

ASET QUARTERLY MEETING

Arizona's HIE Cooperative Agreement Update

November 2012



ADOA-ASET

Arizona Strategic Enterprise Technology

Today's Agenda

Welcome & Introductions (1:00 – 1:05pm)

- Lorie Mayer, Arizona State HIT Coordinator, ASET & Medicaid HIT Coordinator

AHCCCS EHR Incentive Program Update (1:05 – 1:15pm)

- Lorie Mayer, Arizona State HIT Coordinator, ASET & Medicaid HIT Coordinator

Health Information Network of Arizona Update (1:15 – 1:30pm)

- Kalyanraman Bharathan, PhD, Executive Director, Health Information Network of Arizona

Health Information Exchange Marketplace: An Arizona Direct Case Study (1:30 – 2:00 pm)

- April Bills, Senior Coordinator, Health Information Exchange, Arizona Health-e Connection
- Michael Howard, Chief Information Officer, Little Colorado Medical Center

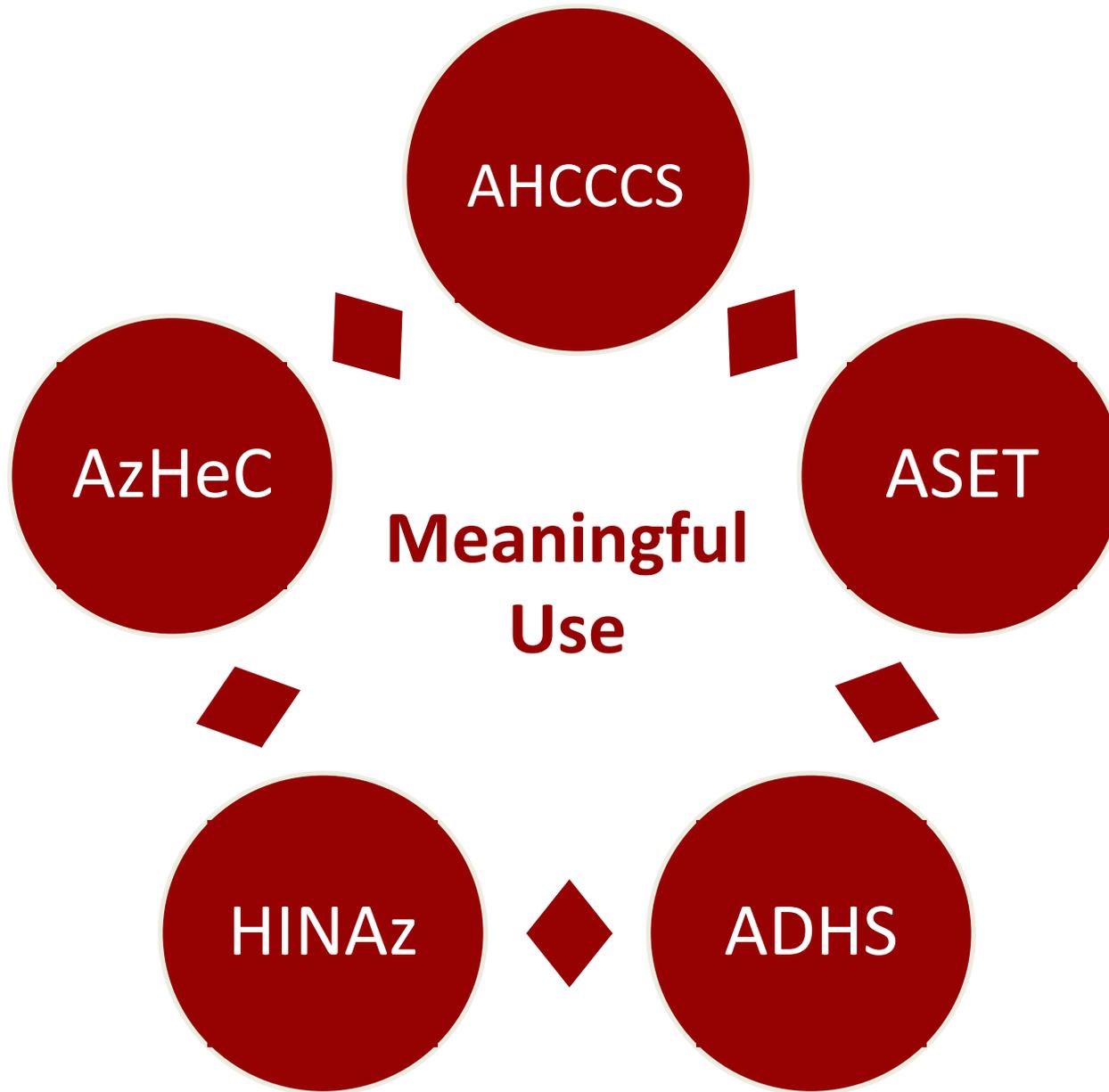
E-Prescribing Campaign (2:00 – 2:15 pm)

- Melissa Rutala, Chief Executive Officer, Arizona Health-e Connection

Unconnected Providers Sub-Grant program Update (2:15 – 2:25 pm)

- Lorie Mayer, Arizona State HIT Coordinator, ASET & Medicaid HIT Coordinator

Questions & Wrap Up (2:25 – 2:30pm)



Electronic Health Record Incentive Program Update

- National View of EHR Registration
- National View of EHR Payments
- Arizona EHR Incentive Program Progress; Launch of Stage 1 MU

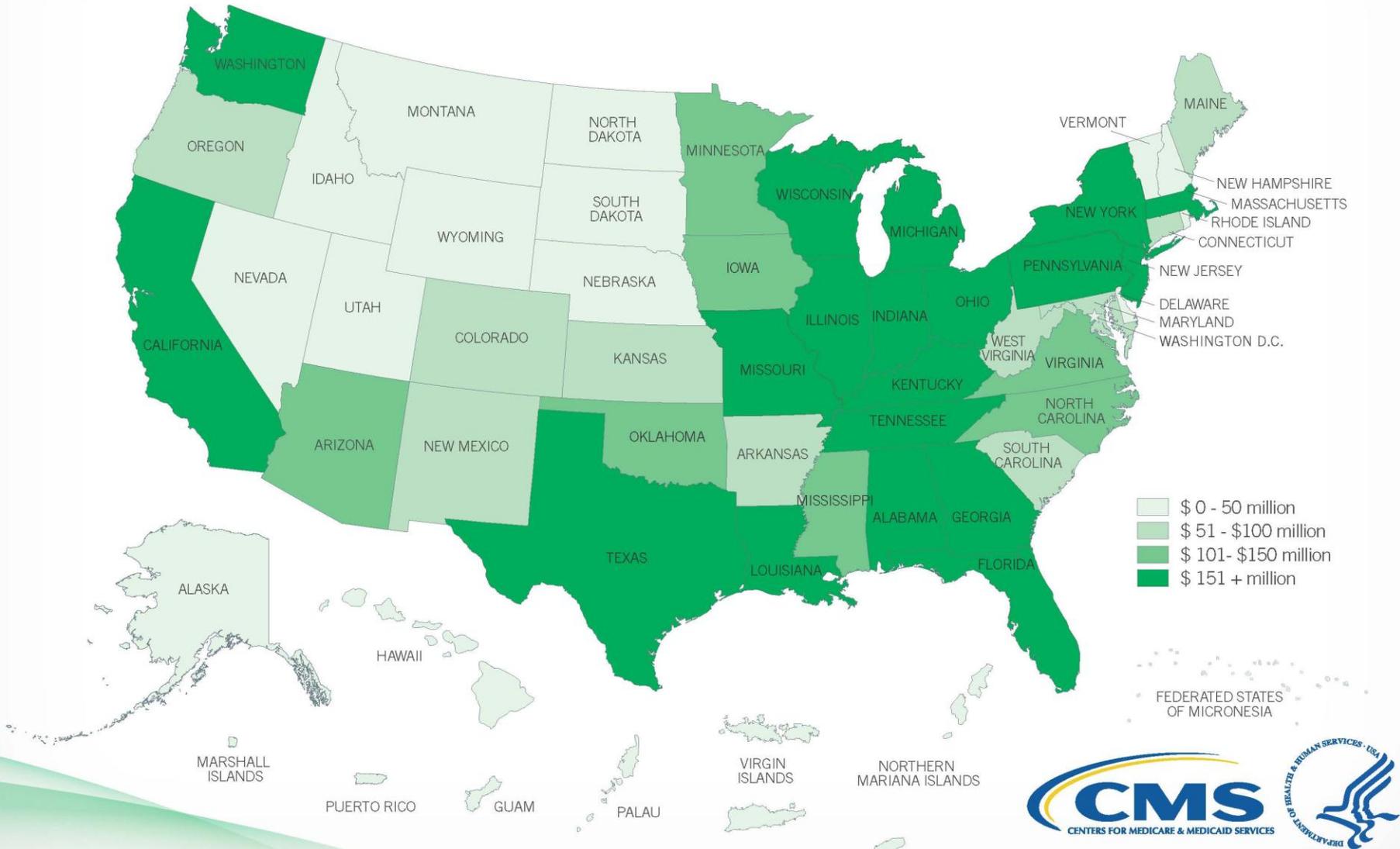
National CMS Enrollment and trends

- As of the end of September 2012:
- More than 307,000 eligible professionals, eligible hospitals, and critical access hospitals are actively **registered** in the Medicare and Medicaid EHR Incentive Programs
- Arizona Blue Color = 5001 – 10,000 Registered
 - State total registered 6,461
 - 3,206 Medicare 3,187 Medicaid EPS with 2 Hospitals Medicaid and 66 Dual EHs
- [Medicare](#) and [Medicaid electronic health record payments](#) have surpassed \$8 billion since its inception, with \$8.36 billion paid out to 165,800 eligible physicians and hospitals in total program estimates through the end of October.
- Arizona lighter green color = \$101 million - \$150 million
 - Arizona Totals for payments = \$150,039,671
- [All files can be found at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html)



EHR Incentive Programs

Map of Medicare and Medicaid Incentive Payment Totals through September 2012



EHR Incentive Program Purpose: Triple Aim



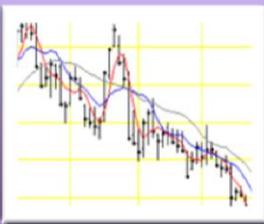
Better Care

- Improving patients' experience of care
- IOM Quality domains – Safety, Effectiveness, Person-Centered, Timeliness, Efficiency & Equity



Better Health

- Keeping person healthy so they can do what they want
- Improve population health – address behavioral risk factors & focus on prevention



Lower Costs

- Reduce total cost of care while improving quality
- Reduce monthly expenditures for persons covered by Medicare, Medicaid & CHIP

AHCCCS November EHR Incentive Program Activity

- AHCCCS has been processing A/I/U payments since opened in October, 2011
- Opened for Stage 1 MU for EPs and EHS on Monday November 5th 2012
- As of November 19th - 83 EPS : 83 AIU Payments, 0 MU Payments
- 5 EHs: 2 AIU Payments, 3 MU Payments
- Full report available by end of week

AHCCCS EHR Incentive Program for November 2012

Nov. 2012	Amount	Providers
EPs	\$1,763,750.00	83
EHs	\$4,845,412.54	5
Total Payments	\$6,609,162.54	89



HINAz: Update November 2012

Kalyanraman Bharathan

Executive Director

www.HINAz.org

Agenda

- Summary of developments since June
- ASET-HINAz contract
 - Highlights
 - Components
- Near-term Expectations

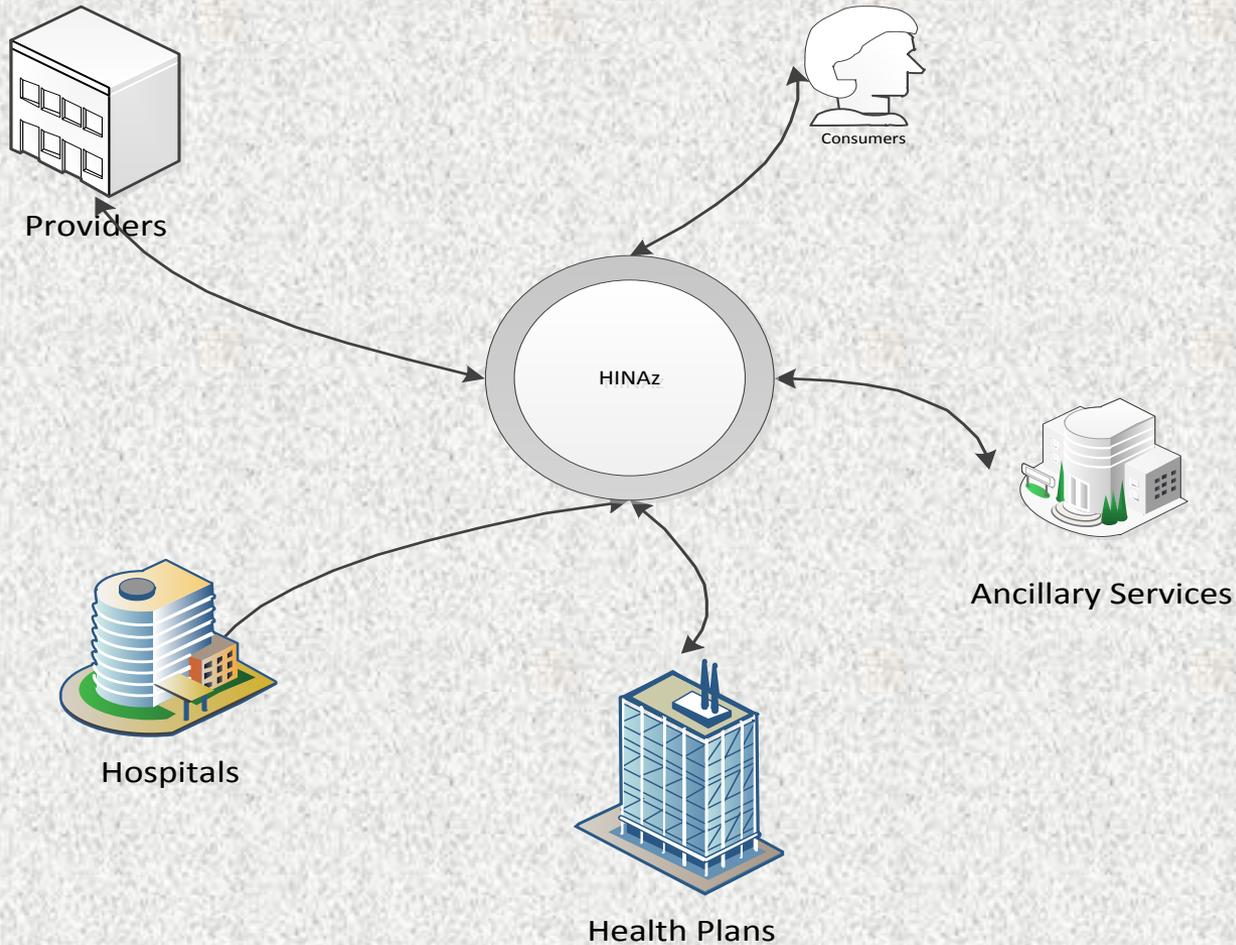
Since June

- HINAz is live with its first users
 - Pima County Detentions Centres, 72 users
- Data Flows from Banner & SonoraQuest
- Rx histories from Surescripts
- Upcoming connections:
 - Tucson MSIC (CRS system)
 - Carondelet Health Network
 - Maricopa Integrated Health Networks
 - Benson Hospital
 - El Rio CHC

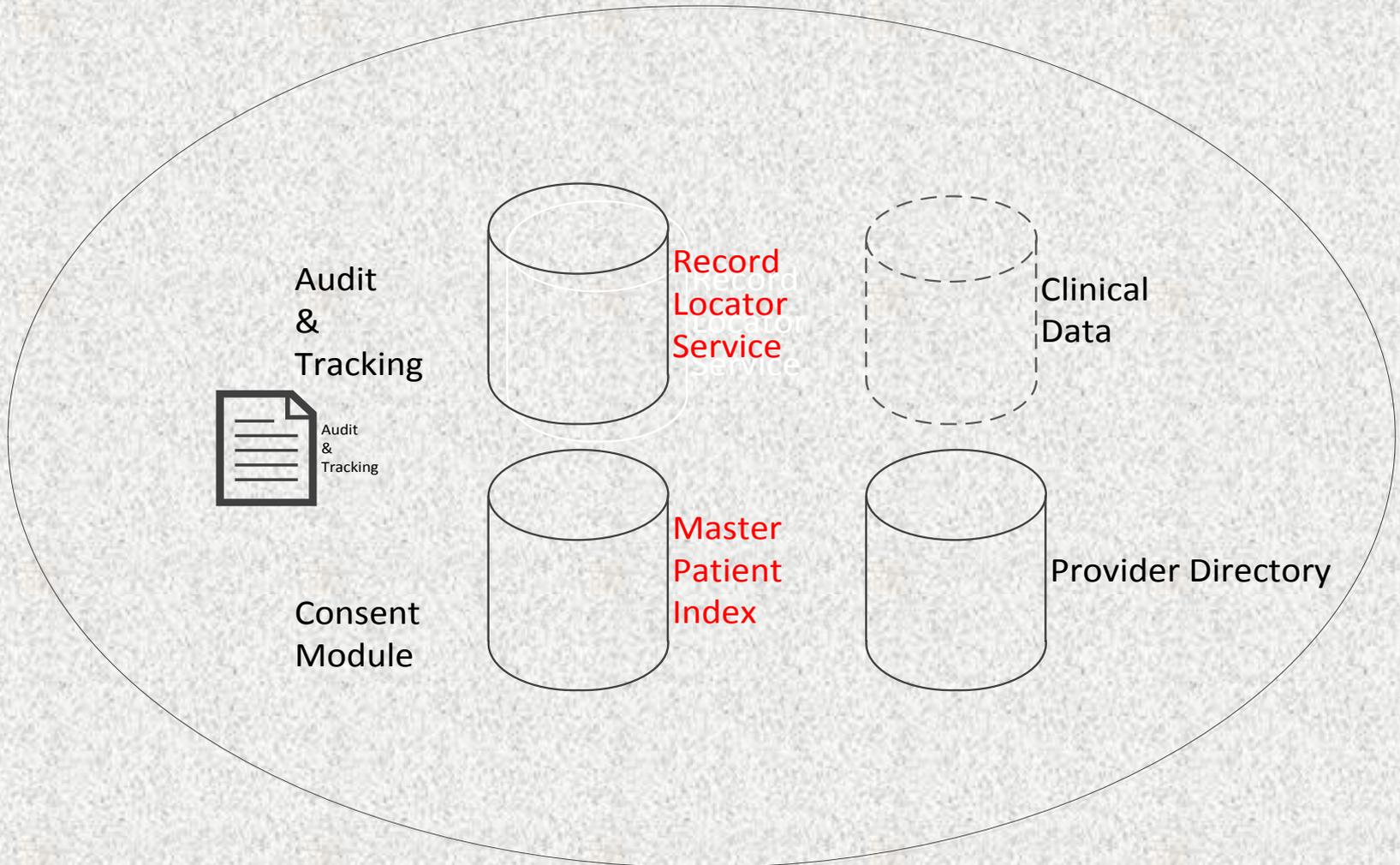
ASET HINAz Contract

- Phase 1 was the Provider Index component
 - Created
 - Populated with Arizona providers
 - Of 31,132 in Directory:
 - 14,278 MDs
 - 3,072 NPs
 - 1,800 DOs
 - 1,609 FNPs
 - Will be updated quarterly from here on
 - Discussions ongoing with the leading HISP in the State for common use
- Phase 2 of ASET contract approved by ONC in October
 - Enables Record Locator Services & Master Patient Index components of the contract

HINAz: The Basic Model



Inside the HIE



Core Component Users

- Regional Exchanges & Networks
- Enterprise-level HIE
- HISPs serving the DIRECT model
- Public agencies
- Source verification

Advantage

- The Core Components are also the most expensive parts of HIE infrastructure.
- Reducing their duplication across the State will be advantageous to all

Near-term Expectations

- Drivers of growth in 2013
 - System will be stable and completed at current Participant sites
 - Care coordination and Case Management functionalities at Health Plans from early 2013
 - 3 RFPs from the State require awardees/contractors to join HINAz as users
 - Unconnected Providers Grant will bring users to HINAz as well

Near-term Expectations

- Consolidation through the first half of the year
- Growth beginning around the second quarter and accelerating through the year
- Actions to meet this:
 - additional staffing linked to anticipated and realized growth
 - Consumer feedback & outreach...

Consumer feedback

- Phone calls, emails
 - Can I become a member and have direct access
 - Here is my PCP's name – can you connect her too?
 - Tell me more about your company
 - Suggestions for improved outreach and publicity outside the clinical environment
 - How can I opt out?
- Currently being managed internally. Growth plan includes staff to do this.

QUESTIONS?

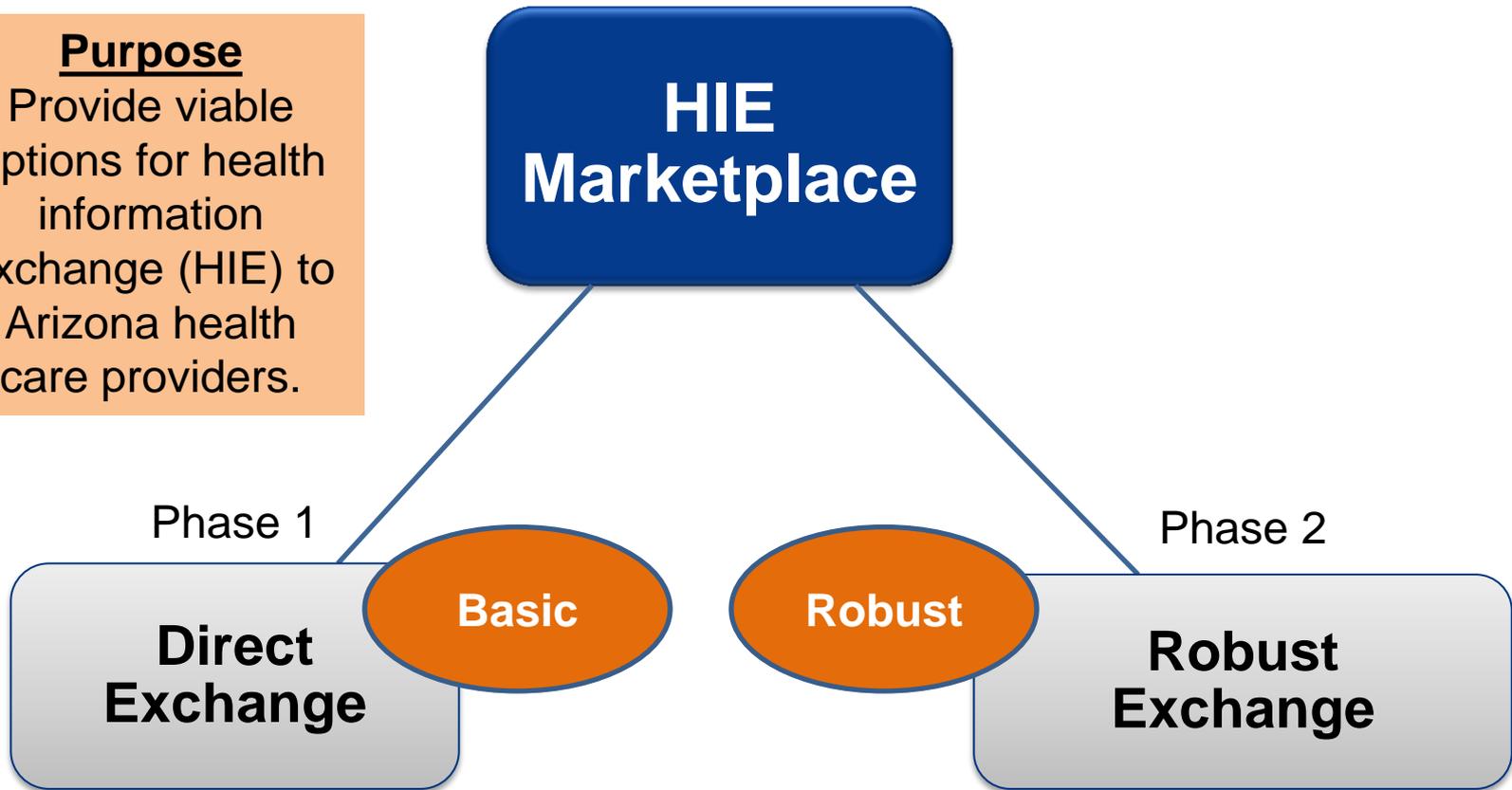
HIE Marketplace: An Update

November 27, 2012

Arizona HIE Marketplace

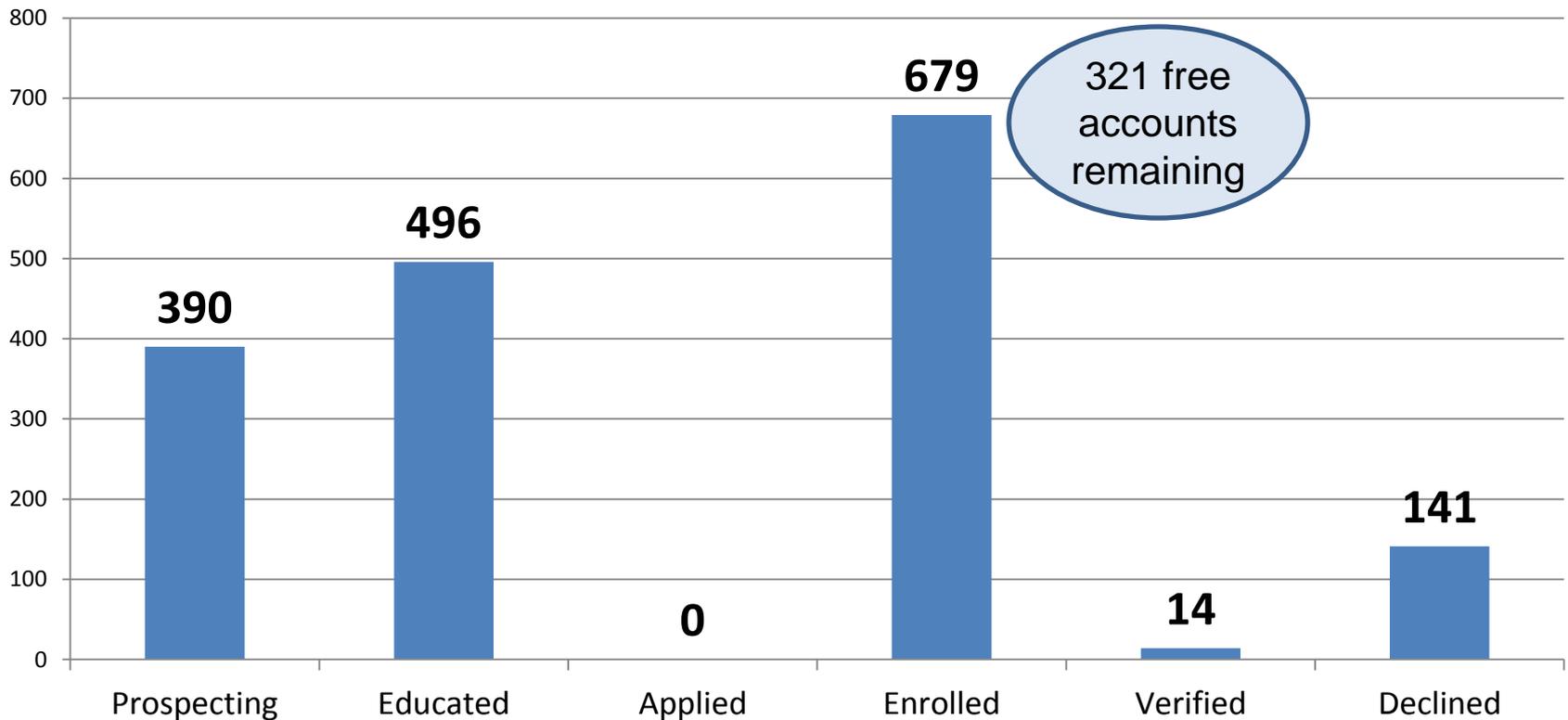
Purpose

Provide viable options for health information exchange (HIE) to Arizona health care providers.



Demonstration Project: Current Status

Direct Exchange Provider Status



Demonstration Project: Current Activities

- Continue current Direct operations
 - Continue processing accounts for interested providers and practices via demonstration project
 - Review and finalize two additional HISP applications

**Number of
participation
agreements received**

948

Demonstration Project: Encouraging Use of Direct

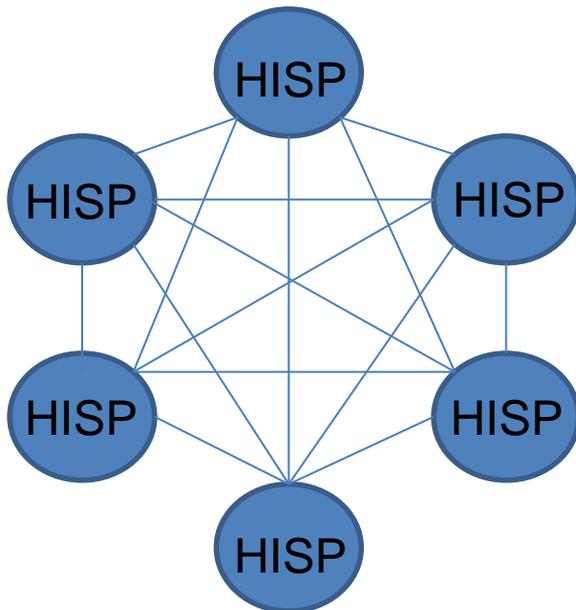
- Encouraging use of Direct Exchange
 - Get current account holders utilizing Direct
 - Training for current account holders in early December
 - Encourage networks to continue forming
 - Continuing to coordinate networks with enrolled practices
 - Continue to explore Direct Exchange use cases
 - Case study on Little Colorado/Indian Health Services success
 - Exploring Direct successes in other states

Demonstration Project: Lessons Learned

- **Take responsibility – build your network**
 - Encourage your colleagues to sign up
- **Direct and robust exchange working side-by-side = success**
 - Combining options can be a good first step
- **Coordinating trust certificates between HISP vendors is essential**
 - Without trust between HISPs, interoperability doesn't exist

Next Steps: Direct Policy Framework

- Consider & address Direct Exchange policy gaps



Certificates must be shared between HISP vendors to ensure interoperability. Without appropriate monitoring and/or regulation, providers may not be able to communicate with other providers if the HISP vendor is different.

Work on identifying and resolving Direct Exchange policy gaps will address this issue.

Next Steps: Expansion to Robust HIE

- Expansion of the HIE Marketplace
 - Implement “robust HIE”
 - Incorporate health information organizations (HIOs) into marketplace
 - Consider other robust HIE options
 - Provider Directory progress
 - How will HISP vendors and robust HIE options integrate with the statewide provider directory?

Questions?

CONTACT US FOR MORE INFORMATION:

Arizona Health-e Connection (AzHeC)

www.azhec.org

info@azhec.org

Arizona Regional Extension Center (REC)

www.arizonarec.org

ehr@azhec.org

Phone: 602-688-7200



DIRECT SUCCESS IN WINSLOW

BY

MICHAEL HOWARD

CIO OF LITTLE COLORADO MEDICAL CENTER

PETER VERMILYEA

CAPT, U.S. PUBLIC HEALTH SERVICE

DIRECT FROM DIFFERENT POINTS OF VIEW

- **END USER**

- An email tool that is like every other email tool that I have used before

- **I.T.**

- A system I.T. doesn't have to maintain, or really deal with

- **CFO**

- A tool that fulfills a business need at a very minor cost

- **CIO**

- A tool that fulfills a strategic objectives of the organization that does not require a lot of meetings, money, or headaches

WHY I WAS SKEPTICAL ABOUT DIRECT

- It is a secure emailing system and we already have the tools to do that
- It is not an automated system
- Users need to remember another username and password
- Cost

NO LONGER A SKEPTIC

- **SECURE EMAIL SYSTEMS REQUIRE AN ORGANIZATION TO**
 - Grant access to company email to outside individuals and organizations
 - Create security policies
 - Provide I.T. support to outside organizations
- **DIRECT IS NOT MEANT TO BE AUTOMATED**
 - It is the bridge to automated HIE
 - It fit a specific business need and in a quick time frame. No IHS red tape and no bureaucracy.
- **COST AND EMPLOYEE TIME ARE NOT AN ISSUE**
 - The value we have received well outweighs the cost and the need for another password



STORY OF DIRECT IMPLEMENTATION



IMPLEMENTATION OF DIRECT THE IHS PERSPECTIVE

PROBLEMS IDENTIFIED

- Fax machines not efficient way to transfer patient information
- Regular email not secure
- Manual paper pick up inefficient

REASONS FOR DIRECT MAIL EXCHANGE

- Electronic documents able to be imported into our EHR without printing
- Ease of implementation
 - 3 short meetings

Keys for successful implementation

- Communication with ancillary departments (CHS, case managers)
- Equipment to handle increased volume of information
- Listening to valid concerns from staff members
- Identify which complaints are simply resistance to change?
- Hand-holding with less computer literate staff members

Arizona Health-e Connection E-Prescribing Initiative

Melissa Rutala, MPH
Chief Executive Officer
Arizona Health-e Connection

E-Prescribing Initiative Overview

Az eRx Initiative: Four Areas of Focus

**Education and
Resources**

**Outreach and
Communication**

**Provider &
Pharmacy
Technical
Assistance**

**Pharmacy
Incentive
Program**

eRx Focus Areas - Details

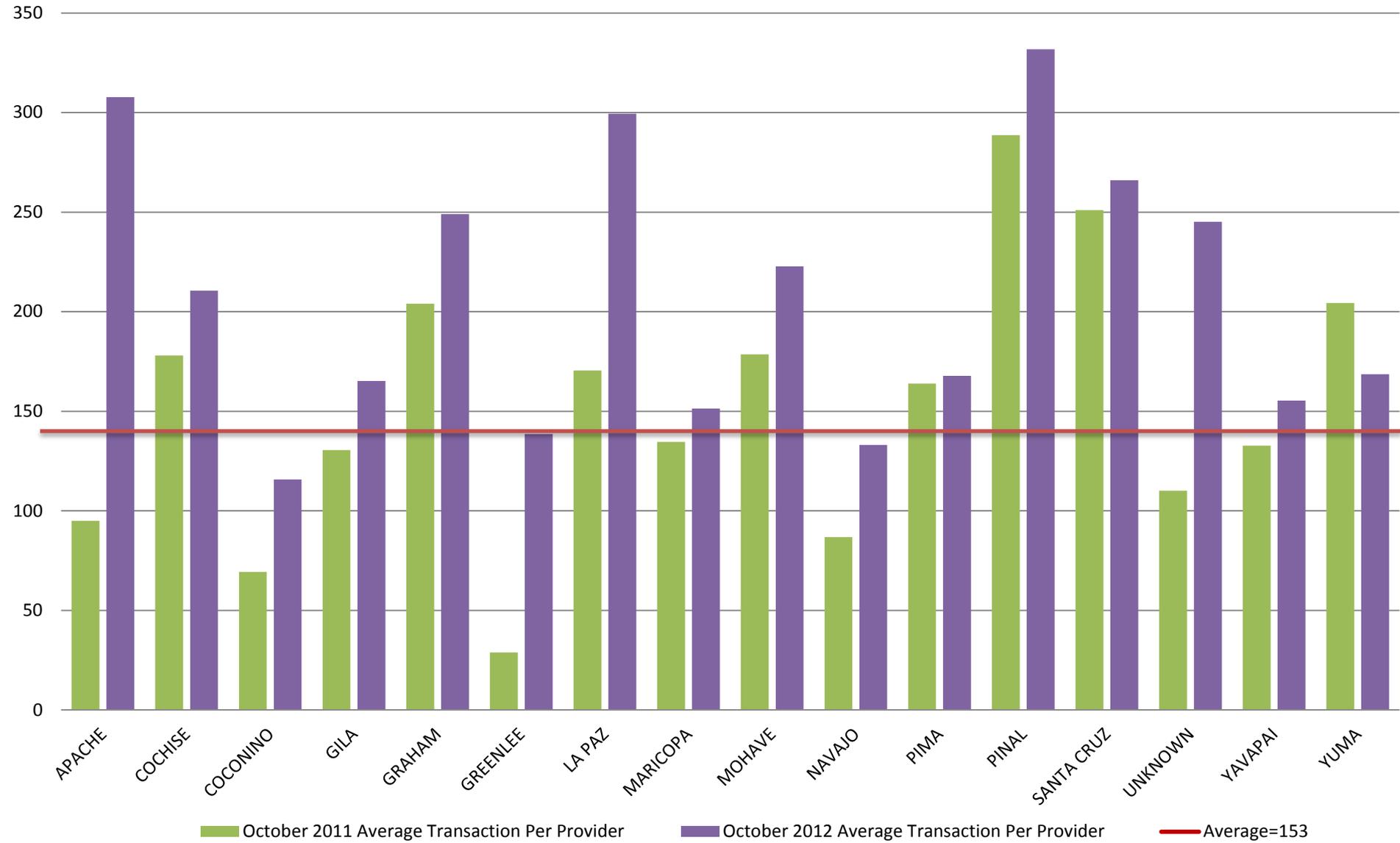
1. Education and resources for providers and pharmacies
2. Marketing and outreach to promote e-prescribing adoption and use
3. Technical assistance and troubleshooting for key e-prescribing issues
4. Pharmacy incentives for independent pharmacies not yet able to accept e-prescriptions

Arizona eRx Goals

By end of 2013, aim to achieve the following:

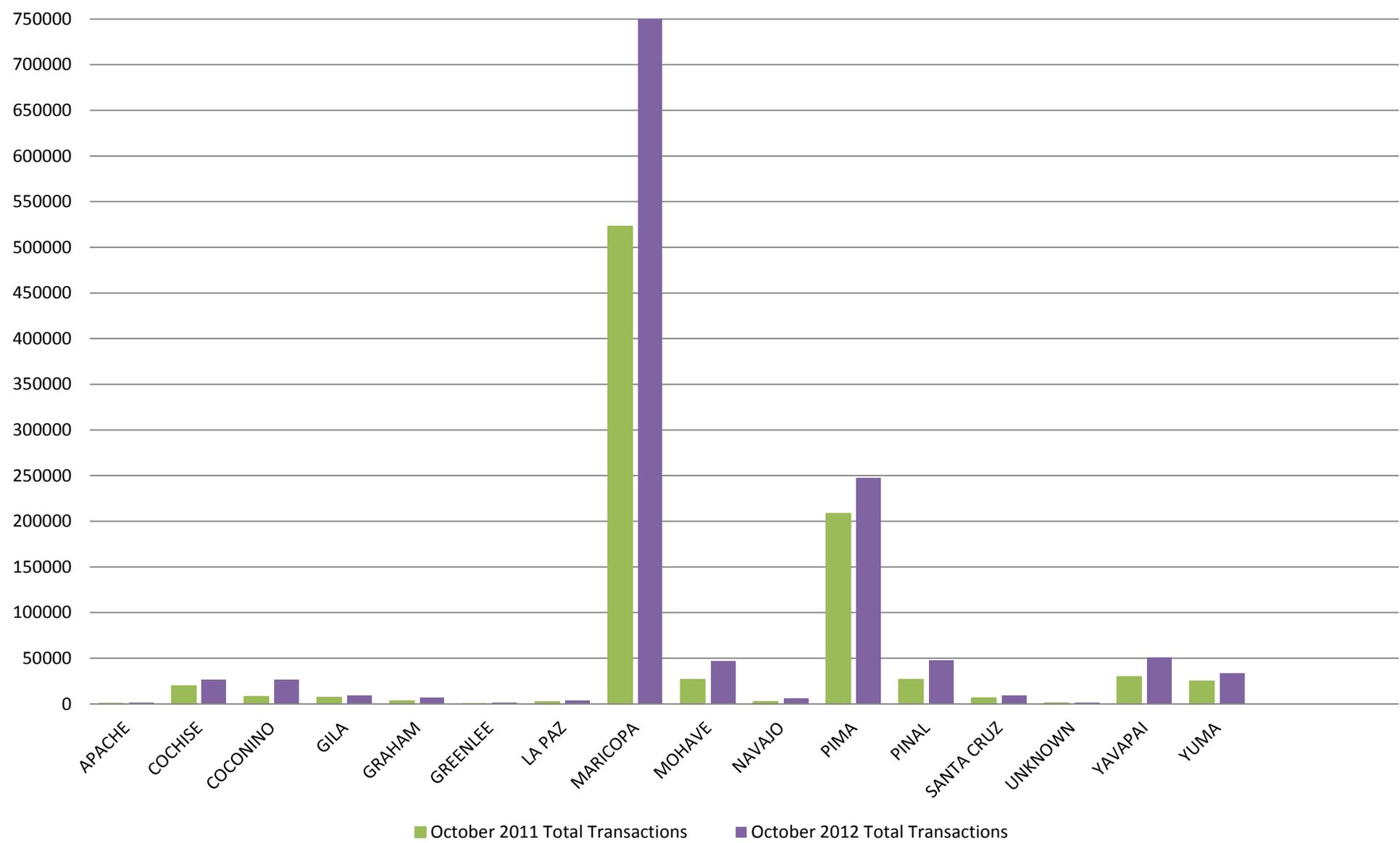
- **40%** of all Arizona prescription electronically routed to pharmacies
 - Currently at 33.5%
- **60%** of Arizona prescribers routing prescriptions electronically
 - Currently at 47.8%
- **100%** of Arizona pharmacies with e-prescribing capabilities
 - Currently at 98.4%

Arizona County Data: Average Number of eRx Transactions per Provider



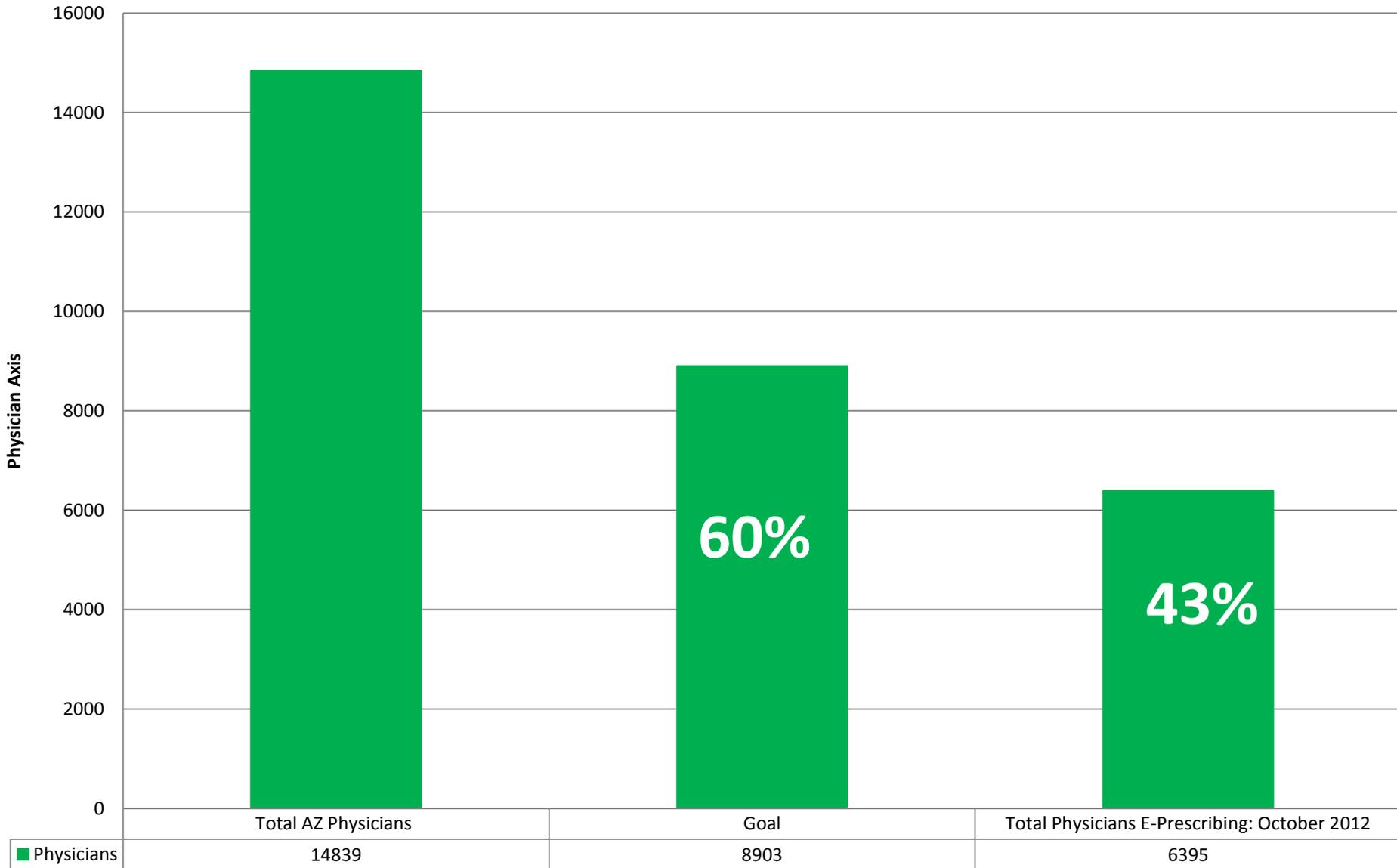
Source: ONC / Surescripts

Arizona County Data: Total eRx Transactions



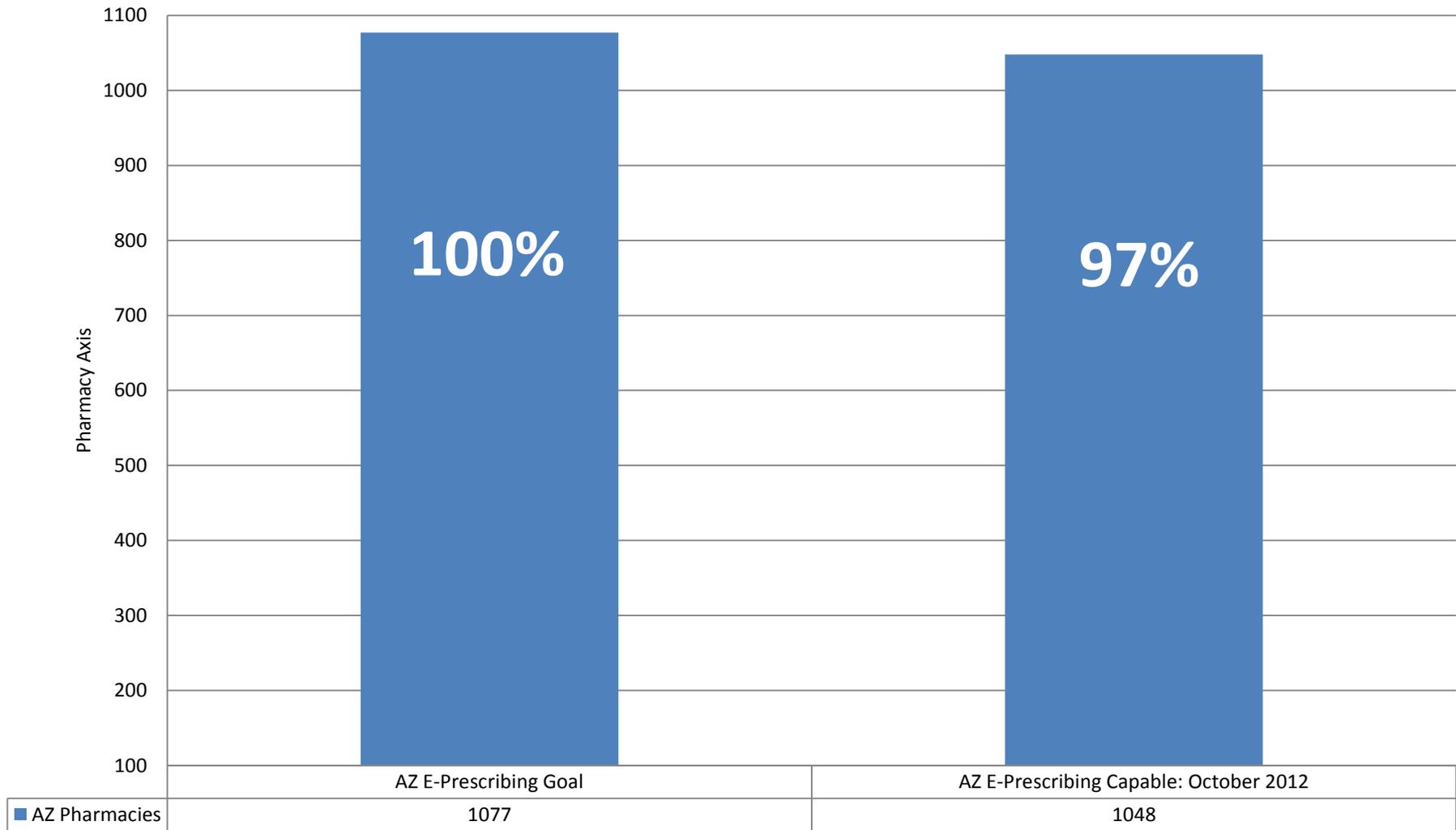
Source: ONC / Surescripts

eRx- Arizona Physician Trends



Source: http://crh.arizona.edu/sites/crh.arizona.edu/files/u25/AZ_Workforce_Trend_Analysis_2007-10_0.pdf

AZ Pharmacies E-Prescribing Capable



Source: ONC / Surescripts

Provider and Technical Assistance Program

Focused Goals

By end of 2013, aim to achieve the following:

- **40%** of all Arizona prescription electronically routed to pharmacies
 - Currently at 33.5%
- **60%** of Arizona prescribers routing prescriptions electronically
 - Currently at 47.8%

Key Resources

- Arizona Regional Extension Center (REC)
 - AzHeC staff
 - Direct technical assistance providers (DTAPs)
 - EHR Vendor Alliance Program
- Additional Resources
 - Point-of-Care Partners (POCP)
 - Surescripts

Point-of-Care Partners

Point-of-Care Partners

- Providing e-prescribing training to AzHeC and REC teams
- Providing a common issues log with solutions
- Ten technical assistance calls
- Monthly collaboration calls

Issue Identification

How to identify issues:

- Incoming queries via:
 - Phone
 - Email
 - Online form submission
- REC technical assistance teams (DTAPs) assisting REC's 2,300+ members
 - Email AzHeC key issues

Issue Resolution

How to resolve issues:

- Issues log
- Direct EHR vendor support
- POCP technical assistance calls
- POCP monthly collaboration calls
- Surescripts

Issue Resolution Confirmation

- Post-issue resolution email confirmation will be sent one week after close of issue query
- Email will confirm the following:
 - The original issue query
 - The resolution to issue query
 - Contact information for further assistance

Other Considerations

- Program review quarterly for potential restructure
- Tracking method will include use of Microsoft Access database for participating providers and inquiries

Pharmacy Incentive Program

Focused Goal

By end of 2013, aim to achieve the following:

- **100%** of Arizona pharmacies with e-prescribing capabilities
 - Currently at 98.4%

Preliminary Data Analysis

- Secured list of all independent, community Arizona pharmacies that currently do not have and/or actively use an e-prescribing system
- Surveyed potential participants to identify e-prescribing activity, barriers, and operating status (thanks to Az Pharmacy Association)

Initial Pharmacy Barriers

1. The cost of e-prescribing software in a pharmacy is disproportionately high for independent pharmacies
2. Some pharmacies have experienced, or have heard of experiences, related to difficulties experienced with implementing and utilizing eRx software

Incentive Program - Applicants

Purpose: Provide financial assistance to independent pharmacies who have not yet adopted eRx technology.

Qualified applicants:

1. Independent, community pharmacy applicants must have 3 or fewer locations that operate under one pharmacy organization/license
2. Pharmacy applicant must not currently be actively transmitting e-prescribing with Surescripts

Incentive Program - Details

- Awards can range from \$2,000 - \$5,000 based on requested amount and demonstrated needs
- Applicant must agree to continue e-prescribing for 3 years post-award
- If additional funds remain post-award, funding may be distributed to approved grantees as needed

Approved Funding Use

- Purchase of pharmacy information system that will support e-prescribing
- Purchase of required upgrade of pharmacy e-prescribing software
- Upgrade of current pharmacy computer hardware and/or software to enable e-prescribing

Approved Funding Use

- Vendor implementation fees for pharmacies that have already purchased e-prescribing software but have not yet activated the system
- Vendor expenses needed to implement e-prescribing system
- Consulting or technical assistance with implementation and successful ongoing utilization of e-prescribing system

Grant Timeline

- Application period open from early January to mid-February 2013
- Review and award of incentive funds will be completed by mid-March 2013
- Awardees implement projects and expend funds mid-March to end October 2013

Program Conclusion

- Incentive monies will be released as a reimbursement program
- Incentive awards must be used by end of October 2013, no award money can be used on services or purchases after October 31, 2013

Post-Implementation Data Analysis

- Awardees will complete post-survey and report to identify the following:
 - Pharmacy satisfaction with program
 - Current e-prescribing status
 - Still existent barriers
 - Feedback on additional assistance the State should consider

Post-Implementation Data Analysis

- Conduct survey to all potential independent, community pharmacies that did not apply for or receive incentives to determine the following:
 - Current e-prescribing status
 - Continued barriers to adoption and utilization
- Generate final report on program accomplishments, barriers, challenges, and recommendations

Marketing and Outreach

Education & Resources: Research findings

- **E-Prescribing 101**
 - What is e-prescribing? How does it work?
- **Fact sheets and existing research**
 - E-prescribing value; key PDFs for including in website
- **Case studies**
 - Prescriber-physician; pharmacy
- **State initiatives**
 - TN, TX, IL, NC

Education & Resources: Website Copy

- What is e-prescribing? How does it work?
 - Graphics
- Arizona dashboard
 - Total e-prescriptions
 - Total providers e-prescribing
 - Total connected pharmacies
- Benefits of e-prescribing
- Barriers to e-prescribing
 - EHR configuration
 - Electronic prescribing of controlled substances (EPCS)

Education & Resources: Surescripts link

<http://www.surescripts.com/about-e-prescribing.aspx>

- How e-prescribing works
- E-prescribing services
 - Prescription benefit
 - Medication history
 - Prescription routing
- E-prescribing of controlled substances
 - Prescribers
 - Pharmacies
- Best practices
- Peer perspectives

Outreach & Communication: AzHeC tools

- **E-Newsletters**
 - REC Bulletin; AzHeC Update
- **Direct mail/fax blasts**
- **Collaborator communications**
 - AzPA, ArMA, AOMA, AzAAP, UA Office of Rural Health, AHPA
- **Board/community networks**
 - AzHeC, HINAz

Outreach & Communication: “Sales Funnel”

- **Website: Provider Interest Form**
 - Logs/tracks prospects
- **Website: event registration**
 - Logs/tracks event or webinar participants
- **Community presentations**
 - AzHeC hosted; community organization hosted
- **E-Prescribing webinars**
 - General large group; tailored small group

Contact Us for More Info!

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ehr@azhec.org

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info@azhec.org

Phone: 602-688-7200

Unconnected Providers Sub-Grant Program

NOVEMBER 27, 2012 UPDATE

ASET Priorities Supporting Health Information Exchange

Develop Sustainable
Health Information
Exchange Marketplace

“Core Services” Contract
Health Information Network of AZ

Unconnected Providers
HIE Grant Program

Support
Policy Development

Coordinate State and
Federal Partners

Provider and Consumer
Outreach and Education

ASET Strategic Interviews

Purpose of HIE Grant Program: Provide funds to providers to support HIE planning and implementation

Purpose of Strategic Phone Interviews: Talk with range and variety of health care stakeholders to understand what would help them adopt HIE and ensure alignment with things the ASET grant program could fund

Process: Strategic Phone Interviews with 19 provider entities by Mosaica Partners over the course of 2 – 3 week period:

- 3 Behavioral Health facilities
- 3 Long Term Care facilities
- 7 rural facilities
- 6 others

The interviewees were from nine of Arizona's 14 counties:

- Cochise
- Coconino
- Gila
- Graham
- Yuma
- Maricopa
- Navajo
- Pima
- Yavapai

ASET Strategic Interview Questions

- What is the level of HIT/ HIE adoption in your organization?
- What are the barriers that keep you from participating in HIE today?
- What is the biggest opportunity HIE offers you?
- With what organizations or providers would you like to exchange health information?
- What financial or non-financial assistance would help you be able to participate in HIE?

ASET will be posting Written Summary of Unconnected Providers Interviews: <http://hie.az.gov/> - Please READ!

High level Summary of ASET Interviews

- There is willingness and even desire to partner with organizations in local “networks” of trading partners to exchange data electronically.
- Organizations knew who they wanted to share information with; they all knew their key players
- There is a strong need for education and communication about what a health information exchange is and can do for them.
- Many of the interviewees did not know about DIRECT; don’t understand how it works or pricing or service options for DIRECT and Robust HIE
- IT resources are limited – financially or with inadequate staff or both.
- The costs and fees that the vendors charge to map interfaces is a big deterrent.
- High speed internet access is insufficient in some communities
- Experience with HIT/HIE is all over the board (HIGH- Medium-Low)
- There are a lot of emerging HIE discussions among health care providers
- Many participants are looking for direction; clarity about options; costs, transparency; How is it all supposed to work?

Summary of Comments –Broken out by Category – Assistance Needs for adopting HIE

3 Most frequently cited

1. Costs

- a. Connection fees to HINAz
- b. Upgrades to EHRs
- c. Operational costs with interfaces and questions about duplicate costs with HIEs/ACOs and then HINAz

2. Lack of EMR

- a. Not being included in CMS EHRs Incentive Program
- b. Slow adoption by providers

3. Insufficient Resources

- a. Lack of HL7 Expertise
- b. Lack of physician capacity to handle IT on their own
- c. Need for coordination and implementation of connectivity one on one
- d. Having locally available trained staff

Summary of Comments –Broken out by Category – Motivations to use HIE

3 Most frequently cited

1. Better Patient Care –Linking all of the Patient Data across Providers

- a. Continuity of care
- b. Shorter stays, start treating immediately
- c. Access to Medications are HUGE
- d. Rural and urban coordination

2. Better relationships and handoffs with other healthcare providers

- a. Referrals –not losing the “patient story”
- b. streamline and populating EMRs

3. Being able to meet Required Reporting

- a. Being able to replace immunization registry; reconcile the data
- b. Ability to dashboard against outcomes measures

Summary of Comments – Broken out by Category – Assistance Needs for adopting HIE

4 Most frequently cited

1. EMR Upgrades

- a. Replace and upgrade current EHRs to new versions
- b. Greater functionality

2. Interface Costs

- a. Costs for each part of interface with bi-directional interface

3. Resources Needed are for People and IT

- a. More support to docs including technical evaluation, education on fulltime basis, planning for HIT/HIE, individual practice evaluation

4. Ongoing Education/Outreach Needed

Other Comments about Health Information Exchange

- Needs to be a more unified state strategy; need state agencies to articulate their vision and uses of HIE
- ASET could convene collaborative sessions in communities to facilitate sessions with CIO/CEO, HSAG, telemedicine group, professional associations -Advisory committees?
- Create a state funded program to mirror MU to get specialists on boards and non- MU users –suggest no-cost loans for HIT/HIE
- Must figure out how Indian Health Service (IHS) and VA fit into the HIE landscape
- Ongoing Education and attention to HIE issues will be critical for successful HIE adoption

Summary of Other Comments

ADHS could/should:

- Address immunization record sharing practices to make them easier and more seamless so that it is more cost effective for providers
- Ensure preparedness for MU and enhance laboratory and syndromic surveillance

AHCCCS could/should:

- Streamline billing like in Medicare
- Get AHCCCS to accept electronic EPSDT forms vs paper
- Articulate greater uses of HIE and reporting
- Launch MU program for specialists; beyond scope of REC

Arizona Health-e Connection could/should:

- Review education needs that were identified
- Provide more services for meeting MU for more providers
- Consumers and public need help understanding and not reacting to HIE – AzHeC has long term commitment to mission
- Look at Enforcement or oversight of HIOs – other state models

Recommendations to ASET for consideration

- Launch the Unconnected Providers Grant program
- Focus on HINAz becoming operational
- Collaborate with other HIE/telemedicine initiatives within the state
- Update and enhance the state HIT/HIE strategy
- Enhance HIT/HIE education
- Convene stakeholders for dialogue
- Continue /Enhance outreach efforts
- Encourage providers to identify their trading partners
- Improve access to broadband

Based on Interviews ASET created HIE Sub-Grant Award

Available Funding:

This is a competitive grants program. The total amount of funds available for distribution under this grant program is up to \$1.1 million.

Award Amount:

Estimated award amount per organization is up to \$50,000 per organization, if two or more organizations collaborate on application can go up to \$100,000.

Period of Performance:

The period of performance of this grant is six months. The award runs from January 1, 2013, to June 30, 2013.

Matching Requirements:

A non-federal cash or in-kind match contribution of at least 50% of the grant award is required to be provided by the awardee.

Program Priorities

Cover costs associated with education, consulting, interfaces, planning and implementation of HIE

Unconnected Providers Grant Timeline

Event	Dates
Notice of Grant Award posted available at (www.hie.az.gov)	October 1, 2012
Grant Question and Answer Webinar	October 22, 2012
Grant Applications due to ASET	November 16, 2012
Grant Decisions Communicated to Applicants	December 31, 2012
Awardee(s) attend HIE Marketplace Orientation/Project Kickoff	Mid- January 2013
Grantee meeting/ Mid-Grant Progress report	April 30, 2013
Grant Program Ends	June 30, 2013
Final Reports due to ASET, 30 days after program ends	July 31, 2013

Unconnected Providers: High-Level Application Summary and Next Steps

- Number of applications received: 30
- Total requested amount: \$2,056,940
- Unconnected Providers Program
 - Applications under review
 - Goal to announce by December 31st
 - Grants start in January, 2013
- ASET will be posting Written Summary of Unconnected Providers Interviews: <http://hie.az.gov/>
- Sending similar interview questions to you via Survey Monkey to get your thoughts. Make sure we have your email to allow you to participate

Next 90 Day Priorities for other ASET HIE Priorities

- HIE Marketplace: Watching DIRECT implementation and Arizona Lessons Learned
 - Working with Western States Consortium to understand cross state HISP requirements
- Core Services RFP: Working with HINAz to track progress on Provider Directory – ongoing
- Support Policy Development: Working with Arizona Health-e Connection to research other state approaches to governance for HIE
- Coordination of State and Federal Partners: ASET funding 3 Different Projects at ADHS to help meet Meaningful Use Stages 1 & 2
 - Direct for Immunizations (Production)
 - Syndromic Surveillance (Biosense 2.0)
 - State Laboratory Interoperability
- Provider and Consumer Outreach and Education: Working with HINAz and Arizona Health-e Connection for Consumer Outreach Program – Launch Q 1 2013

Next Steps for ASET Administrative

- Set up Next Quarterly Public Meeting with Arizona Health-e Connection (February/March 2013)
- ASET publishing resource documents on :
 - Long Term Care and HIE
 - Behavioral Health and HIE
 - Rural Providers and HIE
 - Under development is summary of Indian Health Service and Veterans Administration's HIE strategies for Arizona
- Waiting on ONC to get final grant deadline: Either September 30, 2013 or February 7, 2014