which is updated every six months. As of March 2010, approximately 32 vendors meeting these standards were included in the portfolio. In addition, vendors listed in the portfolio have agreed to offer financial discounts to Maryland physicians in the purchasing of an EHR system. The EHR Product Portfolio is available at:

<https://mhcc.maryland.gov/electronichealth/ehr/cchitehrvendors.html>.

### **Centers for Medicare & Medicaid Services-**

**Electronic Health Record Demonstration Project:** Maryland was one of four states selected to participate in the Centers for Medicare & Medicaid Services (CMS) EHR Demonstration Project. This is a five-year project designed to show that the widespread adoption and use of EHRs will reduce medical errors and improve the quality of care. Approximately 127 physicians are participating in the project as the treatment group. These participants are eligible for financial incentives ranging from \$58,000 (for a single physician practice) to \$290,000 (for a group physician practice) over the five-year demonstration project. Approximately 128 physician practices are in the control group that will receive a monetary incentive for completing a questionnaire in years two and five. The MHCC provides educational support to the treatment group in trying to accelerate the adoption of EHRs and meaningful use.

**Management Service Organizations:** MSOs have the potential to increase HIT adoption, particularly where the cost of implementing the technology is viewed as a deterrent. One way MSOs mitigates the cost is by eliminating the need for an onsite client server by offering subscription based EHR(s) through an Internet application service provider. This allows physicians to access a patient's record wherever access to the Internet exists and safeguards data through a network operating center (NOC) that, by design, ensures high quality and uninterrupted service. EHRs maintained outside of the physician practice enables physicians to focus on practicing medicine rather than dedicating staff to support the application. In addition, these organizations are capable of supporting multiple EHR products at reduced costs through economies of scale with bulk purchasing. Technical support usually extends beyond the standard business hours and in some instances is available on a 24/7 basis.

**EHR Adoption Incentive Program:** Maryland is the first state to build on the Medicare and Medicaid adoption incentives under the *American Recovery and Reinvestment Act of 2009* (ARRA), requiring that state-regulated payers provide incentives to physicians for the adoption of EHRs that includes working with payers to identify appropriate monetary incentives for physicians who adopt EHRs. The EHR adoption incentive is a one-time incentive that can be administered through reimbursement for specific services; lump sum payments; gain-sharing arrangements; rewards for quality and efficiency; in-kind payments; or other items or services that can be assigned a specific monetary value.



## **Additional Initiatives-**

### **Maryland Medicaid Assistance Program – Health Information Technology Planning – Advanced Planning Document:**

The MHCC coordinated with the Maryland Medical Assistance Program (Medicaid) to apply for available funding through CMS by submitting a HIT Planning - Advanced Planning Document (HIT P-APD). CMS's approval of Medicaid's HIT P-APD application could secure approximately 90 percent federal financial participation (FFP) funding for the planning activities that will lead to the development of the State Medicaid HIT Plan (SMHP). The state will use the SMHP to plan the implementation activities (detailed in a subsequent HIT Implementation APD and future guidance). These activities will include, but are not be limited to, administering incentive payments necessary to support the implementation of certified electronic health record (EHR) technology by eligible Medicaid providers, as well as the procedures that the State will use to oversee incentive payments made to eligible Medicaid providers. The objective of the HIT P-APD is to describe how the State will develop a high-level management statement of the State's vision, needs, purposes/objectives, plans, and estimated costs, which will result in the State Medicaid HIT Plan (SMHP), a deliverable resulting from the HIT P-APD. The focus of the HIT P-APD is to describe how the planning will be accomplished and to demonstrate that the state has established a plan that is reasonable for the project's level of effort.

*Last Updated: 07.19.10*



## Massachusetts e-Health Institute (MeHI)

**Group Website:** [www.maehi.org](http://www.maehi.org)

**Governance:** 6-member Council

**Source of Authority:** Legislation

**Source Document:** [www.mass.gov/?pageID=gov3pressrelease&L=1&L0=Home&sid=Agov3&b=pressrelease&f=021210\\_health\\_information\\_technology&csid=Agov3](http://www.mass.gov/?pageID=gov3pressrelease&L=1&L0=Home&sid=Agov3&b=pressrelease&f=021210_health_information_technology&csid=Agov3)

**State Government Involvement:** Representatives of the state government sit on the MeHI Council.

**Major Initiatives:** The Massachusetts e-Health Institute (MeHI) is the state's entity for health care innovation, technology and competitiveness. Established by an act of the Massachusetts Legislature, MeHI is responsible for advancing the dissemination of health information technology across the commonwealth, including the deployment of electronic health records systems in all health care provider settings that are networked through a statewide health information exchange.

MeHI and the HIT Council has developed plans and a framework for making Massachusetts eligible for the maximum amount of near term funding available through the HITECH Act. These resources are expected to help Massachusetts prepare providers in the Commonwealth to qualify for the substantial adoption incentive funds. Steps will include:

- Establishing one or more "regional extension organizations" that will provide a wide range of implementation support to providers in the process of adopting HIEs
- Creating a program of grant and loan funds for providers to assist in the acquisition and implementation of EHRs and HIEs
- Determining certification standards for EHRs and HIEs to assure that Massachusetts providers meet state and federal requirements for "meaningful" use in order to qualify for the incentive payments
- Establishing a central Commonwealth resource available to all providers regarding standards for implementation and operation of EHRs/HIEs, best practices, available resources, etc.

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## Michigan Health Information Technology (HIT) Commission

**Group Website:** [www.michigan.gov/mdch](http://www.michigan.gov/mdch)  
[www.michigan.gov/mihin](http://www.michigan.gov/mihin)

**Governance:** 13-member Commission

**Source of Authority:** Legislation

**Source Document:** [www.michigan.gov/mdch/0,1607,7-132-2946\\_44257---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2946_44257---,00.html)

**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. The purpose of the commission is to facilitate and promote the design, implementation, operation and maintenance of an interoperable health care information infrastructure in the state as well as advance the adoption of health information technologies throughout the state's health care delivery system.

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

**Major Initiatives:** The Michigan Health Information Network (MiHIN) initiative promotes the use of health information exchange to improve efficiency, quality and patient safety by enabling the availability of health information at the point of care. Spearheaded by the state Departments of Community Health and IT, the Michigan Health Information Network (MiHIN) 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 workgroups which brought approximately 200 healthcare, government and information technology leaders together to develop this report.

The *Conduit to Care* report is a comprehensive planning document or roadmap to statewide health information exchange. The report emphasizes a community or regional approach to foster existing local health care collaboration. It also establishes guiding principles for health information exchange to ensure privacy, security and confidentiality of the consumers.

The State of Michigan has continued to implement the first phases of the MiHIN Roadmap. The process consisted of two rounds of competitive bidding for regional players that resulted in, two implementation grants, seven planning grants, and funds for the MiHIN Resource Center. This process has provided the State and other stakeholders with a vast amount of knowledge and information needed to successfully implement statewide health information exchange.

Based on the outcomes of the regional planning and implementation efforts, in March of 2009, the Health Information Technology Commission approved a new approach to advance the MiHIN initiative. Michigan will develop a statewide health information exchange infrastructure by centralizing key technologies and administration to attain optimal economy of scale and achieve the most efficient use of resources. This puts Michigan in alignment with the intent and purpose of the American Reinvestment and Recovery Act, leveraging regionally based health information exchange achievements and allowing for the advancement of health information exchange in Michigan.

# MICHIGAN



In April 2010 Michigan developed the MiHIN Strategic Plan that seeks to close the gap between the *Conduit to Care* and the guidelines from the State HIE Cooperative Agreement as well as update Michigan's plan for statewide HIE that leverages the progress of sub-state HIEs in Michigan. The MiHIN Strategic Plan describes the incremental approach for advancing appropriate and secure health information exchange, implement a model that encourages encourages public private partnership and develop a scalable open technology approach that would complement the activities of the sub-state HIE's.

The MiHIN Strategic Plan was complemented by integrating Medicaid, Medicare, other federally funded, state based programs particularly public health surveillance and other ARRA programs to include the Regional Extension Center, workforce development initiatives and broadband mapping and access initiatives. This approach has resulted in a strategy that uses the State HIE Cooperative Agreement funding in a comprehensive public private partnership to advance the stakeholder organizations toward obtaining meaningful use.

*Last Updated: 07.19.10*



## Minnesota e-Health Initiative

**Group Website:** [www.health.state.mn.us/e-health](http://www.health.state.mn.us/e-health)

**Governance:** 27-member Advisory Committee

**Source of Authority:** Public-private partnership

**Source Document:** [www.health.state.mn.us/e-health/lawsmn.html](http://www.health.state.mn.us/e-health/lawsmn.html)

**State Government Involvement:** This Initiative is spearheaded by the state Department of Health and involves stakeholders across state agencies in Minnesota in its Advisory Committee

**Major Initiatives:** The Minnesota e-Health Initiative is a public-private collaborative whose vision is to accelerate the adoption and use of health information technology in order to improve health care quality, increase patient safety, reduce health care costs and improve public health statewide. The Minnesota e-Health Advisory Committee has released the Minnesota Strategic Plan for Health Information Exchange. The Minnesota Strategic Plan for Health Information Exchange provides Minnesota's strategic approach to enabling health information exchange with attention to five critical domains: governance, finance, legal/policy, technical infrastructure, and business and technical operations. The Minnesota Strategic Plan for Health Information Exchange was developed through a series of public workgroup meetings and received preliminary approval from the Minnesota e-Health Initiative Advisory Committee on April 15, 2010.

The purpose of the initiative is to:

- Empower Consumers with information to make informed health and medical decisions
- Inform and Connect Healthcare Providers by promoting the adoption and use of interoperable Electronic Health Records and electronic health information exchange
- Protect Communities and Improve Public Health by advancing efforts to make public health systems interoperable and modernized
- Enhance the Infrastructure through:
  - Adoption of standards for health information exchange.
  - Policies for strong privacy and security protection of health information.
  - Funding and other resources for implementation.
  - Assessing and monitoring progress on adoption, use and interoperability

Recent Minnesota e-Health achievements include:

- Releasing a statewide plan for all providers and hospitals in Minnesota to establish "an interoperable electronic health records system within their hospital system or clinical practice setting" by 2015 as required by Minnesota Statutes, section 62J.495
- Advancing the adoption of interoperable electronic health record systems (EHRs) across the state
- Distributing e-Health grants and EHR loans that begin to address the great need for financial and technical support in rural and community clinics and Critical Access Hospitals
- Jumpstarting e-prescribing by setting a 2011 deadline and standards in statute
- Recommending sets of standards in three areas to the Commissioner of Health for statewide adoption using a newly established process
- Providing a combined Minnesota e-Health stakeholder response to selected national standard-setting activities to help ensure those efforts support Minnesota's needs



The e-Health Initiative supports the fast-growing health information exchange initiative in Minnesota:

**Minnesota Health Information Exchange (MN HIE)**

**Group Website:** [www.mnhie.com](http://www.mnhie.com)

**Governance:** MN HIE is lead by an Executive Director and governed by a 12-member Board of Managers.

**Source of Authority:** Non-profit

**Source Document:** [www.governor.state.mn.us/mediacenter/pressreleases/2007/](http://www.governor.state.mn.us/mediacenter/pressreleases/2007/)

**State Government Involvement:** MN HIE is a public/private partnership between hospitals, insurance companies and the Minnesota Department of Human Services.

**State CIO Involvement:** The State CIO is monitoring MN HIE activities to assure compliance with State Statute and the Governors health information technology direction.

**Major Initiatives:** The Governor announced the state's participation when the project was unveiled in 2007 and in 2008, the Minnesota Legislature passed a bill authorizing the Minnesota Department of Human Services to participate as a sponsor in this private-public partnership.

Membership in MN HIE provides secure medical information for enrollees in state health care programs, including Minnesota Care, Medical Assistance and General Assistance Medical Care. MN HIE will connect doctors, hospitals and clinics across the state so they can quickly access secure electronic medical information.

*Last Updated: 07.19.10*



## Mississippi Health Information Infrastructure Task Force

**Group Website:** No website

**Group Size:** 20-member Task Force

**Source of Authority:** Executive Order

**Source Document:** [www.governorbarbour.com/news/archive/news/2007/mar/pr.HealthInfoTaskForce.htm](http://www.governorbarbour.com/news/archive/news/2007/mar/pr.HealthInfoTaskForce.htm)

**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, created by Governor Haley Barbour's Executive Order 979 in March 2007. 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 State of Mississippi announced in May of 2010 that Public Consulting Group (PCG), along with partners Hielix and MEDNET, were awarded the three-company partnership contract to complete strategic, operational, and technical plans for the launch of Mississippi's Statewide Health Information Exchange (HIE).

The Task Force 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) 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.

The first milestone for the task force was the development of an action plan for Mississippi Health Information Infrastructure, published in October of 2007. The plan detailed recommended activities, staffing requirements, funding options, and milestone dates necessary to achieve the executive order goals within the two year time frame. As a result of the work accomplished by the task force, the Office of the Governor was able to secure funding to establish a coastal Mississippi hybrid clinical data repository/health information exchange. The

# MISSISSIPPI



Mississippi Department of Information Technology Services (ITS) provided technical advice and oversaw the procurement process for RFP 3560, developed for Mississippi Foundation for Medical Care, Inc. dba Information and Quality Healthcare (IQH).

The primary goal of this RFP is a restructuring effort to improve patient care delivery in Mississippi, particularly for Pearl River, Stone, George, Hancock, Harrison, and Jackson counties. These are the state's six coastal counties that were most affected by Hurricane Katrina. As a proof-of-concept, the MS Coastal Health Information Exchange (MSCHIE) was formed and will begin concentrating on these six coastal counties while focused on integrating patient information and linking providers on an interoperable network to improve patient care and reduce costs. The long-term vision is the formation of a statewide hybrid clinical data repository/health information exchange, so as the exchange matures and expands, the network would benefit all Mississippians.

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## Missouri Office of Health Information Technology (MO-HITECH) and the Missouri Statewide Health Information Organization (HIO)

**Group Website:** [dss.mo.gov/hie](http://dss.mo.gov/hie)

**Source of Authority:** Public-Private Non-Profit

**Governance:** 17-member Board of Directors

**Source Document:** [dss.mo.gov/hie/resources/index.shtml](http://dss.mo.gov/hie/resources/index.shtml)

**Overview of Program:** The Missouri Office of Health Information Technology (MO-HITECH) was created by Executive Order of the Governor in December, 2009, and will be part of the Department of Social Services (DSS). Guided by an Advisory Board and six Workgroups, the state launched a robust multi-stakeholder process to develop its Strategic Plan for statewide HIE which was delivered to ONC the first week in March, 2010. The Strategic Plan calls for the formation of a new, public-private not-for-profit entity which will become the statewide HIO.

MO-HITECH's Workgroups and Advisory Board Officials have recommended that the exchange be run by a new, not-for-profit entity called the Missouri Statewide Health Information Organization. A search for the organization's president and staff will begin in July of 2010 and officials are expected to set up the network shortly thereafter.

*Last Updated: 07.19.10*



## HealthShare Montana

**Group Website:** [www.healthsharemontana.org](http://www.healthsharemontana.org)

**Governance:** 24-member Board of Directors

**Source of Authority:** Non-profit

**Source Document:** [healthinfo.montana.edu/healthit.html](http://healthinfo.montana.edu/healthit.html)

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

**Major Initiatives:** HealthShare Montana, formerly known as the Montana HIT Task Force, began as a grass-roots 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 11<sup>th</sup>, 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.

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## Nebraska Information Technology Commission eHealth Council

**Group Website:** [www.nitc.ne.gov/eHc/index.html](http://www.nitc.ne.gov/eHc/index.html)

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

**Source Document:** [www.nitc.ne.gov/eHc/eHealthCounciloverviewJan2008.pdf](http://www.nitc.ne.gov/eHc/eHealthCounciloverviewJan2008.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 provides administrative and programmatic 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 Nebraska Information Technology Commission (NITC) is the recipient of \$6.8 million in federal funding from the State HIE Cooperative Agreement program. The eHealth Council has developed Nebraska's strategic and operational eHealth plans which will guide the implementation of the Cooperative Agreement. Plans are available from the NITC's website ([www.nitc.nebraska.gov](http://www.nitc.nebraska.gov)).

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
- 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



Other major initiatives with involvement from the state of Nebraska and the Information Technology Commission include:

## **Nebraska Health Information Initiative (NeHII)**

**Group Website:** [www.nehii.org](http://www.nehii.org)

**Governance:** NeHII Board of Directors

**State Government Involvement:** The Lieutenant Governor sits on the Board of Directors and a grant from the Nebraska Information Technology Commission provided partial funding for the pilot in 2009. NeHII is also actively involved in the Nebraska Information Technology Commission's eHealth Council. NeHII will serve as Nebraska's statewide integrator and lead health information exchange in implementing the state's HIE Cooperative Agreement.

**State CIO Involvement:** Office of the CIO staff participates in the NeHII Consumer Advisory Council.

**Major Initiatives:** NeHII celebrated its official launch on April 2, 2009 and will connect all facets of the health-care industry through the same system, allowing hospitals, physicians, laboratories, radiology centers, and pharmacies to share patient information in real-time across the state. NeHII is utilizing a hybrid federated model with an opt-out platform. As of April 2010, eight hospitals and hundreds of physicians are participating in NeHII.

## **Nebraska Statewide Telehealth Network**

**Group Website:** [www.netelehealth.net](http://www.netelehealth.net)

**Governance:** Nebraska Statewide Telehealth Network Governing Board

**State Government Involvement:** The State of Nebraska (including the University of Nebraska, Nebraska Department of Health and Human Services, the Nebraska Information Technology Commission, and the Office of the CIO) has acted as a partner and facilitator in the development of the Nebraska Statewide Telehealth Network.

**State CIO Involvement:** The Office of the CIO has acted as a partner and facilitator.

**Major Initiatives:** The Nebraska Statewide Telehealth Network connects over 100 hospitals and public health departments in Nebraska, connecting rural patients to clinicians through videoconferencing and allowing professionals across the state to collaborate.

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## Nevada Health Information Technology Blue Ribbon Task Force

**Group Website:** [dhhs.nv.gov/Hit\\_TaskForce.htm](http://dhhs.nv.gov/Hit_TaskForce.htm)

**Governance:** 20 member task force

**Source of Authority:** On September 16, 2009, Governor Jim Gibbons issued an executive order creating the Nevada Health Information Technology Blue Ribbon Task Force to provide oversight and guidance on the planning and adoption of a state-wide health information exchange.

**State Government Involvement:** The Department of Health and Human Services (DHHS) maintains the HIT Web site (<http://dhhs.nv.gov/HIT.htm>), which includes information regarding federal HIT/HIE initiatives, Nevada HIE efforts, and the HIT Task Force meetings and activities. The task force also has several members from the Nevada State Government.

**Major Initiatives:** While not yet established, the HIE governance structure is expected to be a public-private partnership, with independent funding mechanisms including gifts, grants and donations. DHHS anticipates using a significant portion of the HIE Cooperative Agreement funding for start-up operations of what HITECH refers to as a State Designated Entity (SDE). The Task Force Subcommittee on HIE Financial Viability and Sustainability has been asked to assist DHHS with identifying feasible financing mechanisms for the SDE and recommending which mechanism(s) would be the best path to sustainable statewide HIE. Support from the Executive Branch may be required to establish the SDE and/or to facilitate the funding mechanisms.

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## New Hampshire Health Information Exchange Planning and Implementation (NH HIE PI) Project

**Group Website:** [www.dhhs.state.nh.us/DHHS/DHHS\\_SITE/hie.htm](http://www.dhhs.state.nh.us/DHHS/DHHS_SITE/hie.htm)

**Governance:** The NH HIE PI Steering Committee includes the Commissioner from the New Hampshire Department of Health and Human Services and the Commissioner's 4-member Policy Team.

**Source of Authority:** New Hampshire Department of Health and Human Services

**Source Document:** [www.dhhs.state.nh.us/DHHS/DHHS\\_SITE/hie\\_strategic.htm](http://www.dhhs.state.nh.us/DHHS/DHHS_SITE/hie_strategic.htm)

**State Government Involvement:** The Steering Committee and stakeholders are comprised of representatives from state agencies, Governor's Office, State Legislature, NH Insurance Department (NHID) and the NH Department of Information Technology (DoIT).

**State CIO Involvement:** The NH Department of Information Technology is designated a representative to serve as a member of the public stakeholders.

**Major Initiatives:** New Hampshire is in the beginning stages of creating a working structure for health information exchange. The state has developed an initial strategic plan, identified key stakeholders and have collaborated with others states in the region. Currently

The New Hampshire HIE Planning and Implementation project consists of four phases and each phase builds upon the former's work.

- Project Initiation Phase
- Strategic Plan Phase
- Operational Plan Phase
- Implementation Phase

The Project Initiation Phase is currently in process and consists of project planning and preparation activities, including:

- Complete the HITECH State HIE Cooperative Agreement application process
- Establish a project Steering Committee and Leadership Team
- Engage Stakeholders
- Establish an Office for Health IT within the New Hampshire Department of Health and Human Services
- Perform an RFP process to select Consulting Partner
- Perform High-Level Review of Legislative Needs to Promote Adoption of HIE

**Past Initiatives:** In 2008, Governor John Lynch called on the Citizens Health Initiative to develop a plan to improve the health information infrastructure within the state to help increase the quality and affordability of health care for its residents.

In an [executive order](#), Governor Lynch asked the Citizens Health Initiative to convene working groups with members from various fields to create a roadmap to be submitted to the governor.



The working groups examined:

- How to facilitate the adoption of e-Health standards and interoperability requirements and the regional and national exchange of data
- Legal barriers to the adoption of health information technology health information exchange and ways to remove those barriers
- Approaches to continue ensuring the confidentiality and privacy of electronic health information
- Opportunities for public-private partnerships to promote and sustain health information technology projects in the state
- Options for expanding the implementation of health information technology through the state
- Performance measures to determine the success of the implementation of health information technology

The Citizens Health Initiative submitted their [report](#) to the Governor in January of 2009 which presented a roadmap for both the industry and public policy makers to achieve a fully deployed and integrated system of HIT and HIE.

*Last Updated: 07.19.10*



## New Jersey Health Information Technology Commission

**Group Website:** [www.nj.gov/health/bc/hitc.shtml](http://www.nj.gov/health/bc/hitc.shtml)

**Governance:** 19-member Commission

**Source of Authority:** Governor

**Source Document:** [https://wwwnet1.state.nj.us/GOV/APPT/GOV\\_APPT\\_WEB/Default.aspx](https://wwwnet1.state.nj.us/GOV/APPT/GOV_APPT_WEB/Default.aspx)

**State Government Involvement:** Several representatives of state government sit on the Commission including the Commissioners of Health and Senior Services, Banking and Insurance, Children and Families and Human Services.

**State CIO Involvement:** The State's Chief Technology Officer is engaged in many of the discussions with the Health IT Commission and with other members of State government.

**Major Initiatives:** Representatives from the NJ HIT Commission and various departments of State government submitted a State Health IT Plan and a Health Information Exchange grant application to the Office of the National Coordinator for Health IT in Oct. 2009. New Jersey proposes to fund 4 regional HIEs with the grant, the first monies from which were awarded to NJ in March 2010. A Statewide Health Information Exchange and outreach to health-care providers to help them implement Electronic Health Records are among the major initiatives for 2010.

[www.nj.gov/health/bc/hitc.shtml](http://www.nj.gov/health/bc/hitc.shtml)

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## New Mexico Health Information Collaboration (NMHIC)

**Group Website:** [www.lcfresearch.org](http://www.lcfresearch.org)

**Governance:** Non-profit that is governed by a board comprised of physicians and community members.

**Source of Authority:** Governor

**Source Document:** [www.lcfresearch.org/home.aspx](http://www.lcfresearch.org/home.aspx)

**State Government Involvement:** State government agencies are involved in this Collaboration.

**Major Initiatives:** The NMHIC is the name of New Mexico's rapidly growing health information exchange (HIE) network and the community collaborative that has supported its development with time and funding. The collaborative includes important New Mexico stakeholders representing health care providers, payers, employers, state agencies and consumers. NMHIC was created in 2004, and continues to be fully staffed and operated by the Lovelace Clinic Foundation (LCF). The NMHIC Clinician Portal includes:

- **Summary Patient Record:** Access to a patient's Summary Patient Record, also referred to as a Continuity of Care Record, portable amongst different health care systems and providers, for key patient data. This data would usually include: problem list/diagnoses, medication list, allergy list, immunizations, procedures, and dates of service and names of providers, viewed through the NMHIC Clinician Portal.
- **Lab Results:** Access to a patient's laboratory results from multiple laboratories, viewed through the NMHIC Clinician Portal.
- **Radiology and Imaging Reports:** Access to a patient's radiology and imaging reports from multiple radiology providers, viewed through the NMHIC Clinician Portal.
- **Discharge Summaries:** Access to a patient's discharge summaries from multiple hospitals, viewed through the NMHIC Clinician Portal.

Access to patient record information via the Nationwide Health Information Network (NHIN). NMHIC users will also be able to access patient record information from other organizations that are connected to the NHIN, including the Veterans' Health Administration, the Department of Defense Military Health System, the Indian Health Service, etc., viewed through the NMHIC Clinician Portal. In addition, NMHIC was awarded the NHIN Trial Implementation Contract in September of 2007.

*Last Update: 07.19.10*



## New York State Department of Health Office of Health Information Technology Transformation (OHITT); and New York eHealth Collaborative (NYeC)

**Group Website:** [www.health.state.ny.us/technology](http://www.health.state.ny.us/technology); [www.nyehealth.org](http://www.nyehealth.org)

**Governance:** NYS OHITT is an office established within the New York Department of Health; NYeC has a 15-member Board of Directors from the private sector as well as participation in collaborative activities by members of the New York State Department of Health

**Source of Authority:** Commissioner of Health

**Source Document:** [www.health.state.ny.us/technology](http://www.health.state.ny.us/technology)

**State Government Involvement:** The NYS Department of Health Office of Health Information Technology Transformation (OHITT) is an office formed within the Department of Health by recommendation of the Governor in 2007 and is charged with management of multiple health IT grants and other programs to support adoption of a statewide strategy for Health IT in New York as well as collaboration with NYeC to make recommendations to the Commissioner of Health and Governor's office regarding Health IT issues.

NYeC is a state-designated public-private partnership that develops and recommends statewide health IT policy through a collaborative process working closely with the Department of Health Office of Health Information Technology Transformation.

**Major Initiatives:** NYeC is one of many health IT activities happening in New York. Founded by healthcare leaders across the state, with leadership and support from the New York State Department of Health, this is a public-private partnership that will serve as a focal point for health care stakeholders to build consensus on state health IT policy priorities, and collaborate on state and regional health IT implementation efforts.

Key responsibilities include (1) convening, educating and engaging key constituencies, including health care and health IT leaders across the state, Regional Health Information Organizations, Community Health Information Technology Adoption Collaboratives ("CHITAs"), and other health IT initiatives; (2) developing Statewide Policy Guidance through a transparent governance process and (3) evaluating and establishing accountability measures for New York's health IT strategy.

At the present time, New York State has elected to develop health information policies, standards and technical protocols governing the health IT infrastructure – collectively referred to as Statewide Policy Guidance. NYeC, in partnership with the office of Health Information Technology Transformation (OHITT) within DOH, is leading the development of statewide policy guidance through an open, transparent, and consensus driven process to which all contribute to ensure health IT advances in the public's interest. This process is referred to as the Statewide Collaboration Process (SCP). The SCP is largely driven by the efforts of its four collaborative workgroups, which recommend policies and procedures, standards, technical approaches and services to the NYeC Policy and Operations Council, the NYeC Board and the NYS DOH. The four workgroups are: (1) Clinical Priorities; (2) Privacy and Security; (3) Technical Protocols and Services; (4) EHR Collaborative. Each workgroup is co-chaired by someone from the private sector as well as someone from the NYS DOH with expertise in that area. As part of its commitment to the public-private infrastructure evolving to support statewide interoperability, the State of New York has committed \$5 million to NYeC over the next two years to manage the statewide collaborative process.



Key strategies and activities include:

- Developing Health IT and HIE Policies and Standards
- Evaluating and Establishing Accountability Measures for NY's Health IT Strategy
- Convening, Educating, and Engaging Key Constituencies

NYeC has published reports on interoperable health information exchange and on advancing health information strategy in New York that are available on their website.

NYS Department of Health Office of Health Information Technology Transformation (OHITT) is an office formed within the Department of Health by recommendation of the Governor in 2007 and is charged with management of multiple health IT grants and other programs to support adoption of a statewide strategy for Health IT in New York. OHITT also is in close collaboration with NYeC to make recommendations to the Commissioner of Health and Governor's office regarding Health IT issues. OHITT also collaborates and gives recommendation on health IT issues for other departments within the department of health as well as the Governor's office and other health agencies and organizations within New York. Currently this office is managing a number of initiatives and projects including over \$200 million in competitive grant projects for health IT that represent all regions of New York State and the office also is involved in the design and support of development of a state wide health information technology infrastructure called the State Health Information Network of New York (SHIN-NY).

*Last Updated: 07.19.10*



## North Carolina Health and Wellness Trust Fund (HWTF)/North Carolina Health Information Technology Collaborative (NC HIT Collaborative)

**Group Website:** [www.healthwellnc.com](http://www.healthwellnc.com)

**Governance:** The Governor, in consultation with the HWTF Chair, has appointed 14-members from the public, private and non-profit sectors to serve on the North Carolina Health Information Technology Collaborative.

**Source of Authority:** Executive Order

**Source Document:** [www.healthwellnc.com/healthit.aspx](http://www.healthwellnc.com/healthit.aspx)

**State Government Involvement:** The NC HIT Collaborative includes state government employees from the Office of the Governor and the North Carolina Department of Health and Human Services.

**State CIO Involvement:** Staff from the Office of the State SCIO participated in Committee and consortium meetings and provided direct assistance to Task Force Staff in the development of the NC Health Strategic Plan. ITS is providing Project Management Assistance to the Health and Wellness Trust Fund. As a technology service provider, Information Technology Services will continue to work with the state agencies participating in the future health exchange to meet their hosting, telecommunications and identity management needs

**Major Focus:** In 2009, North Carolina was reviewing the ARRA legislation and trying to determine how to move the state forward in e-health. The Governor had established a task force on e-health and it was in the process of learning about the various components of a statewide e-health plan. The Office of the State CIO provided staffing assistance to the task force and continued its on-going work with the North Carolina Health-care Information and Communications Alliance (NCHICA), a nonprofit organization established under an Executive Order more than 15 years ago.

The Governor's Task Force completed its work in June 2009, and submitted its report to the Recovery Office. Through Executive Order 19, the Governor selected the Health and Wellness Trust Fund to be the state's designated entity under the Health Information Technology for Economic and Clinical Health Act. In that same Executive Order, the Governor established the North Carolina Health Information Technology Collaborative to expand on the work of the previous task force. The Health and Wellness Trust Fund submitted the first required document under the ARRA, a State Strategic Plan on October 16, 2009.

One of the key issues facing the states is how best to organize themselves to respond to the new federal funds for e-health. After reviewing several governance options, the Collaborative recommended that the state establish a new public - private partnership to lead e-health. In response, a new 501-C-3 organization is being created. The Health and Wellness Trust Fund, the Governor's Office, the Department of Health and Human Services and the Office of the State CIO will continue to provide staff support for the new organization. One of the efforts of the new 501-C-3 will be to coordinate the work of the various grantees of e-health money from the federal government to ensure that the results are maximized and that information and research reaches the widest audience possible.



An additional initiative, in North Carolina, that is making strides toward statewide health information exchange includes:

**Healthcare Information and Communications Alliance (NCHICA)**

**Group Website:** [www.nchica.org](http://www.nchica.org)

**Governance:** 33-member Board of Directors

**Source of Authority:** Executive Order

**Source Document:** [www.nchica.org/AboutNCHICA/CorplInfo/ExecOrder.htm](http://www.nchica.org/AboutNCHICA/CorplInfo/ExecOrder.htm)

**State Government Involvement:** Representatives from state government sit on the Board and are also active in technology, clinical and policy workgroups, committees, task forces and projects.

**State CIO Involvement:** The staff of the state CIO's office has been involved in the work of NCHICA for several years. Currently, a member of the SCIO's Policy staff is a voting member of the NC Health Information Exchange Council created by NCHICA.

**Major Initiatives:** NCHICA is the premiere consortium in North Carolina that champions the adoption of information technology and enabling policies to improve health and care across North Carolina and with adjacent states when cross-border care is involved. Working closely with its members, NCHICA operates in many venues as a neutral 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 is using the expertise gained throughout its NHIN collaboration among leading hospitals, physician practices, government agencies, payers, and vendors to accelerate development of local and statewide health information exchange (HIE).

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## North Dakota Health Information Technology Advisory Committee

**Group Website:** [www.healthit.nd.gov](http://www.healthit.nd.gov)

**Governance:** 23-member Board of Directors

**Source of Authority:** Legislation

**Source Document:** [ruralhealth.und.edu/projects/sorh/hit.php](http://ruralhealth.und.edu/projects/sorh/hit.php)

**State Government Involvement:** The Health Information Technology Advisory Committee consists of the state chief information officer or the chief information officer's designee, the state health officer or the state health officer's designee, the governor or the governor's designee, the executive director of the department of human services or the executive director's designee, and individuals appointed by the governor and the state health officer to represent a broad range of public and private health information technology stakeholders.

**State CIO Involvement:** The State CIO is the chair of the Health Information Technology Advisory Committee.

**Major Initiatives:** The advisory 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. North Dakota is in the process of creating its strategic and operational plans for a health information exchange to be submitted to the Office of the National Coordinator. Once the strategic and operational plans are approved by the ONC, the Health Information Technology Advisory Committee will implement and operationalize a health information exchange.

The advisory committee is also charged with the development of a low interest revolving loan program to assist health care providers in planning and implementing interoperable health information technology systems. Twelve applications for loans, totaling five million dollars, were accepted by the Committee and the applicants are completing on-site readiness assessments and bank loan applications. The loans have a 1% interest rate with up to a ten-year monthly payback schedule.

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## Ohio Health Information Partnership

**Group Website:** [www.ohiponline.org/](http://www.ohiponline.org/)

**Governance:** The Ohio Health Information Partnership has its own independent 15-member board. The board includes representation from BioOhio, the Ohio Hospital Association, the Ohio State Medical Association, the Ohio Osteopathic Association, and state government. OHIP's board has been expanded to include representation from the business community, consumers, payers, behavioral health providers, hospitals, physician providers and Federally Qualified Health Centers (FQHCs).

**Source of Authority:** Governor

**Source Document:** [ohiponline.org/about.aspx](http://ohiponline.org/about.aspx)

**State Government Involvement:** In September 2009, Governor Strickland designated the non-profit organization, the Ohio Health Information Partnership (OHIP), as the entity to lead the implementation and support of health information technology throughout Ohio and several members of the board are from state government.

**Major Initiatives:** OHIP will support the adoption and use of electronic health records (EHR) by Ohio's health care providers. The partnership is charged with implementing and overseeing a statewide health information exchange (HIE) that will improve access to data and patient information by authorized health care providers while ensuring patient privacy. The partnership also will collaborate with industry experts to provide educational, outreach and technical services to health care providers who need to implement certified EHRs.

In the October and November 2009, OHIP completed submission of two American Recovery and Reinvestment Act (ARRA) Health Information Technology for Economic and Clinical Health (HITECH) grants related to its mission. The State Grant to Promote Health Information Technology Planning and Implementation will provide funding to states or state-designated entities for the development of statewide HIEs. The Health Information Technology Regional Extension Center (REC) program will provide funding to entities to provide education, outreach and technical assistance to help providers in their geographic areas to select, successfully implement and meaningfully use certified EHR technology to improve the quality and value of health care. In addition, the state's 2010-11 biennial budget allocates \$8 million in non-GRF funds to the Ohio Department of Insurance to support OHIP's efforts. The Department of Insurance will work together with OHIP to oversee the use of this money and the application for federal resources.

Additional health IT organizations making an impact in Ohio include the Health Policy Institute of Ohio ([www.healthpolicyohio.org](http://www.healthpolicyohio.org)) which is an independent, nonpartisan, statewide center that informs Ohio health policy by forecasting health trends, analyzing key health issues, and communicating current research to policymakers, state agencies and other decision-makers. The Institute released *Assessing Health Information Technology in Ohio* in late 2005, and followed this up with *A Strategic Roadmap and Policy Options for the Effective Adoption of Health Information Technology and Exchange in Ohio* in 2006. That same year, the Institute was awarded a contract from the Federal government to study how Ohio's privacy and security laws and business practices would affect this exchange of electronic health information. The Institute has also worked closely with the Governor's office and the Ohio General Assembly to bring attention to this issue.

In addition, HealthBridge ([www.healthbridge.org](http://www.healthbridge.org)) is a not-for-profit health information exchange serving Greater Cincinnati and surrounding areas. Founded in 1997, HealthBridge is one of the nation's largest, most

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advanced and most financially successful community health information exchanges. HealthBridge provides connectivity for 29 hospitals, more than 4400 physician users, 17 local health departments, dozens of physician offices and clinics, as well as nursing homes, independent labs, radiology centers and others in the healthcare community. Through their clinical messaging system, they deliver over 2.4 million results (laboratory, radiology, transcription and ADT) to more than 4,400 physicians each month. HealthBridge represents nearly 95% of the hospital sector activity in the Cincinnati region.

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## Oklahoma Health Care Authority

**Group Website:** [www.okhca.org/okhitech](http://www.okhca.org/okhitech)

**Governance:** 10-member Health Information Infrastructure (HII) Advisory Board

**Source of Authority:** Legislation

**Source Document:** [www.okhca.org/about.aspx?id=11553](http://www.okhca.org/about.aspx?id=11553)

**State Government Involvement:** Several state agencies provide leadership and representation on the advisory board.

**Major Initiatives:** The goal of the exchange is to allow medical information to be shared across multiple health care providers while keeping personal health data safe and secure. A broad based group of stakeholders are meeting to outline the process for developing strategic and operational plans. This will allow the oversight workgroup to provide guidance and review of stakeholder's input of the process to be implemented while compiling an inventory of critical health information components. As Oklahoma moves towards electronic health information exchange, the oversight workgroup will explore ways to protect and secure these confidential documents. It is critical that this information is kept secure and protected when the system is launched. Along with ensuring compliance, protecting privacy and obeying security requirements for health information technology, the workgroup will maintain an open and transparent planning process in communication strategies with key stakeholders in the health care community.

Members of the oversight workgroup are as diverse as Oklahoma's population. With 77 counties and a varied urban and rural geographic population, the task force attempts to represent everyone while integrating the interest of stakeholders such as tribal members, health care providers, commercial insurance companies, patients or consumer organizations, health information technology vendors, health care purchasers and employers, public health agencies, health professional schools, universities, colleges, and clinical researchers. Initial construction of key components will take one- and two- years with some of the more complex components coming online in year three. The end product of the Oklahoma Health Information Exchange is an integrated network connecting health care facilities using standards that will make time critical data available to providers in an emergency room, health care offices, hospitals, help reduce redundant testing by making lab results available and reduce patient hassle factors. The overall objective is to have the patient as the center of focus in the delivery of care. The expected outcomes of the project are improved clinical quality of care and at the same time attempting to contain rising health care cost by reducing redundant testing, and improving coordination of preventive services.

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## Oregon Health Information Technology Oversight Council (HITOC)

**Group Website:** [www.oregon.gov/OHPPR/HITOC/index.shtml](http://www.oregon.gov/OHPPR/HITOC/index.shtml)

**Governance:** The Council is comprised of eleven individuals appointed by the Governor. They bring to the group the diverse experience outlined by the legislation in health information technology as well as in health care delivery, policy and research. They represent consumer and business perspectives, public and private sectors, and the geographic and demographic differences of Oregon's health care providers and the patients they serve.

**Source of Authority:** Legislative

**Source Documents:** [www.oregon.gov/OHPPR/HITOC/Council\\_members.shtml](http://www.oregon.gov/OHPPR/HITOC/Council_members.shtml)

**State Government Involvement:** The Health Information Technology Oversight Council is a statutory body of Governor appointed, Senate confirmed citizens composed professionals from state government, health care delivery, policy and research.

**State CIO Involvement:** The CIO of Oregon's Department of Human Services (OR-DHS) currently serves as the Vice Chair of HITOC. The State CIO receives regular briefings from the OR-DHS CIO as substantive developments occur.

**Major Initiatives:** The HITOC will coordinate Oregon's public and private statewide efforts in electronic health records adoption and the eventual development of a statewide system for electronic health information exchange.

The HITOC takes over previous efforts of the Health Information Infrastructure Advisory Committee (HIIAC) and the Health Information Security & Privacy Collaborative (HISPC).

The Council is responsible for:

- Setting specific goals for the state related to health information technology (HIT) utilization, and developing a strategic plan to meet these goals
- Monitoring statewide progress in achieving these goals and providing oversight for the implementation of the strategic plan
- Maximizing the distribution of HIT resources across the state
- Creating and overseeing a public-private purchasing collaborative to help providers identify high-quality electronic health record products and support services and obtain more affordable rates for these products and services. This collaborative would include primary care providers, practices serving a large percent of Oregon Health Plan patients, and small and rural practices
- Identifying and selecting industry standards for HIT products and services promoted by the purchasing collaborative
- Developing strategies to leverage community resources to further expand HIT adoption
- Educating the public and providers about the risks and benefits of HIT investments



- Coordinating health care sector activities that promote adoption of HIT and achieve HIT interoperability
- Supporting and overseeing the implementation of a personal health records bank for Oregon Health Plan recipients and assessing its potential to serve as a building block for a statewide health information exchange, ensuring that patients' health information is available and accessible, that the exchange would apply only to patients who choose to participate, and providing meaningful remedies if security or privacy policies are violated
- Determining a fair and appropriate method for reimbursing providers who utilize HIT
- Exploring the option of establishing an HIT loan program and possibly implementing such a program.

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## Pennsylvania Health Information Exchange (PHIX)

**Group Website:** [www.pahealthinfoexchange.com/index.html](http://www.pahealthinfoexchange.com/index.html)

**Governance:** The PHIX Advisory Council, comprised of experts from across the Commonwealth, advises the Governor's Office of Health Care Reform on PHIX strategies, issues and recommendations.

**Source of Authority:** Executive Order

**Source Document:** [www.pahealthinfoexchange.com/general\\_info.html](http://www.pahealthinfoexchange.com/general_info.html)

**State Government Involvement:** The Governor's Office of Health Care Reform provides strategic vision, policy, and planning guidance to the PHIX. Several Commonwealth agencies, including the Office of Medical Assistance (Medicaid) are part of the core leadership team. The PHIX Advisory Council, includes state agency, legislative, and stakeholder representation and provide input and guidance to assist in the adoption and use of PHIX by health care professionals.

**State CIO Involvement:** The State CIO is represented on the core leadership team and Advisory Council by the Deputy CIO of Health and Human Services in the Office of Information Technology.

**Major Initiatives:** The major initiative is to improve clinical quality outcomes for Pennsylvania residents by providing timely, secure and authorized exchange of patient health information among authorized providers. Health information exchange through PHIX will support patient-centered health care and continuous improvements in access, quality, outcomes and efficiency of care.

### PHIX's strategic goals:

- provide immediate access to critical health information for patients and providers at the point of care
- help transform health care delivery to a quality patient-centered model
- support the "meaningful use" of Electronic Health Records used by health care providers
- protect personal health information through privacy and security policies and best practices
- strengthen existing and future health initiatives to improve clinical outcomes, improve patient safety, ensure security and reduce costs by:
  - linking the full continuum of providers — public and private providers, physicians, clinics, labs and medical facilities;
  - supporting the health information exchange needs of the Medical Assistance Program, the Commonwealth Chronic Care Initiative, Public Health, Long-Term Living and other health care initiatives;
  - strengthening the continuity and coordination of care; and
  - Engaging and educating consumers and providers about the benefits of health information exchange, and ensure knowledge about privacy rights and protections
- ensure that the costs for PHIX do not add to the cost of health care and that PHIX assists in lowering the cost of health care in Pennsylvania
- create an integrated governance structure for PHIX that includes a role for key community stakeholders with statewide collaborative capabilities
- develop an enterprise approach for Pennsylvania that is aligned with the National Health Information Technology (HIT) vision, agenda and standards
- facilitate health care providers' ability to qualify for Medicare and Medicaid incentive payments

*Last Updated: 07.19.10*



## Rhode Island Health Information Exchange

**Group Website:** [www.riqi.org](http://www.riqi.org)

**Governance:** Department of Health and Rhode Island Quality Institute

**Source of Authority:** Governor

**Source Documents:** [www.riqi.org/matriarch/MultiPiecePage.asp\\_Q\\_PageID\\_E\\_25\\_A\\_PageName\\_E\\_StrategicInitTTCHealthInfoExch](http://www.riqi.org/matriarch/MultiPiecePage.asp_Q_PageID_E_25_A_PageName_E_StrategicInitTTCHealthInfoExch)  
[currentcareri.com/matriarch/default.asp](http://currentcareri.com/matriarch/default.asp)

**State Government Involvement:** The state department of health works in partnership with the Rhode Island Quality Institute to manage the Health Information Exchange, and a number of state agencies are also involved in this effort.

**Major Initiatives:** Rhode Island has become a national leader in EHR adoption. The Rhode Island Quality Institute has been working to develop a statewide Health Information Exchange and many committees involve representatives of the healthcare and government communities.

In 2008, the Governor signed into law the Rhode Island Health Information Exchange Act to create a statewide health information exchange. The state tasked the Rhode Island Quality Institute; a private agency with state government involvement, to run the voluntary health data exchange and the Department of Health will oversee this effort.

The Act creates patient privacy and data security protections for information that will be shared through CurrentCare—Rhode Island’s Health Information Exchange (HIE).

Consumer protections in this law include:

- A specification that participation in the HIE is voluntary—both consumers and providers choose whether or not to participate;
- The ability to obtain a copy of confidential health information from the HIE;
- The ability to obtain a copy of a Disclosure Report relating to access of a patient’s confidential health information through the HIE;
- Notification of breach of security of the HIE consistent with the RI identity theft law;
- The right to terminate participation in the HIE;
- The right to request that inaccurate information provided to the HIE be corrected through a provider;
- Oversight by the Department of Health;
- The creation of an HIE Advisory Commission to make recommendations to the Department of Health regarding the use of health information in the HIE; and
- Civil and criminal penalties for violation of the Act.

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## South Carolina Health Information Exchange (SCHIEx)

**Group Website:** [www.schiex.org](http://www.schiex.org)

**Governance:** Public-private partnership of 11 interim committee members includes both public and private stakeholders. While the Interim Governance Committee (IGC), legislation creating permanent governance is in the general assembly.

**Source of Authority:** Executive Order

**Source Document:** <https://training.scdhhs.gov/hit/>

**State Government Involvement:** SCHIEx is a collaborative effort between the South Carolina Department of Health and Human Services, the South Carolina Office of Research and Statistics and several health care associations. All SCHIEx data is stored in ORS' secure data warehouse.

**Major Initiatives:** In July of 2008, South Carolina officials set plans to launch a health information exchange for the state's 700,000 Medicaid patients for SCHIEx to connect hospitals, doctors, clinics and other healthcare providers with access to Medicaid beneficiaries' medical records. It was paid for by HHS, which contributed \$250,000 to implement the system. It's also backed by the South Carolina Hospital Association, the South Carolina Primary Care Association and several state agencies.

The SCHIEx system includes a records locator service along with a system that links disparate health databases. Providers now have access to a broad medical history on patients, including diagnoses, medications and test results. The state will utilize up to 10 year's worth of a beneficiary's Medicaid claims to create a network that allows health care providers to see medical histories of patients, including prescribed medications and treatment they have received at other health care facilities.

In subsequent stages of SCHIEx, the state plans to facilitate sharing of data from existing electronic medical records (EMRs) systems and integrate immunization records, lab results and hospital records. In addition, access to SCHIEx is free of charge. It simply requires a unique User ID and password.

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## South Dakota e-Health Collaborative

**Group Website:** [www.ehealth.dsu.edu](http://www.ehealth.dsu.edu)

**Governance:** South Dakota Department of Health and Dakota State University

**Source of Authority:** Executive Order

**Source Document:** [www.ehealth.dsu.edu/eHealthCollaborativeExecutiveOrder.pdf](http://www.ehealth.dsu.edu/eHealthCollaborativeExecutiveOrder.pdf)

**State Government Involvement:** The secretary of the Department of Health provides oversight of the Collaborative and appoints its membership.

**State CIO Involvement:** A representative from the State CIO's office is involved with the Collaborative.

**Major Initiatives:** In February of 2009, the Governor signed an executive order formally establishing the Collaborative, which will provide leadership and coordination of health information exchange (HIE) across the state. The collaborative began meeting informally in spring 2008, prompted by a request from the Governor's Health Care Commission for a long-range plan to facilitate interoperable health IT adoption to improve the quality, safety, and efficiency of healthcare in South Dakota.

The collaborative currently has active members from several key stakeholder groups, including physicians, consumers, state legislators, insurance companies and other payers, state and local government officials, health information managers, lawyers and project administrators.

In 2009, five Committees/Workgroups were established for the Collaborative in areas of: Education/Outreach Advisory Committee, Legal/Legislation Advisory Committee, Policy/Governance Advisory Committee, Technical Advisory Committee and a Finance Committee. The collaborative must submit an annual report to the governor and the secretary of the Department of Health.

*Last Updated: 07.19.10*



## Tennessee Office of e-Health Initiatives

**Group Website:** [www.tn.gov/ehealth](http://www.tn.gov/ehealth)

**Governance:** Internal Health Council

**Source of Authority:** Executive Branch

**State Government Involvement:** The Office of e-Health Initiatives is administered under the Tennessee Department of Finance & Administration.

**State CIO Involvement:** The State CIO works closely with the Director of the Office of e-Health Initiatives to coordinate efforts around the use of health information technology (HIT).

**Major Initiatives:** Tennessee is recognized as a national leader in advancing efforts to use health information exchange to improve the quality, efficiency, safety and effectiveness of health care. Tennessee's progress has been built on: (1) a strong commitment to protect patient privacy; (2) building opportunities for collaboration; (3) a diverse portfolio of established and emerging local health information exchange initiatives; and (4) financial assistance for providers to acquire and integrate advanced health information technology into their practices.

Tennessee has made substantial investments, matched by local financial and volunteer contributions, to develop the policy and technical foundation for advancing health information exchange in the state, including establishing the Office of e-Health Initiatives (e-Health), as the single coordinating authority in Tennessee for health information exchange (HIE).

Across Tennessee, many regional HIOs have grown organically from community-based efforts to major entities exchanging health information for patients on a regional basis. These HIOs include: Mid-South e-Health Alliance (MSeHA), Memphis; CareSpark, northeast Tennessee; Middle Tennessee e-Health Connect, Nashville; Middle Tennessee Rural Health Information Network, upper Cumberland region; and West Tennessee Health-care, Jackson. e-Health has also held HIO stakeholder discussions in Chattanooga and Knoxville.

Numerous Tennessee state agencies have invested significant resources in developing services that are being leveraged to support HIE in the state.

- *NetTN* – Available in all of the state's 95 counties, NetTN is Tennessee's secure, private network providing high-speed broadband capabilities, security protocols and service-level guarantees at state-negotiated rates for authorized practitioners.
- *Electronic Eligible and Claims Transactions* – Tennessee's Medicaid Agency, TennCare, operates a Medicaid Management Information System (MMIS) that covers approximately 1.2 million Tennesseans, with heavy emphasis on eligibility and enrollment processing.
- *All-Payer Claims Database* – Tennessee's Department of Commerce and Insurance (DCI) is developing a database of all-payer claims data from the health insurance companies.
- *Registries* – The Tennessee Department of Health (TDOH), operates a number of state-level databases that are currently available to authorized users through NetTN, including registries for immunization, licensure renewal and verification, and domestic violence.



- *Telemedicine and Telehealth Initiatives* – e-Health has supported and embraced the use of both telemedicine and telehealth through grants to the Community Health Network, in Oakdale, and the University of Tennessee Health Science Center, in Memphis.

## **Advancing e-Health in Tennessee-**

Recognizing the 2009 American Recovery and Reinvestment Acts' immense opportunities for advancing HIT and HIE, e-Health commissioned a comprehensive study of Tennessee's health information exchange landscape and policy options in mid-2009. Based on the study's findings, e-Health and dedicated group of Tennessee stakeholders have taken a series of concrete steps over the last several months to establish a coordinated structure for advancing HIE in Tennessee:

- e-Health has established an Internal Health Council and Health Quality Coordinating Forum to coordinate HIT and HIE activities in state government
- The Health Information Partnership for Tennessee (HIP TN) has incorporated and organized a multi-stakeholder board and committee structure, which includes coordinating with the Internal Health Council for workgroup representation of state agency commissioners and directors, to implement the statewide collaboration process
- e-Health has designated the position of HIT Coordinator, who will be responsible for reconciling HIP TN's private sector focus with the Internal Health Council and its public health goals
- e-Health and HIP TN have coordinated 8 work groups to advance recommendations and key considerations for HIE

In mid-October 2009, e-Health submitted Tennessee's *Strategic Plan for Statewide Health Information Exchange* to the Centers for Medicare and Medicaid Services (CMS) and Office of National Coordinator (ONC) as the state's application to draw down Recovery Act stimulus funds for HIE implementation and planning.

Early in 2010, CMS and ONC notified Tennessee e-Health officials the state would receive \$11.7 million in Recovery Act funds to implement an operational plan for the advancement of HIE, to include coordination with HIP TN and exchange service coordination with internal state agencies and the proposed Regional Extension Center (REC).

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## Texas Health and Human Services Commission/ Texas Health Services Authority (THSA)

**Group Website:** [206.201.124.199/  
www.hhsc.state.tx.us/about\\_hhsc/AdvisoryCommittees/HIE.shtml](http://206.201.124.199/www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/HIE.shtml)

**Governance:** A 13-member Board of Directors appointed by the Governor and the THSA is a public private partnership, legally structured as a nonprofit corporation, to support the improvement of the Texas health care system by promoting and coordinating HIE and health information technology (HIT).

**Source of Authority:** Legislation

**Source Document:** [206.201.124.199/resources.aspx](http://206.201.124.199/resources.aspx)

**State Government Involvement:** Two members of the Texas Department of State Health Services serve as Ex-Officio members.

**Major Initiatives:** The Texas Health Services Authority (THSA) is developing health information exchange (HIE) strategic and operational plans for the State of Texas. ONC awarded Texas \$28.8 million on March 15, 2010 to facilitate HIE in Texas and advance HIT. The award provides \$1 million for planning and \$27.8 million for implementation. The plans must be submitted to the Office of the National Coordinator for Health Information Technology by September 27, 2010.

In order to ensure broad stakeholder input in the development of HIE strategic and operational plans for the State of Texas, the THSA formed four collaborative workgroups: Governance and Finance, Privacy and Security, Technical Infrastructure, and EHR Adoption and Consumer Engagement. The workgroups consist of multi-disciplinary, multi-stakeholder experts to inform the planning process. The workgroups are responsible for providing the THSA with options for the strategic and operational plans. The Technology Infrastructure Workgroup Charter will specifically focus on:

- Develop technology standards, in collaboration with the stakeholder community.
- Ensure the statewide HIE design is scalable and flexible, and adheres to national standards
- Maintain integrity of design independent of vendor/device influence
- Promote patient-centric HIE services that support federal “meaningful use” requirements for eligible health care providers and hospitals
- Encourage interoperability functionality between local, regional, and state government HIEs, and the National Health Information Network

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## Utah Health Information Network (UHIN)

**Group Website:** [www.uhin.com](http://www.uhin.com)

**Governance:** Board of Directors

**Source of Authority:** Non-profit

**Source Document:** [www.uhin.com/about](http://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.

**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.

In 2008, the state of Utah passed legislation ([H.B.47](#)) designating the Department of Health to establish standards for how clinical health information will be exchanged within the state. This standard will be used by everyone who exchanges this information in the state including UHIN.

In January of 2009, UHIN selected a vendor to for its statewide health information exchange. Also beginning in 2009, the UHIN *Clinical Health Information Exchange* (CHIE) network will enable authorized clinicians – with patient permission - to securely electronically locate, connect to, and review patient information scattered across multiple health care organizations. This patient information may include previous medical events, diagnoses, tests, medications, and relevant documents. Clinicians do not need to have Electronic Medical Records (EMR) systems to make full use of the CHIE. The CHIE system offers the use of an “e-lite”, which is a ‘baseline’ version of an EMR.

The organizations that participate in the CHIE network have agreed to make that information accessible to authorized clinicians by building secure electronic connections to the CHIE. The CHIE network will authenticate all authorized clinical users and provide privacy protections that comply with Federal and State regulations.

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## Vermont Information Technology Leaders (VITL)

**Group Website:** [www.vitl.net](http://www.vitl.net)

**Governance:** 11-member Board of Directors

**Source of Authority:** Non-profit, public-private partnership

**Source Document:** [www.vitl.net/pages/show/about-us](http://www.vitl.net/pages/show/about-us)

**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.

**Major Initiatives:** VITL is a multi-stakeholder corporation formed by a broad base of providers, payers, employers, patients, and state agencies. The efforts of VITL are being coordinated with other state and federal initiatives and VITL is partnering with hospitals, physician practices, and other health care organizations across the state of Vermont to implement IT projects to improve the quality and effectiveness of health care.

In February of 2010 VITL was awarded a \$6.8 million federal grant to help more Vermont health care providers improve patient care by using electronic health records and other information technology. Health Information Technology Regional Extension Centers like VITL are funded under the American Recovery and Reinvestment Act of 2009 (ARRA). Congress has appropriated approximately \$30 billion to help U.S. health care providers nationwide invest in electronic health records systems.

VITL operates the statewide health information exchange network for the state of Vermont. The Vermont Health Information Exchange (VHIE) operates under the “opt-in” model. That means no individual’s protected health information will be shared between providers on the VHIE unless the individual specifically consents in writing. Other rules controlling the use of data for patients who give consent are in a set of written policies adopted by VITL’s board.

One of the first uses of the VHIE has been to send test results from labs to the EHR of the physician who ordered the test. Results arrive in the physician EHR inbox as soon as the lab result is processed, greatly reducing turnaround time and the labor involved with handling results sent on paper. Physicians say by using VITL’s service, they are able to receive lab results in their EHR the same day the test was ordered.

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## Virginia Office of Health IT/ Governor's Health Information Technology Advisory Commission

**Group Website:** [www.hits.virginia.gov](http://www.hits.virginia.gov)

**Governance:** The Commission consists of a broad range of stakeholders appointed by the Secretary of Health and Human Services and the Secretary of Technology.

**Source of Authority:** Executive Order Number 95 (October 2009)

**Source Document:** [www.hits.virginia.gov/office\\_of\\_health\\_IT.shtml](http://www.hits.virginia.gov/office_of_health_IT.shtml)  
[www.hits.virginia.gov/HITAC.shtml](http://www.hits.virginia.gov/HITAC.shtml)

**State Government Involvement:** The Governor directed the Virginia Department of Health to serve as the Commonwealth's Health Information Technology Lead through an Office of Health IT. The office consists of a director appointed by the Secretary of Health and Human Resources in consultation with the Commissioner of Health and additional professionals.

**State CIO Involvement:** Under the State CIOs jurisdiction at the Virginia Information Technology Agency, The Health Information Technology Standards Advisory Committee (HITSAC) will advise the Information Technology Investment Board (ITIB) on the approval of nationally recognized technical and data standards for health information technology systems or software.

**Major Initiatives:** Virginia has been awarded \$11.6 million over a four year period of time to advance health information exchange. The Governor's Health Information Technology Advisory Commission will lead the planning and implementation of this initiative under the leadership of Secretary of Health and Human Resources. To coordinate health IT initiatives across the Commonwealth, the Office of Health Information Technology has been established. In addition, Virginia has been awarded \$12.4 million over two years to help physicians acquire and adopt electronic health records for their practices. The Virginia Health Quality Center, in partnership with the Center for Innovative Technologies, will lead this effort to provide physicians with technology options and IT expertise.

The Commission has the following responsibilities:

- Encourage public-private partnerships to increase adoption of electronic medical records for physicians in the Commonwealth.
- Provide healthcare stakeholder input to build trust in and support for a statewide approach to HIE.
- Ensure that an effective model for HIE governance and accountability is in place.
- Examine and define an integrated approach with the Department of Medical Assistance Services and the Virginia Department of Health to enable information exchange and support monitoring of provider participation in HIE as required to qualify for Medicaid meaningful use incentives.
- Develop and/or update privacy and security requirements for HIE within and across state borders.
- Encourage and integrate the proliferation of telemedicine activities to support the Virginia healthcare improvement goals.
- Monitor and support the activities of any Regional Extension Centers awarded in the Commonwealth.
- Examine other health related issues as appropriate.

## VIRGINIA



The Virginia Health Exchange Network (VHEN) was established through collaboration with the Virginia Hospital and Healthcare Association, the Virginia Association of Health Plans, and the Governor's Office of Health IT. By procuring a common portal for Virginia providers to use when interacting with Virginia payers, it allows a provider to retrieve up-to-date eligibility information from any participating Virginia health plan. The term of the VHEN charter is from July 1, 2007 to June 30, 2012.

Virginia is the only state who had two participants (MedVirginia and CareSpark) partake in the Nationwide Health Information Network Trial Implementation. These two organizations very successfully demonstrated interoperability to a national audience at the September 24, 2008 meeting of the American Health Information Community. In addition, Virginia was one of only twelve communities in the United States selected for participation in the Centers for Medicare and Medicaid Services (CMS) Electronic Health Records Demonstration. CMS is providing up to \$30M in funding to support physician electronic health record adoption.

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## Washington State Health Care Authority (HCA) and OneHealthPort

**Group Website:** [www.onehealthport.com/HIE/index.php](http://www.onehealthport.com/HIE/index.php)  
[www.hca.wa.gov/](http://www.hca.wa.gov/)

**Governance:** The Washington State HIE governance model will be led by OneHealthPort, a private sector health information technology management organization. The effort will be overseen by the Foundation for Health Care Quality, a community not-for-profit organization. The HCA will coordinate the work of the public sector and other American Recovery and Reinvestment Act (ARRA) programs while providing any additional oversight needed by the Foundation and OneHealthPort.

**Source of Authority:** Legislation- [Substitute Senate Bill 5501](#)

**Source Document:** [www.onehealthport.com/HIE/index.php](http://www.onehealthport.com/HIE/index.php)

**State Government Involvement:** Representatives of the state health care community, consumers and the state CIO are involved.

**State CIO Involvement:** The state CIO has been an ex-officio member of the Health Information Infrastructure Advisory Board 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's Richard Onizuka, the State Health Information Technology Coordinator recently submitted Washington State's Strategic and Operational Plans to the Office of the National Coordinator (ONC). The plans were prepared over the past several months in a joint effort by OneHealthPort and HCA with input from public and private stakeholders. The plans are an important milestone for the Statewide HIE effort. Before the Statewide HIE can expend HITECH funds on technology solutions, ONC has to approve the plans. Based on experience in other states, it is likely that ONC will request modifications be made to the documents. After some back and forth between ONC and the HIE team, OneHealthPort hopes the plans will be approved sometime before September 30, 2010.

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## West Virginia Health Information Network (WVHIN) Board

**Group Website:** [www.WVhin.org](http://www.WVhin.org)

**Governance:** 17-member Board of Directors

**Source of Authority:** Legislation

**Source Document:** [www.legis.state.wv.us/Bill\\_Text\\_HTML/2006\\_SESSIONS/RS/BILLS/SB170](http://www.legis.state.wv.us/Bill_Text_HTML/2006_SESSIONS/RS/BILLS/SB170)

**State Government Involvement:** State Government sponsors the HIE as a state agency. A number of 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, Chair of the Health Care Authority and President of the Board of Pharmacy. The WVHIN's Chief Operations Officer (Raul A. Recarey) was promoted to Acting Executive Director in January 2010 and was also formally named the State HIT Coordinator for West Virginia in April, 2010 by DHHR (Department of Health & Human Resources ) Cabinet Secretary; Patsy Hardy.

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

**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
- Has received responses to the issued RFP and has almost finalized evaluating vendor responses
- Participating in the continuation of the HISPC project and a parallel consumer engagement and education project.
- Continuing 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
- Active participant in the development of West Virginia Medicaid HIT P-APD, APD and SMHP documents
- Coordinating with all state agencies and programs to ensure synergy, avoid duplication of HIT resources and reduce spending
- Formed a working alliance with RHITEC to coordinate all physician outreach and contact
- 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 and the Legislature's Roadmap to Health Project

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## Wisconsin Relay of Electronic Data (WIRED) for Health

**Group Website:** [dhs.wisconsin.gov/ehealth/index.htm](http://dhs.wisconsin.gov/ehealth/index.htm)

**Governance:** 15-member board

**Source of Authority:** Legislation

**Source Document:** [dhs.wisconsin.gov/ehealth/WIREDforHealth/index.htm](http://dhs.wisconsin.gov/ehealth/WIREDforHealth/index.htm)

**State Government Involvement:** The Department of Health Services Secretary is tasked with designating a private-public not-for-profit for the statewide HIE services. Several of the members of the WIRED for Health Board are from the state government.

**State CIO Involvement:** The state CIO sits on the WIRED for Health Board.

**Major Initiatives:** Wisconsin submitted its application on October 16, 2009, for the State HIE CAP funding opportunity. The goal of the WIRED for Health project is to build substantial health information exchange capacity statewide to support providers' meaningful use of electronic health records and enable efficient, appropriate, and secure flow of information to optimize decisions for health. The approach is to plan, develop, and implement interoperable, standards-based, secure electronic exchange of patient and health data.

Executive Order 303, which created the WIRED for Health Board in December 2009, directed that the Board would exist until a qualified, not-for-profit corporation is designated by the Governor, or created and designated in statute specifically for the purpose of governing the implementation and operation of statewide HIE services.

On May 11, 2010, Governor Doyle signed into law the [WIRED for Health Act](#) which enables creation or designation of a permanent governance entity. This new law permits the Department of Health Services Secretary to designate a qualified, private-public not-for-profit corporation to assume the state-level role of governing the implementation and operation of statewide HIE services. The designated corporation will be able to receive federal ARRA state HIE grant funding, as a sub-grantee through a contract with the Department of Health Services to implement the strategic and operational plan. Selection of this corporation will be done through a transparent and open process. The WIRED for Health Board's Governance Committee is developing a Request for Applications that will be released this summer.

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## Wyoming Health Information Organization (WyHIO)

**Group Website:** [www.wyhio.org](http://www.wyhio.org)

**Governance:** 13-member Board of Directors

**Source of Authority:** Non-profit

**Source Document:** [www.wyhio.org/11.html](http://www.wyhio.org/11.html)

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

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

**Major Initiatives:** WyHIO has been active in the following areas:

### **WHCC Contract-**

In October 2007, the WyHIO completed a survey for the Wyoming Healthcare Commission (WHCC) to provide information on existing healthcare 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 contracted with the Wyoming Survey and Analysis Center at the University of Wyoming to conduct the survey, which began in early 2007. The cooperation of key stakeholders in the healthcare community was essential to help the WyHIO and the WHCC gauge the readiness of the Wyoming healthcare community to engage in healthcare information exchange. [View the report.](#)

Additionally, the WHCC has approved an amendment to the contract for a Healthcare Information Exchange (HIE) needs assessment survey focusing on the types of information providers consider to be the most valuable in an HIE, barriers and difficulties experienced in implementing an exchange and the specific reasons for not participating. The data collected in this step will provide the type of information and specific exchange projects that would be of most value to providers, assistance required to increase participation in HIE, and where the assistance is needed the most.

### **Health Information Exchange Roadmap-**

The WyHIO is now developing a Roadmap for the design and implementation of a statewide HIT/HIE network, based on recommendations in the recent WHCC and WyHIO reports and consensus developed at the HIT/HIE Conference. The purpose of this statewide HIT/HIE effort is to give providers the ability to gather and exchange electronic healthcare information as one means to improve the cost, quality, access to, and safety of healthcare. Your review and comment on the first version of the Roadmap will be appreciated. [View the Roadmap.](#)

### **Health Information Privacy and Security Project-**

Wyoming was one of 34 states and territories awarded in 2006 a subcontract with the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality through RTI International, Inc. (RTI) to create a Health Information Security and Privacy Collaboration (HISPC) group that would address privacy and security policy questions affecting the interoperable exchange of electronic health information among the numerous organizations that make up the health care community. A partnership between the WyHIO and the University of Wyoming Center for Rural Health Research and Education (CRHRE) was created to accomplish the goals of the HISPC.

## WYOMING



Following completion of the project, Wyoming requested, and was awarded a follow-on grant to create an online privacy/security resource center for Wyoming. This center, named Wyoming's Health Information Resource (WYHIR), is now available, and provides resources to help coordinate research and education to address barriers to health information exchange identified over the course of the original study. This site provides HIPAA and other security/privacy training, telehealth/telemedicine network information, electronic prescribing information, general information, and links to other educational opportunities.

Additionally, Wyoming has formed a Statewide Telehealth Steering Committee to guide network implementation and growth. That Committee has developed a DRAFT plan for network development, which emphasizes education and administrative services in the initial year of network implementation, and clinical services in subsequent years. [View the report.](#)

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