PROFILES OF *PROGRESS*

State Health IT Initiatives

November 2006

NASCIO
Representing Chief Information Officers of the States

INTRODUCTION

What began as a relatively lofty goal set forth in a 2004 Executive Order by President George W. Bush calling for most Americans to have electronic health records by 2014, has emerged into a nationwide scramble to increase the use of health information technology (HIT). In August 2006, President Bush issued another Executive Order calling for federal government health care programs to promote quality and efficient delivery of health care and increased transparency through the use of health information technology. With the additional establishment of an Office of the National Coordinator for Health IT and the creation of organizations such as the American Health Information Community designed to help advance efforts in order to meet President Bush's 2014 deadline, this issue is gaining a considerable amount of attention inside the Beltway.

However, the issue has not been lost on states. Healthcare and Health IT remain top priorities for the National Governors Association (NGA), and on October 19, 2006, NGA announced the formation of the State Alliance for e-Health, which provides a forum through which governors, elected state officials and other policymakers can work together to identify inter- and intrastate-based HIT policies and best practices.[1] Also on the state level, a recent study released by eHealth Initiative found that 36 bills were passed in 24 states during 2005 and 2006 that called for the use of HIT.[2] During 2004-2006, eleven Governors thus far have issued Executive Orders also calling for various HIT initiatives. Nearly every state has addressed HIT in some capacity, with some even reaching the implementation stage. Interoperability, transparency and privacy and security implications for electronic health records dominate discussions surrounding HIT progression.

But where do state CIOs stand in the midst of the progress? In this compendium, a "snapshot" of where each state stands in regards to their HIT efforts is outlined, as well as what role, if any, the CIO has in the process. In early 2006, NASCIO's Health IT Committee released "The (IT) Doctor Is In: The Role of the State CIO in Health IT,"[3] which suggested ways CIOs could get involved with emerging HIT trends in their respective states. This compendium highlights the ways in which CIOs are utilized in state-driven HIT development.

While this compendium does not necessarily represent all HIT efforts in each state, it focuses instead on measures that state governments have either initiated or endorsed through legislation, executive order, or by engaging in public/private or non-profit partnerships with outside organizations. Successful implementation of health information technology is only going to become more important as health care costs continue to rise and states become increasingly burdened by strained budgets. Health care efficiency and cost-effective strategies continue to be debated and health information technology is playing a major role in these discussions that are being heard around the country.

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[1] National Governors Association. <www.nga.org> November 14, 2006.
[2] eHealth Initiative (eHI), "Improving the Quality of Healthcare Through Health Information Exchange," September 25, 2006. Page 2. "The (IT) Doctor Is In: The Role of the State CIO in Health IT," is a product of NASCIO's Health Information Technology Committee.
[3] To learn more about the Committee, please see its webpage at: http://www.nascio.org/nascioCommittees/healthIT/members/.

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NASCIO represents the state chief information officers from the 50 states, six U.S. territories and the District of Columbia. Members include cabinet and senior level state officials responsible for information resource management. Other IT officials participate as associate members and private sector representatives may become corporate members.

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Governor's Executive Task Force to Strengthen Alabama Families

Group Website: http://www.strengthenfamilies.alabama.gov

Group Size: Approximately 30 members

Source of Authority: Governor

Source Document: http://strengthenfamilies.alabama.gov/index.aspx

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

HIT Role: This Task Force is working to examine issues and make recommendations on improving e-health efforts throughout the state.

State CIO Involvement: The state CIO is an executive member of the Task Force.

Pilot/Operational Projects: This Task Force will develop a plan for a technology infrastructure upon which healthcare delivery agencies can provide the technologies and processes required to provide effective, efficient, and consumer-focused approaches to healthcare delivery. A first phase pilot for Montgomery and Perry Counties can be viewed at www.AlaCares.Alabama.gov, which focuses on the "Benefits and Services Form" also known as the "Camellia Tool."

Last Updated: 10.25.2006

Alaska Telehealth Advisory Council (ATAC)

Group Website: http://www.hss.state.ak.us/commissioner/Healthplanning/telehealth/atac/default.htm

Group Size: 17

Source of Authority: Legislation (federal)

Source Document: http://www.hss.state.ak.us/commissioner/telehealth/atac/charge.htm

State Government Involvement: ATAC is co-chaired by the Commissioner of the Department of Health and Social Services.

HIT Role: ATAC was established to provide a forum that enhances collaboration and communication between organizations involved in telehealth initiatives.

State CIO Involvement: NASCIO staff research could not identify any state CIO involvement as of 10/03/06.

Pilot/Operational Projects: None identified by NASCIO staff.

Last Updated: 10.03.2006

Arizona Health-e Connection

Group Website: http://www.azgita.gov/tech_news/2005/ehealth/E_Health.htm

Group Size: 44-member Roadmap Steering Committee, plus 8 transition teams.

Source of Authority: Executive Order

Source Document: http://www.gita.state.az.us/tech_news/2005/ehealth/Executive%20Order.pdf

State Government Involvement: Wide-ranging state and local representation as part of a Health-e Connection Roadmap-recommended "statewide governance body" to lead the effort to design and implement an integrated statewide health data information system.

HIT Role: The proposed Roadmap to an integrated statewide health data information system includes HIT adoption strategies and recommendations.

State CIO Involvement: The state CIO is a Co-Chair for the Steering Committee and his agency is staffing much of the effort during the Roadmap development and first year implementation.

Pilot/Operational Projects: On April 4, 2006, the Arizona Health-e Connection Roadmap was released as ordered by Governor Janet Napolitano in Executive Order 2025 in 2005. Since this roadmap has been released, there is currently a "transition structure" that includes the Roadmap Steering Committee and eight implementation teams responsible for implementing the first year deliverables of the Roadmap including establishing the 501(c)(3) organization. After the first year, it will become the newly formed 501(c)(3)'s responsibility to implement the rest of the Roadmap and for on-going administration of the program.

Last Updated: 09.12.2006

Arkansas Telehealth Alliance

Group Website: No website

Group Size: There are six member organizations.

Source of Authority: The state CIO formed this Alliance.

Source Document: None currently available, awaiting organizational decisions.

State Government Involvement: State government members include the Arkansas Department of Health & Human Services, the University of Arkansas for Medical Sciences, and the Arkansas Center for Health Improvement, a public-private partnership.

HIT Role: The Arkansas Telehealth Alliance is composed of representatives from public, private and non-profit organizations that have been convened to address emerging issues in healthcare technology.

State CIO Involvement: The state CIO's office is currently leading and providing staff support for this initiative.

Pilot/Operational Projects: The Arkansas Telehealth Alliance is currently developing a governing structure to manage the on-going collaborative efforts of public and private partners. They are also developing a grant proposal to increase and improve health-related electronic networks and pilot electronic health record (EHR) implementation.

The Alliance currently holds telehealth consortia meetings with several organizations including, but not limited to, the Arkansas Center for Health Improvement, the Arkansas Department of Health & Human Services Division of Health, Community Health Centers of Arkansas, the Mental Health Council of Arkansas, the University of Arkansas for Medical Sciences Center for Distance Health and the Arkansas Hospital Association.

Last Updated: 10.31.2006

California eHealth Action Forum

Group Website: No website

Group Size: TBD

Source of Authority: Executive Order

Source Document: http://gov.ca.gov/index.php/executive-order/2616/

State Government Involvement: The Secretaries of the California Health and Human Services Agency (CHHSA); Business, Transportation and Housing Agency; and the Department of Managed Health Care (DMHC) are all charged of the creation of the forum.

HIT Role: The Secretaries of the California Health and Human Services Agency (CHHSA); Business, Transportation and Housing Agency; and the Department of Managed Health Care (DMHC) are all involved in directing investment of funds to HIT projects, and with the CIO's office, are charged with convening an California eHealth Action Forum to present how the state will implement a comprehensive HIT program by July 1, 2007, within 60 days of the forum.

State CIO Involvement: The state CIO is in direct involvement with the creation and direction of the California eHealth Action Forum, and is also charged in conjunction with other agencies designated by the Governor to allocate funds for health information technology.

Pilot/Operational Projects: Governor Arnold Schwarzenegger issued an executive order on July 24, 2006, which called for the Secretaries of the Health and Human Services Agency and Business, Transportation and Housing Agency and the State CIO to develop a state policy agenda to improve health and health care through the rapid implementation of health information technology. The agencies are charged in convening a California eHealth Action Forum to gather input on a policy agenda. They must craft a plan for the state to implement a comprehensive health IT program by July 2007 and report to the governor within 60 days of that meeting.

The Governor instructed the agencies and the Department of Managed Health Care (DMHC) to "devise financing strategies to allocate at least $200 million in investment funds and $40 million in grant moneys previously secured from California health plans" for health IT for rural areas, safety-net providers and medical groups. The eHealth Action Forum was held October 12.

Last Updated: 11.13.2006.

Colorado Regional Health Information Organization (CORHIO)

Group Website: http://www.corhio.org/

Group Size: There is a 26-member steering committee and 2 additional staff members.

Source of Authority: Non-profit

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

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

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

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

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

Last Updated: 11.07.2006

eHealth Connecticut

Group Website: http://www.ehealthconnecticut.org/

Group Size: TBD

Source of Authority: Non-profit

Source Document:
http://www.saintfrancisdoctors.com/ehealthconnecticut/documents/pressRelease013006.pdf

State Government Involvement: The Governor helped launch this program.

HIT Role: The goal of eHealth Connecticut is to create, champion and sustain a secure statewide health information exchange. An inaugural eHealth Connecticut Summit was held in March which included topics such as ways health information technology advances research and quality, HIT strategic action framework, public/private HIT efforts and privacy barriers.

State CIO Involvement: No state CIO involvement was detected by NASCIO staff.

Pilot/Operational Projects: The group is currently compiling an inventory of all individual health information technology projects in hospitals and physician practices throughout the state. This will allow program leaders to coordinate what already exists and works with the planned, comprehensive system, avoiding costly redundancies. Follow-on initiatives will include designing a health information exchange system and electronic prescribing systems that all health care providers in Connecticut can use.

Last Updated: 09.12.2006

Delaware Health Information Network (DHIN)

Group Website: http://128.175.63.71/default.cfm

Group Size: 18

Source of Authority: Legislation

Source Document: http://128.175.63.71/dhinadmin/publicdocs/ENABLINGLEGISLATION.pdf

State Government Involvement: Several board members for DHIN are part of the Delaware Health Care Commission. This is considered to be a partnership between the state and healthcare providers.

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

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

Pilot/Operational Projects: On October 5, 2006, it was announced that the Delaware Health Information Network has awarded a contract to build a statewide health information exchange network that will give physicians electronic access to patient information at the time and place of care. The Clinical Information Exchange Utility will deliver real-time clinical information on patients to providers in the format they choose, regardless of where the services were performed. For example, practitioners with Internet access could have results delivered to a secure mailbox and use the utility to track results and make referrals to other providers. The group expects an initial network to be operational in 6-9 months.

Last Updated: 10.06.2006

Florida's Health Information Infrastructure Advisory Board

Group Website: http://ahca.myflorida.com/dhit/index.shtml

Group Size: 12

Source of Authority: Executive Order

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

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

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

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

Pilot/Operational Projects: The development of FHIN is an undertaking driven by the Governor's Advisory Board and the Agency for Health Care Administration. The initiative proposes an Internet-based, statewide network that will integrate communications and data transfer among local regional health information organizations, establish standards for health information exchange and promote health information exchange among authorized health care providers. In March of 2006, a FHIN white paper was distributed for public review.

In June 2006, AHCA Secretary Alan Levine approved funding for seven health information exchange projects under the FHIN Grants Program. Three FHIN Operations Grants began transferring patient data to initiate health information exchange in Tallahassee, Tampa, and Palm Beach County.

Last Updated: 10.26.2006

Georgia Health Information Technology and Transparency Advisory Board

Group Website: No website

Group Size: 12

Source of Authority: Executive Order

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

State Government Involvement: Governor Perdue created the Georgia Health Information Technology and Transparency Advisory Board on October 17, 2006, and will advise the Georgia Department of Community Health (DCH). The Commissioner of DCH will also appoint the 12 members of this Board.

HIT Role: This Advisory Panel is charged with providing leadership for a coordinated effort across the state to achieve health information exchange, encouraging the use of electronic health records that recognize interoperability standards, promote security and privacy of health information, and promote marketplace transparency within the health care industry through the development of information to the consumer of health care regarding the cost and quality of health care and in that development, the Board should utilize recognized quality standards developed through a multi-stakeholder initiative.

State CIO Involvement: NASCIO staff research could not identify any state CIO involvement.

Pilot/Operational Projects: The Board is charged with establishing a statewide strategy to enable health information to be readily available and transparent.

Last Updated: 10.20.2006

Hawaii Health Systems Corporation (HHSC)

Group Website: http://www.hhsc.org

Group Size: 28

Source of Authority: Legislation

Source Document: http://www.hhsc.org/HHSC_History.htm

State Government Involvement: HHSC was established by Act 262, Session Laws of Hawaii 1996, as an agency of the State of Hawaii. A member of the Department of Health is an ex-officio member of the Board of Directors

HIT Role: HHSC is the largest health provider for Neighbor Island residents, providing acute, rural, and long-term care. HHSC has been given the responsibility of organizing Hawaii's state hospitals into an integrated, efficient system.

State CIO Involvement: No state CIO involvement was identified by NASCIO staff as Hawaii Health Systems Corporation is a semi-autonomous organization which takes care of its own IT requirements.

Pilot/Operational Projects: On October 9, 2006, it was announced that two Kaua'i hospitals and three clinics under HHSC will get state-of-the-art electronic health record technology under a program funded by the U.S. Department of Defense which aims to create a less expensive, interoperable EHR system for all 12 state hospitals. The goal is to increase EHR adoption and ensure interoperability between the systems.

Last Updated: 10.10.2006

Idaho Department of Health and Welfare Health Quality Planning Commission

Group Website: No website

Group Size: TBD

Source of Authority: Legislation

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

State Government Involvement: TBD

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

State CIO Involvement: NASCIO staff research could not identify any state CIO involvement as of 09/22/06.

Pilot/Operational Projects: None identified by NASCIO staff.

Last Updated: 09.22.2006

Illinois Electronic Health Records Task Force

Group Website: http://www.idph.state.il.us/ehrtf/ehrtf_home.htm

Group Size: 36

Source of Authority: Legislation

Source Document:
http://www.ilga.gov/legislation/billstatus.asp?DocNum=2345&GAID=8&GA=94&DocTypeID=HB&LegID=17338&SessionID=50

State Government Involvement: This Task Force is a part of the Department of Public Health and is chaired by a representative from this Department.

HIT Role: The mission of the Electronic Health Records Taskforce is to formulate recommendations and an implementation plan on how to best implement secure and standardized electronic health records. The Taskforce will assure that electronic health records in Illinois become interoperable with other states consistent with federal standards, that patients' legal and personal rights to privacy are safeguarded, and that the transport, management and uses of the data are appropriate to enhancing the safe provision of healthcare for individuals, providers and the public at large.

State CIO Involvement: NASCIO staff research could not identify any state CIO involvement as of 09/22/06.

Pilot/Operational Projects: This Task Force is working toward formulating their recommendations to the Legislature by December 31, 2006. They are currently working to draft legislation and make suggestions as to a possible governing agency in which to handle the implementation of electronic health records in Illinois.

Last Updated: 09.22.2006

Indiana Health Information Exchange (IHIE)

Group Website: http://www.ihie.org/

Group Size: 15

Source of Authority: Non-profit

Source Document: http://www.biocrossroads.com/inthenews/IHIE%20release%20FINAL2.htm

State Government Involvement: The state Commissioner of Health is a board member.

HIT Role: IHIE offers a community-wide clinical messaging service, which provides physicians with a single source for clinical results.

State CIO Involvement: NASCIO staff research could not identify any state CIO involvement as of 09/13/06.

Pilot/Operational Projects: A principal aim of IHIE is to create a sustainable operating model, and thus, users will be required to pay for the products and services that they receive . The first major project - community-wide clinical messaging -- is already underway and went live in November 2004. Following completion of the first phase in 2005, every provider in Central Indiana will have a single IHIE electronic mailbox through which they will access clinical results for their patients, regardless of which hospital or lab their patient has gone to. We now have over 3000 physicians receiving their clinical results via the DOCS4DOCS ® Clinical Messaging system. As the network becomes denser, users will find it more beneficial and it will play a role akin to a public utility as a common infrastructure for participating organizations and vendors to build on.

Last Updated: 09.13.2006

Iowa Health Information Technology Initiative - Health Information Security and Privacy Collaboration

Group Website: http://www.iowamedical.org/HIT/index.htm

Group Size: This Initiative is a collaboration of 30+ healthcare organizations and has an 18-member Steering Committee.

Source of Authority: Non-profit

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

State Government Involvement: The Iowa Foundation for Medical Care, who along with the Iowa Medical Society, spearheaded the Iowa Health Information Technology Initiative, was designated by the Governor to be the lead organization for Health Information Security and Privacy Collaboration (HISPC) in Iowa. HISPC is a national contract charged with assessing the interoperability of electronic health information (EHI) exchange. HISPC was funded through RTI International and 34 states were awarded a HISPC contract.

Representatives from the Office of the Governor, the Attorney General's Office of Iowa, the Department of Human Services, Department of Public Health, the State Board of Pharmacy Examiners, and the Iowa Commission of Veterans' Affairs were asked to sit on the HISPC Steering Committee.

HIT Role: The Iowa HIT Initiative is a forum for Iowa's health care community to exchange ideas and advance the adoption of health information technology in the state. They have also convened two successful IT Summits to highlight the national agenda but to also highlight Iowa providers who have gone through the process of obtaining IT solutions for their offices.

State CIO Involvement: The state CIO has not had direct involvement with HISPC.

Pilot/Operational Projects: There are currently five HISPC working groups and they will conclude their work in March of 2007. The work groups have gathered business practices and policies related to health information security and privacy.

As a result of this project, five major barriers to health information exchange have been identified in Iowa:

- Four special categories of treatment for HIV, AIDS, mental health/substance abuse and genetics
- Different interpretations of HIPAA
- Consumers' privacy and security concerns
- Iowa Medicaid restrictions regarding data sharing
- Technology issues (e.g., firewalls and encryption which impede the ability to exchange information)

Last Updated: 10.31.2006

Kansas Health Care Cost Containment Commission (H4C)

Group Website: http://www.ksgovernor.org/ltgov/healthcare.html

Group Size: 20

Source of Authority: Executive Order

Source Document: http://www.governor.ks.gov/executive/Orders/exec_order0414.htm

State Government Involvement: The Lt. Governor is the chair of the commission. The state Commissioner of Insurance is a member of the commission as are four state legislators (i.e., one Republican and one Democrat from each chamber).

HIT Role: The first project of the commission has been the creation of a task force to develop statewide standards for electronic health insurance identification cards. Additionally, Kansas is one of 34 states participating in the Heath Information Security and Privacy Collaboration (HIPSC) and this is under the umbrella of H4C. They are currently working on a comprehensive HIT/HIE Infrastructure plan.

State CIO Involvement: The state CIO is involved in the work of Heath Information Security and Privacy Collaboration (HIPSC) in the Variations and Solutions working group level. Also there is State CIO representation on the Technical Working Group helping to develop a statewide HIT/HIE Infrastructure

Pilot/Operational Projects: The H4C has undertaken the development of a statewide roadmap for health information exchange which was published in April of 2006. As the convening group, the H4C has engaged stakeholders from across Kansas in a shared vision for HIE.

Last Updated: 10.31.2006

Kentucky e-Health Network (KEHN)

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

Group Size: 21, including 5 "core" members, 9 at-large members, and 8 ex officio members.

Source of Authority: Legislation

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

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

HIT Role: Senate Bill 2, which created the KEHN, focuses on the need to develop a secure electronic network that will allow health care providers to share medical information about patients through a paperless system, without reducing patient privacy. The network would allow faster and more accurate information sharing to reduce mistakes, inefficiencies and administrative costs resulting in better patient care.

State CIO Involvement: The Commissioner of Information Technology is among the 5 "core" members of the Board.

Pilot/Operational Projects: The KEHN Board will oversee the development, implementation and operation of a statewide electronic health network. They are currently actively meeting to discuss strategies. Kentucky was one of 33 recipients awarded a Health Information Security and Privacy Collaboration (HISPC) contract by RTI and the National Governors Association. By the end of the year, the Board will be presented with several work products.

Last Updated: 10.11.2006

Louisiana Health Care Redesign Collaborative

Group Website: http://www.dhh.louisiana.gov/offices/?ID=288

Group Size: 40

Source of Authority: Legislation

Source Document: http://www.dhh.louisiana.gov/offices/miscdocs/docs-156/Scanned%20Ex%20Order.pdf

State Government Involvement: The Collaborative conducts its work and functions under the direct authority of the office of the Secretary of the Louisiana Department of Health and Hospitals. Additionally, four members of the Collaborative are from the state Legislature - three members are state Representatives and one is a state Senator.

HIT Role: The purpose of this Collaborative is to redesign the entire healthcare system of Louisiana and this includes the shared health information technology and telecommunications infrastructure needed for process redesign.

State CIO Involvement: NASCIO staff research could not identify any state CIO involvement as of 10/10/06.

Pilot/Operational Projects: The purpose of the Louisiana Health Care Redesign Collaborative is to develop a practical blueprint for an evidence-based, quality driven health care system for the New Orleans region. This blueprint will serve as a guide to health care policy and system development in Louisiana and for the recovery and rebuilding of health care in the hurricane-affected areas of the state.

Last Updated: 10.10.2006

Maine HealthInfoNet

Group Website: http://www.hinfonet.org/

Group Size: 19

Source of Authority: Non-profit

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

State Government Involvement: The Acting Commissioner of the Maine Department of Health & Human Services and the Director of the Governor's Office of Health Policy and Finance sit on the Board.

HIT Role: One of the objectives of this group is to create a virtual electronic health record of critical information accessible to all participating clinicians and consumers.

State CIO Involvement: NASCIO staff research could not identify any state CIO involvement as of 10/04/06.

Pilot/Operational Projects: Maine HealthInfoNet began its Phase II Planning & Development period in mid-2005. Building on the work completed during Phase I, the HealthInfoNet project is laying critical groundwork for first stage implementation in Maine in 2007. This ambitious timeline requires an intense, highly coordinated effort over the next 12 months to initiate the first steps toward statewide HealthInfoNet implementation. The HealthInfoNet project is closely aligned with Maine's public health community to ensure a high degree of coordination with public health surveillance and bio-terrorism reporting initiatives that are now under way.

This fall, HealthInfoNet is preparing a report that describes in general (without identifying specific organizations) variations in business practices among healthcare organizations across Maine. The report also will describe privacy and security policies and categorize them as barriers, best practices, or neutral with respect to interoperability. This report will be used by two other working groups that will be formed in the coming months to develop proposed solutions to bring policies and procedures into alignment across Maine and throughout the nation. Through this project, Maine will help shape a national strategy aimed at creating a national health information-sharing infrastructure.

Last Updated: 10.04.2006

Maryland Task Force to Study Electronic Health Records

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

Group Size: 26

Source of Authority: Legislation

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

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

HIT Role: The Task Force will evaluate potential obstacles to the establishment of a Maryland RHIO, and recommend broad policies that will govern electronic exchange of health information - policies about the ownership of this vital and personal information, as well as its privacy, security, identity, authentication, and use.

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

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

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

Last Updated: 11.09.2006

Massachusetts MA-SHARE

Group Website: http://www.mahealthdata.org/ma-share/mission.html

Group Size: 22

Source of Authority: Legislation

Source Document: http://www.mass.gov/legis/history/s02076.htm

State Government Involvement: Three seats are reserved on the Advisory Committee for state government.

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

State CIO Involvement: The state CIO sits in one of the three seats reserved for state government.

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

The Massachusetts eHealth Collaborative and MA-SHARE are each crucial organizations influencing HIT efforts in Massachusetts. The eventual goal is to link the communities undergoing the current pilot program - and others - to MA-SHARE.

Last Updated: 10.30.2006

Michigan Health Information Network (MiHIN)

Group Website: http://www.mihin.org/

Group Size: The MiHIN Conduit to Care Initiative has over 200 Michigan key stakeholders divided into six work groups. The HIT Commission consists of 13 members appointed by the Governor.

Source of Authority: Governor

Source Document: http://www.michigan.gov/mihin

State Government Involvement: The state's Community Health and IT Departments are spearheading the initiative. The legislature approved $9 million to be used for pilot projects to develop or implement local Health Information Exchanges.

HIT Role: The mission of MiHIN will foster development of Health Information Exchanges that will reduce the overall cost of care while at the same time increase the quality of care and patient safety.

State CIO Involvement: The state CIO is a member of the "Conduit to Care" executive leadership team.

Pilot/Operational Projects: Michigan's e-health initiative, Conduit to Care, was recently completed by MiHIN and included their recommendations on the evolution of the health care record and an outline of the role of the state government. They introduced a phased approach, beginning with moving health care data out of distributed "silos" to authorized users and exchange patient health care data in a systematic way, followed by assembling patient records from multiple sources for viewing patient history and finishing by empowering patients to have the choice to maintain and manage their health information through a private, secure and confidential environment. As for MiHIN's future, two of the proposals offered in the Conduit to Care report are for state government to establish a MiHIN Resource Center (RC). This report has not yet been formally presented to the Governor. Currently, there isn't a specific anticipated release date as they are in the finalization process.

Last Updated: 10.26.2006

Minnesota e-Health Initiative

Group Website: http://www.health.state.mn.us/e-health/index.html

Group Size: 27

Source of Authority: Legislation

Source Document: http://www.revisor.leg.state.mn.us/stats/62J/495.html

State Government Involvement: Three members of the Advisory Committee represent state government.

HIT Role: The Minnesota e-Health Initiative is a public-private collaborative effort to improve healthcare quality, increase patient safety, reduce healthcare costs and enable individuals and communities to make the best possible health decisions by accelerating the adoption and use of health information technology. The Minnesota e-Health Initiative will accelerate the adoption and use of Health Information Technology to improve healthcare quality, increase patient safety, reduce healthcare costs and enable individuals and communities to make the best possible health decisions.

State CIO Involvement: The State CIO is represented by the Assistant Commissioner for eGovernment Services in the Office of Enterprise Technology.

Pilot/Operational Projects: Under the Minnesota e-Health Advisory Committee's direction, the Minnesota Privacy and Security Project (MPSP) conducted a systematic review of current laws and practices to identify the most significant privacy and security issues facing organizations in implementing the electronic exchange of health information. On November 3, 2006, their project "Privacy and Security Barriers to the Electronic Exchange of Health information" was submitted for the Privacy and Security Solutions for Interoperable Health Information Exchange Contract. This project was a portion of the Minnesota e-Health Advisory Committee's work plan, which examines organization-level privacy and security policies and business practices related to health information exchange and sought to uncover the rationale underlying the variations, propose solutions to eliminate variations, and develop an implementation plan to standardize the best practices for ensuring privacy protections and patient rights. This report describes the most significant privacy/security issues to be addressed to advance the development and use of interoperable health information technology in Minnesota.

Last Updated: 11.09.2006

Mississippi Information & Quality Healthcare (IQH)

Group Website: http://www.iqh.org/index.php3

Group Size: 18

Source of Authority: Non-profit

Source Document: http://www.iqh.org/index.php3?area=about

State Government Involvement: IQH currently serves as the federally designated quality improvement organization for Mississippi under contract to the Centers for Medicare & Medicaid Services (CMS).

HIT Role: IQH was recently awarded a federal contract to implement the Health Information Security and Privacy Collaboration (HISPC), a project designed to facilitate the widespread use of electronic health records within the next 10 years. It will address privacy and security issues in business policy, regulations and state laws posing challenges to the secure sharing of electronic health information to authorized entities throughout the nation. The contract is funded by Research Triangle Institute under contract with the Department of Health and Human Services in cooperation with the National Governors Association.

State CIO Involvement: The state CIO is a member of the Steering Committee for the Mississippi Health Information Security and Privacy Collaboration Project (HISPC).

Pilot/Operational Projects: IQH's project findings following implementation of the Health Information Security and Privacy Collaboration will be shared with the other entities analyzing the same issues within their respective states or territories, and final reports and recommendations will be submitted to the Department of Health and Human Services in mid-2007 to support the national initiative.

Additional HIT initiatives in Mississippi: 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 state CIO is a member of the state delegation appointed by Governor Haley Barbour to the GCTF created by the Southern Governors' Association

The GCTF is working on the development of an emergency medication history use case that could be used to develop a "day-to-day" system aligned with the National Health Information Network (NHIN) vision and the Commission for Systemic Interoperability.

Last Updated: 11.01.2006

Missouri Healthcare Information Technology Task Force

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

Group Size: 14

Source of Authority: Executive Order

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

State Government Involvement: The Director of the state Department of Health and Senior Services was Chairperson of the group.

HIT Role: The 14 members of the Missouri Health Information Technology Task Force submitted their final report on September 1, 2006, that focused on improving health information technology statewide and also adopting an interoperable health care information system.

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

Pilot/Operational Projects: The 14 members of the Missouri Health Information Technology Task Force submitted their final report on September 1, 2006, as directed by the Executive Order. They submitted several recommendations, including one to form a new steering committee in order to carry out the recommendations set forth by the Task Force with broad representation from payors, providers, employers, consumers, subject matter experts and state leaders. In addition to forming the steering committee, the Task Force further recommended forming a non-profit group in order to apply for grants and perform research and pilot projects. This Task Force will cease to exist December 31, 2006.

Last Updated: 10.06.2006

Montana Health IT Task Force

Group Website: No website

Group Size: 130+

Source of Authority: Senator

Source Document: http://baucus.senate.gov/issues/healthcare.cfm?view=priorities

State Government Involvement: TBD

HIT Role: Montana Senator Max Baucus established the Montana Health IT Task Force in January 2006. The Task Force has met three times since then and is organized into four smaller working groups - Finance, Governance, Technology, and Clinical Champions.

State CIO Involvement: NASCIO staff research could not identify any state CIO involvement as of 10/10/06.

Pilot/Operational Projects: These four working groups are continuing to convene via phone and email, but this Task Force is still in the formative stage.

Last Updated: 10.10.2006

Nebraska Health Information Initiative (NeHII)

Group Website: http://www.unmc.edu/nebraska/advisors/

Group Size: 12

Source of Authority: Lt. Governor et al.

Source Document: http://app1.unmc.edu/PublicAffairs/newsarchive/view_art.cfm?article_id=1202

State Government Involvement: Five representatives from the Nebraska Health & Human Services System are listed as Project Advisors.

HIT Role: NeHII (inclusive of the Nebraska Biomedical Informatics Project and the Nebraska Telehealth Project), chose HealthAlliant to lead a Visioning Exercise which coalesced disparate stakeholders statewide. This agreement paved the way for creation of the business model for the nation' first statewide RHIO. Among the participants are the University of Nebraska Medical Center, the Nebraska Hospital Association, the Nebraska Medical Association, a variety of health systems and Blue Cross and Blue Shield of Nebraska. Notably, the effort is aimed at bringing together existing, successful programs such as a rural healthcare access initiative, disease-specific programs, electronic medical records efforts and quality and safety improvement programs.

State CIO Involvement: The state CIO is not currently involved in this Initiative.

Pilot/Operational Projects: None identified by NASCIO staff.

Last Updated: 11.03.2006

Nevada HealthInsight

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

Group Size: 30+

Source of Authority: Non-profit

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

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

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

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

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

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

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

Last Updated: 11.14.2006

New Hampshire Citizens Health Initiative

Group Website: http://www.steppingupnh.org/hhsonline/nhchi/index.asp

Group Size: 150+

Source of Authority: Governor

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

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

HIT Role: Governor Lynch created the New Hampshire Citizens Health Initiative to address various issues for improving health quality in the state and among them is implementing health information technology efforts, most notably, e-prescribing.

State CIO Involvement: NASCIO staff research could not identify any state CIO involvement as of 09/18/06.

Pilot/Operational Projects: On November 2, 2006, Governor John Lynch and the Citizens Health Initiative announced a joint push to ensure 100 percent E-prescribing capability in New Hampshire by October 2008. The plan calls for all primary care providers to have the ability to prescribe prescriptions electronically by October 2007 and for all health care clinicians in New Hampshire to have the ability to e-prescribe by October 2008. The Initiative also is working with health insurance providers to develop common pay-for-performance standards, including incentives for physicians who adopt e-prescription systems. Additionally, the Citizens Health Initiative, with the support of New Hampshire's major carriers, the Endowment for Health, and the University of New Hampshire, has created the New Hampshire Health Care Interconnectivity Project, aimed at creating a statewide health information exchange network. They are now entering Phase Two of this project.

Last Updated: 11.03.2006

New Mexico Health Information Collaborative (NMHIC)

Group Website: http://www.nmhic.org/

Group Size: TBD

Source of Authority: AHRQ Grant (U.S. Dept of Health and Human Services)

Source Document: http://www.lcfresearch.org/it_current_project.aspx

State Government Involvement: TBD

HIT Role: By utilizing a shared information technology system, NMHIC plans to enhance health care coordination among patients and providers, improve chronic disease outcomes, reduce unnecessary health care costs and provide benefits to patients, health care providers, and employers.

State CIO Involvement: NASCIO staff research could not identify any state CIO involvement as of 10/10/06.

Pilot/Operational Projects: This Collaborative was born from a grant that was awarded by the Agency for Healthcare Research and Quality (AHRQ), of the U.S. Department of Health and Human Services to Lovelace Clinic Foundation and a unique partnership of New Mexico community organizations. They were awarded a $1.5 million grant for 3 years to establish and implement a community-wide health information exchange, the New Mexico Health Information Collaborative (NMHIC). The Collaborative will improve health care coordination, chronic disease outcomes, and reduce unnecessary health care costs in New Mexico.

Last Updated: 10.10.2006

New York State Department of Health - Health Information Working Group

Group Website: http://www.health.state.ny.us/technology/workgroup/index.htm

Group Size: 40

Source of Authority: Commissioner of Health

Source Document: http://www.health.state.ny.us/technology/workgroup/mission.htm

State Government Involvement: The New York Department of Health is leading this effort. The Group is comprised of state employees, including representatives from the Governor's Office, the Office for Technology, the Insurance Department, the Civil Service Commission, the Office of Mental Retardation and Developmental Disabilities (OMRDD), the Office of Mental Health (OMH) and the Dormitory Authority.

HIT Role: The workgroup's purpose is to assist with planning, research, funding implementation and evaluation of HIT initiatives within the state. The group coordinates efforts with the Department of Health and Human Services. Work is carried out through various committees focusing on standards, legal Issues, public health, e-prescription, education/public relations, RHIOs, and finance. These committees are composed of state program experts and are chaired by workgroup members.

State CIO Involvement: The state CIO is a member of the Working Group and co-chairs the Standards Committee.

Pilot/Operational Projects: New York Gov. George Pataki announced on May 24, 2006 that the State had awarded $53 million through 26 grants to multi-stakeholder clinical data sharing projects across the State. These awards are part of the HEALNY program, a four-year, $1 billion program designed to reform New York's health care delivery system.
On October 5, 2006, Governor Pataki also announced that the federal Centers for Medicare and Medicaid Services has approved New York State's waiver request, which will provide up to $1.5 billion in federal funding to be invested in the state's health care reform initiatives designed to right-size the acute care delivery system, restructure the delivery of long-term care services and foster the adoption of health information technology. Included in the program will be the expanded use of e-prescribing, increased use of electronic medical records and regional health information organizations and expansion of ambulatory and primary care services. In conjunction with further rounds of HEALNY grants, the waiver funds will be used to continue and expand the use of interoperable systems sharing clinical data among the State's health care patients, providers and payers.

Last Updated: 10.26.2006

North Carolina Health Information Security and Privacy Collaboration (HISPC) Project

Group Website: http://www.nchica.org/NCHISPC/intro.htm

Group Size: 26

Source of Authority: Federal grant

Source Document: http://www.nchica.org/NCHISPC/intro.htm

State Government Involvement: A representative from the Governor's office is an Executive Co-Chair.

HIT Role: The federal government has funded the HISPC state projects that will assess and develop plans to address variations in organization-level business policies and state laws that affect privacy and security practices-including those related to HIPAA-and may pose challenges to interoperable health information exchange.

State CIO Involvement: The state CIO has had limited involvement with this project.

Pilot/Operational Projects: The North Carolina Healthcare Information and Communications Alliance, Inc. (NCHICA) has been awarded the subcontract for the state of North Carolina to carry out this HISPC project. NCHICA is a 501(c)(3) incorporation that was created by Executive Order.

Some objectives of this project is to identify and propose practical solutions that protect privacy and security of health information and permit interoperable health information exchange and develop plans to implement solutions in its state, and, if applicable, at the federal level.

On June 6, 2006, the Work Plan was released which was their first deliverable. Their final deliverable for a state plan for implementation is expected to be released in March 2007.

Last Updated: 10.27.2006

Medicaid Technology in Ohio:

Medicaid Administrative Study Council Information Technology Subcommittee
Ohio Joint Legislative Committee on Medicaid Technology and Reform

Group Websites:

Medicaid Administrative Study Council Information Technology Subcommittee: http://www.medicaidstudy-council.ohio.gov/Sub-Committees/IT/
Ohio Joint Legislative Committee on Medicaid Technology and Reform: none

Group Size:
Medicaid Administrative Study Council Information Technology Subcommittee: 6
Ohio Joint Legislative Committee on Medicaid Technology and Reform: 10

Source of Authority: Legislation

Source Document:
Medicaid Administrative Study Council Information Technology Subcommittee:
http://www.legislature.state.oh.us/BillText126/126_HB_66_EN1_N.html (Sec. 206.66.53)
Ohio Joint Legislative Committee on Medicaid Technology and Reform:
http://www.legislature.state.oh.us/BillText126/126_HB_66_EN1_N.html (Sec.101.391)

State Government Involvement: The Ohio Medicaid Administrative Study Council and its Information Technology Subcommittee include representatives from the legislature, executive branch agencies and Ohio's business community. The Ohio Joint Legislative Committee on Medicaid Technology and Reform is a bi-partisan committee consisting of members of both the Ohio Senate and House of Representatives.

HIT Role: Ohio Medicaid and Medicaid-related programs are larger than the top five commercial insurers in Ohio combined, and they provide medical coverage in Ohio for one in three births, one in four children, and one in four seniors over the age of 85 years. Ohio Medicaid services are delivered via contracts with about 91,000 health care providers, about half of whom submit at least one annual claim for payment. In the 2005 fiscal year, about 64 million Medicaid provider claims were processed.

The Medicaid Administrative Study Council Information Technology Subcommittee will develop a plan for a single, efficient Medicaid claims processing system, determine the effectiveness of the Medicaid decision support and information retrieval system and the data warehouse, and determine an IT organization structure, governance plan and transition plan for the IT management of a new Medicaid department in Ohio.

The Ohio Joint Legislative Committee on Medicaid Technology and Reform may review any operation of the Ohio Medicaid program, with priority given to the study or review of mechanisms to enhance the program's effectiveness through improved technology systems and program reform.

State CIO Involvement: The State CIO is a voting member of the Medicaid Administrative Study Council and the council's Information Technology Sub-Committee. The State CIO has provided testimony to the Ohio Joint Legislative Committee on Medicaid Technology and Reform.

Pilot/Operational Projects: None currently in place.

Health Policy Institute of Ohio, Health Information Security and Privacy Collaboration

Group Website: http://www.healthpolicyohio.org/default.html

Group Size: approximately 300

Source of Authority: Governor

Source Document: http://www.governor.ohio.gov/releases/052606health.htm

State Government Involvement: 30 representatives from 9 state agencies are participating with various working groups and initiatives.

HIT Role: The Governor's Office has selected the institute to manage Ohio's Health Information Security and Privacy Contract (HISPC) award from the U.S. Department of Health and Human Services and the National Governor's Association Center for Best Practices to study how Ohio's privacy and security laws and business practices would affect the exchange of electronic health information.

State CIO Involvement: The State CIO's office is participating in working groups.

Pilot/Operational Projects: Working groups are working to identify barriers, recommend solutions, and develop an implementation plan to address Ohio's strategy for health information technology and health information exchange initiatives.

Last Updated: 11.14.2006

Oklahoma Health Care Authority

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

Group Size: Seven-member Board plus OCHA employees

Source of Authority: Legislation

Source Document: http://www.sos.state.ok.us/documents/Legislation/50th/2006/2R/HB/2842.pdf

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

HIT Role: This legislation called on OCHA to conduct a needs analysis to design a database of electronic medical records for Medicaid providers.

State CIO Involvement: NASCIO staff research could not identify any state CIO involvement as of 10/03/06.

Pilot/Operational Projects: Governor Brad Henry signed HB 2842 on June 9, 2006 which created the "Oklahoma Medicaid Reform Act of 2006." This Act states that the Oklahoma Health Care Authority shall conduct a needs analysis to design a database of clinical utilization information or electronic medical records for Medicaid providers. A report shall be submitted by January 1, 2008. Also, the bill charged the Authority with designing and implementing an electronic prescribing pilot program. The pilot program may include: providing hardware, software, and connectivity for a limited number of prescribers. A report shall be submitted within 18 months of start date.

Last Updated: 10.03.2006

Oregon Health Information Security and Privacy Collaborative (HISPC)

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

Group Size: TBD

Source of Authority: Governor

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

State Government Involvement: The HIT Coordinator, Jody Pettit, is appointed by the Governor and will serve as key coordinator for this collaborative. Additionally, The HISPC Steering Committee will be appointed by the Governor. A variety of working groups comprised of domain experts from a broad range of stakeholder groups will be established.

HIT Role: Oregon and other states will assess how privacy and security laws and business practices affect exchange of interoperable electronic health information through HISPC.

State CIO Involvement: On behalf of the State CIO, the State Chief Information Security Officer is actively participating in the effort and will regularly attend the HIPSC steering committee meetings.

Key representatives from the Oregon Department of Human Services (DHS) are also involved in this important endeavor. The Deputy CIO and the Privacy Officer for Oregon DHS are participating as active stakeholders in the HISPC Solutions and Implementation Plan Work Groups. Additionally, Oregon DHS is in the process of implementing a new Medicaid Management Information System (MMIS). MMIS is a federally required information system used to manage and report on the $3.1 billion per year in Medicaid payments that are made to over 31,000 Oregon Medicaid providers for services rendered to over 400,000 Oregonians.

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

Pilot/Operational Projects: The Health Information Security and Privacy Collaborative (HISPC) is a national project to assess privacy and security laws and business practices with regard to the exchange of electronic health information. Oregon is one of 34 states participating in this collaborative and has signed a subcontract for $349,000 with Research Triangle International in partnership with the National Governors Association. The Governor's office has designated the Office for Oregon Health Policy and Research (OHPR) to complete the project. OHPR will collaborate with the private sector by working with the multi-stakeholder non-profit organization, the Oregon Healthcare Quality Corporation. The HISPC team will engage a broad group of stakeholders in Oregon to develop an implementation plan to permit interoperable health information exchange that is private and secure. Participation in this project will elucidate the issues and guide development of solutions for the state, while positioning Oregon for continued involvement in developing a national health information network. The State of Oregon will be required to complete their work in less than one year.

Last Updated: 11.13.2006

Pennsylvania eHealth Initiative (PAeHI)

Group Website: www.PAeHI.org

Group Size: 42 Stakeholder Organizations, consisting of 4 Committees (Business Analysis Technology, Communication and Education, Finance, and Membership) with approximately 125 members total.

Source of Authority: Non-profit

Source Document: http://www.paehi.org/overview.asp

State Government Involvement: Members from the Department of Health and the Department of Public Welfare sit on the Board. Also, there are Consortium members from the Office of Administration Office for Information Technology (OIT). Additionally, the state has expressed support for the expansion of broadband technology to help facilitate HIT.

HIT Role: PAeHI was created to encourage the development and use of electronic medical records (EMR) in Pennsylvania along with health information exchanges (HIE), which will ultimately tie into a national system allowing patients and health care providers to securely access medical records regionally and throughout the country.

The initiative is working with providers, health insurers, businesses, and government to inform health care stakeholders and all Pennsylvanians of the benefits of utilizing electronic health records; interconnect all health care stakeholders to make health information available; address legal and policy issues which could impede the development of HIEs; enable secure, confidential access to health information; and enable patient access and control of their health information.

State CIO Involvement: The Office for Informational Technology is working with the Department of Health, Department of Public Welfare, Department of Military and Veterans Affairs, Department of Community and Economic Development, and the Governor's Office to establish a workgroup to focus on Health IT for the state. The workgroup is in the planning stages of this initiative.

Pilot/Operational Projects: RHIO activity has started in eight areas across the state and the process of identifying potential pilot project(s) is currently underway.

Last Updated: 10.31.2006

Rhode Island Quality Institute (RIQI)

Group Website: http://www.riqi.org/matriarch/default.asp

Group Size: 25-member Board

Source of Authority: Public/Private partnership with the Rhode Island Department of Health

Source Document:
http://www.riqi.org/matriarch/MultiPiecePage.asp_Q_PageID_E_3_A_PageName_E_InsideRIQI

State Government Involvement: Several members of state government entities serve in leadership positions, including representatives from the Office of Health and Human Service, the Department of Health, and the Lieutenant Governor of Rhode Island.

HIT Role: One of the goals of RIQI is to increase accuracy, responsiveness, and effectiveness in health care by using technology to standardize, streamline, and speed up the retrieval and delivery of patient data statewide

State CIO Involvement: The Rhode Island Department of Health and the Division of Information Technology are currently working in partnership with the Rhode Quality Institute on the first release of a health information exchange (HIE) system.

Pilot/Operational Projects: RIQI is currently doing several things through their Health Information Exchange partnership with the Rhode Island Department of Health. The Legislature recently approved Governor Carcieri's request for a $20 million revenue bond to support the building of the Health Information Exchange.

Two physician-led organizations working closely with the Rhode Island Quality Institute are involved in a pilot project to define criteria for exchanging lab data with KidsNet-a child health information system, so that immunization data from Kidsnet will automatically populate the appropriate electronic health record systems. In addition to lab data, they are also be exploring ways to exchange information for pharmacy prescription medications; ER and hospital discharge, pathology, cytology and outpatient procedures, and insurance coverage information.

They are also working with the Consumer Advisory Committee and the Legal and Policy Committee to develop standards and guidelines that define how patient/consumers will be able to control access to their health information. Their objective is to ensure that the consumer perspective is represented in all aspects of design, development, and governance of the Rhode Island Health Information Exchange.

Last Updated: 11.14.2006

South Carolina Architecture Oversight Committee (AOC)

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

Group Size: 38

Source of Authority: State Budget and Control Board

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

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

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

State CIO Involvement: This Committee falls under the Division of the CIO.

Pilot/Operational Projects: South Carolina is currently working to link the healthcare IT needs to an ERP that is being built across the State. The vision is the integration of public State Healthcare Agencies and private providers into a system of systems (CARES, Electronic medical records, etc.) that provides real time information.

Last Updated: 11.03.2006

South Dakota Electronic Health Record Assessment (SDEHRA)

Group Website: http://www.sdehra.org/

Group Size: 30

Source of Authority: Secretary of Health

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

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

HIT Role: The comprehensive assessment will look at health information exchange in both public- and private-sector healthcare entities and will consider such factors as business policies and state laws that affect health information exchange, best practices and barriers to those practices, privacy and security issues, and information exchange with regional and national networks.

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

Pilot/Operational Projects: A final report is expected by July 2007 and will include recommendations to overcome barriers and provide a roadmap for future information technology initiatives in the state.

Last Updated: 11.02.2006

Tennessee Governor's e-Health Advisory Council

Group Website: No website

Group Size: 17

Source of Authority: Executive Order

Source Document: http://www.state.tn.us/sos/pub/execorders/exec-orders-bred35.pdf

State Government Involvement: The Council is attached to the Department of Finance and Administration for administrative purposes.

HIT Role: The Council will advise state government on promoting the successful adoption of electronic medical records (EMRs).

State CIO Involvement: The State CIO works closely with the Chair of the eHealth Advisory Council to ensure coordinated efforts in the use of health care information technology across the state.

Pilot/Operational Projects: Tennessee is recognized nationally for its e-health initiatives. The e-Health Advisory Council is tasked with creating a plan to promote electronic health record use by stakeholders in the state and identifying obstacles to implementing an effective health information infrastructure and to ensure the successful development and implementation of EMRs in Tennessee.

At $6.8 million, Tennessee ranks fourth in the nation in the receipt of federal funds from the Agency for Healthcare Research and Quality (AHRQ) to develop EMRs and related health informatics technology over the next five years.

In October 2006, Governor Phil Bredesen announced a $72,000 grant to the Tennessee chapter of the Healthcare Information and Management Systems Society to assess how well-equipped the state is to create a statewide eHealth network. The project will begin November 1, 2006 and issue a report to the e-Health Advisory Council by April of 2007.

On November 6, 2006, Governor Bredesen was tapped to co-chair to the National Governors Association's recently established State Alliance for e-Health, organized to oversee consensus efforts to improve the nation's health care system through the effective and efficient use of health information technology.

Last Updated: 11.08.2006

Texas Health Care System Integrity Partnership

Group Website: No website

Group Size: 11

Source of Authority: Executive Order

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

State Government Involvement: TBD, although government agencies will serve as representatives in this public-private partnership, along with consumers, employers, providers and payers.

HIT Role: The directives in the Executive Order are among the recommendations of the Health Information Technology Advisory Committee (HITAC), established by legislation signed by Governor Perry in 2005. On July 20, 2006, HITAC released a Roadmap for the Mobilization of Electronic Healthcare Information in Texas outlining state and regional strategies and recommendations for HIT/HIE implementation. A main goal of this Executive Order is to lead to better use of information technology in health care.

Texas state planning and policy development relating to health IT is being coordinated by the Texas Health Care Policy Council, which was also created by legislation signed by Governor Perry in 2005. Policy Council staff managed the planning process undertaken by the Health IT Advisory Committee and will be providing administrative and policy support to the Texas Health Care System Integrity Partnership.

State CIO Involvement: NASCIO staff research could not identify any state CIO involvement as of 10/10/06.

Pilot/Operational Projects: The Executive Order created the Texas Health Care System Integrity Partnership to advise the Governor on the finance and governance structures for a new public-private collaborative, tentatively named the Texas Health Care System Integrity Authority. The Partnership will consist of 11 members appointed by the Governor and include representatives of employers, physicians, hospitals, health plans, pharmacies, clinical laboratories, pharmacy benefit managers, and consumers. The functions of the Authority, as laid out in the Executive Order, include developing a network for the secure electronic exchange of medical records, making health insurance more accessible to small employers, and empowering consumers with information from both providers and insurers about the cost and quality of care provided in physicians' offices and hospitals. The partnership will report its findings in writing to the Governor, the Lieutenant Governor, and the Speaker of the House by March 1, 2007.

Last Updated: 11.13.2006

Utah Health Information Network (UHIN)

Group Website: http://www.uhin.com/

Group Size: 17 organizations

Source of Authority: Non-profit

Source Document: http://www.uhin.com/about/1page%20UHIN%20Summary%20January%202004.pdf

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

HIT Role: 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.

State CIO Involvement: The CIO is a UHIN Board member and participates in UHIN activities.

Pilot/Operational Projects: None identified by NASCIO staff.

Last Updated: 11.02.2006

Vermont Information Technology Leaders (VITL)

Group Website: http://www.vitl.net/index.htm

Group Size: 50+

Source of Authority: 501(c)(3)

Source Document: http://www.vitl.net/What.htm

State Government Involvement: VITL is supported by state agencies and also receives funding for HIT research and development from the state budget. Several state agency representatives also sit on the Advisory Board.

HIT Role: VITL's current work helps to facilitate communication among Vermont's health IT experts and creates the foundation for future health IT collaboration.

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

Pilot/Operational Projects: On or before January 1, 2007, VITL shall submit to the Commissioner of Banking, Insurance, Securities & Health Care Administration, the Commissioner of Information and Innovation, the Director of the Office of Vermont Health Access, and the General Assembly a health information technology plan for establishing a statewide, integrated electronic health information infrastructure in Vermont.

On November 6, 2006, Governor Jim Douglas was tapped to co-chair to the National Governors Association's recently established State Alliance for e-Health, organized to oversee consensus efforts to improve the nation's health care system through the effective and efficient use of health information technology.

Last Updated: 10.03.2006

Virginia Governor's Health Information Technology Council

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

Group Size: 22

Source of Authority: Executive Order

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

State Government Involvement: The Secretaries of Health and Human Resources and Technology, or their designees, shall serve as ex officio, nonvoting members of the Council.

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

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

Pilot/Operational Projects: On July 20, 2006, Governor Tim Kaine issued Executive Order 29 creating the Governor's Health Information Technology Council. The Health IT Council is charged with recommending the most innovative and effective investments for the $1.5 million appropriated by the General Assembly to encourage the adoption of electronic health records throughout the Commonwealth. The Council will also continue the work of the 2005 Electronic Health Records Task Force, encouraging the adoption of electronic health records in the Commonwealth, establishing an interoperability framework based on national standards, recommending amendments to the budget and strategies to the Governor to encourage the long-term adoption of interoperable health records, and identifying areas where health IT can lower costs for the Commonwealth as an employer and insurer.

Last Updated: 11.07.2006

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

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

Group Size: 12

Source of Authority: Legislation

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

State Government Involvement: The HIIAB is supported by policy staff from the Washington State Health Care Authority (HCA). The state CIO and a representative of the state agency medical directors group (AMDG) are members.

HIT Role: HCA and HIIAB, created by SSB 5064, are charged with development of a strategy for the adoption and use of electronic medical records and health information technologies that are consistent with emerging national standards and promote interoperability of health information systems.

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

Pilot/Operational Projects: HCA and HIIAB jointly submitted the required Interim Preliminary Report to the Legislature in December 2005, and continue to work towards the final report with findings and recommendations due in December 2006.

Additionally, on November 1, 2006, the Washington Health Information Collaborative, which is funded by HCA, recently chose 49 recipients to either purchase or add to existing electronic health records (EHR) and other computerized patient management systems; establish online connections to hospitals, local pharmacies, and labs to make current patient information immediately available; expand their ability to extract and analyze data from patient files; create secure systems to communicate with employees by email and share patient records with other health care providers; and purchase computers for exam rooms or laptops to use during hospital and home visits. Governor Christine Gregoire announced that $1 million was put toward this effort, with each recipient granted up to $20,000 each.

Last Updated: 11.02.2006

West Virginia Health Information Network (WVHIN) Board

Group Website: No website

Group Size: 17

Source of Authority: Legislation

Source Document:
http://www.legis.state.wv.us/Bill_Text_HTML/2006_SESSIONS/RS/BILLS/SB170%20SUB1%20eng.htm

State Government Involvement: The Director of the Public Employees Insurance Agency and the Chief Technology Officer of the Office of Technology are members of the Board.

HIT Role: The Board is tasked with transforming the state's paper-based health care industry into a streamlined, statewide network of electronic medical records.

Based in part on recommendations from the Governor Joe Manchin's Task Force on Electronic Health Records, the Board will develop a community-based health information network to by operated by the state Health Care Authority and facilitate communication of patient clinical and financial information designed to (A) Promote more efficient and effective communication among multiple health care providers, including, but not limited to, hospitals, physicians, payers, employers, pharmacies, laboratories and other health care entities; (B) Create efficiencies in health care costs by eliminating redundancy in data capture and storage and reducing administrative, billing and data collection costs; (C) Create the ability to monitor community health status; (D) Provide reliable information to health care consumers and purchasers regarding the quality and cost-effectiveness of health care, health plans and health care providers.

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

Pilot/Operational Projects: The Board held its first meeting September 20, 2006, and is currently in the development stages. Their goals include:

- Creating incentives for providers to adopt EHRs, reducing the risks associated with EHR use and promoting EHRs in rural areas;
- Connecting clinicians through the development of interoperable regional and national collaborations;
- Improving patients' health by promoting the use of personal health records and keeping consumers better informed; and
- Merging public health surveillance systems, streamlining health monitoring, and expediting research and the dissemination of data.

Last Updated: 11.13.2006

Wisconsin e-Health Care Quality and Patient Safety Board

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

Group Size: 20

Source of Authority: Executive Order

Source Document: http://www.wisgov.state.wi.us/journal_media_detail.asp?locid=19&prid=1499

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

HIT Role: The Board will develop recommendations for a Wisconsin electronic health information infrastructure, and foster its implementation. They are to articulate a path to improve the quality and reduce the cost of health care through the development of a statewide information infrastructure. These recommendations include the achievement of statewide use of electronic health records and decision support systems at the point of patient care.

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

Pilot/Operational Projects: The Board is currently working to develop the "Wisconsin Action Plan for Health Care Quality and Safety." This five-year plan will guide state government's legislative and regulatory actions, encourage coordinated efforts in the private health care sector, further public and private partnerships for the development of a statewide electronic health information infrastructure, and maximize federal financial participation to support early adoption of the electronic health information infrastructure.
The Board will recommend the Wisconsin Action Plan for Health Care Quality and Safety to the Governor by January 1, 2007.

Last Updated: 10.03.2006

Wyoming Health Information Organization (WyHIO)

Group Website: http://www.wyhio.org (anticipated address, not yet active)

Group Size: 12 permanent board members representing various stakeholders in the healthcare community, state government, and consumers.

Source of Authority: Non-profit

Source Document: Not yet available

State Government Involvement: The Director of the state Department of Health sits on the WyHIO Board. Various state IT staff are involved as technical advisors to the WyHIO.

HIT Role: WyHIO, a non-profit corporation, will be the regional health information organization (RHIO) in Wyoming that collaborates among its members to promote the adoption of information technology as a means to improve the cost, quality, access to, and safety of health care in the public and private sectors.

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

Pilot/Operational Projects: An inventory of HIT capabilities of healthcare providers in Wyoming is currently underway. A Critical Transfer Network for digital image and other CCR data for trauma and transfer patients among Wyoming hospitals as well as a pilot e-prescribing are both planned for future projects.

Last Updated: 11.03.2006

District of Columbia/National Capital Area - Health Information Exchange Working Group

Group Website: Not Available

Group Size: 10

Source of Authority: Local Grant and Nonprofit

Source Document: Not Available

State Government Involvement: Involvement from the Mayor's Office, Department of Health and Office of the Chief Technology Officer.

HIT Role: Representatives from the District of Columbia government and local healthcare nonprofits have been laying the groundwork for the creation of a National Capital Area Regional Health Information Organization (NCA-RHIO). Pending legislation before the DC City Council would provide funding to create the NCA-RHIO, which would lead development and be responsible for ongoing operation of a regional electronic health information exchange. The NCA-RHIO will establish business rules, technology standards and governance for the exchange of clinical and other health data.

State CIO Involvement: The DC Office of the Chief Technology Officer is involved in the project to implement electronic health records in District community health centers, and will be involved in the creation of the NCA-RHIO.

Pilot/Operational Projects: The District of Columbia has provided funding for the implementation of an electronic health records system for nonprofit community health centers, and this project is currently underway. It is viewed as a necessary preliminary effort to facilitate eventual health information exchange. In addition, the District has started a pilot program, Quick Connect, which allows clinicians in several community health centers to access clinical data from several area hospitals. This pilot has been successful in allowing primary care physicians to improve follow-up care for low-income patients who are hospitalized or receive care in the emergency room.

Last Updated: 11.14.2006