

Arizona Health Information Exchange (HIE) Strategic Update

August 23, 2010



**Governor's Office of Health
Information Exchange (GOHIE)**
hie@az.gov

WELCOME

Beth Kohler Lazare – Deputy Policy
Director

Agenda

- Welcome
 - Beth Kohler Lazare
- Governor's Office of Health Information Exchange
 - James Apperson
- Objectives
 - Aaron Sandeen
- Arizona Health-e Connection – Regional Extension Center
 - Benton Davis
 - Melissa Rutala
- Arizona HIE Strategy Review
 - Aaron Sandeen
- AHCCCS State HIT Strategy / HIE Alignment
 - Lorie Mayer
- Next Steps
 - Aaron Sandeen

GOVERNOR'S OFFICE OF HEALTH INFORMATION EXCHANGE

James Apperson – Director, Governor's
Office of Economic Recovery

GOHIE

- Governor Brewer's Office of Economic Recovery
 - Responsible for the reporting and tracking of \$2.5+ billion of ARRA stimulus money
 - 24 State agencies & Universities – 473 Grants - including State Fiscal Stabilization Fund, Broadband Technology Opportunity Program, State Energy Program, etc.
- Governor's Office of Health Information Exchange
 - New office responsible for the oversight and implementation of the HIE program in Arizona
- Aaron Sandeen
 - Deputy Director, Office of Economic Recovery
 - State Health Information Technology Coordinator, Arizona HIE

OBJECTIVES

Aaron Sandeen – State Health
Information Technology (HIT)
Coordinator

Arizona HIE Award

**Department of Health and Human
Services (HHS)**

**Office of the National Coordinator (ONC)
for Health Information Technology (HIT)**

Award Amount – \$9,377,000

State HIE Program: Purpose

Secure, Electronic Movement & Use of Health Information

Facilitate and expand the secure, electronic movement and use of health information among organizations according to nationally recognized standards

Nationwide HIE Interoperability

Federal-state collaboration aimed at the long-term goal of nationwide HIE and interoperability

Statewide Policy, Governance, Technical Infrastructure & Business Practices

Develop the statewide policy, governance, technical infrastructure and business practices needed to support the delivery of HIE services

State Responsibilities

- Transparent multi-stakeholder process
- Monitor and track meaningful use HIE capabilities in the state
- Assure trust of information sharing (privacy & security)
- Set Strategy to Meet Gaps in HIE Capabilities for Meaningful Use
- Ensure consistency with national policies and standards
- Align with Medicaid and public health programs

Guiding Principles

- Support privacy and security
- Represent special populations
- Focus on desired outcomes
- Support HIE services and adoption for all relevant stakeholder organizations
- Be operationally feasible, achievable and sustainable, building on what is already working
- Remain vigilant, foster innovation and adapt to emerging trends, standards and developments

2011 Key Deliverables & Objectives



E-Prescribing



Receipt of
Structured Lab
Results



Patient Care
Summaries

HIE Fundamental Capabilities

Monitor & Track Meaningful Use

- % health plans supporting electronic eligibility and claims transactions
- % pharmacies accepting electronic prescribing and refill requests
- % clinical laboratories sending results electronically
- % health departments electronically receiving immunizations, syndromic surveillance, and notifiable laboratory results

Federal Government Participation

- **Collaborate with states** and SDEs to promote, monitor and share efficient, scalable and sustainable mechanisms for HIE within and across states.
- Help to **coordinate and share information** regarding federal health IT investments and programs across agencies (e.g., CDC, CMS, HRSA, AHRQ, ONC and non-HHS federal agencies).
- Conduct a national program evaluation and **offer technical assistance** for state-level evaluations.
- **Adopt standards and certification criteria** to enable interoperability and HIE.
- **Coordinate information sharing** across states.
- Advance standards-based HIE through **Nationwide Health Information Network (NHIN) standards, services and policies.**

Initial Deliverables – August 31

Strategic Plan

Comprehensive strategy tailored to Arizona's vision, goals and capacities as well as the particular opportunities presented by HITECH. The Strategic Plan defines priorities and sequencing of activities, performance measures and risk mitigation strategies.

Operational Plan

Outlines details for how and when Arizona's strategy will be executed to meet specific HIE implementation targets in 2 years, 4 years and beyond as HITECH related incentives evolve.

High-Level Strategy

- The State is **not** building an HIE platform
- Limited amount of funding – focus on getting the biggest Return On Investment (ROI) that we can
- Focus on meeting Meaningful Use and meeting Federal HIE requirements
- Leverage 2006 Roadmap and work that is currently happening in the state
- Inline with Federal communications and standards
- Outreach to other states

High-Level Approach

- Hire Core Project Team
- Form Stakeholder Committee & Executive Steering Committee
 - Ongoing Feedback
- Leverage Resources to Develop Plans
 - ONC Plan Guidelines
 - Approved Plans
 - 2006 Health-e Connection Roadmap
- Submit Plans – August 31

Stakeholder Engagement

- Stakeholder Committee – Open Public Forum
- Executive Steering Committee – Limited Members for Decision Making
- Stakeholder Meetings – Ongoing
- Specific Subject Working Group Meetings

ONC Guidelines



STATE HIE TOOLKIT

[Home](#)[About the Toolkit](#)[Join the Discussion](#) [Search](#)

State Health Information Exchange Toolkit

Welcome to the State Health Information Exchange Toolkit. The Toolkit is a compilation of resources provided under the auspices of the State HIE Program sponsored by the Office of the National Coordinator for Health IT (ONC). The Toolkit is designed to support State HIE Leadership Forum participants – the State HIE Program applicants and recipients of cooperative agreements who are either HIT Coordinators or leaders of state designated entities – with practical "how to" guidance on developing and implementing plans for achieving statewide Interoperability that align with State HIE Program milestones. As a dynamic resource, the Toolkit will be regularly updated to reflect the ongoing experiences and needs of states as well as the growing body of lessons learned about what constitute "best practices" in statewide HIE. Throughout the Toolkit are some examples from the field of state HIE development as it has been evolving to date. However, information and examples from ONC approved strategic and operational plans and the latest updates on ONC Program guidance will be integrated into the Toolkit as it becomes available.

[Learn More](#) ▶

Table of Contents

- ▶ General Planning
- ▶ Governance
- ▶ Technical Infrastructure
- ▶ Finance
- ▶ Nationwide Health Information Network

<http://statehieresources.org>

ONC – Strategic Plan Guidelines

General Components

- Environmental Scan
- HIE Development and Adoption
- HIT Adoption
- Medicaid Coordination
- Coordination of Medicare and Federally Funded, State Programs
- Participation with Federal Care Delivery Organizations
- Coordination with other ARRA Programs

Domain-Specific Components

- Governance
- Finance
- Technical Infrastructure
- Business and Technical Operations
- Legal/Policy

ONC – Operational Plan Guidelines

General Components

- Project Schedule
- Coordination with ARRA Programs
- Coordination with Other States

Domain-Specific Components

- Governance
- Finance
- Technical Infrastructure
- Business and Technical Operations
- Legal/Policy

ONC – Approved Plans (3)

- New Mexico
- Utah
- Maryland

Health-e-Connection 2006 Roadmap

- Excellent starting point – most content still applicable to ONC guidelines
- Gap Analysis – many sections to be refreshed & a few missing
- Incorporate applicable content into new strategic & operational plans leveraging other approved plans

AZHEC

Benton Davis – Board Chair, Arizona
Health-e Connection

Melissa Rutala, MPH – Acting Executive
Director, Arizona Health-e Connection

Arizona Regional Extension Center

August 23, 2010

Melissa Rutala, MPH
Acting Executive Director
Director, Regional Extension Center

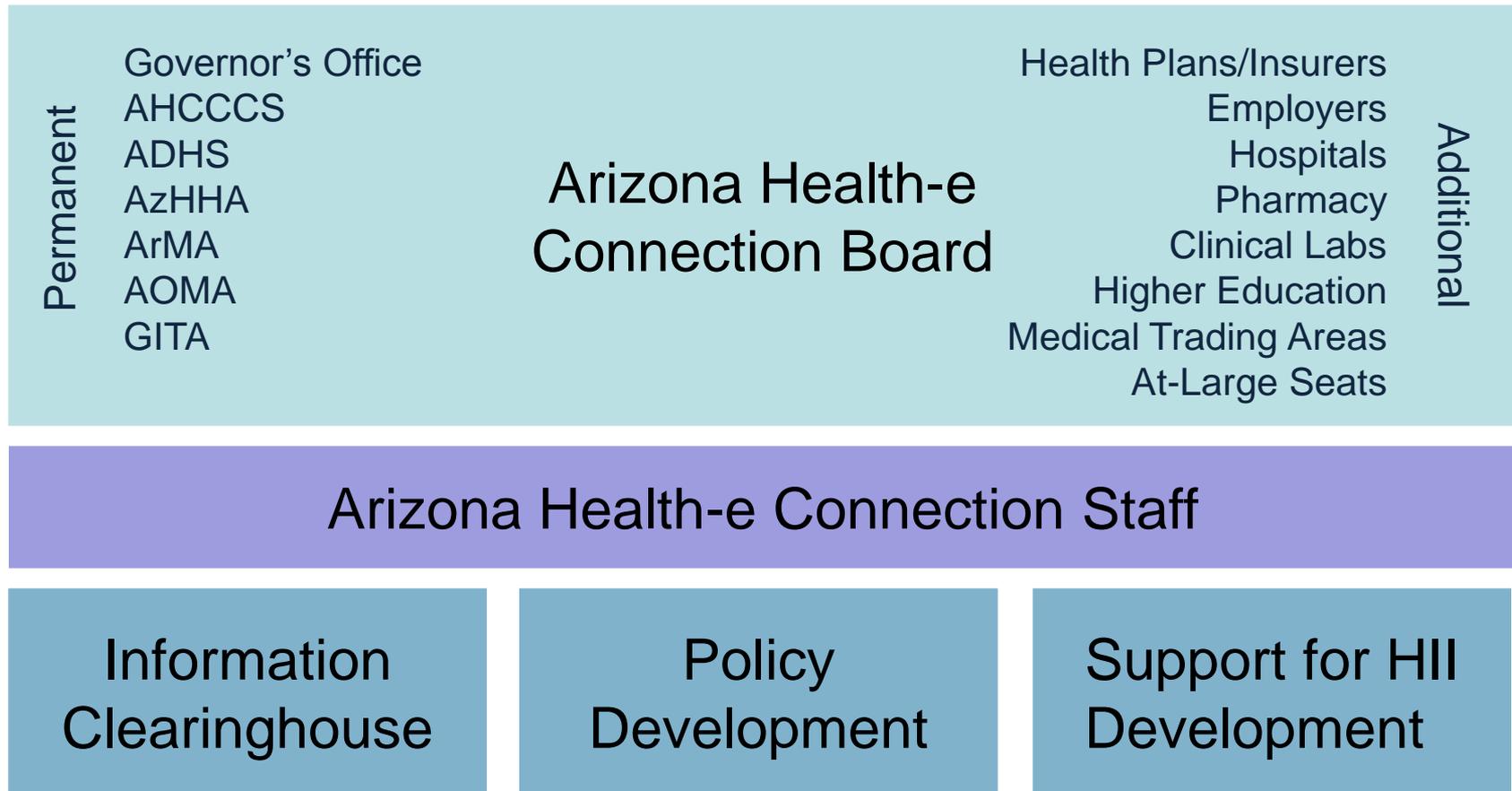
Agenda

- Arizona Health-e Connection
- Arizona Regional Extension Center
 - The purpose
 - The structure
 - The services
 - The collaborations
- Collaborating with AHCCCS and GOHIE
- Opportunities to Get Involved!

Arizona Health-e Connection

Arizona Health-e Connection (AzHeC)
exists to
Convene, Coordinate & Communicate
for Health Information Infrastructure
improvements that affect every Arizonan

AzHeC Governance Structure and Strategic Direction



Definitions- HII, HIE and HIT

HII

Health Information Infrastructure

The wider arena of policies, procedures, technologies and industry standards that facilitate secure and accurate online sharing of electronic medical information between providers, payors and ultimately, patients and their guardians via HIE/HIT.

HIE

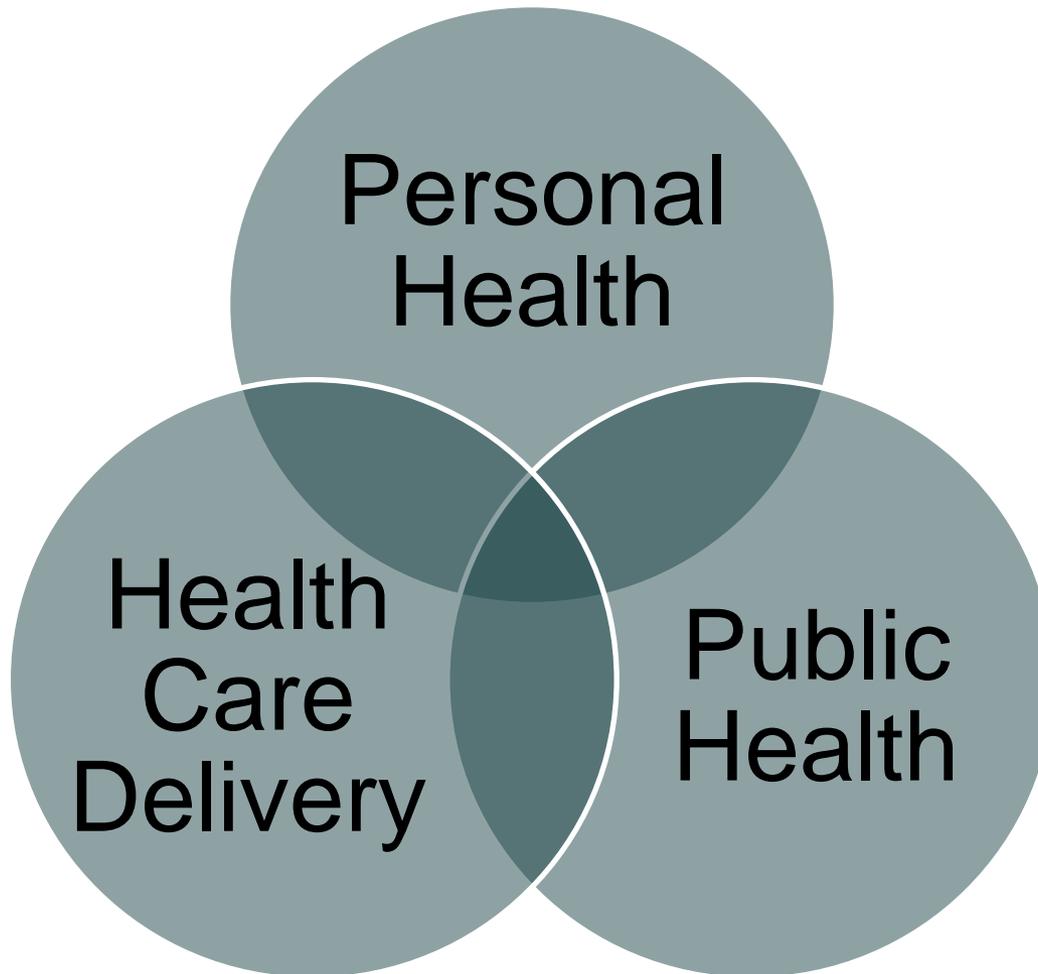
Health Information Exchange “The Network”

The electronic movement of health-related information among organizations according to nationally recognized standards.

HIT

Health Information Technology “The Record”

Use of technology to support storage, retrieval, sharing, and use of healthcare information for communication and decision making within healthcare organizations.



Arizona Regional Extension Center

Regional Extension Centers

- Nationwide...
 - Goal to assist 100,000 primary care providers reach Meaningful Use (MU) in 2 years
 - 60 Regional Extension Centers (RECs) funded
 - \$635 million awarded
- Each REC has exclusive geographic area... so no overlap!

General REC Services

Regional Extension Center Services

General Assistance

- Outreach and education
- Workforce support
- Tools and resources in all aspects of electronic health record (EHR) and health information technology adoption (HIT)

Technical Assistance

- Vendor selection and preferred pricing
- Project management
- Practice and workflow redesign
- System implementation
- Interoperability and health information exchange (HIE)
- Privacy and security

What is a PPCP?

Federal Criteria – Who are *Primary Care* Providers?

According to federal guidelines for Regional Extension Centers, primary care providers include:

- Physicians or other healthcare providers such as physician assistants and nurse practitioners with prescriptive privileges
- Primary care includes family medicine, general medicine, ob/gyn and pediatrics

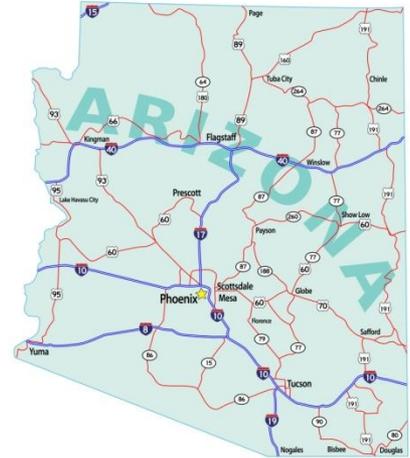
Federal Criteria – Who are *Priority Primary Care* Providers?

According to federal guidelines for Regional Extension Centers, priority primary care providers include:

- Individual and small group practices (ten or fewer professionals with prescriptive privileges) primarily focused on primary care
- Public and critical access hospitals
- Community health centers and rural health clinics
- Other settings that predominately serve uninsured, underinsured and medically underserved populations

Arizona HIT Extension Center Overview

- Grant Recipient
 - Arizona Health-e Connection
- Organization Background
 - Statewide non-profit leading Arizona's establishment of health information infrastructure (HII), including adoption of EHRs and HIE.
- Key Subrecipients
 - Health Services Advisory Group (HSAG)
 - Purchasing & Assistance Collaborative for EHRs (PACeHR)
 - Arizona State University Department of Biomedical Informatics (ASU-BMI)



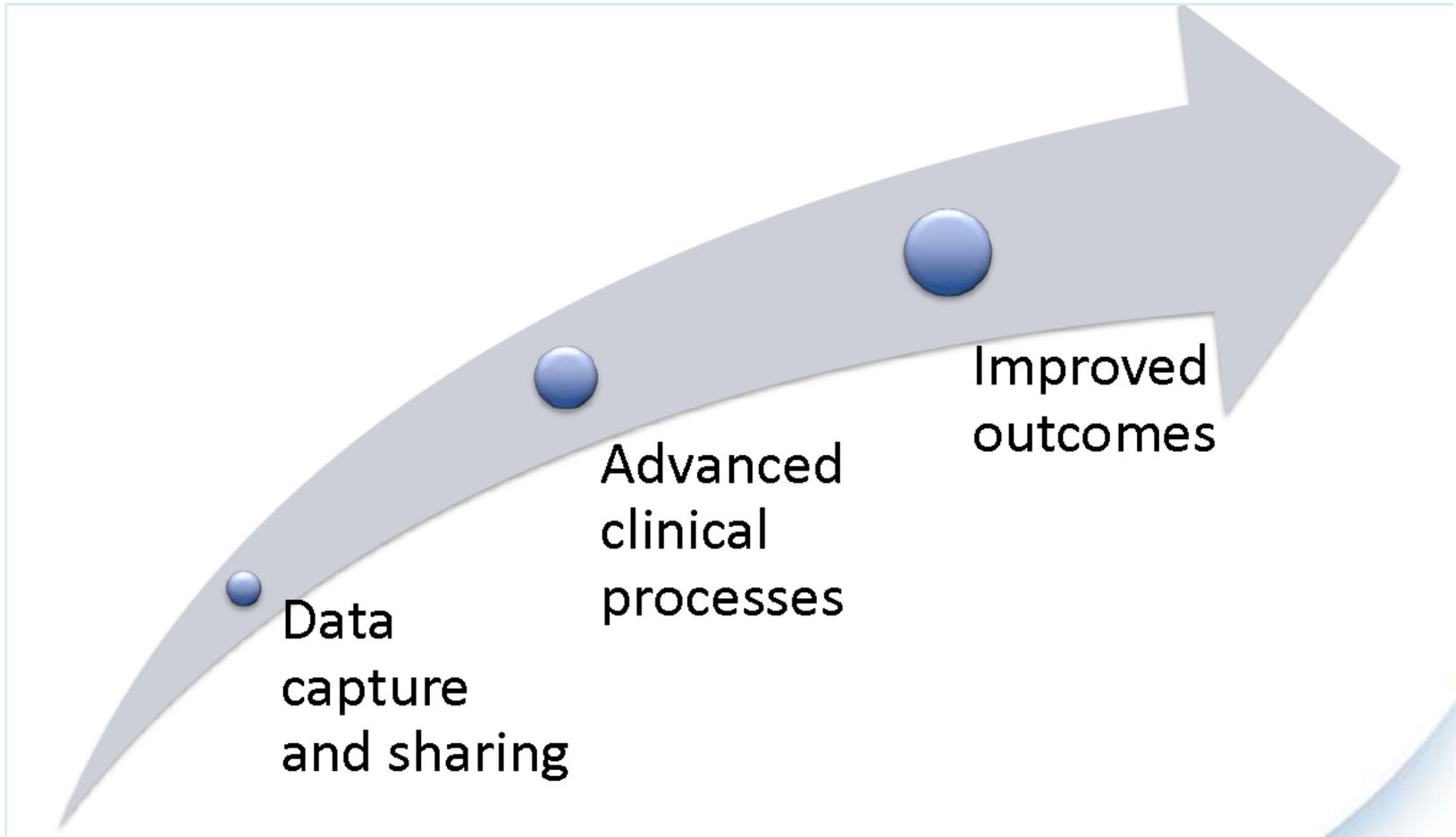
Arizona HIT Extension Center Target & Value

- Provider Target
 - Target of 1,958 PPCPs to MU by April 2012
- Mission / Value Statement
 - To create a **trusted, neutral entity** that offers the **tools, resources and communities of practice** that Arizona healthcare providers need to foster Meaningful Use of electronic health records.





Conceptual Approach to Meaningful Use



Meaningful Use: Core Set of Objectives for Eligible Professionals (1-5)

- Computerized physician order entry (CPOE)
 - > 30% of unique pts seen with meds listed have at least one ordered by CPOE
- E-prescribing (eRx)
 - > 40% permissible scripts written sent electronically
- Report ambulatory clinical quality measures to CMS/States
 - 6 measures (3 required, 3 elective)
- Implement one clinical decision support rule *yes/no*
- Provide patients with an electronic copy of their health information, upon request
 - >50% who request within 3 business days

Meaningful Use: Core Set of Objectives for Eligible Professionals (6-10)

- Provide clinical summaries for patients for each office visit *provide for > 50% all office visits w/in 3d*
- Drug-drug and drug-allergy interaction checks *enabled*
- Record demographics *> 50 % seen (5 specific items)*
- Maintain an up-to-date problem list of current and active diagnoses
> 80% pts seen have at least one structured entry
- Maintain active medication list
> 80% pts seen have at least one structured entry

Meaningful Use: Core Set of Objectives for Eligible Professionals (11-15)

- Maintain active medication allergy list
 - > 80% pts seen with at least one structured entry
- Record and chart changes in vital signs
 - > 50% > age 2 seen have ht, wt BP (structured)
- Record smoking status for patients 13 years or older
 - > 50% unique pts seen (structured data)
- Ability to exchange key clinical information among providers electronically
 - At least one test
- Protect electronic health information
 - security risk analysis, security updates and deficiency correction

Meaningful Use: Menu Set of Objectives for Eligible Professionals (1-5)

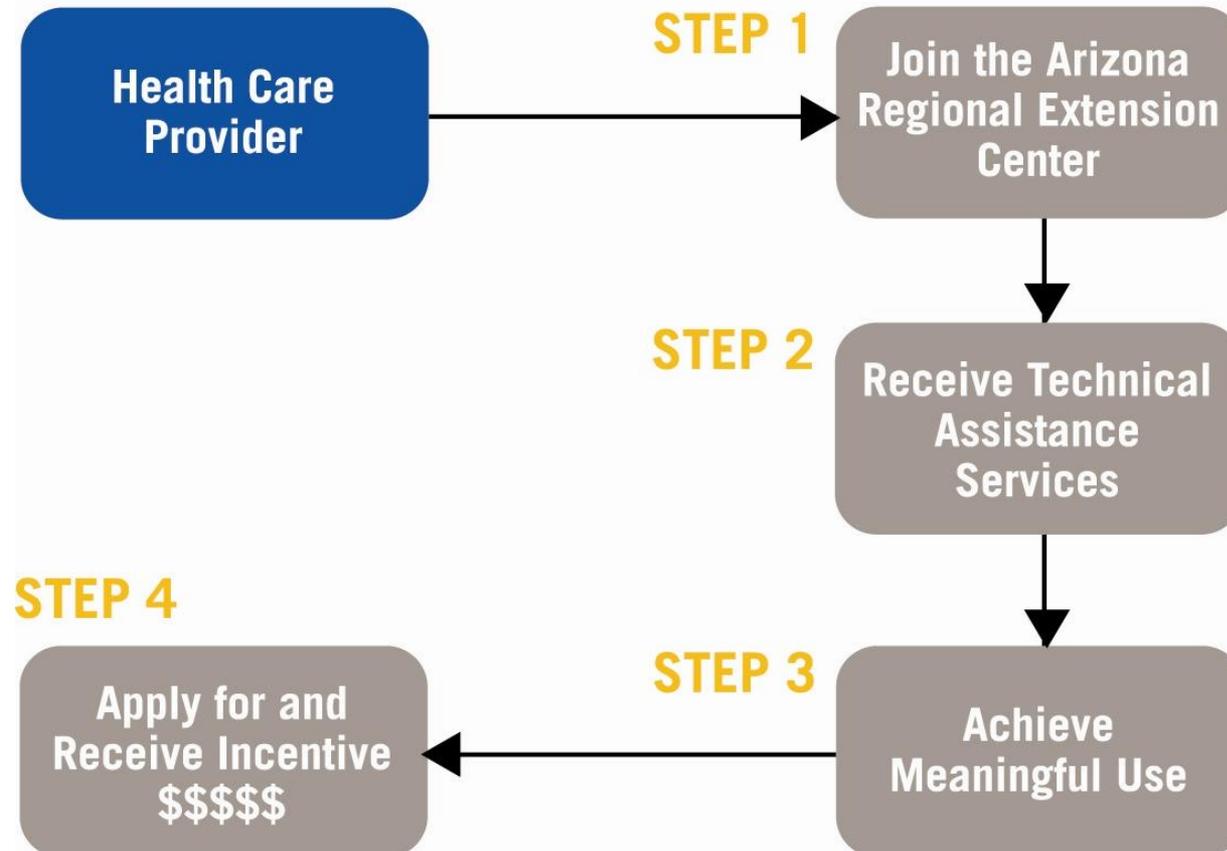
- Drug-formulary checks
using –at least one formulary
- Incorporate clinical lab test results as structured data >40% of all ordered labs return as structured data
- Generate lists of patients by specific conditions
at least one list of EP with a specific condition
- Send reminders to patients per patient preference for preventive/follow up care > 20 % (>64 or <6) sent one
- Provide patients with timely electronic access to their health information >10% supplied access within 4 days

Meaningful Use: Menu Set of Objectives for Eligible Professionals (6-10)

- Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate *provided to > 10% seen*
 - Medication reconciliation *for >50% of transitions*
 - Summary of care record for each transition of care/referrals *provide summaries for > 50% of referrals*
 - Capability to submit electronic data to immunization registries/systems* *perform one test*
 - Capability to provide electronic syndromic surveillance data to public health agencies* *one test*
- *At least 1 public health objective must be selected.

Arizona Regional Extension Center

Regional Extension Center Provider Assistance Process



REC Range of Services

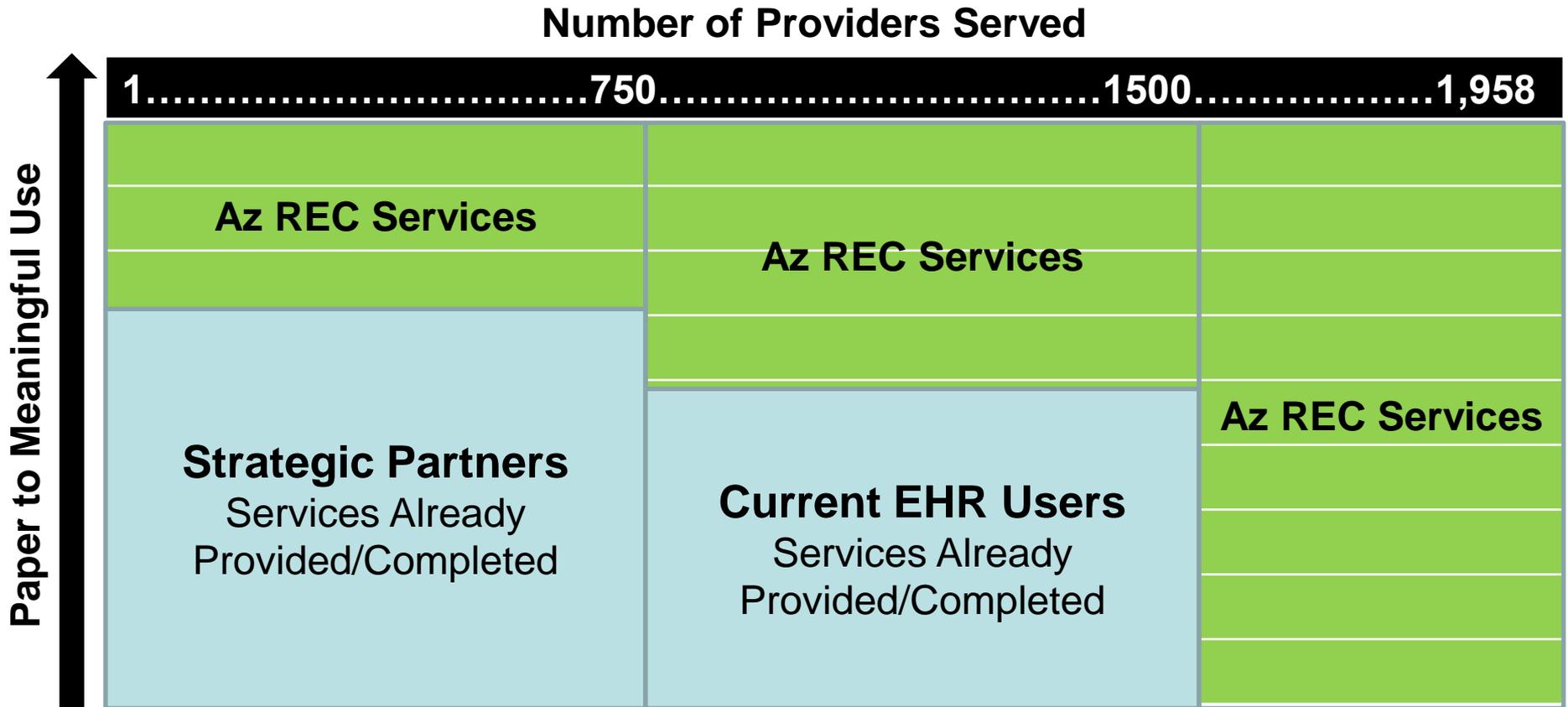
Number of Providers Served



Sample Menu of Services REC May Provide

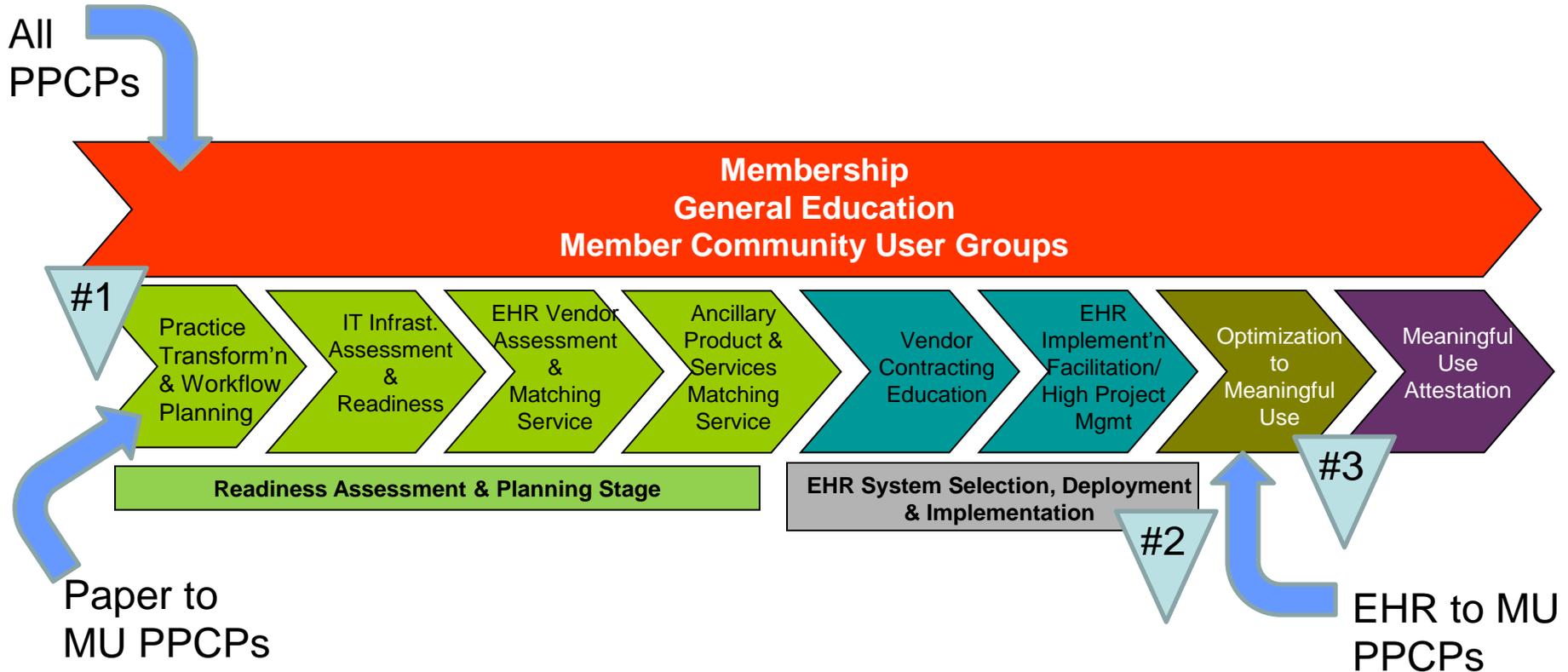


Arizona HIT Extension Center Strategy

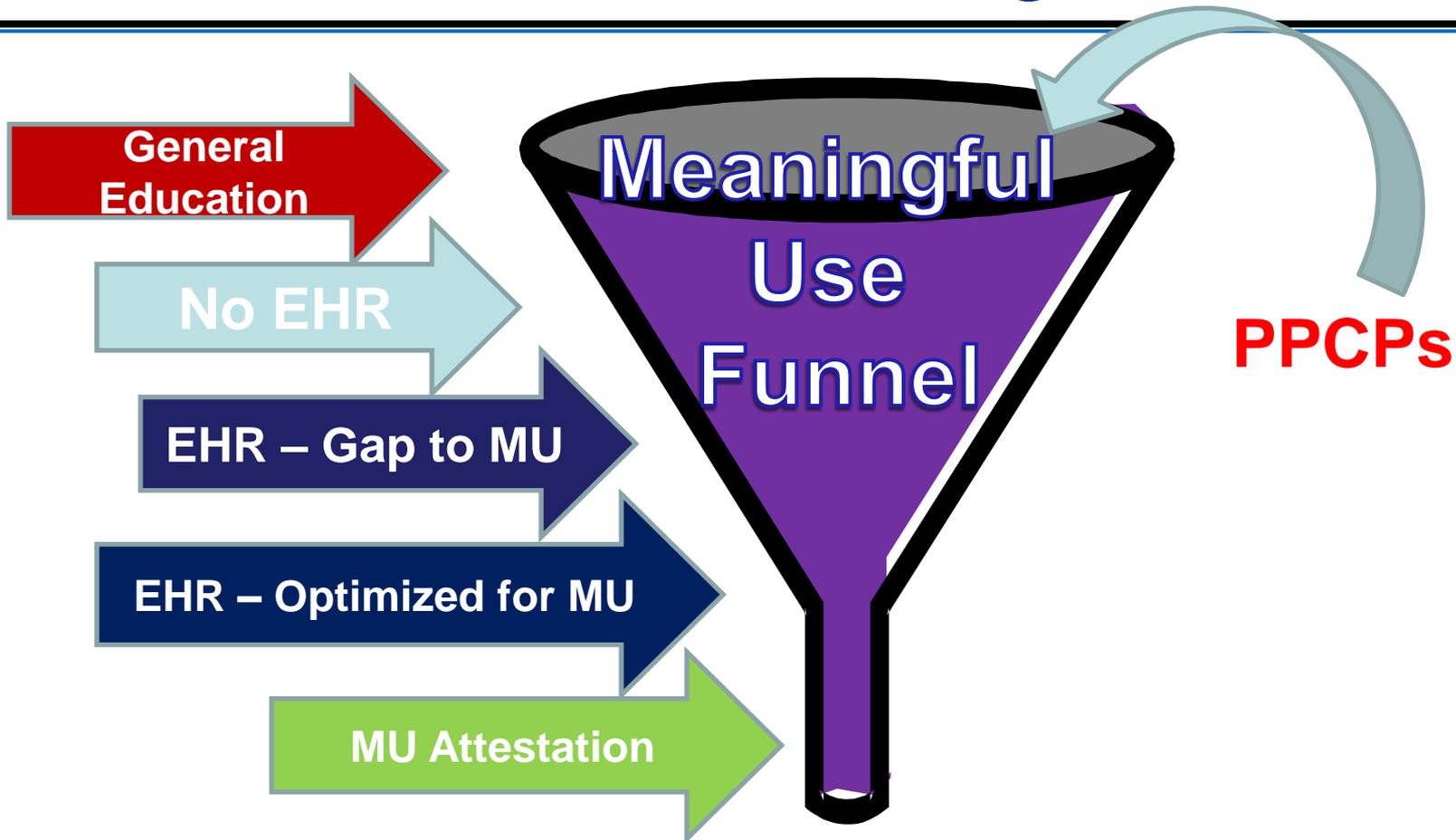


This strategy leaves a much smaller scope of services overall that the REC will need to provide for its clients, allowing the REC to leverage current EHR initiatives.

Arizona HIT Extension Center Spectrum of Services



Funnel Approach to Meaningful Use



1,958 PPCPs to Meaningful Use!

Arizona HIT Extension Center Provider Offerings

	PPCPs	Non-PPCPs
Core Membership Provider Membership Includes general education, member community user groups	Estimated \$200-400/provider/year	
EHR Assistance Packages Basic Package Includes phone support & coaching w/ readiness, workflow redesign and IT assessments, vendor selection & contracting tools, implementation and project management Premium Package Includes Basic Package plus additional phone support and on site assistance with above services	TBD (subsidized)	TBD (not subsidized)
Other Offerings- Add On Services EHR Optimization to Meaningful Use Meaningful Use Attestation On Site IT Assessment Other Services	TBD (subsidized)	TBD (not subsidized)

Core Subrecipients

- Purchasing & Assistance Collaborative for Electronic Health Records (PACeHR)
 - Business strategy & ramp-up activities
- Health Services Advisory Group (HSAG)
 - EHR technical assistance
- Arizona State University Department of Biomedical Informatics
 - Education and workforce development

Marketing & Outreach Subrecipients

- Marketing and Outreach
 - Arizona Medical Association (ArMA)
 - Arizona Osteopathic Medical Association (AOMA)
 - Arizona Hospital and Healthcare Association (AzHHA)
 - University of Arizona (Rural Health Office and College of Public Health)

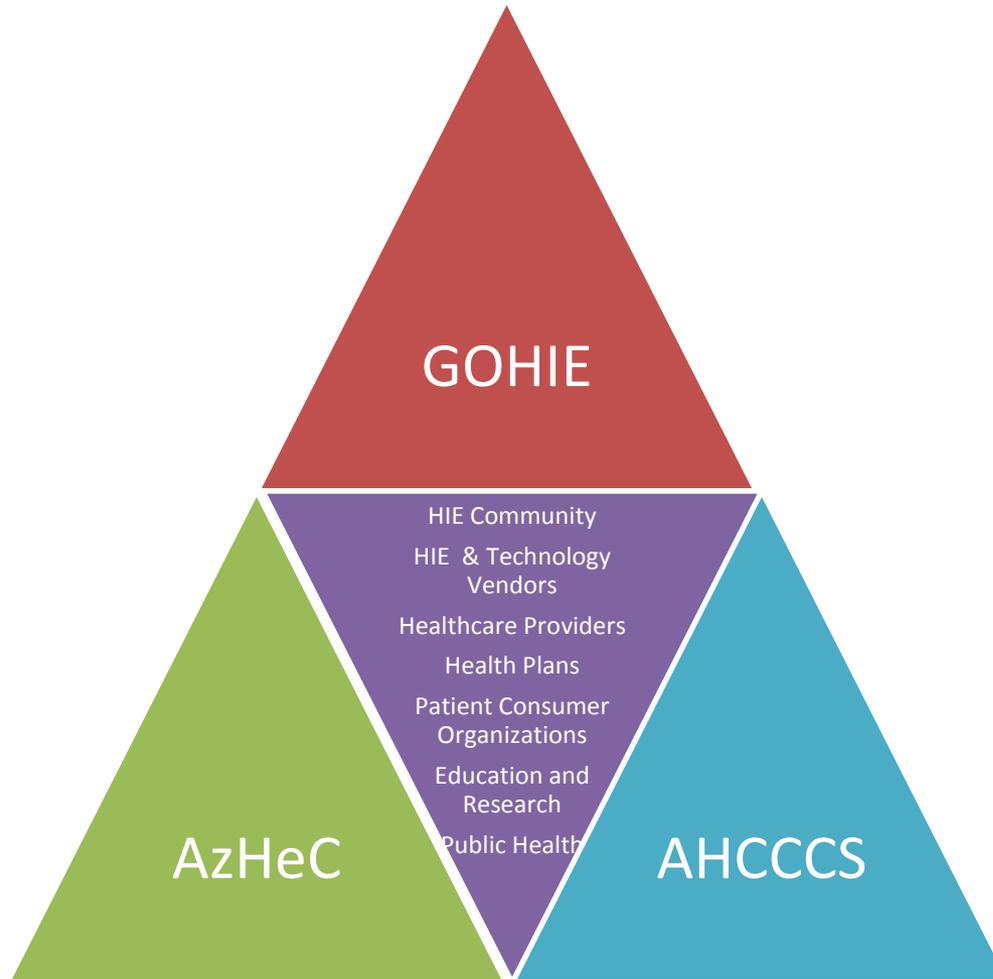
- Web Portal will be a One-Stop-Shop for:
 - General Education Resources
 - Readiness Assessment & Planning Self Assessment Tools
 - EHR Vendor Selection tool
 - Detailed Education Resources
 - Communities of Practice, based on:
 - Geography, EHR vendor, provider specialty and more...
 - Connecting REC providers to vendor community via REC Vendor Directory!

Next Steps!

- Goal to open doors in September/October
- Finalizing:
 - Provider pricing structure
 - Strategic partnerships
 - Web portal technology
 - Vendor value program
 - EHR “supported” vendor selection
 - Core educational content
 - Business process development

Coordination with AHCCCS and GOHIE

Strategic Alliance is Key!



2011 Meaningful Use Key Deliverables



E-Prescribing



Receipt of
Structured Lab
Results



Patient Care
Summaries



Addressing the Key Deliverables

- Set statewide goals that align the Meaningful Use objectives of GOHIE, AHCCCS and REC
 - E-Prescribing
 - Structured Lab Results
 - Patient Care Summaries
- Ensure key messages around each goal are developed and communicated to all stakeholders

E-Prescribing

- Capitalize on the EAzRx Initiative
 - Tracking of eRx metrics with assistance from Surescripts
- Possibly integrate REC with eRx Utilization Program to ensure technical issues addressed
- Consider incentive opportunities to get independent pharmacies on board
- Coordinate with HIOs to ensure eRx Meaningful Use metrics are met

Structured Lab Results

- GOHIE
 - Primary responsibility for 2011 HIE priorities
- REC and AHCCCS
 - Incorporation of clinical lab test results as structured data “menu” objective in 2011/12
 - Likely will become a “core” objective in Meaningful Use Stage 2, so need to be prepared
 - Assist in tracking metrics for overall statewide strategies

Patient Care Summaries

- GOHIE
 - Primary responsibility for 2011 HIE priorities
- REC and AHCCCS
 - Providing clinical summaries to patients part of Meaningful Use Stage 1
 - Likely more stringent HIE requirements in future stages, so need to be prepared
 - Can assist in tracking the metrics for overall statewide strategies

Overall AzHeC Support for GOHIE and AHCCCS

- Utilize infrastructure already in place
 - Education event coordination & speakers bureau
 - Information distribution to Az HIT community
 - Leverage REC team for HIE efforts, when possible
- Committees to support GOHIE work group needs
 - Clinical/Technical Committee
 - Legal Committee
 - E-Prescribing Steering Committee
 - Consumer Advisory Council

Opportunities to Get Involved!

Meaningful Use Forums

- Regional MU Provider Sessions
 - Yuma: Tuesday, August 10th, 5:30-8pm
 - Tucson: Wednesday, August 11th, 7-9am, 12-1:30pm, 6-8pm
 - Flagstaff: Tuesday, August 24th, 6-8pm
 - Phoenix: Wednesday, August 25th, 7-9am, 12-1:30pm, 6-8pm & Thursday, August 26th, 12-1:30pm
- **FREE** for providers, practice managers, and AzHeC members!

Arizona Health-e Connection 2010 Calendar of Events

February 24, 8–9 AM

Webinar: Use of Electronic Medical Records and Physicians' Attitudes toward a Health Information Exchange

August 25, 5:30-7:30 PM

Forum: Meaningful Use of Electronic Health Records

March 31, 8–9 AM

Webinar: Dr. John Halamka, Co-Chair of the (Federal) HIT Standards Committee

September 22, 8–9 AM

Webinar: International Perspective on HIT

April 12-13

Western States Health-e Connection Summit & Trade Show

October 27, 5:30-7:30 PM

Forum: EHR Implementation “How To” Workshop

May 26, 8–9 AM

Webinar: Health Transformation Institute Overview

November 17, 8–9 AM

Webinar: Personal Health Records

June 23, 5:30-7:30 PM

Forum: Healthcare Informatics

December 15, 6-8 PM

Holiday Gathering

July 28, 8–9 AM

Webinar: ARRA, HITECH – Arizona Projects Update

**Please note that with the exception of November, all AzHeC events are held on the fourth Wednesday of the month (Webinars, 8-9AM; Forums, 5:30-7:30PM).*

***Webinars are complimentary for AzHeC members; \$20 for non-members. Forums are \$40 for AzHeC members, \$55 for non-members.*

Save the Date!



Western States Health-e Connection Summit & Trade Show

April 11-12, 2011

Phoenix Convention Center

Stay Informed!

- Sign up for free AzHeC email newsletters
 - Email contact information to info@azhec.org
- Sign up for free Az Regional Extension Center updates
 - Email contact information to ehr@azhec.org
- Check out our website for latest updates and links to REC information!
 - www.azhec.org

Arizona's Point of Coordination

www.azhec.org

www.azhecblog.org



602.288.5130

info@azhec.org

ehr@azhec.org

ARIZONA STRATEGIC PLAN SUMMARY

Aaron Sandeen – State Health
Information Technology (HIT)
Coordinator

Arizona Environmental Scan

- HIE delivery to the 6.6 million Arizona's in all 4 corners of our state
- 86 Hospitals, 16 FQHCs, 6 Regional Health Centers, 13,000+ Practitioners
- Arizona Health Care Cost Containment System (AHCCCS)
 - State HIT Plan
- Arizona Health-e Connection
 - Regional Extension Center grant
- Health Information Network of Arizona (AMIE/SAHIE)
- Governor's Office of Health Information Exchange
 - Health Information Exchange grant

HIE Development & Adoption

Vision

Implement a sustainable statewide Health Information Exchange (HIE) that enables the sharing of health care data across organizational boundaries to improve patient safety, security, quality, and cost.

HIE Development & Adoption - Objectives

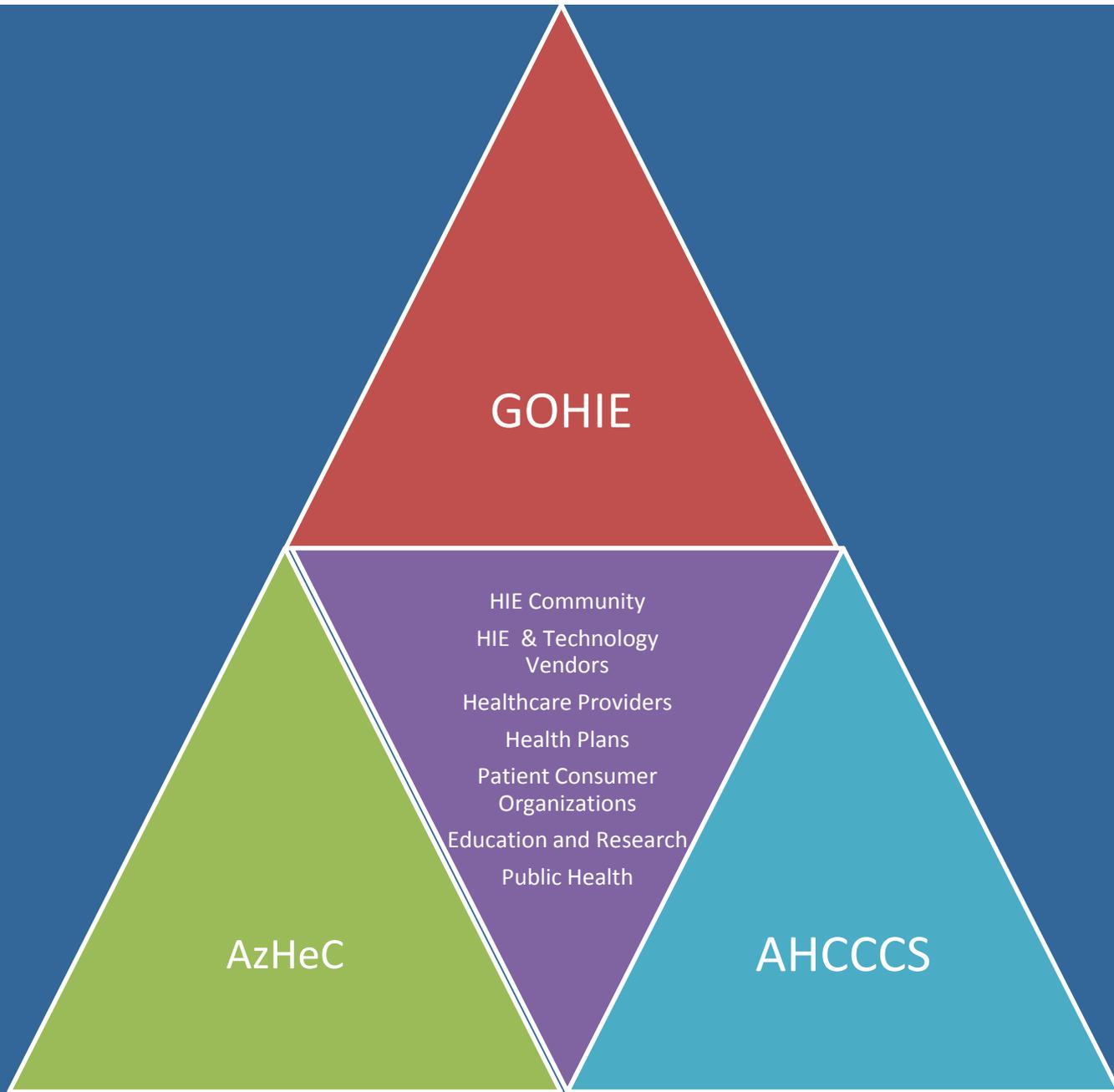
- Implement an HIE platform across the state in a “phased” approach focusing on specific milestones and ensure ONC requirements are fulfilled by 2014.
- Initial stages of the HIE platform in 2011 will include the capabilities for E-Prescribing, receipt of structured lab results, and sharing patient care summaries across unaffiliated organizations.
- Ensure meaningful use outcomes for health systems and providers by providing viable HIE capabilities.
- Prioritize privacy and security.
- Represent underserved and rural populations.

HIE Development & Adoption - Objectives

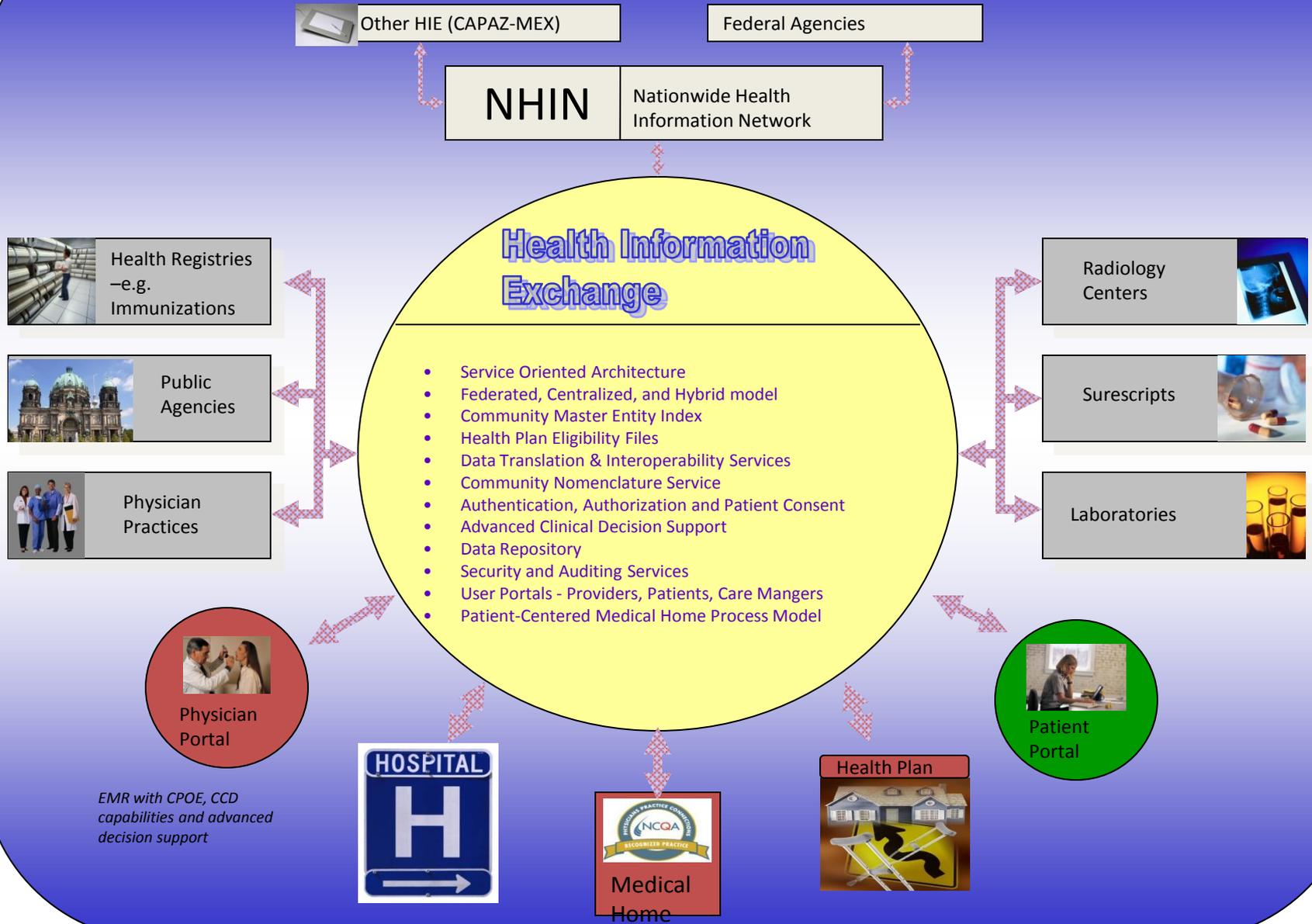
- Effectively manage grant resources as a one-time investment and deliver long-term value to the state of Arizona.
- Support HIE services and adoption for all relevant stakeholder organizations, including providers in small practices, across a broad range of uses and scenarios.
- Be operationally feasible, achievable, and sustainable, building on what is already working.
- Remain vigilant, foster innovation and adapt to emerging trends, standards and developments both locally and nationally.

HIE Development & Adoption - Strategies

- Governance of privacy and security
- Partner with existing Arizona entities and build upon existing solutions
- Form strategic alliance between GOHIE, Arizona Health-e Connection (AzHeC), and Arizona Health Cost Containment System (AHCCCS)
- Build the sustainable future
- Strategic Infrastructure Partnerships



Arizona Health Information Exchange



HIT Adoption

- AHCCCS – GOHIE – AzHeC
- Monitor/Track – HIE Infrastructure – EHR Education & Adoption
- Leverage Arizona Telemedicine Program to provide specialized care to rural and underserved populations
- Ensure EHR connectivity to HIE infrastructure

Medicaid Coordination

- Medicaid HIE Representation
- AHCCCS' Meaningful Use Education Strategies
 - Leverage established communication channels
 - Extensive website for incentive education
 - Test pilot to ensure AHCCCS' ability to register, verify, pay and audit providers
- AHCCCS' 5 Year HIT/HIE Goals and Objectives
- Long-term Approach for Meaningful Use
- Lorie will provide greater details

Federal Care Delivery Organizations

- 16 FQHCs – many have begun or completed EHR implementations
- HIE implementation will be incorporated into the detailed Operational plan
- Indian Health Services (IHS) and the Veterans Affairs (VA) is part of the long-term HIE strategy and will leverage the NHIN
 - GOHIE will work with IHS and VA on statewide strategy on stakeholder participation

Coordination of Other ARRA Programs

- Governor's Office of Economic Recovery (GOER)
 - Grants Awarded
 - State Fiscal Stabilization Fund-Education (Phase I)
 - State Fiscal Stabilization Fund-Government Services
 - Health Information Exchange
 - State Fiscal Stabilization Fund-Education (Phase II)
 - Broadband Technology Opportunities Program (BTOP) II – Public Computing Centers
 - Grants Submitted
 - Race to the Top
 - Education Jobs Fund Program
- Arizona Health-e Connection – Regional Extension Center

Governance

- Collaborative Governance Model
 - Transparent, Collaborative Stakeholders Engagement
 - AHCCCS
 - AzHeC
 - HINAz
- Accountability & Transparency
- Arizona HIT Coordinator
 - Champion Statewide HIT Implementation
 - Coordinate Efforts with Medicaid, Public Health and Other Federally Funded Programs
- National Health Information Network (NHIN) Strategy
- Continued Activities – HIE Grant and Beyond

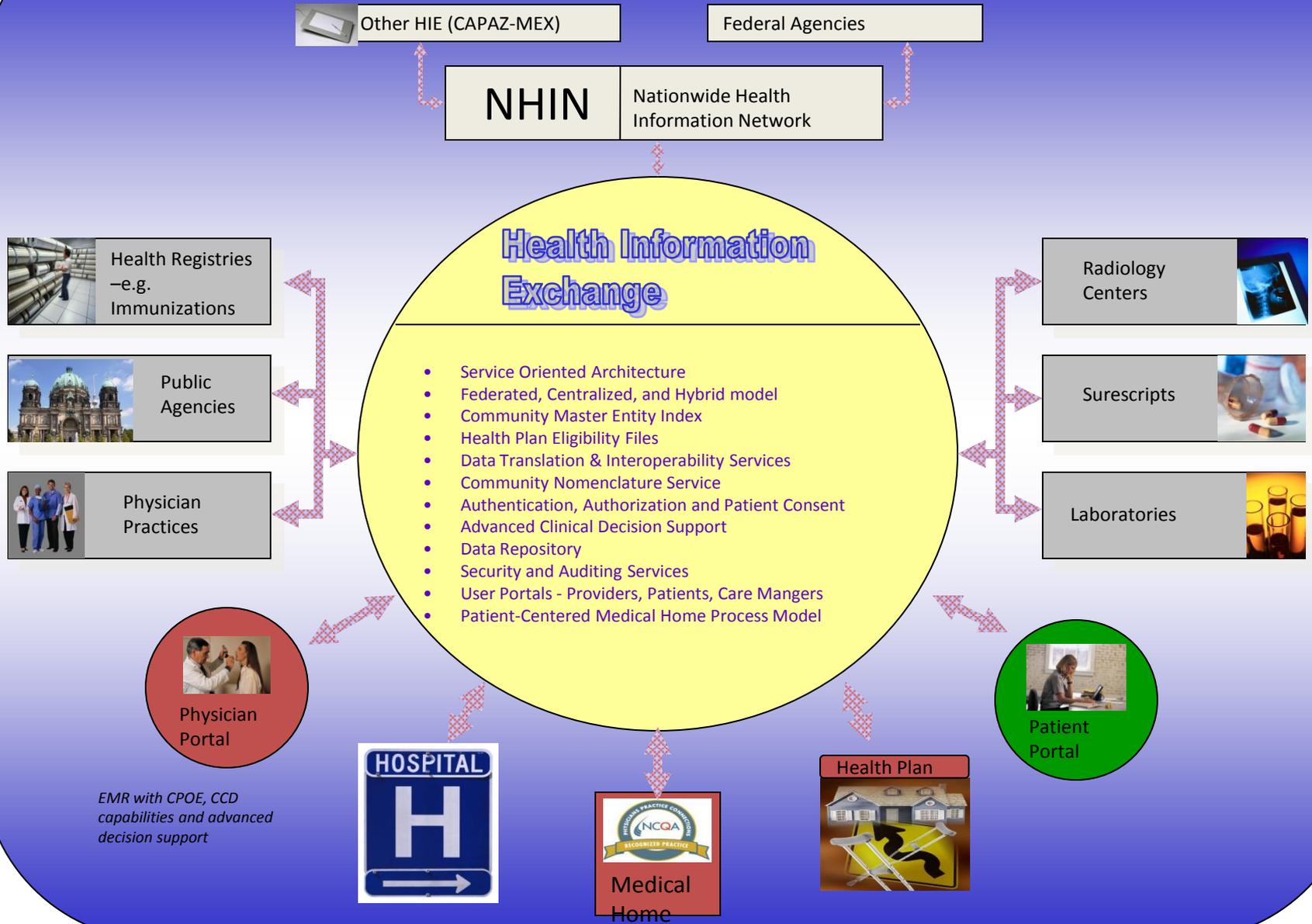
Finance

- HIE Grant Impact
 - \$9,377,000 – one-time investment to accelerate HIE implementation
 - Community participation to supplement federal funds for implementation
 - Phased implementation over 4 years for statewide HIE adoption
- Long-term Sustainable Plan
 - \$7,428,000 – estimated annual cost of fully implemented solution
 - Need balanced long-term community participation
 - Health Information Network of Arizona (HINAz) has been building consensus and is building on past success towards next HIE solution

Technical Infrastructure – Standards Based

- Standards based - Integrated Healthcare Enterprise (IHE) approach for infrastructure components for the HIE solution
- Embrace the Health Information Technology Standards Panel (HITSP)
- Support incremental and risk/cost/benefit-driven approach to the roll-out of the HIE
- Provide world class components for core HIE capabilities
- Align with Office of the National Coordinator (ONC) and the National Health Information Network (NHIN)

Arizona Health Information Exchange



Technical Infrastructure – End-to-End

- Sophisticated person-centric HIE solution supporting a hybrid, federated or centralized HIE deployment model
- Leverage standards for exchanging data and documents like Cross-Enterprise Document Sharing (XDS.a & XDS.b), Patient Identifier Cross-Referencing (PIX) and Patient Demographics Query (PDQ)
- Implement Personal Health Record (PHR) application and/or connection to 3rd-party PHRs such as Google Health and Microsoft HealthVault via Continuity of Care Document (CCD) or Continuity of Care Record (CCR) patient summaries
- Consent solution capable of supporting multiple consent models (including opt-in / opt-out) based on contributing source and other criteria

Technical Infrastructure – End-to-End

- Standards compliant Master Patient Index interfaces through PIX / PDQ profiles
- NHIN integration & interoperability with other NHIN participants, including the Social Security Administration
- Provider portal capabilities ensuring an easy to use vehicle for caregivers (CCHIT certified)
- Eventually communicate and exchange information with other HIEs such as CAPAZ-MEX, IHS and Veterans Affairs via NHIN

User Interfaces

Clinical Data Repository
 Persistent Data as required
 EMR-Lite, EMR, PHR

Community Index
 Community Master Entity Index
 Persons, Physicians, Organizations
 Maintain relationships (e.g.
 Physicians to Patients)

Nomenclature Services
 LOINC, CPT, I
 CD9, ICD10,
 SNOMED
 RxNorm
 HCPCS
 Drug DB (Multum, Gold Standard)

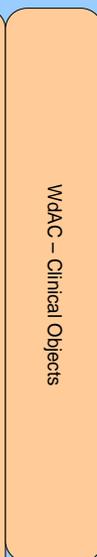
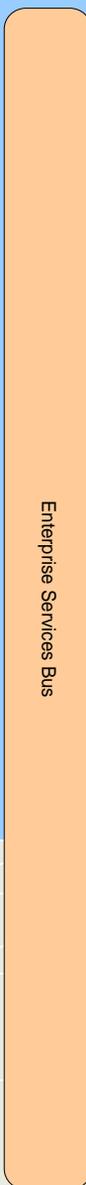
Access Management
 Authentication/ Authorization
 Access Control
 Logging/ Auditing
 Consent Management

Clinical Decisioning
 Clinical Decision Support
 Evidence Based Guidelines Clinical
 and Claims Data
 (pre-visit, concurrent, post-visit)

Routing

Transoformation

Translation

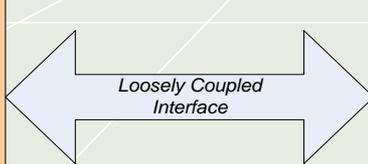


Provider Portal
 eMR Lite
 eMR (CCHIT)

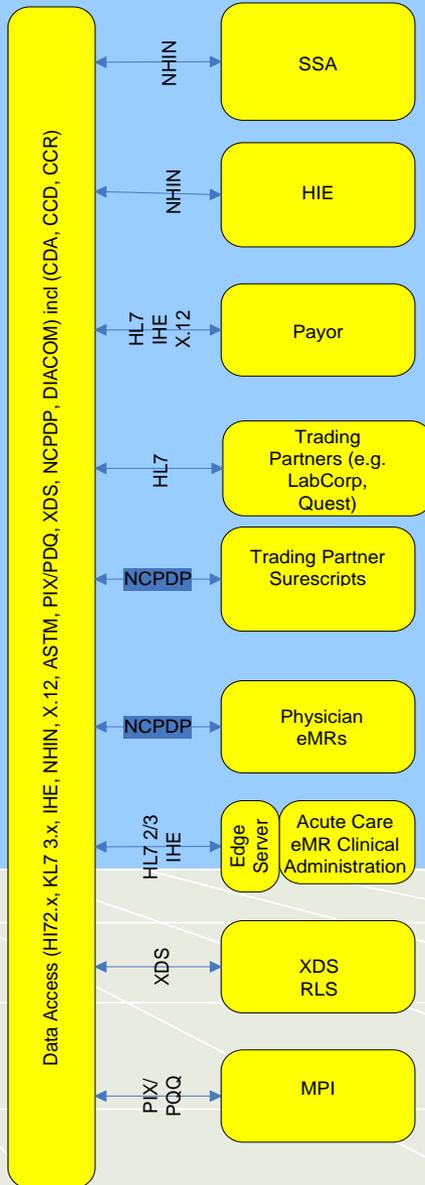
Patient Portal
 Personal Health Record

Care Coordination Portal
 Case Management

Data Warehouse
 Deidentification
 Reidentification
 Registries



Medical Home Registry
 Access to Care Tracking
 ADT Event Scheduling Follow-ups
 Care Opportunity Management
 E-HR Patient Profiles



Technical Infrastructure – System Components

- Master Patient Index
- Provider Identity Management
- Document Registry
- Document Repository
- Clinical Data Repository (CDR)
- Edge devices
- Integration framework
- Authentication and Authorization
- Consent Management
- Subscription Management
- Logging and Audit
- Nomenclature Normalization
- Portal / EMR- Lite / EMR
- Personal Health Record (PHR)

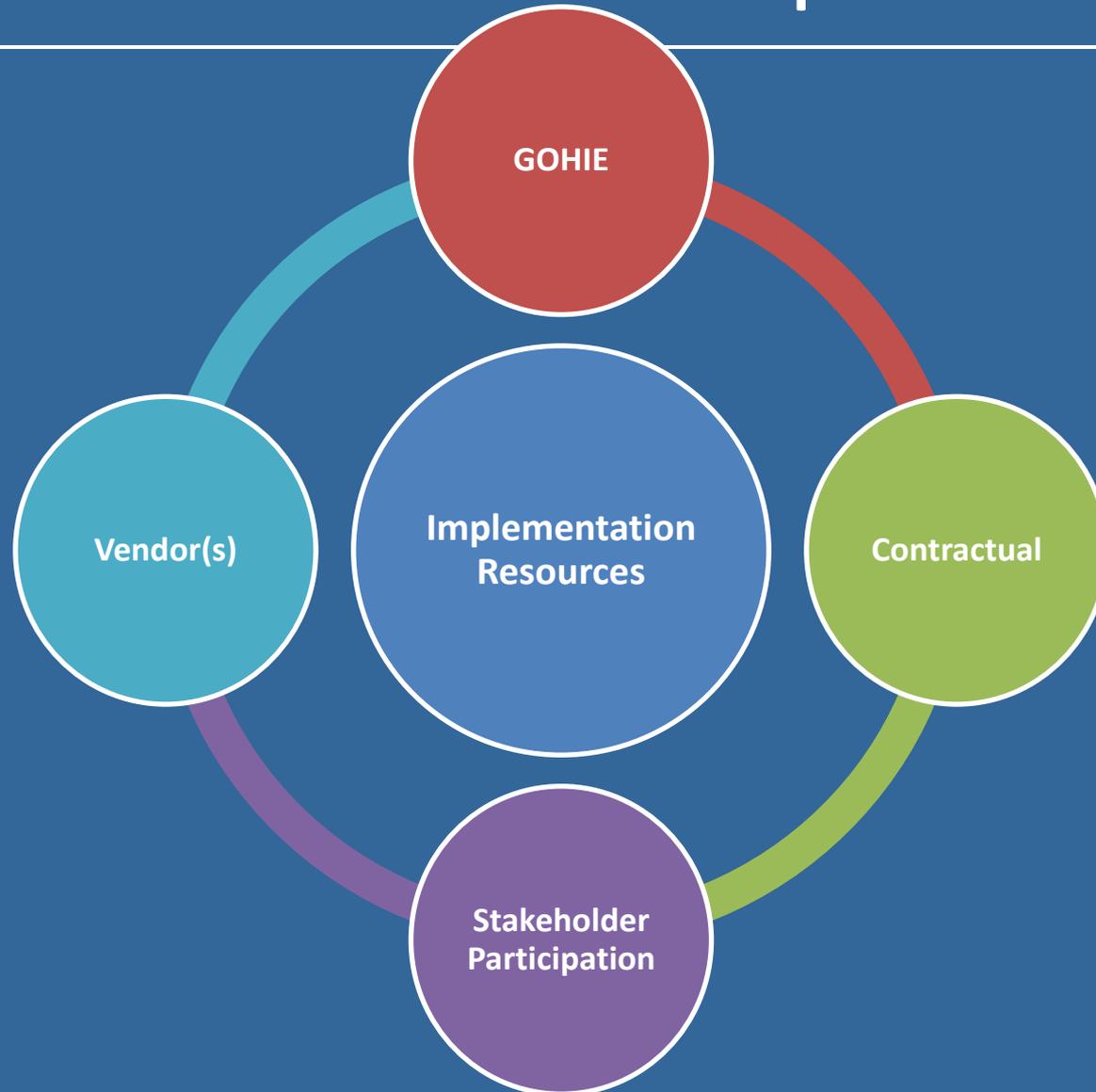
Implementation Timeline

Proposed implementation:

- a) Medications, Lab results and Patient Care Summaries for nine major hospital systems in the state, including Flagstaff and Yuma
- b) discharge summaries from five of the nine hospitals
- c) clinical care summary exchange from seven primary care practices.

Data Exchange Use Cases	2010		2011				2012				2013				2014												
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4									
HIE Plan Publication & Approval	■																										
Funding & Participation Agreements - Major Players		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■									
Medications History, Lab and Major Hospital ADTs			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■									
Linkage to existing Medical Home Efforts			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■									
Risk Stratification and Chronic Care Opportunities			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■									
Hospital Discharge Care Summary Exchange			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■									
Radiology Orders and Reports Delivery			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■									
Clinical Care Summary Exchange			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■									
Public Health Registries							■	■	■	■	■	■	■	■	■	■	■	■									
Quality Reporting Measures							■	■	■	■	■	■	■	■	■	■	■	■									
Public Health Reporting										■	■	■	■	■	■	■	■	■									
	Key									Development / Implementation									Operations								

Business & Technical Operations



Risk Management

Approach

- Identify Risks
- Engage Stakeholders, Leaders & Experts
- Create Implementation Plans
- Review

Risks

- Privacy & Security
- Consent
- Participation Agreements
- Liability Insurance
- Sustainability
- Cost Containment
- Community Data Sharing
- Other HIEs
- Platform Capabilities

Legal / Policy – Health Information Security & Privacy Collaboration (HISPC)

- Arizona Health Privacy Project Phase One
 - AzHeC Legal Committee worked on proposed legislation remedy legal barriers to HIE and model policies / procedures for provider access to the HIO and an enforcement policy for inappropriate access to the HIO
- Arizona Health Privacy Project Phase Two - Guide to Adoption of Uniform Security Policy
 - Individuals will have access to their patient health information
 - Governance of statewide HIE activities is open and transparent
 - Individuals/patients have a choice to participate in the electronic exchange of their health information
 - Limitations exist on the collection, use and disclosure of patient health data
 - Participants, including users, HIE entities and data source have a responsibility to ensure data quality and integrity
 - Organizations engaged in HIE activities are accountable for complying with federal and state regulations for safeguarding and securing patient health information
- State Laws

AHCCCS

Lorie Mayer – AHCCCS HIT Coordinator

Medicaid Coordination with State Health Information Exchange Agreement Program

American Recovery and Reinvestment Act (ARRA)/ HITECH Act

- In February 2009, as part of the federal stimulus package, Congress enacted the Health Information Technology for Economic and Clinical Health Act ("HITECH").
- The legislation included a number of provisions designed to encourage the *adoption and use* of health information technology including electronic health records (EHRs) and the development of a health information exchange ("HIE") infrastructure
 - Includes strategy for supporting rapid EHR adoption and “Meaningful Use” of certified EHR technology implemented over multi year period
 - Use of EHR key to improving health care quality and reporting

Summary of Final Rule Meaningful Use: Medicaid Provider Eligibility

Final Meaningful Use Rule Medicaid Eligible Professionals (EPs)

- Physicians
- Nurse Practitioners
- Certified Nurse Midwives
- Dentists
- Physician Assistants working in a federally Qualified Health Center (FQHC) or rural health clinic

Medicaid Eligible Hospitals

- Acute Care Hospitals (now including Critical Access Hospitals)
- Children's Hospital
- Estimate for Incentives is \$500 -million over 6 years for Arizona

Summary of Payments: Medicaid EP Adoption Timeline

	2011	2012	2013	2014	2015	2016
2011	\$21,250					
2012	\$8,500	\$21,250				
2013	\$8,500	\$8,500	\$21,250			
2014	\$8,500	\$8,500	\$8,500	\$21,250		
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017		\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018			\$8,500	\$8,500	\$8,500	\$8,500
2019				\$8,500	\$8,500	\$8,500
2020					\$8,500	\$8,500
2021						\$8,500
Total	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750

Incentive Payments for Eligible Hospitals

- Federal Fiscal Year
- \$2 M base + per discharge amount (based on Medicare/Medicaid share)
- There is no maximum incentive amount
- Hospitals meeting Medicare MU requirements may be deemed eligible for Medicaid payments
- Payment adjustments for Medicare begin in 2015
 - No Federal Medicaid payment adjustments
- Medicare Hospitals: No payments after 2016
- Medicaid Hospitals: Cannot initiate payments after 2016

Stage 1 Overview of Meaningful Use

Final Rule

- Stage 1 (2011 and 2012)
- Eligible Providers (EPs) have to report on 20 of 25 MU objectives
- Eligible hospitals have to report on 19 of 24 MU objectives
 - The final rule divides the objectives into a “core” group of required objectives (15 for EPs and 14 hospitals) and a “menu set” of procedures from which providers can choose
- Recognized need for more sophisticated Health Information Exchange and quality reporting over time



AHCCCS HIT/HIE 5 Year Goals

1. Health Information Exchange

- AHCCCS represented on a state level HIE governance operating entity
- Participation with an HIE that has a sustainable business plan and includes finance and governance resources
- Participates with an HIE that promotes health care quality and ensures privacy and security of data for members and providers



AHCCCS HIT/HIE 5 Year Goals

2. Health Information Technology for Hospitals

- Hospitals representing 90 percent of inpatient days will qualify and meet meaningful use criteria
- 90 percent of IHS and 638 inpatient facilities will qualify and meet meaningful use criteria

3. Health Information Technology for Eligible Providers

- 90 percent of all eligible providers in FQHC will qualify and meet meaningful use
- 75 percent of all eligible providers will receive meaningful use incentive payments
- The percent of physicians routing e-RX would increase up to 40 percent



AHCCCS HIT/HIE 5 Year Goals

4. Program Integrity

- Provide adequate oversight of the incentive program, resulting in no federal disallowances

5. Be prepared to pay incentives by Summer 2011

Overview of EHR Incentive Payment Program Processes

- Medicare **and** Medicaid providers will be required to register with CMS
 - Name, NPI, business address, phone
 - Tax Payer ID Number (TIN)
 - Hospitals must provide the CCN

- If Medicaid, must select one state

- Eligible providers must select Medicare or Medicaid

- Arizona EPs and hospitals will then register and apply thru AHCCCS website

- Providers will complete and submit Incentive Payment Request forms thru an on-line process
 - Section I – Provider demographic information
 - Section II- Information needed for assessing providers meaningful use status
 - Section III – Payment information and provider attestation

- Agency will verify eligibility, disperse payment after cross-checking for potential duplicative or inappropriate payments

- Disburse payment to one eligible TIN- Quarterly

Medicaid Incentive Program Strategies

- AHCCCS website <http://azahcccs.gov>
 - Created new Health Information Tab on home page
- Identify preliminary list of Medicaid Eligible Providers and work with plans to target communication
- Identify small group of EPs and Hospitals for testing with AHCCCS between February – May 2011
- Work with Regional Extension Center for education and outreach events and link interested providers to them for EHR selection and implementation support

NEXT STEPS

Aaron Sandeen

Strategic & Operational Plans

- Strategic Plan & presentation on website
 - <http://azgovernor.gov/hie>
- Complete Operational Plan and post to website
- Strategic & Operational Plan Feedback
 - Friday August 27
 - There will be opportunities for additional feedback
- Submit Plans to ONC

Ongoing Stakeholder Engagement

- Identify Executive Steering Committee
- Schedule Quarterly Stakeholder Meetings
- Schedule Working Groups (looking for leaders and participants)
 - Risk Mitigation
 - Technical Infrastructure and HIE capabilities
 - Calendar to be posted on website starting in September
 - Regional meetings will be part of the plan
- Finalize Vendor/Contract Selection Process

Communications

- State HIE Website
 - <http://azgovernor.gov/hie>
 - Open, transparent communication
 - Resources, News, Completed Documents, Calendar
- Centralized Contact Distribution List
 - Maintain communication with all interested parties
 - Please email me if you would like to be added to our list – hie@az.gov



Aaron Sandeen
State Health Information Technology (HIT)
Coordinator
602.501.3261
asandeen@az.gov

Ryan Sommers
Manager of IT Projects and Services
602.542.7000
rsommers@az.gov

hie@az.gov
<http://azgovernor.gov/hie>

Arizona Health Information Exchange (HIE) Strategic Update

August 23, 2010



**Governor's Office of Health
Information Exchange (GOHIE)**

hie@az.gov