

# PROFILES OF PROGRESS 3

## State Health IT Initiatives

April 2009



# INTRODUCTION



If there really is a season for everything, then this is the season for health IT. In the span of just a few years, issues surrounding health information technology have gone from being relatively obscure to being topics of mainstream conversation. In 2008, both presidential campaigns advocated for the increase of technology in health-care, citing improved patient care, efficiency and cost reduction as their reasoning.

And in 2009, we are at an unprecedented point in the history of health IT. This compendium, now in its third installment, outlines where state health IT initiatives currently stand, and features the role of the state CIO in these efforts. It examines only those entities that are state-led, or designated by the state, to work toward statewide health information exchange. This compendium has changed substantially since its first installment in 2006, and each featured initiative stands poised to accelerate.

Stakeholders across the healthcare IT arena are standing at a precarious tipping point in which billions of dollars have been granted toward making widespread health information exchange a reality. These billions of dollars came in the form of a massive economic stimulus bill, the American Recovery and Reinvestment Act (ARRA), signed by President Obama to re-vamp a struggling American economy by pouring funding into thousands of projects, including approximately \$30 billion for health IT efforts. The efforts outlined in this report are likely to change drastically in the near future, due to this influx of dollars.

The funding designated for health IT will come in two forms. The first includes money allocated for incorporating health IT aspects into Medicaid and Medicare—in several states, this will build on the work already enabled by CMS' Medicaid Transformation Grants. The second will come in the form of grants distributed to statewide health information exchange efforts. Governors are charged with designating an entity within their state to receive this money—only state-designated entities with an

established plan, or one already capable of exchanging health information, will be eligible to receive these dollars.

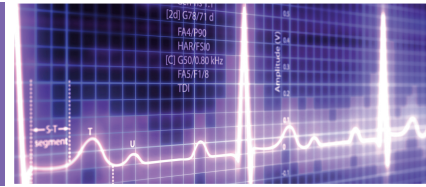
This is widely acknowledged as a once-in-a-lifetime opportunity to take the training wheels off maturing health information exchange initiatives, invest in them and help make them sustainable. And, an opportunity to put much-needed dollars toward stressed Medicaid and Medicare programs and to modernize the way these systems deliver services and payments to physicians. The ARRA has brought, simultaneously, a mandate to act effectively and an urgency to act now.

State CIOs know a lot about the urgency of now. Juggling a wide array of projects within the state enterprise, where everything takes precedence and everything is a priority, state CIOs know about the pressure to carry out mandates that carry a hefty price tag. They know about beginning projects that sometimes have more questions than answers.

Many questions surround the health IT aspects of the ARRA. New provisions were set forward in the legislation around HIPAA privacy laws, new provisions surrounding security breach notifications, along with several requirements for the utilization of the grant dollars that still need to be fully defined by the federal government. Answers are in the process of being fleshed out by the healthcare community, and collaboration across the local, state and federal levels of government is occurring on a wide scale.

There is an acknowledged camaraderie among those advocating for the advancement of health IT; and a recognized awareness that continuing to develop siloed systems simply can not work for the long term. An acknowledgement that widespread health information exchange is going to require that all stakeholders—providers, payers, government, and most importantly, patients—have a seat at the ever growing table.

# INTRODUCTION



State CIOs must also have a seat at this table. As health IT money begins to flow into states and Governors work to designate which state entities will be responsible for utilizing these dollars, state CIOs have the capability to engage IT stakeholders across the enterprise. By acting as a convener of state IT resources, the benefit for collaboration and engagement among state officials that lends to long-term sustainability of projects can be realized.

The nation's largest associations of elected officials, the National Governors Association and the National Conference of State Legislatures, have long-term and large-scale operations in place to monitor and advance the state and the role of the state official in health IT and health information exchange. In 2008, the NGA released the results of a study, "[Public Governance Models for a Sustainable Health Information Exchange Industry](#)" which examined governance models for state health information exchanges.<sup>1</sup>

This extensive study indicated a broad need for not only state engagement in the development of health information exchange, but also the importance in having state leaders involved, including the state CIO. State CIOs already involved in their states' health IT efforts know the importance of this as well. They understand that health IT initiatives can potentially improve healthcare quality and recognize these measures as a means to reduce costs for state budgets that are desperately in need of cost savings across the board.

Implementing healthcare information exchange, at any level of government, can be a daunting task coupled with an aggressive timeline and many challenges faced in its execution. However, with digital infrastructure increasingly becoming part of the fabric of government, incorporating technology in healthcare is inevitable. What was once contained to certain pockets across the country is poised to become a reality for all states.

The ARRA guarantees that these initiatives will change rapidly as money begins to potentially flow into these efforts. But for now, this compendium serves as a snapshot in time, in which state health IT initiatives stand balanced on the brink of an unprecedented opportunity in history. It's an exciting time for health IT—and state CIOs and technology leaders hold the knowledge and tools to help make secure and interoperable state health information exchange happen.

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<sup>1</sup> National Governors Association <[www.nga.org](http://www.nga.org)> September 2008.



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## Governor's Executive Task Force to Strengthen Alabama Families

**Group Website:** [www.strengthenfamilies.alabama.gov](http://www.strengthenfamilies.alabama.gov)

**Source of Authority:** Governor

**Source Document:** [www.strengthenfamilies.alabama.gov](http://www.strengthenfamilies.alabama.gov)

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

**State CIO Involvement:** The state CIO is an executive member of the Governor's Task Force to Strengthen Alabama Families and is currently providing IT & PM staff support for the Camellia Project and other e-health initiatives. The state CIO is directly involved with the creation and direction of the Health and Human Services Framework for Alabama.

**Major Initiatives:** This Task Force is working to examine issues and make recommendations on improving e-health efforts throughout the state. Under the direction of the Governor, Alabama has embarked on the task of transforming the management and delivery of the state's health and human services. In January 2008, Governor Riley launched the Connected Health and Human Services Framework (CHHSF) as the cornerstone of an effort to implement a state-wide Health and Human Services (HHS) strategy that is highly integrated and family centered. As part of this initiative, Alabama has committed to materially increasing health and human service outcomes for children and families as measured by a dramatic increase in the state's national ranking in child and family indicators. Interaction with the following agencies will ensure the success we are looking for.

- Department of Human Resources
- Medicaid Agency
- Department of Public Health
- Mental Health and Mental Retardation
- Department for Rehabilitation Services
- Department of Senior Services

Phase one of this endeavor has been completed and can be reviewed at [www.camellia.alabama.gov](http://www.camellia.alabama.gov). This phase is the "Benefits and Services Form," also known as the "Camellia Eligibility Screening Tool."

Phase Two of the Camellia Project is now underway. This phase of the project (ESB – Enterprise Services Bus & CCI – Common Client Index) will be implemented over a 3 year period. **Year one** will include the establishment of the CHHSF and provision of early wins for the entire effort. **Year two** objective is to use the CHHSF to streamline and improve the performance of the current processes and functions. **Year three** objectives are to consider new and innovative ways of using technology to transform current processes and practices. The implementation of these programs will place Alabama in the forefront of a national trend to improve its health and human services programs (HHS).

*Last Updated: 03.24.09*



## Alaska ChartLink

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

**Governance:** 10-member Steering Committee

**Source of Authority:** Non-profit

**State Government Involvement:** Alaska ChartLink was formed in January of 2006 by the Alaska Telehealth Advisory Council (ATAC). ATAC is under the jurisdiction of the Alaska Health and Social Services Department (H&SS) and is co-chaired by the Commissioner of the Department of H&SS.

Alaska ChartLink, formerly known as Alaska RHIO, secured a Health Information Security and Privacy Collaboration (HISPC) grant the support of the Governor's office. The Director of the Alaska State Public Health Department also sits on the Steering Committee.

**State CIO Involvement:** The state CIO has not been directly involved in this initiative to date.

**Major Initiatives:** The Alaska ChartLink seeks to provide widespread access to a statewide health information data exchange system that improves quality, safety, outcomes and efficiency in healthcare by making vital data available to providers, payers, and patients when and where they need it.

Alaska ChartLink is working to exchange health information securely and timely while still protecting privacy. In an effort to facilitate electronic health record implementation throughout the state, the Alaska RHIO also works in close partnership with the Alaska EHR Alliance, the Alaska Primary Care Association, Mountain Pacific Quality Health and other organizations throughout the state. These organizations provide planning, implementation and support of electronic health records in physician practices and community health centers.

*Last Updated: 04.15.2009*





# ARIZONA



**Arizona EHR CPP:** In collaboration with Arizona’s provider organizations and the Arizona Health-e-Connection, the Arizona Health Care Cost Containment System (AHCCCS) is leading the creation of the Arizona Electronic Health Record (EHR) Collaborative Purchasing Program (CPP). Slated for an early 2009 launch, the first phase of the CPP is designed to help primary care providers in small- and medium-sized practices with the transition to an affordable, user friendly EHR system. Targeted dental, behavioral health and long term care software applications are identified for subsequent phases. The initial offering of the program will include a discounted subscription to a certified, web-based EHR and associated services and support.

*Last Updated: 04.15.2009*





# CALIFORNIA



Additionally, the California Health Information Identification (CHILI) search tool is now live. CHILI assists in identifying California statutes and regulations related to the privacy, access, and security of individually identifiable health information. CHILI also identifies analogous federal provisions present in the Health Insurance Portability and Accounting Act (HIPAA). [www.ohi.ca.gov/chili/index.php](http://www.ohi.ca.gov/chili/index.php)

*Last Updated: 04.21.2009*







## eHealth Connecticut

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

**Governance:** 28-member Board of Directors

**Source of Authority:** Non-profit

**Source Document:** [www.saintfrancisdoctors.com/ehealthconnecticut/documents](http://www.saintfrancisdoctors.com/ehealthconnecticut/documents)

**State Government Involvement:** The Governor helped launch this program and representatives from the state Department of Social Services and Department of Public Health, as well as the Lieutenant Governor, provide direction as ex-officio board members.

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

**Major Initiatives:** In September of 2008, then-HHS Secretary Mike Leavitt announced that eHealth Connecticut was selected to join fourteen community collaborations as Chartered Value Exchanges (CVEs) — local collaborations of health care providers, employers, insurers, and consumers working jointly to improve care and make quality and price information widely available.

As Chartered Value Exchanges, these communities will have access to information from Medicare that gauges the quality of care that physicians provide to patients. These performance measurement results may be combined with similar private-sector data to produce a more comprehensive guide to the quality of care in these communities. In addition, these communities will join a nationwide Learning Network sponsored by the HHS Agency for Healthcare Research and Quality. This network will provide peer-to-peer learning experiences and technical assistance opportunities through facilitated meetings face-to-face and on the Web.

*Last Updated: 03.03.2009*



## Delaware Health Information Network (DHIN)

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

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

**Source of Authority:** Legislation

**Source Document:** <http://dhcc.delaware.gov/information/dhin.shtml>

**State Government Involvement:** Several board members for DHIN are representatives of state government. This is considered to be a partnership between the state and healthcare providers which includes the state, healthcare providers, and other interested parties (such as the Medical Society of Delaware, employers, insurers, etc). Other state government representatives serve on DHIN Committees.

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

**Major Initiatives:** In October of 2007, DHIN was one of the nine initial health information exchanges (HIEs) selected to participate in the U.S. Department of Health and Human Services' National Health Information Network Trial Implementations. Since that time, DHIN and its partner Medicity, Inc. have played an active leadership role in collaborating with other NHIN contract recipients across the nation to help create a working national health information network infrastructure.

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

*Last Updated: 03.03.2009*



## Florida Health Information Network (FHIN)

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

**Governance:** 14-member Coordinating Committee

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

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

**State Government Involvement:** The Health Information Exchange Coordinating Committee was organized by the Florida Agency for Health Care Administration during the fall of 2007 to advise and support the Agency in developing and implementing a strategy to establish a privacy-protected, secure, and integrated statewide network for the exchange of electronic health records among authorized physicians.

**State CIO Involvement:** The state CIO has been involved with the Florida Health Information Network since its beginning. Input from the state CIO is welcomed for both policy creation and in reviewing technical and security models of the proposed network

**Major Initiatives:** The Health Information Exchange Coordinating Committee advises and supports the Agency for Health Care Administration to develop and implement a strategy for establishing a privacy-protected, secure, and integrated statewide network for the communication of electronic health records among authorized parties. The Committee functions as an issue-oriented technical workgroup of the State Consumer Health Information and Policy Advisory Council.

- 1) In 2008, the HIE Coordinating Committee endorsed the Personal Health Record website for disaster preparedness developed by the Agency.
- 2) In 2008, the HIE Coordinating Committee awarded a Point of Care Grant to the Miami-Dade County Health Department to install Electronic Health Record software in two free clinics in Miami.
- 3) In 2009, the HIE Coordinating Committee approved the launch of a Medicaid health information exchange in a public-private partnership between the Agency and Availity, LLC. Availity will integrate Florida Medicaid, Blue Cross Blue Shield of Florida and Humana claims data into a claims-based electronic health record and offer it at no charge to all Medicaid providers in the state. Future plans are to include lab results, immunization data and discharge data on the uninsured.
- 4) In 2009, the HIE Coordinating Committee endorsed a \$1 million Rural Infrastructure Grant to leverage the construction of a broadband network among ten rural health care facilities as part of the FCC Rural Health Care Pilot Project.

*Last Updated: 04.09.2009*



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

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

**Governance:** 10 Advisory Board members

**Source of Authority:** Executive Order

**Source Document:**

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

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

**State CIO Involvement:** The Georgia Technology Authority is an ad-hoc member of the HITT board; the State CTO represents GTA at those meetings.

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

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

*Last Updated: 03.31.2009*











## Indiana Health Informatics Corporation (IHIC)

**Group Website:** No website

**Governance:** 9-member Board

**Source of Authority:** Legislation

**Source Document:** [www.in.gov/legislative/bills/2007/IN/IN0551.1.html](http://www.in.gov/legislative/bills/2007/IN/IN0551.1.html)

**State Government Involvement:** The IHIC was created by the state to guide and promote health information exchange in Indiana. Several representatives of state government are included on the Board of IHIC.

**State CIO Involvement:** No State CIO involvement is detected at this time.

**Major Initiatives:** The formation of the Indiana Health Informatics Corporation (IHIC) was enabled by the passage of legislation during the 2007 general session and became effective on July 1, 2007. The IHIC has set future focus areas of data availability, quality and patient safety and policy and envisions its role as a planner, promoter and advocate of Indiana Health Information Exchanges (HIE's).

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

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

Initiatives include their DOCS4DOCS® clinical messaging service, which electronically delivers lab and test results securely and efficiently. The organization also offers the Quality Health First® program, a disease management service that is supported by an aggregated repository built by the Regenstrief Institute.

*Last Updated: 04.15.2009*



## Iowa Electronic Health Information Advisory Council and Executive Committee

**Group Website:** [www.idph.state.ia.us/hcr\\_committees/electronic\\_health\\_info.asp](http://www.idph.state.ia.us/hcr_committees/electronic_health_info.asp)

**Governance:** 9-member Executive Committee and 18-member Advisory Council

**Source of Authority:** Legislation

**Source Document:** [www.idph.state.ia.us/pdf/electronic\\_health\\_info.pdf](http://www.idph.state.ia.us/pdf/electronic_health_info.pdf)

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

**State CIO Involvement:** The state CIO is a member of the Electronic Health Information Advisory Council.

**Major Initiatives:** The Council was created as a public-private effort to promote the adoption and use of health information technology in Iowa. The Executive Committee of the Council makes recommendations to IDPH on improving health care quality, increasing patient safety, reducing health care costs, enhancing public health, and empowering individuals and health care professionals with real time medical information.

The legislation requires the development of a statewide health information technology plan by July 1, 2009. Standards and policies developed for the plan must promote and be consistent with national standards developed by the Office of the National Coordinator for Health Information Technology of the U.S. Department of Health and Human Services.

The council met for the first time Jan. 16, 2009. Seven workgroups have been formed to address various issues in the formation of an Iowa eHealth network, with an expected federal grant opportunity on the horizon. Iowa is in the "planning" phase of the eHealth project, but stakeholders from across the health care spectrum are involved in the formation of policy related to the eHealth system.

The workgroups are:

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

*Last Updated: 04.15.2009*



## Kansas Health Information Advisory Panel

**Group Website:** No website

**Governance:** 7-member Panel

**Source of Authority:** Governor

**Source Document:** [www.governor.ks.gov/news/NewsRelease/2008/nr-08-0219a.htm](http://www.governor.ks.gov/news/NewsRelease/2008/nr-08-0219a.htm)

**State Government Involvement:** The Governor called on the state agency, Kansas Health Policy Authority (KHPA), to create the Panel and the Governor (or designee) and the Executive Director of the KHPA (or designee) serve as ex-officio members of the Panel. This Panel serves as an advisory committee to the Governor and to the KHPA.

**State CIO Involvement:** The state CIO is not currently involved with the Panel.

**Major Initiatives:** To advance the availability of health information technology and decrease health care costs, Governor Sebelius asked the Kansas Health Policy Authority to establish an advisory panel for a statewide health information technology exchange in early 2008.

This served as a follow-on to the previously created Kansas Health Information Exchange (HIE) Commission which was tasked to advance the use of technology, decrease health care costs, and improve health care quality in Kansas.

That Commission issued a report identifying leadership and resource needs as the key issues to support and stimulate HIE on a statewide level. As the top agency for health care, the KHPA was best suited to provide this leadership and guide the development of a statewide health information technology and exchange. From this, the Panel was created.

*Last Updated: 03.05.2009*







## Louisiana Health Information Exchange (LaHIE)

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

**Governance:** Nine member organizations have a representative on the Steering Committee.

**Source of Authority:** Louisiana Department of Health and Hospitals

**Source Document:** [www.dhh.louisiana.gov/offices/news.asp?ID=156&Detail=747](http://www.dhh.louisiana.gov/offices/news.asp?ID=156&Detail=747)

**State Government Involvement:** LaHIE began as a contract between Louisiana Department of Health and Hospitals and the Office of the National Coordinator for Health Information Technology. Louisiana Medicaid Program is also part of LaHIE.

**State CIO Involvement:** The state CIO has been engaged with LaHIE stakeholder groups.

**Major Initiatives:** LaHIE is a collaborative consortium of public and private health care organizations with an interest in maximizing technology to improve access to health information and patient care. It was developed to be a prototype for health information exchange and its initial primary focus was to recover and recreate medical histories for Hurricane Katrina and Rita evacuees.

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

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

The LaHIE steering committee identified short-term and long-term goals in the next three to five years.

Among the Phase II goals are:

- Formalizing the governance structure;
- Executing of a participant agreement;
- Developing of a sustainable business model;
- Recruiting new publishers; and
- Establishing an independent operating entity.

*Last Updated: 04.06.2009*



## Maine HealthInfoNet (HIN)

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

**Governance:** 19-member Board of Directors

**Source of Authority:** Non-profit

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

**State Government Involvement:** Representatives from the Maine Department of Health & Human Services and the Governor's Office of Health Policy and Finance sit on the Board.

**State CIO Involvement:** An Office of Information Technology representative has been designated as the administrator of the technology aspects of the project.

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

Interfaces between HIN and six participating organizations are now being tested and should be finalized this fall. Clinical content from each provider organization has been mapped, enabling the first exchange of clinical data to begin before the end of 2008.

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

HIN's 24-month demonstration phase was launched in February. It includes participation by Maine's four largest health care delivery systems, Franklin Memorial Hospital, Martin's Point Healthcare and the Maine Center for Disease Control and Prevention. These organizations account for fifty-two percent of annual inpatient discharges and more than forty percent of annual outpatient visits across Maine.

*Last Updated: 04.15.2009*





## Massachusetts Health Data Consortium (MHDC)

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

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

**Source of Authority:** Incorporated as a 501(c)(3) non-profit organization. Various Administrations have delegated health care community coordination responsibilities to MHDC in areas such as HIPAA education and the Massachusetts Health Information Security and Privacy Collaborative (HISPC).

**Source Document:** [www.mahealthdata.org/consortium/mission/history.html](http://www.mahealthdata.org/consortium/mission/history.html)

**State Government Involvement:** Representatives of state government sit on the Board of Directors positions are designated for the Commonwealth of Massachusetts. In addition, staff members from various state agencies actively participate in Consortium forums, workgroups and events.

**State CIO Involvement:** The state CIO's office is represented in one of the Board seats reserved for state government.

**Major Initiatives:** The Consortium's mission is to promote health information technology and health information exchange. This mission is implemented through (1) facilitating discussion Forums that bring the health-care community together to address issues of concern to certain stakeholders (e.g., chief information officers, data managers, operations staff) and particular topics (e.g., behavioral health, electronic health record implementation, rural health); (2) holding educational events several times a year that attract renowned speakers and hundreds of participants; and (3) implementing projects to advance HIT and HIE such as the Massachusetts Health Information Security and Privacy Collaborative (HISPC).

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

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

The Massachusetts e-Health Collaborative and the Massachusetts Health Data Consortium and its subsidiary MA-SHARE are each crucial organizations influencing HIT efforts in Massachusetts. The eventual goal is to link the communities participating in the current pilot program – and others – to MA-SHARE.

*Last Updated: 04.17.2009*







# MINNESOTA



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

*Last Updated: 04.20.2009*



## Mississippi Health Information Infrastructure Task Force

**Group Website:** No website

**Governance:** 20-member Task Force

**Source of Authority:** Executive Order

**Source Document:** [www.governorbarbour.com/proclamations/Executive](http://www.governorbarbour.com/proclamations/Executive)

**State Government Involvement:** Representatives from state government agencies sit on the Task Force, as well as two members of the state House of Representatives and two members from the state Senate.

**State CIO Involvement:** The state CIO is a member of the Task Force, created by Governor Haley Barbour by Executive Order 979 in March 2007. The state CIO is also a member of the state delegation appointed by Governor Barbour to the Gulf Coast Health Information Technology Task (GCTF) created by the Southern Governors' Association.

**Major Initiatives:** The Task Force is directed to develop recommendations for an overall strategy for the adoption and use of health information technology and health information exchange to improve health and health care in Mississippi; identifying the benefits and costs of a comprehensive statewide health information technology infrastructure; addressing potential technical, scientific, economic, security, privacy, and other issues related to the adoption of interoperable healthcare information technology; identifying existing health information technology resources, including funding sources, to support the development of a statewide health information infrastructure; identifying technology options to realize a comprehensive health care information infrastructure; and ensuring health information privacy and security in electronic health information exchange.

Additionally, Mississippi is part of The Gulf Coast Health Information Technology Task Force (GCTF) is a collaborative group coordinated by the Southern Governors' Association (SGA) and composed of Governors' appointees representing Alabama, Louisiana, Mississippi, and Texas. The GCTF is charged with the responsibility of developing a plan for a technology infrastructure upon which health care delivery and financing organizations can provide the technologies and processes required to provide effective, efficient, and consumer-focused approaches to health care delivery. This initiative is supported with funding received from the Robert Wood Johnson Foundation and the U.S. Department of Health and Human Services' Office of the National Coordinator.

The first milestone for the task force was the development of an action plan for Mississippi Health Information Infrastructure, published in October of 2007. The plan detailed recommended activities, staffing requirements, funding options, and milestone dates necessary to achieve the executive order goals within the two year time frame. As a result of the work accomplished by the task force, the Office of the Governor was able to secure funding to establish a coastal Mississippi hybrid clinical data repository/health information exchange. The Mississippi Department of Information Technology Services (ITS) provided technical advice and oversaw the procurement process for RFP 3560, developed for Mississippi Foundation for Medical Care, Inc. dba Information and Quality Healthcare (IQH).

The primary goal of this RFP is a restructuring effort to improve patient care delivery in Mississippi, particularly for Pearl River, Stone, George, Hancock, Harrison, and Jackson counties. These are the state's six coastal counties that were most affected by Hurricane Katrina. As a proof-of-concept, the MS Coastal Health Informa-

# MISSISSIPPI



tion Exchange (MSCHIE) was formed and will begin concentrating on these six coastal counties while focused on integrating patient information and linking providers on an interoperable network to improve patient care and reduce costs. The long-term vision is the formation of a statewide hybrid clinical data repository/health information exchange, so as the exchange matures and expands, the network would benefit all Mississippians.

After the completion of the procurement process for RFP 3560, Medicity Inc. received a notice of award from IQH on September 20, 2008 as the best technical and lowest cost vendor. Subsequent contract negotiations have been finalized and implementation has begun for the hybrid HIE/data repository with hopes of live data being exchanged amongst the initial stakeholder by the middle of June 2009.

*Last Updated: 03.06.09*



## Transform Missouri

**Group Website:** <http://transform.mo.gov>

**Source of Authority:** Governor

**Source Document:** [http://governor.mo.gov/Transform\\_Missouri\\_Initiative](http://governor.mo.gov/Transform_Missouri_Initiative)

**State Government Involvement:** The Transform Missouri Initiative will include planning and implementation of a HIT initiative.

**State CIO Involvement:** The state CIO will lead the Health IT efforts of the American Recovery and Reinvestment Act (ARRA) in coordination with the Governor's Transform Missouri Initiative, as well as the state public health and social services agencies. The money from the ARRA is expected to flow through the Transform Missouri Initiative.

**Major Initiatives:** The state CIO is currently in the process of compiling a broad Task Force to assist in promoting, planning and implementing health IT in the state. This Task Force has not yet been fully formulated and is just in the beginning stages.

Additional HIT efforts in Missouri include:

*MO HealthNet:* Legislation reforming Missouri's state healthcare program passed during the 2007 Legislative Session. Senate Bill 577 replaces the Medicaid program with MO HealthNet, which focuses on preventive care over more costly emergency care and emphasizes transparency and consumer choice. Senate Bill 577 is located at [www.senate.mo.gov/07info/BTS\\_Web/Bill.aspx?SessionType=R&BillID=28834](http://www.senate.mo.gov/07info/BTS_Web/Bill.aspx?SessionType=R&BillID=28834)

*CyberAccess:* Located within the Department of Social Services Division of Medical Services, is an innovative Electronic Health Record program for Medicaid recipients is available to their healthcare providers. The web-based tool, called CyberAccess, allows physicians to prescribe electronically, view diagnosis data, receive alerts, select appropriate preferred medications and electronically request drug and medical prior authorizations for their Medicaid patients. More information is available at [www.dss.mo.gov/mhd/cs/index.htm](http://www.dss.mo.gov/mhd/cs/index.htm).

*Last Updated: 04.15.2009*



## HealthShare Montana

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

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

**Source of Authority:** Non-profit

**Source Document:** <http://healthinfo.montana.edu/healthit.html>

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

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

**Major Initiatives:** HealthShare Montana, formerly known as the Montana HIT Task Force, began as a grass-roots coalition of healthcare providers, state and federal agencies, consumers and other stakeholders that share in common the primary goal of promoting the use of electronic health information technology throughout the state.

HealthShare Montana is an organization of healthcare providers and stakeholders brought together with the assistance of U.S. Senator Max Baucus as a result of his desire to improve healthcare for Montanans. These representatives and stakeholders met throughout 2006 and 2007. The meetings were held at several locations around Montana, and participants attended in person and via phone and videoconference. Thirty-three stakeholders were represented. Categories of stakeholders ranged from healthcare providers and healthcare facilities to payers, state government, physician and hospital associations, and representatives of the Office of Rural Health and Montana educational institutions.

Issue-specific groups titled Governance, Finance, Technology, Physician Champions, Legislative, and Public Interest have formed from volunteers, and as a result of the work of several of these groups, an organizational resolution and a Steering Committee were approved at the January 19, 2007 meeting. Articles of Incorporation have been accepted by the State of Montana, and HealthShare Montana is now a Public Benefit Corporation. Bylaws to reflect this function and purpose have been drafted and approved. An application to become a 501(c)3 corporation has been submitted.

On July 11<sup>th</sup>, 2007, a formal board was elected. The HealthShare Montana Board will be tasked with maintaining and refreshing the vision, strategy, and outcome metrics underpinning the project. It will also provide advocacy when needed and build trust, buy-in, and participation of major stakeholders statewide. Additionally, the Board will work to assure equitable and ethical approaches in implementing HIT, HIE, and all forms of telehealth in Montana. It may also raise, receive, manage, and distribute state, federal, or private funds. It will prioritize and foster interoperability for statewide and regional projects.

*Last Updated: 03.06.2009*



## Nebraska Information Technology Commission eHealth Council

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

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

**Source Document:** [www.nitc.ne.gov/eHc/eHealthCounciloverviewJan2008.pdf](http://www.nitc.ne.gov/eHc/eHealthCounciloverviewJan2008.pdf)

**State Government Involvement:** The Nebraska Information Technology Commission, which is chaired by the Lieutenant Governor, formed the eHealth Council in 2007. The eHealth Council includes representatives of state government as well as representatives from public health, health care providers, eHealth initiatives, payers and employers, consumers, and resource providers.

**State CIO Involvement:** The Office of the CIO is represented on the eHealth Council and provides administrative and programmatic support.

**Major Initiatives:** The Nebraska Information Technology Commission's eHealth Council was created to foster the collaborative and innovative use of eHealth technologies through partnerships between public and private sectors, and to encourage communication and coordination among eHealth initiatives in Nebraska. The eHealth Council is currently developing a state eHealth plan.

The eHealth Council is charged with:

- Reviewing the current status of healthcare information technology adoption by the healthcare delivery system in Nebraska;
- Addressing potential security, privacy and other issues related to the adoption of interoperable healthcare information technology in Nebraska;
- Evaluating the cost of using interoperable healthcare information technology by the healthcare delivery system in Nebraska;
- Identifying private resources and public/private partnerships to fund efforts to adopt interoperable healthcare information technology;
- Supporting and promoting the use of telehealth as a vehicle to improve healthcare access to Nebraskans; and
- Recommending best practices or policies for state government and private entities to promote the adoption of interoperable healthcare information technology by the healthcare delivery system in Nebraska.

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

### Nebraska Health Information Initiative (NeHII)

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

**Governance:** NeHII Board of Directors

**State Government Involvement:** The Lieutenant Governor sits on the Board of Directors and a grant from the Nebraska Information Technology Commission provided partial funding for the pilot in 2009. NeHII is also actively involved in the Nebraska Information Technology Commission's eHealth Council.

# NEBRASKA



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

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

## Nebraska Statewide Telehealth Network

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

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

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

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

**Major Initiatives:** The Nebraska Statewide Telehealth Network connects over 100 hospitals and public health departments in Nebraska, connecting rural patients to clinicians through videoconferencing and allowing professionals across the state to collaborate. The network received a \$95,000 appropriation in the most recent spending package approved by President Barack Obama.

*Last Updated: 04.08.2009*





## Nevada Partnership for Value-Driven Care

**Group Website:** [www.healthinsight.org/partnerships/transparency/nevada.html#mission](http://www.healthinsight.org/partnerships/transparency/nevada.html#mission)

**Governance:** Steering Committee

**Source of Authority:** Non-profit

**State Government Involvement:** Several state government agencies have representation on the Steering Committee.

**State CIO Involvement:** NASCIO could not detect state CIO involvement

**Major Initiatives:** The Nevada Partnership for Value-Driven Health Care is a multi-stakeholder community health care collaborative made up of public and private payers, purchasers, providers (institutional and individual) and the public. The Partnership was created under the guidance of HealthInsight, which is a private, non-profit Medicare Quality Improvement Organization (QIO) dedicated to improving the healthcare systems of Nevada and Utah.

On September 3, 2008 the Nevada Partnership was designated a Chartered Value Exchange (CVE). The Partnership has been designated as a "Community Leader" by the Agency for Healthcare Research and Quality (AHRQ).

The Partnership's goal is to improve the quality, accessibility, safety, equity, efficiency, and coordination of health care in Nevada by providing patient-centric health care and a system that provides a full range of information to consumers about the quality and cost of health care options. To accomplish this goal, the Partnership will:

- Utilize provider-level data from multiple payer sources
- Aggregate, analyze and provide comparative reports on consensus-derived measures of quality, price/cost, and volume
- Support the transparency of these data in order to stimulate quality improvement
- Inform consumer decision-making, and develop and align provider and consumer incentives

*Last Updated: 04.02.2009*



## New Hampshire Citizens Health Initiative

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

**Governance:** 2 Co-Chairs and Executive Director

**Source of Authority:** Governor

**Source Document:** [www.nh.gov/governor/news/2005/092205health.htm](http://www.nh.gov/governor/news/2005/092205health.htm)

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

**State CIO Involvement:** The state CIO is not currently involved with this effort.

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

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

The working groups examined:

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

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

*Last Updated: 03.06.2009*



## New Jersey Health Information Technology Commission

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

**Governance:** 19-member Commission

**Source of Authority:** Governor

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

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

**State CIO Involvement:** NASCIO staff research could not detect state CIO involvement.

**Major Initiatives:** The NJ-HIT Commission was created by the New Jersey Health Information Technology Promotion Act, and its members, with the assistance of the Department of Banking and Insurance, are charged with developing, implementing and overseeing the establishment and creation of a state-wide health information technology plan utilizing electronic medical records.

Among other things, the Commission will be looking to the national standards for the State's HIT system for security, privacy, data content, format, vocabulary and information transfer standards.

*Last Updated: 03.06.2009*



## New Mexico Health Information Collaboration (NMHIC)

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

**Governance:** 4 LCF/NMHIC Executives

**Source of Authority:** Non-profit

**Source Document:** [www.lcfresearch.org/additional/LCF-NMHIC\\_Profile\\_for\\_NHIN.doc](http://www.lcfresearch.org/additional/LCF-NMHIC_Profile_for_NHIN.doc)

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

**State CIO Involvement:** NASCIO staff research could not detect state CIO involvement

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

- **Summary Patient Record:** Access to a patient's Summary Patient Record, also referred to as a Continuity of Care Record, portable amongst different health care systems and providers, for key patient data. This data would usually include: problem list/diagnoses, medication list, allergy list, immunizations, procedures, and dates of service and names of providers, viewed through the NMHIC Clinician Portal.
- **Lab Results:** Access to a patient's laboratory results from multiple laboratories, viewed through the NMHIC Clinician Portal.
- **Radiology and Imaging Reports:** Access to a patient's radiology and imaging reports from multiple radiology providers, viewed through the NMHIC Clinician Portal.
- **Discharge Summaries:** Access to a patient's discharge summaries from multiple hospitals, viewed through the NMHIC Clinician Portal.
- **Access to patient record information via the Nationwide Health Information Network (NHIN).** NMHIC users will also be able to access patient record information from other organizations that are connected to the NHIN, including the Veterans' Health Administration, the Department of Defense Military Health System, the Indian Health Service, etc., viewed through the NMHIC Clinician Portal.

*Last Updated: 04.13.2009*



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

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

**Governance:** NYS OHITT is an office established within the New York Department of Health; NYeC has an 11-member Board of Directors from the private sector as well as participation in collaborative activities by members of the New York State Department of Health

**Source of Authority:** Commissioner of Health

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

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

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

**State CIO Involvement:** Currently, the state CIO does not have any direct oversight over the HIT initiatives for New York. However, the State CIO has convened a Health IT Cluster Group of CIO's to collaborate and discuss on further developing an open, HIT strategy within NYS.

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

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

At the present time, New York State has elected to develop health information policies, standards and technical protocols governing the health IT infrastructure – collectively referred to as Statewide Policy Guidance. NYeC, in partnership with the office of Health Information Technology Transformation (OHITT) within DOH, is leading the development of statewide policy guidance through an open, transparent, and consensus driven process to which all contribute to ensure health IT advances in the public's interest. This process is referred to as the Statewide Collaboration Process (SCP). The SCP is largely driven by the efforts of its four collaborative workgroups, which recommend policies and procedures, standards, technical approaches and services to the NYeC Policy and Operations Council, the NYeC Board and the NYS DOH. The four workgroups are: (1) Clinical Priorities; (2) Privacy and Security; (3) Technical Protocols and Services; (4) EHR Collaborative. Each workgroup is

## NEW YORK



co-chaired by someone from the private sector as well as someone from the NYS DOH with expertise in that area. As part of its commitment to the public-private infrastructure evolving to support statewide interoperability, the State of New York has committed \$5 million to NYeC over the next two years to manage the statewide collaborative process.

Key strategies and activities include:

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

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

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

*Updated: 04.20.2009*



## North Carolina Health Information Technology Strategic Planning Task Force

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

**Governance:** The Task Force is composed of representatives of major medical centers, physicians, mental health, universities and several non-profits including NCHICA and Blue Cross/Blue Shield of North Carolina.

**Source of Authority:** Governor's Directive

**State Government Involvement:** The Task Force is chaired by the Deputy State Health Director and includes appointees from major health care sector representatives. The Task Force is supported by staff and subject matter experts from the Department of Health and Human Services, the Office of Management and Budget, Information Technology Services and the Governor's Office and sector organizations.

**State CIO Involvement:** The Deputy SCIO and other staff are directly involved in the work of the Task Force.

**Major Focus:** In April of 2009, the Governor established this Task Force to develop the HIT Strategic Plan that will shape a vision for the state and guide future information technology decisions. This work will also position North Carolina to make the best use of new federal ARRA stimulus funds for Health IT.

*Prior initiatives in North Carolina making strides toward statewide health information include:*

### Healthcare Information and Communications Alliance (NCHICA)

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

**Governance:** 30-member Board of Directors

**Source of Authority:** Executive Order of the Governor

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

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

**State CIO Involvement:** The staff of the state CIO's office has been involved in the work of NCHICA for several years. Currently, a member of the SCIO's Policy staff is a voting member of the NC Health Information Exchange Council created by NCHICA. In addition, the Deputy SCIO for Enterprise Services is providing technical advice to the Technology and Operations Committee of the NC HIE Council.

**Major Initiatives:** NCHICA is the premiere consortium in North Carolina that champions the adoption of information technology and enabling policies to improve health and care across North Carolina and with adjacent states when cross-border care is involved. Working closely with its members, NCHICA operates in many venues as a neutral convener, promoter, educator, catalyst and innovator. NCHICA leads demonstration projects, hosts educational sessions, fosters collaborative efforts and supports statewide and national initiatives that promote standards-based IT and policy in health and care statewide.



## NORTH CAROLINA



NCHICA led NC's participation in Phases 1 and 2 of the Health Information Security and Privacy Collaboration (HISPC) funded by ONC and the Agency for Health Research and Quality (AHRQ) in conjunction with the National Governors Association and is currently working on Phase 3. Under contract with the HHS Office of the National Coordinator for Health Information Technology (ONC), NCHICA has been the focus for NC's participation in the development of the Architectural Prototypes for the Nationwide Health Information Network (NHIN) and the Trial Implementations phase that featured several of the key "use cases" to demonstrate the appropriate exchange of information among patients, hospitals, doctors, laboratories, and Federal agencies (SSA, DoD, VA, IHS).

NCHICA is using the expertise gained throughout its NHIN collaboration among leading hospitals, physician practices, government agencies, payers, and vendors to accelerate development of local and statewide health information exchange (HIE).

*Last Updated: 04.17.09*



## North Dakota Health Information Technology Steering Committee

**Group Website:** [www.governor.state.nd.us/boards/boards-query.asp?Board\\_ID=155](http://www.governor.state.nd.us/boards/boards-query.asp?Board_ID=155)

**Governance:** 20-member Board

**Source of Authority:** Legislation

**Source Document:** [www.legis.nd.gov/assembly/60-2007/bill-text/HAVG0200.pdf](http://www.legis.nd.gov/assembly/60-2007/bill-text/HAVG0200.pdf)

**State Government Involvement:** The Steering Committee consists of the state Health Officer, the Governor or the Governor's designee, the Executive Director of the Department of Human Services or the Executive Director's designee, individuals appointed by the Governor to represent state government interests, and individuals appointed by the state Health Officer to represent health information technology stakeholders.

**State CIO Involvement:** The State CIO sits on the Steering Committee as a representative of the Governor.

**Major Initiatives:** The steering committee is charged with making recommendations for implementing a statewide interoperable health information infrastructure that is consistent with emerging national standards and promotes interoperability of health information systems for the purpose of improving health care quality, patient safety, and overall efficiency of health care and public health services.

The steering committee is also charged with the development of a grant program that will fund collaborative health information technology projects that will support health care providers in planning and implementing interoperable health information technology systems.

The committee is proposing the appointment of a ND Health Information Technology Officer to coordinate statewide health IT initiatives and develop the electronic medical records exchange system.

*Last Updated: 03.31.2009*



## Ohio Health Information Partnership Advisory Board

**Group Website:** <http://ohipab.pbwiki.com>

**Governance:** Two Co-Chairs for this 27-member Board

**Source of Authority:** Governor

**Source Document:** <http://das.ohio.gov/asd/press/PDFS/RELHIPAB2008031.pdf>

**State Government Involvement:** The Governor appointed the two Co-Chairs of the Board and several representatives from state government sit on the Board.

**State CIO Involvement:** A prior state CIO served as a Co-Chair of this Advisory Board.

**Major Initiatives:** On October of 2008, the Advisory Board heard recommendations from each of its four committees—Adoption, Exchange, Governance and Finance. This Board is legislatively sunsetted as of December, 2008.

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

In addition, HealthBridge ([www.healthbridge.org](http://www.healthbridge.org)) is a not-for-profit health information exchange serving Greater Cincinnati and surrounding areas. Founded in 1997, HealthBridge is one of the nation's largest, most advanced and most financially successful community health information exchanges. HealthBridge provides connectivity for 29 hospitals, more than 4400 physician users, 17 local health departments, dozens of physician offices and clinics, as well as nursing homes, independent labs, radiology centers and others in the healthcare community. Through their clinical messaging system, they deliver over 2.4 million results (laboratory, radiology, transcription and ADT) to more than 4,400 physicians each month. HealthBridge represents nearly 95% of the hospital sector activity in the Cincinnati region.

*Last Updated: 04.15.2009*



## Oklahoma Health Information Security and Privacy Council (OKHISPC)

**Group Website:** No website

**Governance:** 25-member Council which serves at the pleasure of the Governor

**Source of Authority:** Executive Order

**Source Document:** <http://www.sos.state.ok.us/documents/Executive/608.pdf>

**State Government Involvement:** The Governor's office and several state agencies provide leadership and representation on the Council.

**State CIO Involvement:** The state CIO is not currently involved in OKHISPC.

**Major Initiatives:** The Executive Order issued in 2008 created the Council to plan and implement recommendations for an Oklahoma Health Information Exchange. The council primarily provides state leadership and coordination of HIE efforts, works to facilitate a statewide dialogue on privacy and security, promotes lessons learned among stakeholders to facilitate the implementation of HIE, evaluate and makes recommendations to the Governor's office on a) the current status of HIE by the health care delivery system within Oklahoma b) emerging security and privacy issues related to the adoption of interoperable HIT in Oklahoma c) establishment of an Office of Health Information Exchange.

OKHISPC established a Health IT Plan with 3 Objectives:

- 1) **Privacy and Security:** Facilitate electronic exchange, access, and use of electronic health information, while protecting the privacy and security of patients' health information. Advance privacy and security policies, principles, procedures, and protections for health information access in the state of Oklahoma
- 2) **Interoperability:** Enable the movement of electronic health information to support patients' health and care needs across Oklahoma and throughout the nation. Enable the exchange of health information to support Oklahoma's population-oriented uses through collaborative efforts among all stakeholders.
- 3) **Adoption:** Promote statewide deployment of electronic health records (EHRs) and personal health records (PHRs) and other consumer health IT tools. Promote statewide adoption of technologies to improve population and individual health.

*Last Updated: 03.10.2009*



## OREGON



Concept of Operations. The MMIS will serve as a major hub for electronic health information exchange and will populate personal health record bank accounts for Medicaid recipients.

The **Health Record Bank of Oregon** (HRB Oregon) is a Medicaid Transformation Grant project. The HRB Oregon project is currently evaluating proposals to build and implement a health record bank that will store the health information of Oregon Medicaid beneficiaries in a central electronic location and make it available to the beneficiary/provider on a secure web-site. The **Behavioral Health Integration Project** (BHIP) is the electronic health record and hospital management system for the new Oregon State Hospital, which is currently under construction. BHIP will also enable state and county behavioral health systems to exchange electronic health records. **Oregon's Statewide Children's Wraparound Initiative** proposes a system of care of connected services for children with complex physical and mental health needs. It is envisioned that coordinated service-related information, including medical information, will be available to appropriate parties through a Web-based electronic record.

*Last Updated: 04.16.2009*



## Pennsylvania Health Information Exchange (PHIX)

**Group Website:** [www.rxforpa.com/phix.html](http://www.rxforpa.com/phix.html)

**Governance:** PHIX Executive Office

**Source of Authority:** Executive Order

**Source Document:** [www.rxforpa.com/assets/pdfs/PHIX.pdf](http://www.rxforpa.com/assets/pdfs/PHIX.pdf)

**State Government Involvement:** The Governors Office of Health Care Reform provides strategic vision, policy, and planning guidance to the PHIX. The PHIX Advisory Council, includes state agency and legislative representation.

**State CIO Involvement:** In 2008, the PHIX IT Director is directed, via an Executive Order, to report to the Deputy CIO of Health and Human Services in the Office of Information Technology (under the Office of the CIO).

**Major Initiatives:** The goal of PHIX is to create a statewide system for improving the authorized access to electronic health information for all Pennsylvania's health care providers, payers and patients.

The PHIX is to perform activities necessary to develop, implement and manage a statewide health information exchange and other health information technology initiatives within the Governor's Prescription for Pennsylvania. The Pennsylvania eHealth Initiative (PAeHI) is an advisory organization to PHIX and may provide research, analysis and recommendations.

*Last Updated: 03.10.2009*





## Rhode Island Health Information Exchange

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

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

**Source of Authority:** Governor

**Source Document:** [www.rilin.state.ri.us/News/pr1.asp?prid=5220](http://www.rilin.state.ri.us/News/pr1.asp?prid=5220)

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

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

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

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

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

Consumer protections in this law include:

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

*Last Updated: 04.15.2009*



## South Carolina Health Information Exchange (SCHIE)

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

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

**Source Document:** [www.dhhs.state.sc.us/Internet/pdf/SCHIE%20Release.pdf](http://www.dhhs.state.sc.us/Internet/pdf/SCHIE%20Release.pdf)

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

**State CIO Involvement:** NASCIO staff could not detect state CIO involvement.

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

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

In subsequent stages of SCHIE, the state plans to facilitate sharing of data from existing electronic medical records (EMRs) systems and integrate immunization records, lab results and hospital records.

*Last Updated: 03.10.2009*



## South Dakota e-Health Collaborative

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

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

**Source of Authority:** Executive Order

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

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

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

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

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

In 2008, four Work Groups were established for the Collaborative in area of: Patient/Provider Education and Outreach, Patient Consent and Legal, Payer/Provider Data Consensus and Technical Issues. The collaborative must submit an annual report to the governor and the secretary of the Department of Health.

*Last Updated: 03.26.2009*



# TENNESSEE



**Health Information Exchange (HIE):** Tennessee has three successful HIEs. The *Mid-South eHealth Alliance* is a regional health information organization (RHIO) sharing clinical encounter data among 24 emergency departments and ambulatory clinics in the Memphis area. They have approximately 2.1 million records from 880,000 unique patients and add approximately 30,000 records daily.

*Innovation Valley Health Information Network* is a community-based, non-profit collaborative of local consumers, physicians, hospitals, employers, payers and other healthcare providers and provides a collaborative, consumer-centric health information network that provides consumers and their permitted caregivers real-time access to consumers' current and historic medical records.

*CareSpark* is a regional, community-based non-profit organization serving northeast Tennessee and southwest Virginia. CareSpark has developed a secure network that enables exchange of information for the purpose of patient care and treatment among physicians, hospitals, pharmacies, laboratories, imaging centers, public health departments and other facilities serving approximately 750,000 patients in the region.

The state has added 2 new HIEs, MiddleTN Connected, which is situated in the middle TN area and is comprised of 5 local hospitals, and West TN Healthcare, which is located in upper West TN and is comprised of hospitals and clinics.

In late 2006, Governor Bredesen was appointed to co-chair the NGA's new State Alliance for eHealth, organized to oversee consensus efforts to improve the nation's health care system through the effective and efficient use of health information technology. The Governor continues to hold this post as Co-Chair.

*Last Updated: 03.25.2009*





## Vermont Information Technology Leaders (VITL)

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

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

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

**Source Document:** [www.vitl.net/interior.php/pid/2](http://www.vitl.net/interior.php/pid/2)

**State Government Involvement:** VITL is supported by state agencies and also receives funding for HIT research and development from the state budget. The VITL Advisory Board represents virtually every stakeholder in the healthcare arena in Vermont.

**State CIO Involvement:** The state CIO has served as a Director for VITL.

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

In January of 2009, VITL submitted its annual process report which highlighted that a pilot project of the Clinical Transformation Program was successfully launched in 2008 in assist 18 full-time Clinicians with EHR adoption and workflow redesign, ensuring that EHRs are deployed for maximum benefit in improving patient outcomes and efficiency. The development work accomplished during the pilot will enable VITL to ramp up its EHR implementation grant programs financed by the Health IT Fund in 2009.

Also in 2008, VITL launched its EHR Connectivity Service to enable hospitals to deliver electronic test results directly to physician EHRs. This service is critical for physicians implementing EHRs, and it lays the foundation for bi-directional health information exchange, which VITL expects to deploy in 2009.

VITL's staff and advisors also revised and updated the Vermont Health Information Technology Plan, first published in July 2007. This included a six-month process to solicit input from health care providers and consumers regarding development of privacy and security policies for the Vermont health information exchange network. A statistical snapshot of VITL's Progress is as follows:

- 1) Medication Histories Delivered: 85,000 from April 2007 to Jan. 2009
- 2) Blueprint Transactions: 795,000 to date
- 3) Lab Results Delivered: 53,000 from Sept. 2008 to Jan. 2009
- 4) Pilot Site EMRs: 82,000 Patient Visits a Year
- 5) Patient Demographics Registrations: 309,000 to date

*Last Updated: 04.15.2009*





## Virginia Health Information Technology Council/ Governor’s Office of Health IT

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

**Governance:** The Council is co-chaired by Secretary of Technology and Secretary of Health and Human Resources.

**Source of Authority:** Executive Order

**Source Document:** [www.hits.virginia.gov](http://www.hits.virginia.gov)

**State Government Involvement:** In 2006, Governor Kaine issued Executive Order 29 to continue the work of the Health Information Technology Council. Led by the Secretary of Technology and the Secretary of Health and Human Resources, stakeholders across the field of healthcare transformation and IT were brought together to further the mission of improving the cost and quality of care delivery in the Commonwealth. The Council undertook grant initiatives designed to provide public monies to private entities advancing the cause of health IT utilization. Executive Order 55 was issued in 2007 to extend the work of the Council in this endeavor.

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

**Major Initiatives:** Three “**Innovation Motivator**” organizations were chosen for grant awards based on their proposed health IT projects as well as their tenure and respect in the marketplace. During the second cycle of awards, two “**Pioneer in the Community**” organizations were chosen based on their emerging contribution to the health of their communities and their leadership position within their marketplace. During the past two years, intense planning, policy and program development has been undertaken by the Council and its grantee partners. The projects funded by the Council, and other health IT projects supported by the Council, will provide benefits not just to their own respective communities but to the Commonwealth as a whole.

| State Funds | Organization                       | Federal Funds |
|-------------|------------------------------------|---------------|
| \$250,000   | MedVirginia                        | \$4.47M       |
| \$250,000   | CareSpark                          | \$4.15M       |
| \$250,000   | Community Care Network of Virginia | \$1.95M       |
| \$150,000   | NOVARHIO                           | \$0.30M       |
| \$150,000   | Centra Health                      | \$0.25M       |

**The Commonwealth achieved 10-1 leverage on a \$1.1 Million investment.**

Other projects include:

**Virginia Health Exchange Network (VHEN):** Through a collaboration with the Virginia Hospital and Health-care Association, the Virginia Association of Health Plans, and the Governor’s Office of Health IT; Virginia payers and providers came together with the goal of lowering transaction costs associated with verifying a patient’s insurance eligibility. By procuring a common portal for Virginia providers to use when interacting with Virginia

# VIRGINIA



payers, it allows a provider to retrieve up-to-date eligibility information from any participating Virginia health plan. A request for information was issued in the summer of 2008 with vendor selection completed in the fall of 2008. Implementation is currently underway.

The Council also endorses the Hampton Roads area's pilot project to link civilian and military/VA health systems. These potential initiatives will leverage CCD reporting through the use of Personal Health Record (PHR) systems. There is a need for pediatric consultations between Portsmouth Naval Hospital, Virginia's largest birthing facility, and other civilian providers. Additional "value cases" will be developed as opportunities arise.

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

Virginia has strong representation on national standards development workgroups such as the Health Information Security and Privacy Collaborative. Also, the Commonwealth has been designated as a Chartered Value Exchange (CVE). The CVEs represent one of several initiatives undertaken by Health and Human Services (HHS) to implement a vision for health care reform built on four cornerstones including adopting interoperable health information technology.

*Last Updated: 04.15.2009*



## WASHINGTON



**Medical Records Technology Gap** – Evaluate the information technology infrastructure of institutions operated by the Departments of Social and Health Services, Veterans Affairs, and Corrections and prepare a strategy for the use electronic medical records at these facilities—completed.

*Last Updated: 04.15.2009*



## West Virginia Health Information Network (WVHIN) Board

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

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

**Source of Authority:** Legislation

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

**State Government Involvement:** State Government sponsors the HIE as a state agency. A number of members of the board of directors come from state government, including the Director of the Public Employees Insurance Agency, the Chief Technology Officer of the Office of Technology, Secretary of Health and Human Resources, Chair of the Health Care Authority and President of the Board of Pharmacy. The state's Chief Privacy Officer was appointed as the Executive Director in 2007.

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

**Major Initiatives:** This public/private collaborative Board is composed of provider, payer, state government, higher education and consumer representatives and is tasked with transforming the state's paper-based health care industry into a streamlined, statewide network of electronic medical records. To date, the Board has:

- Assisted Governor's office to pass legislation which authorized electronic prescribing in the state.
- Established a Technology Committee chaired by the CIO to evaluate HIT systems, business models, and sustainability in preparation for issuing an RFP for implementation of a statewide Health Information Exchange.
- Drafted an RFP and a business plan, both pending Board approval.
- Participating in the continuation of the HISPC project and a parallel consumer engagement and education project.
- Continuing as a prime contractor for the NHIN2 Trial Implementation.
- Participating with the WV Telehealth Alliance to apply for FCC Rural Health Pilot project and promotion of telehealth capabilities and infrastructure.
- Assisted with an application for a CAH FLEX HIT grant.
- Coordinating HIT planning activities with the state Medicaid's \$13.8 million Medicaid Transformation Grant awards.
- Working in coordination with the state Office of Technology and the Office of the Governor to support the Governor's initiative to provide broadband access for the entire state by 2010.
- Coordinating with multiple, ongoing HIT education and implementation projects around the state including the installation of the VA's VistA software in state operated hospitals and the Legislature's Roadmap to Health Project.

# WEST VIRGINIA



Other major initiatives with involvement from the state of West Virginia regarding statewide health IT include:

## **West Virginia Telehealth Alliance, Inc. (WVTA)**

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

**Governance:** 9-member Board of Directors

**Source of Authority:** Non-Profit Organization

**Source Document:** [www.wvtelehealth.org](http://www.wvtelehealth.org)

**State Government Involvement:** The Health Care Authority of West Virginia has provided \$550,000 in funds to assist with the funding needs associated with the alliance's participation in the FCC's Rural Health Care Pilot Project (see below). Also, it is anticipated that additional state funding for this project will be provided by the W.Va. Department of Health and Human Resources.

**State CIO Involvement:** The state's Chief Technology Officer is among the nine members of the alliance's board of directors.

**Major Initiatives:** The goal of the WVTA is to advance telehealth use and telemedicine capabilities throughout the Mountain State and to improve healthcare. Participants in the alliance include hospitals, rural healthcare centers, medical schools (WVU, Marshall, CAMC, WV School of Osteopathic Medicine), physicians, mental health centers, local health departments, senior groups, consumers as well as AFL-CIO and the West Virginia Chamber of Commerce as well as major telecommunications companies. A list of participants is found on the alliance's web site: [www.wvtelehealth.org/Network/Participants/tabid/101/Default.aspx](http://www.wvtelehealth.org/Network/Participants/tabid/101/Default.aspx). Objectives include:

- Develop a statewide telehealth network infrastructure to enhance healthcare delivery with priority emphasis is placed on rural medically underserved regions using telehealth/telemedicine technologies
- Help rural locations have increased access to healthcare and supporting services while containing or decreasing healthcare costs
- Aiding in the dissemination of relevant information, training and technical assistance to healthcare organizations and providers to assist them with the adoption, deployment and utilization of new and emerging telehealth technologies for patient treatment and care coordination
- Increase the use of distance learning in public health and medical care
- Help to spur the use of electronic medical records
- Facilitate access to training for healthcare workers, medical professional and patient education in rural and medically underserved areas

The West Virginia Telehealth Alliance is one of 69 organizations across the U.S. that has been selected to participate in the FCC's Rural Health Care Pilot Program. As such, the WVTA will have approximately \$9.7 million in state and federal funds to improve broadband connectivity among eligible health care entities in the state. Click [here](#) to learn more about the FCC's pilot program.



## West Virginia Roadmap to Health Project

**Group Website:** [http://healthcarereform.wvlegislature.gov/charter\\_chronic\\_care.cfm](http://healthcarereform.wvlegislature.gov/charter_chronic_care.cfm)

**Governance:** WV Legislature's Interim Select Committee D on Health

**Source of Authority:** Legislation

**Source Document:** <http://healthcarereform.wvlegislature.gov>

**State Government Involvement:** On May 19, 2008, the West Virginia Legislature called for all those engaged in healthcare to take a major step in addressing the monumental challenge of reform. Recognizing that a number of healthcare reform efforts were in progress and that a shared approach was needed, Senator Prezioso and Delegate Perdue (respective leaders of the Senate and House of Delegates committees on health) and Select Committee D on Health launched the "The Roadmap to Health Project". Those involved in the project will focus on how to build a state-of-the-art, preventative healthcare delivery system in West Virginia. This project will inventory, organize and build upon the quality initiatives already in progress here in West Virginia. This process will focus on developing the model that meet the needs of the citizens of West Virginia and will then focus on how to pay for it.

**State CIO Involvement:** Advisory Role

**Major Initiatives:** This workgroup is to recommend new payment models for supporting the development of a patient centered medical home (health home) with strategies to promote quality healthcare as well as other strategies to manage primary healthcare delivery, developing community level implementation strategies for the provider models (FQHC, family practice doctors, nurses or others) that provide timely care for those with health needs.

- Develop a common vision of what your workgroup intends to work toward
- The Health System Redesign Workgroup is researching various chronic care models around the country to develop a medial model of care that would be available to all West Virginians and would ensure primary and preventative care for all, a starting point for reform of the entire system
- The Administrative Simplification Workgroup is looking at provider credentialing; consumer-friendly hospital and physician statements; and the explanation of benefits, member identification cards and prior authorization requirements of payors
- The Chronic Care Management/Health Information Technology Workgroup is focusing on three primary areas: incentives to drive electronic medical records implementation in small clinics and offices; use of best electronic medical records practices; and creation of a system to provide ongoing support for electronic record usage through training and other education programs
- The Wellness and Health Promotion Workgroup has zeroed in on substance abuse; safety issues, immunizations; nutrition; and physical activity/physical education

*Last Updated: 04.20.2009*





## Wisconsin Health Information Exchange

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

**Governance:** Board of Directors

**Source of Authority:** Non-profit

**Source Document:** [www.wisgov.state.wi.us](http://www.wisgov.state.wi.us)

**State Government Involvement:** The Department of Health Services is involved in this initiative.

**State CIO Involvement:** NASCIO staff could not detect state CIO involvement

**Major Initiatives:** WHIE was formed to improve the quality, safety efficiency and accessibility of health care and public health by enabling collaboration and information sharing across multiple health care facilities. The WHIE ED Linking Project is being pursued in collaboration with the Milwaukee Health Care Partnership, WI Department of Health Services, and participating health care providers across the greater Milwaukee area. WHIE's technical business partner is Microsoft Health Solutions Group, with WHIE powered by Amalga.

After establishing its initial membership and pursuing pilot studies in 2005 and 2006, WHIE launched the ED Linking Project in 2007, with clinical use beginning in 2008. As of December 2008, WHIE had 13 hospitals across four delivery networks contributing data to the exchange, and five emergency departments using the exchange in regular patient care. In 2009, WHIE plans to expand the types of data (e.g. lab results, pharmacy information, imaging results) available to participants and also plans to expand the number of participating organizations.

The WHIE system is supported by federal directives to establish an interoperable national health information infrastructure. Southeast Wisconsin was one of nine recipients of funding from the national Connecting Communities for Better Health program to develop production systems and establish best practices that can then be shared across the state and country.\*

Recent WHIE accomplishments include: network integration work with the Wisconsin Health Alert Network, Wisconsin Immunization Registry and EMS system; applications to various potential funding partners in collaboration with other RHIOs across the country; and business plan development. WHIE projects planned for 2009 include implementation of a regional patient record location service, a data exchange system to support emergency care, feasibility testing of electronic results routing between hospitals, outpatient settings and public health, and planning for a regional medication registry.

As of November 2008, 13 hospitals contributing data to WHIE.

*Last Updated: 04.02.2009*



## Wyoming Health Information Organization (WyHIO)

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

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

**Source of Authority:** Non-profit

**Source Document:** <http://www.wybio.org/11.html>

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

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

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

### WHCC Contract

In October 2007, the WyHIO completed a survey for the Wyoming Healthcare Commission (WHCC) to provide information on existing healthcare information technology capability in Wyoming's medical community, specific software in use, access to high speed internet connections in Wyoming, and the ability to exchange electronic healthcare information among providers in Wyoming. The WyHIO contracted with the Wyoming Survey and Analysis Center at the University of Wyoming to conduct the survey, which began in early 2007. The cooperation of key stakeholders in the healthcare community was essential to help the WyHIO and the WHCC gauge the readiness of the Wyoming healthcare community to engage in healthcare information exchange. [View the report.](#)

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

### Federal Communications Commission Grant Application

Wyoming was recently awarded an FCC grant to tie health care providers together in a dedicated communications network. The WyHIO participated with 12 other organizations to apply for that grant. The pilot program will provide for the construction of state or regional broadband networks and services provided over those networks. The networks will be designed to bring the benefits of innovative telehealth and telemedicine services to those areas where the need is most acute. For additional information on the application, see [www.health.uwyo.edu/fcc](http://www.health.uwyo.edu/fcc).

The WHCC is supporting the WyHIO in this effort with funding for project management activities in the design and implementation of the communications network. Under this agreement, the WyHIO will ensure the network is expandable to meet the long term needs of the healthcare community, and help address security issues in the network.

To check progress on this project, see the Wyoming Health Information Resources website, Under the Statewide Telehealth/Telemedicine Network. [www.wyhir.org/Browse.aspx?S=4&F=45](http://www.wyhir.org/Browse.aspx?S=4&F=45)

