



Arizona Health Information Exchange (HIE) Project Management Plan **(2013 Update)**

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Update on Major Activities

E-prescribing Outreach and Technical Assistance Initiative

ASET has contracted with Arizona Health-e Connection (AzHeC) to coordinate an education and technical assistance campaign focused on Arizona health care providers and pharmacies to assist in achieving the State of Arizona’s e-prescribing goals.

We will utilize the following key tactics to reach our e-prescribing goals in Arizona:

- Provide umbrella coordination organization (Steering Committee) with key stakeholders
- Provide information and statistics to providers and pharmacies in easy-to-access format
- Recognize top e-prescribers and pharmacies in Arizona
- Coordinate and publish Arizona case studies to educate the community
- Identify and provide incentives for independent pharmacies to participate in e-prescribing
- Encourage patient involvement in the e-prescribing process

2013 Status Update:

The E-Prescribing Outreach project has made significant advances in 2012 and early 2013. The project has completed a number of milestones as detailed in the table below and continues to make progress on others. In October 2011, ASET along with other key stakeholders set a number of statewide E-Prescribing goals. One of the goals was to have “40% of all Arizona prescriptions electronically routed to pharmacies”. Arizona was at approximately 20% at that time. Today, we are happy to report Arizona has surpassed that goal is currently at about 60%. Much of this adoption and utilization is due to rapid EHR adoption.

Through this e-Prescribing outreach project effort we are spending a lot of energy on learning more about e-Prescribing of Controlled Substances and how we can move Arizona forward on this initiative. Arizona Health-e Connection has sub-contracted with a firm called Point of Care Partners to help us develop a foundational strategy around e-Prescribing of Controlled Substances. We, along with other key stakeholders, recognize this as an important piece to moving e-prescribing forward in Arizona

Project Schedule and Milestones:

AzHeC delivered a detailed project work plan as one of the deliverables of the contract. AzHeC is charged to work with ASET to define all project milestones, tasks, timelines, and project deliverables.

The high-level milestones and goals are detailed below:

Milestone and Goals	Target Date	Milestone/ Performance Measure	Status
Contract Signed by all Parties	5/18/2012	Milestone	Completed



Define Project work plan including milestones, tasks, and timelines	6/30/2012	Milestone	Completed
Establish e-prescribing steering committee and hold first meeting.	9/30/2012	Milestone	Completed
Draft plan for pharmacy incentive program.	9/30/2012	Milestone	Completed
Establish e-prescribing technical assistance program details.	9/30/2012	Milestone	Completed
Publicly launch eRx initiative	12/31/2012	Milestone	Completed
Implement eRx provider and pharmacy technical assistance programs	12/31/2012	Milestone	Completed
Implement pharmacy incentive program	12/31/2012	Milestone	Completed
Implement new database "ticketing" system to receive, track and resolve identified eRx issues	3/31/2013	Milestone	Completed
Development and execution of at least one provider/pharmacy e-prescribing training webinar	3/31/2013	Milestone	Completed
Initiate pharmacy program, receive program documents from awardees including: budget, timeline, and mid-program report	6/30/2013	Milestone	On Track
Completed Arizona environmental scan of electronic prescribing of controlled substances (EPCS) through AzHeC and their sub-contractor Point-of-Care-Partners	6/30/2013	Milestone	On Track
Identify Arizona pilot location for electronic prescribing of controlled substances implementation.	6/30/2013	Milestone	On Track
40% of all Arizona prescriptions electronically routed to pharmacies	12/31/2013	Performance Measure	Goal Met 60.08%
60% of Arizona prescribers routing prescriptions electronically.	12/31/2013	Performance Measure	57.02%
100% of Arizona pharmacies with e-prescribing system capabilities.	12/31/2013	Performance Measure	99.6%



Arizona Health-e Connections (AzHeC) HIE Marketplace

ASET is working with Arizona Health-e Connection (AzHeC) to establish the Arizona Health Information Exchange (HIE) Marketplace. The purpose of the HIE marketplace is to be a trusted source where health care providers can review viable health information exchange options. Health information service providers (HISPs) will be invited to submit an application to be a participant in the marketplace and will be evaluated and selected based on established criteria. This will create a single point where consumers and stakeholders can go for neutral information regarding HIE options. The contract with AzHeC is to both develop and maintain the HIE marketplace as well as for AzHeC to be the public-facing entity for the marketplace.

This concept is widely supported by our health care stakeholder community. The Marketplace will be used to match health care providers with health information exchange options. The HIE marketplace will be a trusted source where health care providers can review viable health information exchange options. Initially, the HIE Marketplace will support “Direct” exchange. Later, it will also include other types of more robust exchange options.

Specific technical and operational policies have been developed as part of this Contract. All health information exchange technology applicants must adhere to these policies to become – and remain – participants in the marketplace. The State of Arizona has an active role in the development and oversight of the marketplace as defined within the Contract. Therefore, this engagement has shared responsibilities between the State of Arizona and Arizona Health-e Connection (AzHeC) to ensure collaboration and success.

In addition to developing the HIE Marketplace as a source of HIE solutions, the Contract also charges AzHeC with developing and implementing marketing and outreach activities to health care providers and laboratories to better inform them of health information exchange options and benefits. As one part of these outreach activities, AzHeC will identify communities of “white space” - or unconnected providers - throughout the State. This will enable targeted communications to health care providers in the identified communities.

2013 Status Update:

A lot of progress was made on our HIE Marketplace project efforts in 2012 and early 2013. There are currently 3 approved Health Information Service Providers (HISPs) participating in our HIE marketplace. The approved HISP vendors are:

- GSI Health
- Inpriva
- Care 360

In October 2012, ASET reached its ONC-mandated milestone of 587 active direct accounts in Arizona. This was a significant milestone and was completed in less than 6 months of marketing efforts statewide. Arizona provided “free” incentive direct accounts to the first 1000 interested users statewide which are believed to have assisted us toward that goal.

The biggest challenge we are currently experiencing is related to adoption and utilization. To date, approximately 40 providers have attested to using their direct accounts for production



utilization. In April 2013 we launched the direct utilization project effort using REC Direct Technical Assistance Providers to help with utilization among the Direct account recipients. The idea behind the utilization effort is to identify issues and assist with workflow challenges. We will document barriers and try to overcome them when possible. The Direct utilization effort will be the primary activity on this project for the remainder of the grant.

Project Schedule and Milestones:

The following timeline has been completed as part of initial push to encourage HISP providers to join the marketplace:

Develop the Exchange Marketplace

Develop Exchange Marketplace	Estimated Due Date (Business Days After Contract Execution)	Status
Develop a steering committee to support developing the Marketplace requirements and evaluation process	10 days	Complete
Develop requirements for vendors/entities in the Marketplace	15 days	Complete
Develop application process and forms	25 days	Complete
Define application evaluation process	25 days	Complete
Release applications/requirements and solicit responses to participate Marketplace	30 days	Complete
Review applications and invite vendors/entities to demonstrate their products	50 days	Complete
Select vendors/entities for the Marketplace	60 days	Complete
Sign agreements with selected vendors/entities	80 days	Complete
Continue to add additional HISP vendors to Arizona HIE Marketplace on a “rolling” basis	Completed	Completed

Marketing and Outreach Activities

The following is the initial marketing and outreach plan (April 2012 – July 2012). Updates to this plan will be made as the project progresses.

Completed By	Marketing and Outreach Activities
April 2012	
Completed	<i>AzHeC Update</i> article
Completed	<i>REC Bulletin</i> article
Completed	<i>AzHeC Alert</i> : Program launch REC & AzHeC distr.
Completed	Discuss AOMA joint letter
Completed	Discuss AZAAP joint letter
Completed	Discuss US Rural Health joint letter
Completed	DTAPS cont. outreach to provider networks
Completed	DTAPS cont. outreach to independent providers
Completed	DTAPS cont. outreach to white space providers
Completed	DTAPS cont. outreach to CAH targets
Completed	Schedule HIE presentation at physician meetings
Completed	Begin GSI Webinars
Completed	Begin HIE presentation at physician meetings
Completed	Begin outreach to labs interested in Direct messaging (identified through survey)
May 2012	
Completed	<i>AzHeC Update</i> article
Completed	<i>REC Bulletin</i> article
Completed	Schedule additional HIE Direct webinars
Completed	Develop flyer to promote HIE Direct webinars
Completed	Send & follow-up AOMA joint letter
Completed	Send & follow-up AZAAP joint letter
Completed	Send & follow-up US Rural Health joint letter
Completed	Survey EHR vendors for Direct capability
Completed	Identify EHR versions with Direct capability
Completed	Plan EHR/Direct outreach with EHR Vendors
Completed	Create webpage for EHR/Direct information
Completed	Develop PIF for EHR/Direct education/assistance
Completed	Conduct additional HIE Direct webinars
Completed	ID/outreach to regional physician champions
June 2012	
Completed	<i>AzHeC Update</i> article
Completed	<i>REC Bulletin</i> article
Completed	Schedule additional HIE Direct webinars
Completed	EHR/Direct outreach campaign announcement
Completed	Schedule physician champion presentations
Completed	Develop EHR/Direct flyer for EHR vendors
Completed	Develop EHR/Direct webinar
Completed	Begin follow-up on EHR/Direct PIFs
Completed	Conduct additional HIE Direct webinars
Completed	Identify early adopters & successes
July 2012	
Completed	<i>AzHeC Update</i> article
Completed	<i>REC Bulletin</i> article
Completed	Regional physician champion presentations
Completed	Develop articles on early adoption success
Completed	Conduct physician champion presentations

Project Milestones

Milestone	Target Date	Status
250 Healthcare Providers with Direct Address	6/30/2012	Completed
450 Healthcare Providers with Direct Address	9/30/2012	Completed
587 Healthcare Providers with Direct Address	12/31/2012	Completed
750 Healthcare Providers with Direct Address	6/30/2013	Completed
100 Healthcare Providers with Direct Address	12/31/2013	As of 5/10/2013: 794 Providers
Add 3 HISPs vendors to our HIE Marketplace	9/30/2012	Completed
Closeout rolling application period for HISP participation in Arizona HIE Marketplace	11/30/2012	Completed
Direct utilization project implemented in coordination with REC, and identify/complete one additional use	6/30/2013	On Track
HIO application for HIE Marketplace participation approved, implemented, and application period opened	6/30/2013	On Track



Contract for Health Information Exchange “Core Services”

The Arizona Strategic Enterprise Technology Office awarded its “Health Information Exchange Core Services” RFP to the Health Information Network of Arizona (HINAz). This was a partner bid with their technology vendor Axolotl. HINAz has been charged with multiple requirements.

A high-level summary of the primary requirements is listed below:

- **Governance Entity:** The Health Information Network of Arizona (HINAz) Board currently represents hospitals, community health centers, commercial, and Medicaid health plans, health care providers, the largest laboratory provider, and other stakeholders, who serve underserved, rural, and urban parts of Arizona. This HIO currently represents over 60% of the covered lives in Arizona and 60% of all of the acute hospital beds. This Board grew out of the Medicaid Transformation grant work that was done by AHCCCS from 2007 – 2009 and represents the merger in 2010 of two different HIOs to form a statewide entity.

HINAz brings ASET the leading hospitals and health plans in Arizona already committed to supporting and paying for the exchange of health information, and through this project the state can become a full partner along with them.

- **Directory Services (Provider Directory):** HINAz shall design, develop, and implement Entity and Provider Level Directory Services with a technical architecture that is flexible and scalable enough to provide a variety of exchange services, which is capable of uniquely identifying a provider and/or entity, match data from multiple sources to that provider/entity and resolve duplicates or mismatches. HINAz’s technical infrastructure also will support the movement of information to support key Meaningful Use requirements, such as the exchange of laboratory results and care summaries as well as public health reporting and e-prescribing.
- **Master Patient Index (MPI) and Record Locator Services (RLS):** HINAz shall provide a Record Locator Service (RLS) and Master Patient Index (MPI), whereby the RLS receives incoming queries from authorized users, formats the contents of the message, and makes a query to the MPI. The MPI matching algorithm then determines which records in the database match the requested patient’s demographics. These records will then be retrieved from the source by the RLS and presented in an aggregated view to the requesting user. The RLS and MPI infrastructure will be capable of supporting the movement of information to support key Meaningful Use requirements, such as the exchange of laboratory results and care summaries as well as public health reporting and e-prescribing as applicable.

All contractual documents and additional details can be found on the Arizona State Procurement Site.

Link to Solicitation:

<https://procure.az.gov/bso/external/bidDetail.sdo?docId=ADSP012-00001276&external=true&parentUrl=bid>

Link to Contract:

<https://procure.az.gov/bso/external/purchaseorder/poSummary.sdo?docId=ADSP012-020307&releaseNbr=0&parentUrl=bid>

2013 Status Update:

This project remains active and the largest single project ASET is currently funding using ONC HIE Cooperative Agreement dollars. The total allocated amount to the HINAz contract efforts is \$3,556,697.56. The “Next Generation” provider directory is scheduled to be released to HINAz’s production environment this summer which will complete the “Directory Services (Phase 1)” activities. HINAz is currently reviewing the specifications for 3rd party connections to the provider directory. These potential 3rd party connections include HISPs, Hospitals, ACO’s and any other large healthcare system looking for a single source of truth for provider data. HINAz, through their technology partner Optum, has loaded provider records on over 31,000 providers to their production system.

In October 2012, ASET completed its milestone of registering 587 Direct accounts statewide which allowed for ASET to begin funding “Phase 2” activities. This milestone allowed ASET and HINAz to kickoff “Phase 2” activities which includes the development and maintenance of robust bi-directional HIE activities including state-level Record Locator Services and Master Patient Index. The delay in starting “Phase 2” activities due to ONC’s phasing requirements were a setback and since then, HINAz has been playing catch up with a revised implementation schedule. The implementation of these “Phase 2” activities is now proceeding as planned and HINAz has begun to onboard organizations statewide using these services. To date, HINAz has on boarded 7 organizations to their services (4 Acute Care hospitals, 1 Ambulatory entity, 1 Laboratory, and 1 Clinic). These entities are listed below:

- Banner Health (Data Contributor)
- Carondelet Health Network (Data Contributor)
- Benson Hospital (Data Contributor)
- Maricopa Integrated Health System (Data Contributor)
- Cardiovascular Consultants (Data Contributor)
- Sonora Quest Laboratories (Data Contributor)
- Multi-Specialty Interdisciplinary Clinics(Data Contributor)
- Pima County Health Department (Data User)

Currently, HINAz is sharing the following data types through their network:

- Medication History
- Lab Results
- Discharge Summaries
- Radiology Reports
- ADT Transactions

In April 2013, ASET signed an additional scope of work with HINAz for a “Consumer Education & Engagement Project”. Currently consumer awareness of health information exchange (HIE) developments, technology and benefits is very low. Either consumers believe that that these technologies and benefits already exist in the health care environment or they have a low understanding of HIE and how it benefits them. And there is little evidence that consumers are aware of their individual rights enumerated in House Bill 2620 (HB 2620) in 2011. The goal of

this program will be to increase awareness of HIE and health IT among Arizonans, particularly among communities that will be most impacted by HIE implementation and utilization. This, along with general HIT education will result in maximum utilization of HIT by Arizona’s health care consumers, leading to increased benefits for everyone

This proposal was designed on several key principles that are the driving forces behind a successful consumer education and awareness campaign. These key principles include the following:

- In order to be effective, consumer education efforts must be conducted in alignment with HIE provider outreach activities.
- Increased consumer education and awareness at the local community level helps the consent process flow smoothly at the point-of-care.
- Standardized policies, procedures, messages and documents are the key to effectively reaching the community.

Taking these key principles into consideration, the overarching project goals are as follows:

- **Goal #1:** Accelerate HIE implementation and utilization by streamlining and supporting the implementation of the consumer consent requirements for participating entities.
- **Goal #2:** Expand the knowledge base and trust of the community as it relates to the use of health IT and HIE in health care.
- **Goal #3:** Establish in the minds of the community the safety, efficacy and usefulness of HIE.
- **Goal #4:** Keep the proportion of opt-outs for HIOs in Arizona below the national standard.

Consumer Education & Awareness Phases:

Phase 1: HIE Specific Education & Awareness	Phase 2: General Health IT Education & Awareness
<ul style="list-style-type: none"> •General HIE education •Privacy and security •Value to patients and providers •Patient safety improvements •General education on individual rights of patients whose providers participate with an HIO •Right to list of providers who have accessed information •Right to opt-out •Right to request correction of incorrect information •What consumers should expect when seeing a provider who participates in an HIO •Opt-out process details 	<ul style="list-style-type: none"> •Benefits of health IT for general health & wellness •E-prescribing benefits •Personal health records promotion •Patient portals promotion •Telemedicine •Mobile devices •Privacy and security education •Actionable steps consumers can take to promote health IT adoption by their providers



Project Schedule and Milestones:

Directory Services (Phase 1 Activity):

The official project schedule is a deliverable that is part of the contract award. This deliverable is not yet complete but the following is a *draft* project schedule for the implementation of the “Directory Services” component of the overall contract.

Milestones	Target Date	Status
Contract Signed by all Parties	3/22/2012	Complete
Project Management Plan Acceptance	4/30/2012	Complete
Data Storage, Hosting, Administration and Support Environment Setup	6/15/2012	Complete
Marketing and Communications Plan	6/29/2012	Complete
Test Environment Implementation	6/29/2012	Complete
Interface specs available to active HIE Marketplace participants	6/30/2013	Behind Schedule
System Testing and User Acceptance	8/8/2012	Complete
Production System Go-Live	8/29/2012	Complete
Sustainability Plan Acceptance	11/1/2012	Complete
8500 Providers in the ILPD	2/1/2013	Complete

Record Locator Services and Master Patient Index (Phase 2 Activity):

This work was awarded as part of the overall contract. However, this work is considered to be a “Phase 2” activity and will not be funded until Arizona has met its “Phase 1” goal of having 587 providers actively using Direct Point to Point exchange, and updated SOP approved.

The targets dates will be determined once the “Phase 1” goals have been met. The official project schedule is a deliverable as part of the contract award.

Milestones	Target Date	Status
Contract Signed by all Parties	3/22/2012	Complete
Project Management Plan Acceptance	11/20/2012	Complete

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Data Storage, Hosting, Administration and Support Environment Setup	3/1/2013	Complete
Test Environment Implementation	3/1/2013	Complete
System Testing and User Acceptance	6/24/2013	In Progress
Production System Go-Live	4/29/2013	Complete
Completed Interfaces with appropriate data sources (1 st 3 Interface types)	3/1/2013	Complete
Completed Interfaces with appropriate data sources (2nd 3 Interface types)	6/30/2013	In Progress

Consumer Education & Awareness Campaign:

Phase 1.A. HIE Acceleration: HINAz Consumer Consent Toolkit Implementation

Phase 1.B. HIE/HINAz Community Awareness

Phase 2. General HIT Community Awareness

Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Week 1 - 4	Week 5 - 9	Week 10 - 13	Week 14 - 17	Week 19 - 22	Week 23 - 26	Week 27 - 30	Week 31 - 35	Week 36 - 39
1.A. HIE Acceleration				Phase 1A Continuing				
1.B. HIE/HINAz Community Awareness			Phase 1B Continuing					
2. General HIT Community Awareness								



Direct Immunization Pilot Project with Arizona Department of Health Services

This project is to demonstrate – on a pilot basis – the feasibility of using a Direct-based interface into the Arizona State Immunization Information System (ASIS). This system, if successful, could provide an additional path for a provider or staff to submit immunizations to Arizona Department of Health Services (ADHS). More information can be found about the project here:

<http://azdirectimpilot.wikispaces.com/Charter>

2013 Status Update:

Project completed and lessons learned documented. Moved to production project efforts.

Project Schedule and Milestones:

Milestone	Target Date	Status
Project Initiation	9/23/2011	Complete
Requirements Complete	12/16/2011	Complete
Design Complete	1/24/2012	Complete
Infrastructure Setup Complete	3/16/2012	Complete
Development Complete	4/2/2012	Complete
Test Scripts Completed	4/2/2012	Complete
ASET Internal Integration Testing Complete	5/25/2012	Complete
HSAG / Health care Provider Testing Complete	6/22/2012	Complete
Project Complete (Lessons Learned Documented)	6/29/2012	Complete

A detailed project schedule can be found here: <http://azdirectimpilot.wikispaces.com/Schedule>



Direct Immunization Production Project with Arizona Department of Health Services

This project will build upon the Direct pilot project, described previously, and take the test pilot to production.

The Direct Gateway is responsible for receiving and sending messages from HISPs. This project will develop a production Direct Gateway that will be hosted at the ADHS data center. All the security and audit log features implemented by the Gateway are based on the Direct Project specifications. Immunization messages received by the Gateway will be published to ASIIS via web services. The web services will be accessible only via the Direct Gateway and will have a trusted connection to ASIIS.

2013 Status Update:

Unfortunately, this project has run into many roadblocks in 2012 and 2013 and has experienced a number of stops and starts. Project is still ongoing but behind schedule from the original target dates. The HSAG / Provider testing has been moved out of scope due to resource constraints in the ADHS Immunization program office. Below are updated target dates for the project.

Project Schedule and Milestones:

Milestone	Target Date	Status
Project Initiation	9/6/2012	Complete
Requirements Complete	9/6/2012	Complete
Design Complete	9/30/2012	Complete
Infrastructure Setup Complete	6/30/2013	Behind Schedule
Development Complete	5/30/2013	Behind Schedule
Test Scripts Completed	5/30/2013	Behind Schedule
ASET Internal Integration Testing Complete	7/12/2013	Behind Schedule
HSAG / Health care Provider Testing Complete	Moved Out of Scope	Moved Out of Scope
Project Complete (Lessons Learned Documented)	7/31/2013	Behind Schedule



Syndromic Surveillance Project with Arizona Department of Health Services

ASET is in the process of completing a project with the Arizona Department of Health Services (ADHS) to enhance its capabilities to support the anticipated public health requirements for Stage 2 Meaningful Use. To enable health care facilities to attest to the Meaningful Use syndromic surveillance requirement, ADHS needs additional support to onboard facilities, attest Meaningful Use requirements, and utilize syndromic surveillance data. ADHS will use the BioSense 2.0 application to meet these objectives. BioSense 2.0, hosted by the Association of State and Territorial Health Officers (ASTHO) without fees, will afford ADHS and local health departments the capability to obtain situational awareness for health related events as well as syndromic surveillance of infectious and chronic disease, injury, environmental incidents, and other health hazards.

ADHS will investigate how best to utilize the system in programmatic areas across the agency including environmental health, injury, and infectious and chronic diseases. As a new implementation, BioSense 2.0 will require new user training and user administration coordinated at the state level to optimize its use and availability. Additionally, ADHS will leverage interest in attesting to syndromic surveillance data provisioning under Meaningful Use, to add facilities reporting to BioSense 2.0 and increase statewide representation. At this time, there is no staff within the agency to: work across functional areas, evaluate the utility of BioSense 2.0 for multiple programs, facilitate adding data from new facilities, or provide training to state and local users.

An electronic surveillance team, devoted to enhancing ADHS capacity to receive data submissions required by Meaningful Use is needed. In addition to supporting the implementation of electronic lab reporting for Meaningful Use, the team will conduct a pilot study to evaluate the utility and integration of BioSense 2.0 into multiple surveillance programs, provide new user training, develop state-specific educational materials, and coordinate with local health departments to increase the number of participating hospitals. Dependent upon the number of hospitals using BioSense 2.0 and the availability of inpatient and ambulatory care syndromic data standards, the electronic surveillance team will begin addressing attestation for inpatient and ambulatory care facilities.

2013 Status Update:

The Syndromic Surveillance project kicked off on 7/18/2012 and has achieved their goals as far as setting up BioSense 2.0 workgroups by the county health departments and providing outreach to hospitals in the way of education and training, working through data use agreements, policy manuals, a data dictionary and an Arizona specific implementation guide. Each county health department has identified a liaison that acts as point person for onboarding hospitals, and training of the data users. Monthly conference calls have been facilitated through the lead epidemiologist to work through the data dictionary elements, and I have been on a few of these calls also as an observer.

Although the goal was to be ready to accept data from the hospitals by end of March 2013, this was not met due to issues on the BioSense side with sending the wrong HL7 messages resulting in poor quality data. These issues have been worked through and the project should be on track to receive data October 1, 2013, possibly sooner. The biggest challenge and set



back has been the hiring of a second epidemiologist, which was further complicated by a change in their hiring practices. There is also a constraint on the project lead's time in that she has competing priorities and limited staffing. The ASET team supports in any way it can when asked.

Project Schedule and Milestones:

Milestone	Target Date	Status
Project Initiation	7/2/2012	Completed
Hire (2) Epidemiologists and (1) Project Specialist	8/31/2012	Behind Schedule on 2 nd Epidemiologist
User agreement and policy manual for public health	10/31/2012	Completed
Data dictionary for public health	12/31/2012	Completed
Implementation Guide for Facilities	6/7/2013	Behind Schedule
Database for technology specifications	3/31/2013	Completed
Public health user manual and training manual	7/31/2013	In Progress
Protocol for routine use of BioSense 2.0 at ADHS	10/31/2013	In Progress
BioSense 2.0 evaluation report	11/30/2013	In Progress
(10) new hospitals, including (2) rural or critical access hospitals	12/31/2013	In Progress



State Laboratory Interoperability Project with Arizona Department of Health Services

The current Arizona State Laboratory Information Management System (STARLIMS) needs to be enhanced to accept electronic laboratory orders from hospital laboratories using the HL7 standard message formats.

The goal of this project is to enhance the system to accept the orders, generate an acknowledgement back to the ordering system, and generate a final laboratory test result message in standard HL7 formats. The activities listed below are part of the pilot aimed at filling the gaps in current laboratory order exchange requirements.

Several hospitals in Arizona, including Banner Health (with a total of 22 hospitals in Arizona) and Catholic Healthcare West (with 3 hospitals in Arizona), are in the process of implementing inpatient electronic health record (EHR) systems as well as private health information exchanges (HIE) to fulfill ARRA/HITECH Meaningful Use requirements. The Community Data Exchange Outreach Team will visit and initiate discussions with the hospitals that are in the process of implementing such systems. Data sharing and business association agreements will be signed between ADHS and each of the hospitals.

The project objective is to enhance STARLIMS to receive lab orders and send results to clinical laboratories and hospitals by September, 2013.

2013 Status Update:

The Arizona Department of Health Services cited significant resource challenges with staffing to complete this project effort during the ONC cooperative agreement timelines. Therefore, this project was cancelled before it was officially underway.

Project Schedule and Milestones:

Milestone	Target Date	Status
Project Initiation	8/1/2012	Cancelled
Sign agreements with hospitals to exchange laboratory orders and results with ADHS.	Cancelled	Cancelled
Complete a catalog of state public health laboratory test orders using standard codes (LOINC).	Cancelled	Cancelled
5 Laboratories exchanging lab orders and results with the state public health lab for Pilot stage.	Cancelled	Cancelled
10% of lab orders and results exchanged with the state public health lab for the Pilot stage.	Cancelled	Cancelled



Unconnected Providers Sub-Grant Program

The Arizona Strategic Enterprise Technology Office (ASET) is planning an Unconnected Healthcare Providers Sub-Grant program focused on connecting specific eligible health care organizations to health information exchange (HIE) services.

The goal of the program is to stimulate the adoption of health information exchange in Arizona among specific segments of health care providers who are generally considered to be low utilizers of health information exchange services.

Program objectives include understanding the reasons for low adoption and expanding HIE capacity to providers in the “white space.” ASET is currently in the process of defining this program.

2013 Status Update:

The Arizona Strategic Enterprise Technology (ASET) office announced a competitive grant program in October 2012, to provide funds for health care organizations to support Health Information Exchange planning and implementation. Below is a table that summarizes the 14 awarded provider organization, their location, the award amount, and the focus area of their HIE planning and implementation work.

The total amount of funding that was available was \$1.1 million and single organizations could apply for up to \$50,000, while organizations that submitted a joint application or an application with at least one other health care partner, were eligible for up to \$100,000. All grantees were required to provide a cash or in-kind amount of at least 50% of the grant award. All grantees are expected to have their work completed by June 30, 2013 (May grant extensions on case by case basis).

Facility	City/County	Provider Type	Priority Focus of Funds	Amount Requested
A New Leaf	Mesa Maricopa	Behavioral Health	Transitions of Care Summaries	\$50,000
CONMED Healthcare Management	Tucson Pima	Department of Corrections	Transitions of Care Summaries	\$50,000
Copper Queen Community Hospital	Bisbee Cochise	Rural (Critical Access Hospital)	Structured lab results, ATD data, and cardiopulmonary data	\$50,000
Flagstaff Medical Center	Flagstaff Coconino	Regional Hospital/Rural/IHS	Transitions of Care Summaries	\$98,007
Jewish Family and Children’s Services	Phoenix Maricopa	Behavioral Health	Transitions of Care Summaries	\$100,000
La Paz Hospital	Parker La Paz	Rural	e-Prescribing, Transition of Care	\$50,000



			Summaries (via provider portal), Structured lab results	
Little Colorado Medical Center	Winslow Navajo	Rural (Critical Access Hospital)/IHS	Transitions of Care Summaries	\$99,955
North Country Healthcare/Mohave Mental Health	Flagstaff Mohave	Rural (FQHC) & Behavioral Health	Transitions of Care Summaries	\$100,000
People of Color Network	Phoenix Maricopa	Behavioral Health/primary care	Transitions of Care Summaries	\$100,000
Quality Care Network	Phoenix Maricopa	Behavioral Health	Transitions of Care Summaries	\$100,000
Sierra Vista Regional Health Center	Sierra Vista Cochise & Santa Cruz	Rural	Transitions of Care Summaries, Structured Lab results	\$47,160
Symphony of Mesa/Springdale Village	Mesa/Maricopa	Long Term Care	Transitions of Care Summaries, Structured lab results	\$40,385
TERROS, Inc.	Phoenix/Maricopa	Behavioral Health	Transitions of Care Summaries, Structured lab results, e-Prescribing	\$100,000
Villa Maria Care Center/Copper Sands, Inc.	Tucson/Pima	Long Term Care	Transitions of Care Summaries, Structured lab results	\$42,210
Total Funds Requested				\$1,030,557

Project Schedule and Milestones:

Milestone	Target Date	Status
Form Public-Private Workgroup to Finalize Program Requirements	6/8/2012	Complete
Finalize Program Requirements and Guidance	09/30/2012	Complete
Publicly Launch Sub-Grant Opportunity	10/1/2012	Complete
Applications Due	11/16/2012	Complete
Award Sub-Grants to Organizations	12/31/2012	Complete



Project Orientation with Grantees	01/23/2013	Complete
Mid-Grant Progress Report Due	4/30/2013	Complete
Program Ends	6/30/2013	On Target – May grant extensions to some awardees. (No later than 9/30/2013)
Final Reports due to ASET, 30 days after program ends	7/31/2013	On Target – May grant extensions to some awardees. (No later than 9/30/2013)



Health Information Exchange (HIE) Enterprise Sub-Grant Program

2013 Status Update:

The Health information Exchange Enterprise Grant program was launched in April 2013. The purpose of the grant program is to accelerate health information exchange (HIE) for health care organizations and payers that are working to make clinical data more available to their providers. The grant supports organizations that are creating, developing, or maturing their IT environment to increase data exchange to adapt to changes in reimbursement methods or help providers meet meaningful use requirements.

The HIE Enterprise Grant Program is for large healthcare organizations that are standardizing and promoting interoperability for sharing of clinical data across the HIE enterprise. ASET seeks to support these HIE initiatives to enable the flow of clinical information to providers within and across a health care enterprise. While electronic health record (EHRs) adoption and health information exchange have been growing, there is a current need for providers within health systems to be able to share health information. In many cases, these efforts are being driven by providers who need to meet meaningful use requirements, and/or adapt to changes in reimbursement methods.

Highlights of the Grant award include:

- Total amount of funding available for distribution is up to \$1 million dollars.
- Award amounts are expected to be up to \$200,000 per award.
- Period of performance of the grant is six (6) months – July 2013 to December 2013.
- Matching requirements of cash or in-kind of at least 50% of the grant award are required.
- The target for this grant program are healthcare organizations that are creating, developing or maturing enterprise wide health information exchange capabilities in Arizona.
- Grant applications are due to ASET by Friday, June 7, 2013.

Project Schedule and Milestones:

Milestone	Target Date	Status
Notice of Grant Award posted available at www.hie.az.gov	4/22/2013	Complete
Grant Question and Answer Webinar (Details listed in Part V of Guidance)	5/6/2013	Complete
Grant Applications due to ASET	6/7/2013	
Grant Decisions Communicated to Applicants	6/30/2013	

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Awardee site visits	7/1/2013 – 7/12/2013	
Grantee meeting / Mid-Grant Progress report	10/31/2013	
Grant Program Ends	12/31/2013	
Final Reports due to ASET after program ends	1/17/2014	



Updated ASET Staffing Plan

The following resources are currently active participants working primarily on the programmatic implementation of the State HIE Cooperative Agreement.

- State HIT Coordinator – Lorie Mayer (FTE)
- Senior IT Project Manager – Ryan Sommers, PMP (FTE)
- Health Information Exchange Analyst – Pat Rennert (FTE)
- Grants Analyst – Jason Mistlebauer (FTE)
- Direct Exchange Consultant – Sri Koka (Contractor)
- **Project Manager – Manisha Patel (Contractor)**

Arizona may bring on additional contractual resources to assist on various activities in the future. We do not anticipate adding any additional FTE's to the Project effort.

After Arizona's Strategic and Operational Plans were approved in March 2011, the State of Arizona went out to RFP to request technical consulting assistance in various programmatic areas. As a result, the State of Arizona has the ability to make task order awards to the following organizations. These task order awards are valid for 1 year with a State option to renew for two additional years.

- Advances in Management - Engaged in Summer 2011 through Spring 2012 to assist in additional strategy development, draft RFP for HIE Core Services, assist in vendor selection for HIE Core Services.
- Mosaica Partners – Engaged in Spring 2012 to assist ASET in updating SOP plans for resubmission to ONC by June 8, 2012.
- Jimenez Consulting – Has not been actively engaged for any work at this time.

2013 Status Update:

We added Manisha Patel (Contractor - Project Manager) to the ASET team in 2012 with the primary responsibility of managing the Unconnected Providers sub-grant program. There have been no other changes to ASET staffing.

Mosaica Partners - Mosaica was also engaged in 2012 to assist with a privacy and security assessment of the Health Information Network of Arizona which is currently work in progress. In 2013, Mosaica was engaged to lead an effort to update the Arizona State Roadmap for HIT/HIE. This work is just getting underway.

Risks and Mitigation Strategies

1. BASIC RISK INFORMATION					2. RISK ASSESSMENT INFORMATION				3. RISK RESPONSE INFORMATION		
Risk Number	Risk Description / Risk Event Statement	Responsible	Date Reported day-month-year	Last Update day-month-year	Impact H / M / L	Probability H / M / L	Timeline N/M/F	Status of Response N / P / PE / EE	Completed Actions / Notes	Planned Future Actions	Risk Status Open / Closed / Moved to Issue
Provide a unique identifier for risk	A risk event statement states (i) what might happen in the future and (ii) its possible impact on the project. "Weather" is not a risk event statement. "Bad weather may delay the project" is a risk event statement.	Name or title of team member responsible for risk	Enter the date the risk was first reported	Enter the date the risk (not the entire log) was updated	Enter here H (High); M (Medium); or L (Low) according to impact definitions	Enter here H (High) M (Medium) or L (Low) according to probability definitions	Enter here N (Near-term); M (Medium-term); or F (Far-term) according to timeline definitions	Enter here N (No Plan); P (Plan but not enacted); PE (Plan enacted but effectiveness not yet known); EE (Plan enacted and effective)	List, by date, all actions taken to respond to the risk. This does not include assessing the risk	List, by date, what will be done in the future to respond to the risk	State if the risk is open (still might happen and still has to be managed); closed (has passed or has been successfully mitigated); moved to issue (risk has happened)
R 1	Improper exposure of personal health information.	State HIE Core Services Sub-Recipient Organization - HINAz	31-Aug-2010	15-May-2012	H	M	N	P	5/15/2012: House Bill 2369 enforcement to be determined.	Reviewing operational policies of HINAz as recently awarded sub-recipient. Task order to Mosaica partners was	Open



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										signed in Fall 2012 to assess HINAZ's operational policies. Work is still underway and a draft report is forthcoming.	
R 2	The approach to consent in the State of Arizona is outstanding. In 2008, legislation was proposed favoring an "opt-out" approach to electronic health information consent. However, the legislation was not passed due to inconclusive statewide strategy for	Arizona Health-e Connection	31-Aug-2010	15-May-2012	M	M	M	P	5/15/2012: Risk Closed	Continue to monitor consent and focus education targeted to consumers.	Closed



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	health information exchange at that time.										
R 3	A participant agreement must be developed for distribution and stakeholder buy-in. The participant agreement should address all legalities associated with implementatio	State HIE Core Services Sub-Recipient Organization - HINAz	31-Aug-2010	15-May-2012	M	M	M	P	5/15/2012: Risk Closed	Continue to monitor operational implementation and share with other providers.	Closed



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	n of a statewide HIE to minimize the liability to all Arizona stakeholders.										
R 4	Implementing an HIE platform that is not financially viable for long term sustainability.	State HIE Core Services Sub-Recipient Organization - HINAz	31-Aug-2010	15-May-2012	H	M	N	PE	5/15/2012: Sustainability plan part of submission for HIE Core Services contract RFP.	Sustainability plan delivered to ASET as part of the core services contract and accepted. Ongoing monitoring of this risk continues.	Open



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R 5	The proposed overall project costs greatly exceed the funding available within the ONC HIE grant. Improper pricing of services in comparison of value and the cost of the services could negatively impact participation, thus increasing costs to those that are participating.	State HIT Coordinator	31-Aug-2010	15-May-2012	M	M	F	P	5/15/2012: Closed RiskCore Services RFP cost met expected budget costs.	Continue to monitor to ensure implementation success.	Closed
R 6	Acute care hospitals may choose to implement community sharing initiatives in their service	State HIT Coordinator	31-Aug-2010	15-May-2012	M	H	N	EE	5/15/2012: Sustainability plan from HINAZ addressed long-term sustainability and did not	Continue to monitor hospital participation within HINAZ or alternative exchange	Open



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	area and bypass the statewide HIE.								prediction 100% statewide adoption of all hospitals within 3 years. ASET accepts this risk.	strategies.	
R 7	Payers may choose to implement data sharing initiatives for their provider network.	State HIT Coordinator	31-Aug-2010	15-May-2012	M	H	N	N/A	5/1/5/2012: HINAz has reached out to health plans to participate in robust exchange activities as part of their network.	HINAz will continue to work with payers on these efforts.	Open



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R 8	Vendor(s) selected have difficulties providing core capabilities within the required time frame to meet Meaningful Use.	State HIT Coordinator	31-Aug-2010	15-May-2012	H	H	N	PE	<p>5/15/2012: ASET has contract with HINAZ to provide Core Services. Milestones and deliverables are clearly stated as part of contract.</p> <p>HIE Marketplace has recruited GSI Health as a HISP vendor offering Direct services to Providers to purposes of meeting Meaningful Use.</p>	<p>Continue to monitor Core Services Contracted. HINAZ continues to work toward providing options for providers related to Meaningful Use.</p> <p>Continue to recruit HISP vendors into HIE Marketplace.</p>	Open

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R 9	Not engaging with vendor(s) in a timely fashion will put hospital and vendor incentives at risk as well as ASET's ability to meet ONC requirements.	ASET	31-Aug-2010	15-May-2012	H	H	N	P	5/15/2012: Risk Closed	Continue to monitor vendor community activities	Closed
R 10	Vendor(s) inability to meet milestones from both a time and capability standpoint will put the entire state at risk.	ASET	31-Aug-2010	15-May-2012	H	M	F	PE	5/15/2012: Recently awarded RFP 5/14/2013 HIE Vendor issues are impeding progress on Core Services contract deliverables as well as "Unconnected Providers" grantees who rely on	ASET will continue to monitor milestones and project activities with all vendors responsible for programmatic -exchange activities.	Open

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									HINAz/Optum to execute on their HIE interfaces included in their grant strategies.		
R 11	Early lack of individual provider participation in a statewide HIE	ASET	18-Jan-2011	15-May-2012	M	L	N	PE	5/15/2012: Sub-Recipient outreach requirements in place to onboard providers in a timely manner. Outreach strategy in place for HIE marketplace and Sub-Recipient.	Continue to support outreach activities from REC for EHRs incentive program as well as HIE Marketplace. Market robust HIE activities as well so providers can understand all options available to them.	Open



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R 12	Provider reluctance to participate in a statewide HIE	ASET	18-Jan-2011	15-May-2012	M	M	N	PE	5/15/2012: Providers are being targeted based on Medicaid patient volume to join HINAz as a way to ensure largest trading partners are participating in State-level exchange.	Continue education and outreach among HINAz, AzHeC, and ASET	Open
R 13	Lack of options to facilitate Meaningful Use in 2011	ASET	18-Jan-2011	15-May-2012	H	L	N	P	5/15/2012: Risk Closed		Closed
R 14	Readiness of the Direct Project	ONC	18-Jan-2011	15-May-2012	H	H	N	P	5/15/2012: Risk Closed		Closed

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R 15	Reluctance of EHR vendors to adopt the Direct Project standards	ONC	18-Jan-2011	15-May-2012	M	L	N	P	5/15/2012: Following National trends of adoption.	Evaluating this model for participation in Arizona HIE Marketplace. This dialogue is happening at a national level with EHR vendors.	Open
R 16	Delay of broadband deployment in underserved areas	ASET	18-Jan-2011	15-May-2012	M	L	M	P	5/15/2012: Worked with Broadband group to better understand their initiative and health care connectivity issues related to broadband.	Monitor EHRs baseline survey to identify if providers have geographic connectivity issues we can raise with the Broadband grant group.	Open

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R 17	Delayed funding of "Phase 2" activities impacts timelines and availability of resources for delivery of Robust exchange activities.	ASET	18-May-2012	18-May-2012	H	H	N	PE	5/18/2012: Awarded Core Services RFP but funding for RLS and MPI delayed. Working toward Direct adoption of 587 accounts in Arizona through HIE Marketplace.	None. Arizona reached it's 587 direct account milestone in October 2012 and has moved to phase 2 funding with HINAz.	Closed
R 18	Shortened grant timeline due to OMB Waiver issue which may impact ability to complete all planned activities and reach anticipated goals	ONC	18-May-2012	18-May-2012	H	M	M	P	OMB Waiver approved in Spring 2013.	Accelerate rollout plan.	Closed

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R 19	Limited availability of "qualified" HISP vendors in Marketplace. Currently only 1 vendor in the Arizona HIE Marketplace that meets qualification criteria.	ASET/AzHeC	18-May-2012	18-May-2012	H	M	N	PE	05/18/2012: Launched HIE Marketplace with 1 qualified Vendor (GSI Health)	Recruited 2 additional HISP vendors for a total of 3 in the HIE marketplace.	Closed
R 20	Issues with functionality with HISP vendors affecting utilization.	AzHeC / HISP Vendors	03/01/2013	03/01/2013	H	H	N	PE	Reported functionality and performance issues to HISP vendors. Asked them to work with providers to address. Continue to monitor issue and report problems.	Potentially remove HISP vendors from marketplace who continue to demonstrate unaddressed performance issues. Stop marketing their services.	Open



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R 21	Competing priorities at the Arizona Department of Health Services causing delays to tasks and milestones.	ASET / ADHS	01/01/2013	05/01/2013	H	H	N	PE	Working with ADHS to find acceptable solutions and extensions to various milestones when appropriate. Provided resources upon request to help them address staffing issues. Asked for updated spend plans on projects.	Continue to monitor progress to ensure project activities wrap-up by September 30, 2013.	Open