



State of New Hampshire

Health Information Exchange Planning and Implementation Project

Planning Phase Kickoff

June 8, 2010

Today's Meeting

- Purpose
- Objectives
- Agenda
- Deliverables / Outcomes

Purpose and Objectives

- ❑ The purpose of today's meeting is to update New Hampshire Health Information Exchange Stakeholder Representatives on the Health Information Exchange Planning and Implementation (HIEPI) project: where we are, where we have come from and where we are going to.

- ❑ The objectives of today's meeting are
 - To share the current vision for state level health information exchange for New Hampshire and how it is aligned with the Federal Programs resulting from the ARRA HITECH Act.
 - To review progress made since our Project Kickoff in November, 2009.
 - To outline the approach moving forward.
 - To meet with and gain familiarity with the others involved in the project.
 - To achieve commitment from stakeholders to the Planning Phase of the project.

Agenda

- | | | |
|--|---------------------------------|-------------------|
| <input type="checkbox"/> Welcome and Review Today's Meeting | Bill Baggeroer | 1:30 PM - 1:35 PM |
| <input type="checkbox"/> Vision for NH State Level HIE | Bill Baggeroer | 1:35 PM - 1:40 PM |
| <input type="checkbox"/> NH HIE Planning and Implementation Project – Progress to Date | Bill Baggeroer | 1:40 PM - 2:00 PM |
| <input type="checkbox"/> NH HIE Planning and Implementation Project – Moving Forward | Micky Tripathi
Mark Belanger | 2:00 PM - 2:40 PM |
| <input type="checkbox"/> Questions and Answers | Bill Baggeroer | 2:40 PM - 2:55 PM |
| <input type="checkbox"/> Wrap Up and Break into Work Groups | Dave Towne | 2:55 PM - 3:00 PM |
| <input type="checkbox"/> Meet in Work Groups | Work Group Leads | 3:15 PM - 4:15 PM |

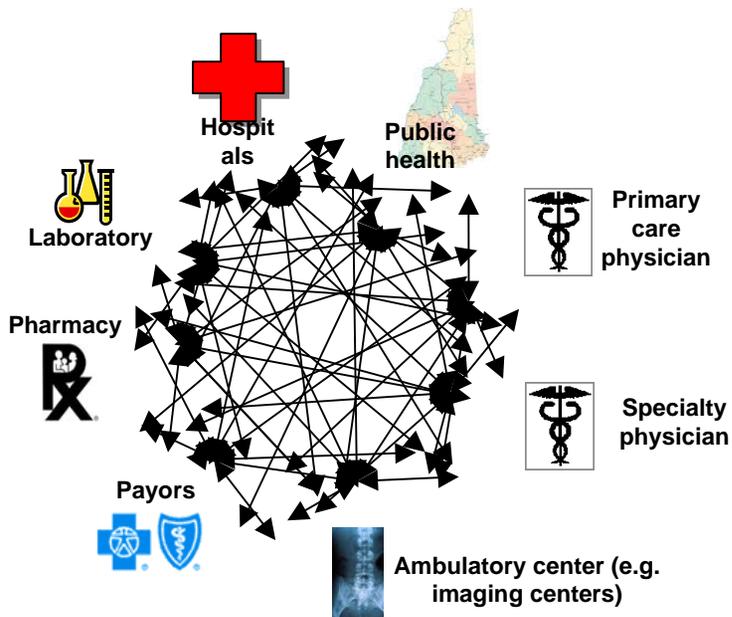
Deliverables / Outcomes

- ❑ At the end of this meeting, participants should...
 - Understand the vision for state level health information exchange for new Hampshire and how it is aligned with the Federal Programs resulting from the ARRA HITECH Act.
 - Understand progress made on the NH HIEPI project since our Project Kickoff meeting in November, 2009.
 - Have a general understanding of the Planning Phase of the project.
 - Have familiarity with others working on the project.
 - Commit to your role and participation during the Planning Phase of the project.

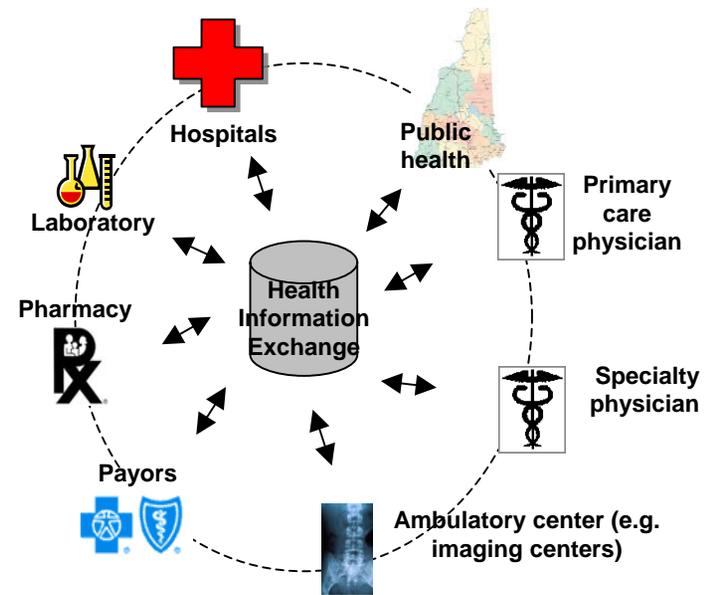
New Hampshire Vision for a State Level Health Information Exchange

Transition to Health Information Exchanges

Point to Point Interfaces

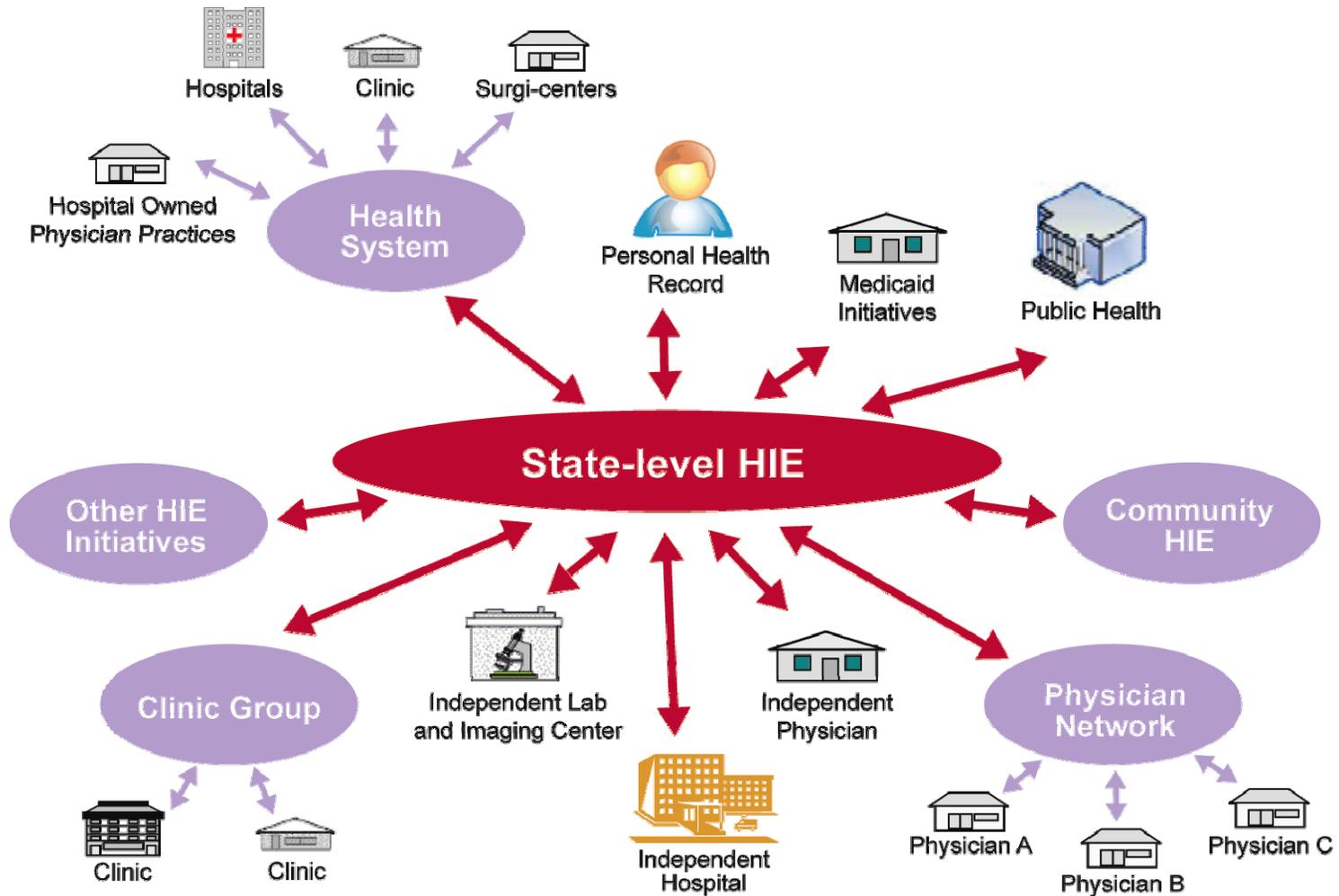


Health Information Exchange Model



Source: IHIE

State-Level HIE Concept



Source: Camilla Hull Brown, *Strategies for Tomorrow, Inc.*, 2008

Vision for NH Healthcare Information Technology and Exchange in 2014

...there is a need to recognize the interrelationships and importance of patient privacy, patient safety, and public health....the following vision for HIT/HIE for 2014:

- Private and Secure
 - A patient's personal health information will be secure, private, and accessed only with patient consent or as otherwise authorized or required by law.
- Promotes Quality, Safety, and Efficiency
 - HIT and HIE will serve as vehicles to promote quality and patient safety, increase efficiencies in health care delivery, and improve public health;
- Electronic
 - All health care providers will use a secure, electronic record for their patients' personal health information;
- Accessible
 - All patients will have access to a secure, electronic, and portable health record;
- Equitable
 - HIT will be a vehicle to support equitable access to health care services.

New Hampshire
Health Information Exchange
Planning and Implementation Project
Progress to Date

American Recovery and Reinvestment Act – Funding for Health IT

❑ Medicare (CMS)

- Incentives for Professionals
- Incentives for Hospitals

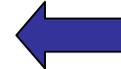
❑ Medicaid (CMS / State Medicaid)

- Incentives for Professionals
- Incentives for Hospitals

❑ State HIE Cooperative Agreement Program (ONC)

❑ HIT Regional Resource Centers Program (ONC)

❑ Broadband (Commerce and Rural Utilities Service)



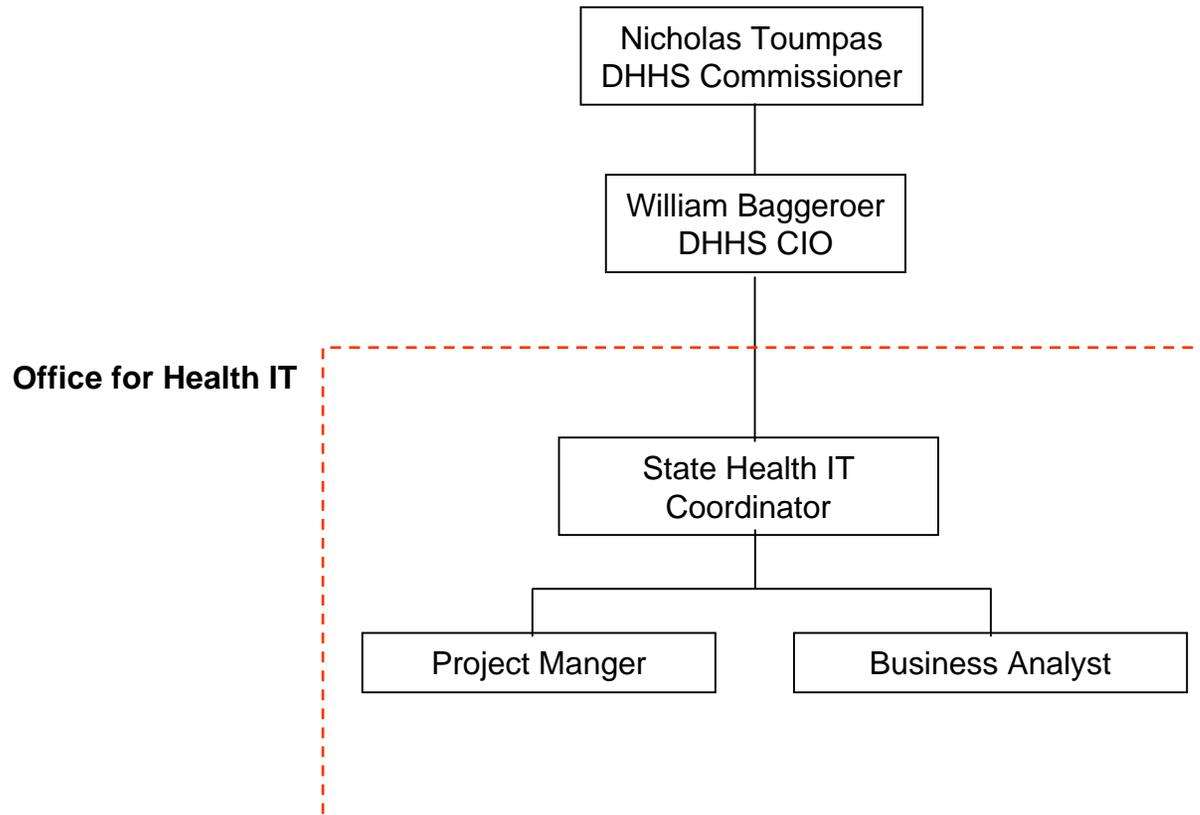
CMS – Centers for Medicare and Medicaid Services

ONC – US Health and Human Services Office of the National Coordinator for Health Information Technology

State HIE Cooperative Agreement Program – New Hampshire

- ❑ State HIE Cooperative Agreement announced – 08/20/09
 - Funding and a framework for HIE
- ❑ Letter of Intent submitted to ONC – 09/11/09
 - Designated Entity to apply for grant – NH Department of Health and Human Services
- ❑ Notification of Federal allocation of \$5.5M – 09/22/09
 - Over four years
 - Expectation that most of effort will be in first two years
- ❑ Application submitted to ONC – 10/16/09
- ❑ New Hampshire Health Information Exchange Planning and Implementation Project begins – 11/02/09
- ❑ Expected award announcement – 12/15/09 (02/12/10)
- ❑ Expected initial funds received – 01/15/10 (03/26/10)

New Hampshire Office for Health IT Organization Chart



NH HIE Planning and Implementation Objectives

❑ Project Objectives

- To create an HIE Strategic Plan for the State of New Hampshire that is accepted by the ONC and NH stakeholders
- To create an HIE Operational Plan for the State of New Hampshire that is accepted by the ONC and NH stakeholders
- To implement an initial HIE capability involving some healthcare providers sending and receiving some types of health information transactions.

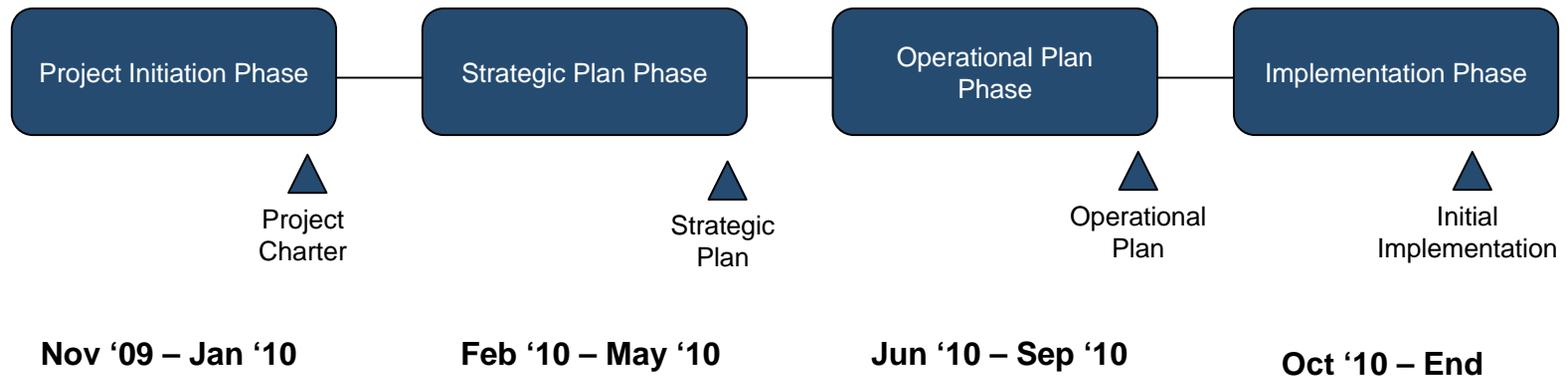
❑ Outcome Objectives

- To improve the quality of healthcare and patient safety for all NH citizens.
- To reduce the overall costs of providing healthcare services.
- To improve the quality of patient information and reduce the number of deaths due to medical errors.
- To reduce the amount of paper transaction and put more quality information at the point of service.
- To deliver better access to care regardless of the location of the patient throughout the state.
- To have consumer access to the portfolio of healthcare service and information.

High Level Approach - Original

A four-phased approach will be performed.

The **Project Initiation Phase** consists of project planning and preparation activities including the creation of a **Project Charter** that clearly documents the purpose, scope, objectives, approach, deliverables and governance of the project. The **Strategic Plan Phase** consists of describing the target HIE and addressing the five domains described earlier in a **Strategic Plan**. The **Operational Plan Phase** determines more specifically how the Strategic Plan will be achieved and is documented in an **Operational Plan**. The **Implementation Phase** will implement an initial HIE capability for New Hampshire. The **Initial Implementation** will consist of a few healthcare providers and transaction types. Once operational, additional providers, users and transaction types will be phased in.



▲ Primary Phase Deliverable

High Level Approach - Current

Original phased approach had to be modified to conform to ONC requirements disclosed at time of award (02/12/10).

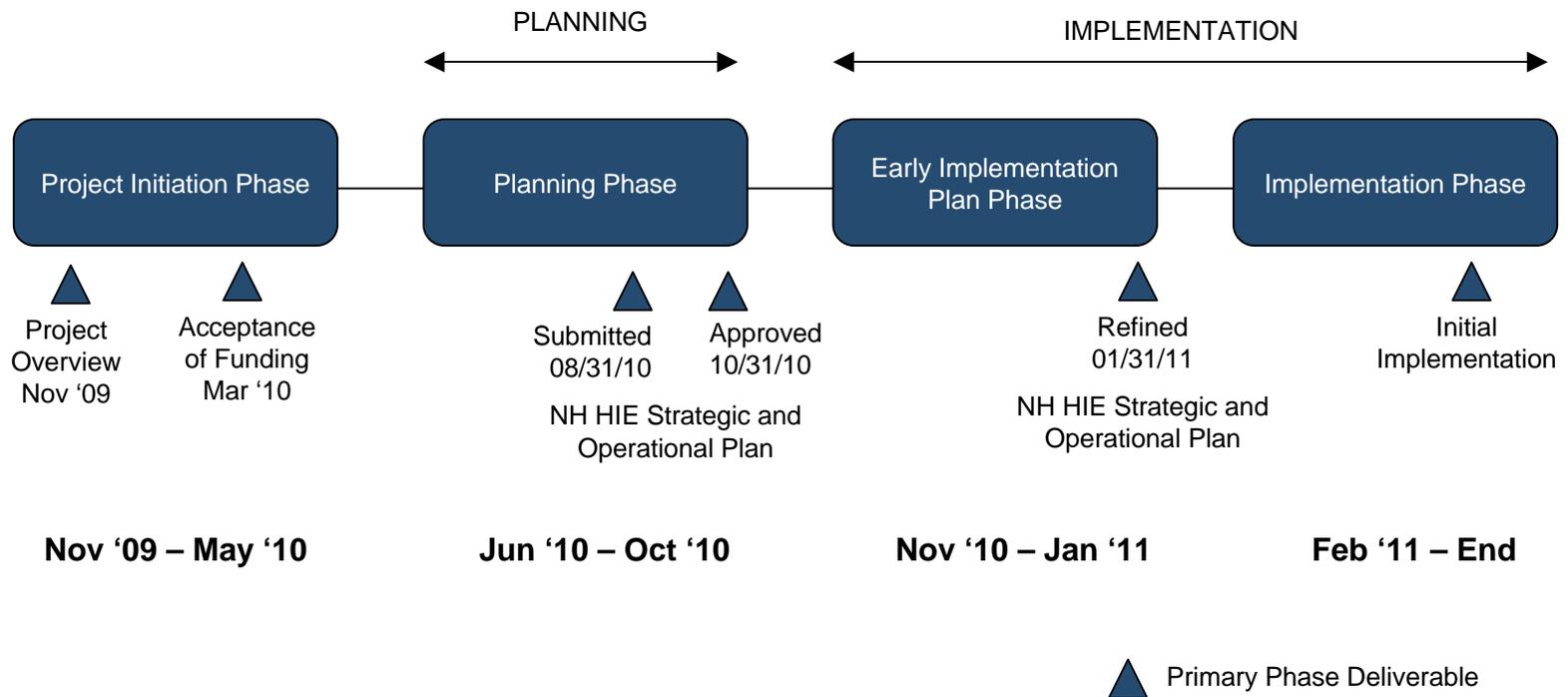
Planning Phase with Consulting Partner unable to begin until 06/01/10.

ONC requires submission of combined NH HIE Strategic and Operational Plan by 08/31/10.

ONC approval of Plan expected by 10/31/10.

Plan will likely need refinement after approval.

- Clear ONC conditional approval restrictions.
- Complete detail, clarification and decisions.
- Obtain broad stakeholder acceptance.



Project Initiation Phase - Tracks of Work

- ❑ Office for Health Information Technology (OHIT) – DHHS staff dedicated to NH HIT/HIE and HIEPI project

- ❑ Consulting Partner to lead creation of New Hampshire's HIE Strategic and Operational Plan

- ❑ Contracted Services to supplement OHIT and Consulting Partner, as needed

- ❑ Stakeholder Engagement

DHHS - Office for Health Information Technology

❑ State HIT Coordinator

- Dave Towne on board - May 7
- attended national HIE Conference (ONC - HIE Grant), May 10 -12 (in DC)
- ramping up

❑ Project Manager

- several good candidates identified
- currently interviewing

❑ Business Systems Analyst

- funding not available until November 2010

Consulting Partner - Massachusetts eHealth Collaborative (MAeHC)

❑ Purpose

- Drive creation of a New Hampshire Strategic and Operational Plan

❑ Scope of Work

- Facilitate work groups to create content; drive teams to consensus
- Author our State HIE Plan
- Provide HIT/HIE expertise

❑ Timeline

- RFP Issued 02/22/10 and 03/10/10
- Proposals Submitted 04/05/10
- Vendor Selected 04/23/10
- Vendor Signed Contract 05/05/10
- DHHS/ DoIT / AG Contract Review 05/13/10
- G&C Approval 05/26/10
- Project Start 06/01/10

❑ Massachusetts eHealth Collaborative (MAeHC) on board – June 1

Contracted Services – UNH Institute for Health Policy and Practice

❑ Purpose

- Support HIEPI Project as needed

❑ Scope of Work

- HIT/HIE knowledge expertise
- Survey of Current Landscape - HIT / HIE
- Legal Services – HIE legislation passed, proposed, needed
- Project Management and Technical assistance
- Additional professional services as needed

❑ Timeline

- UNH Cooperative Project Agreement approved by G&C - 04/28/10

❑ Status

- Creating initial deliverables
 - NH Provider Database
 - NH HIT/HIE Current State Survey
 - HIE Capability in Neighboring States

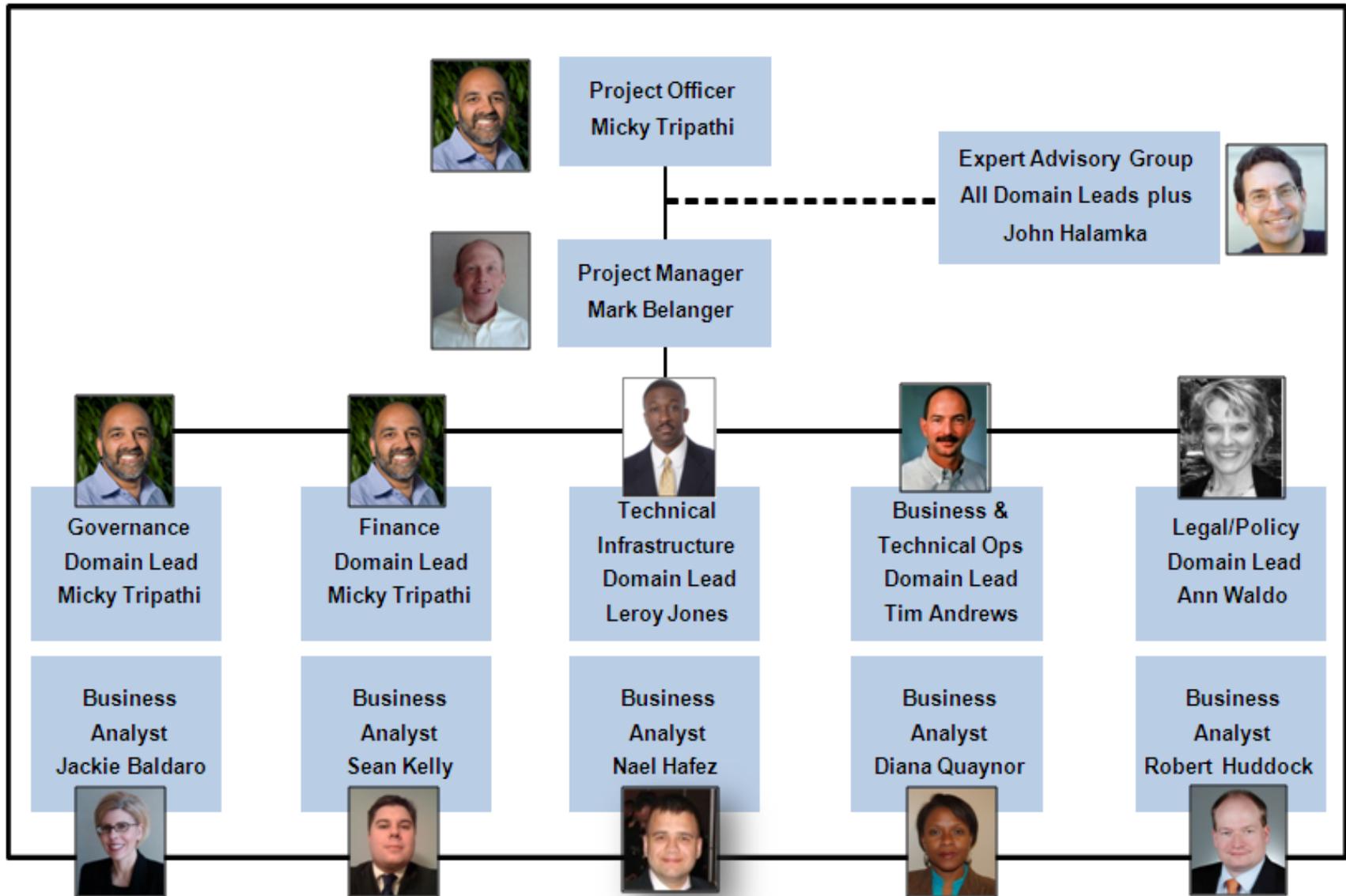
Stakeholder Engagement

- ❑ Terminology
 - Stakeholders
 - Stakeholder Team - Stakeholder Representatives
 - Work Group Members
 - Interested Parties
- ❑ Identify Stakeholder Team - Stakeholder Representatives
- ❑ Identify Work Groups, their leaders and members
- ❑ Engage Stakeholders
 - HHS Oversight Committee
 - NHHA - Hospital CIOs
 - Medical Care Advisory Committee (MCAC)
 - Bi-State Primary Care
 - Communicable Disease Surveillance Section (CDSS) - Public Health and Providers
- ❑ Establish NH HIT/HIE Website (initially under DHHS)
- ❑ Status Updates

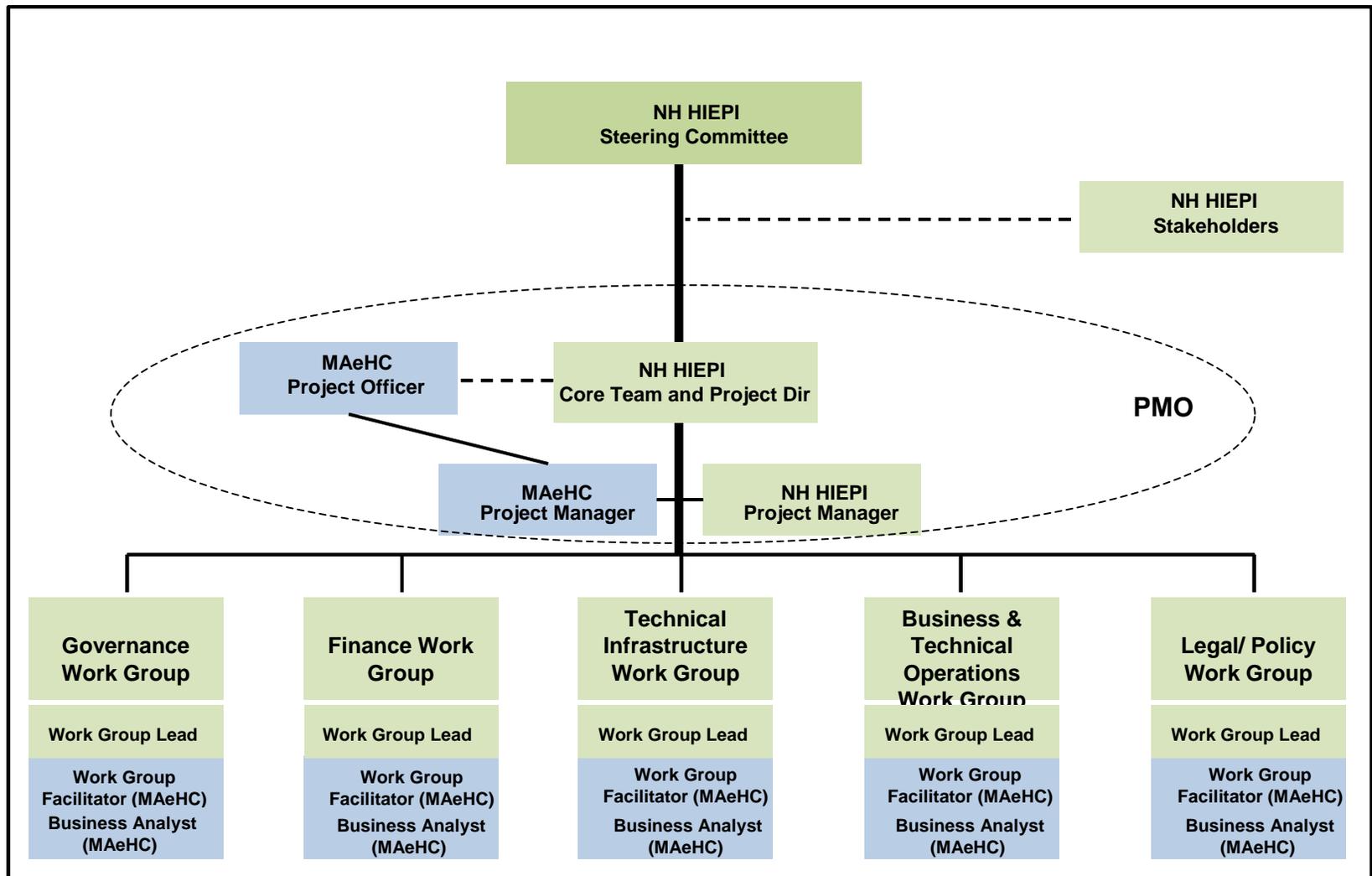
New Hampshire
Health Information Exchange
Planning and Implementation Project

Moving Forward

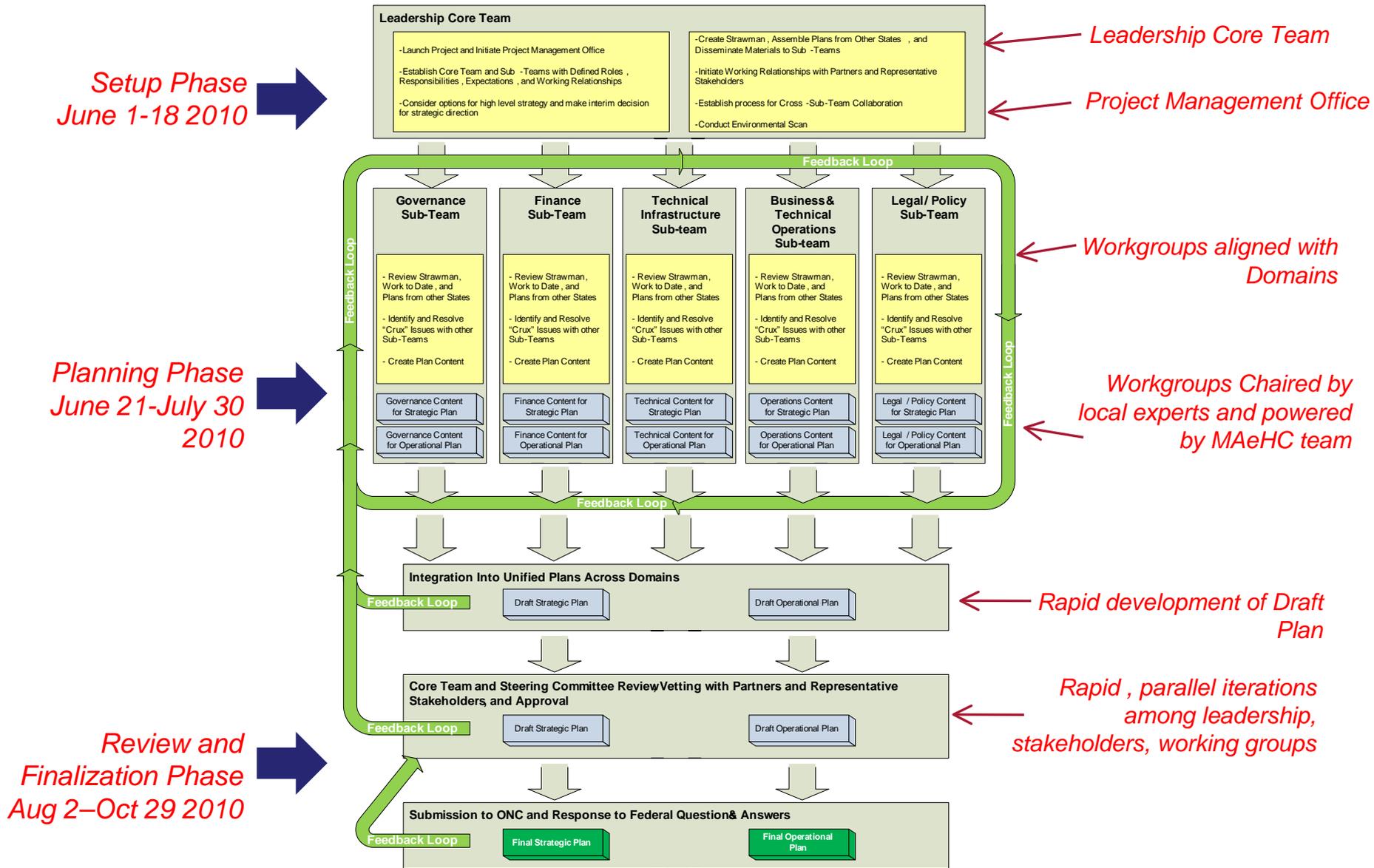
Introducing the MAeHC team



The MAeHC team will work in synchrony with NH stakeholders



Approach highlights

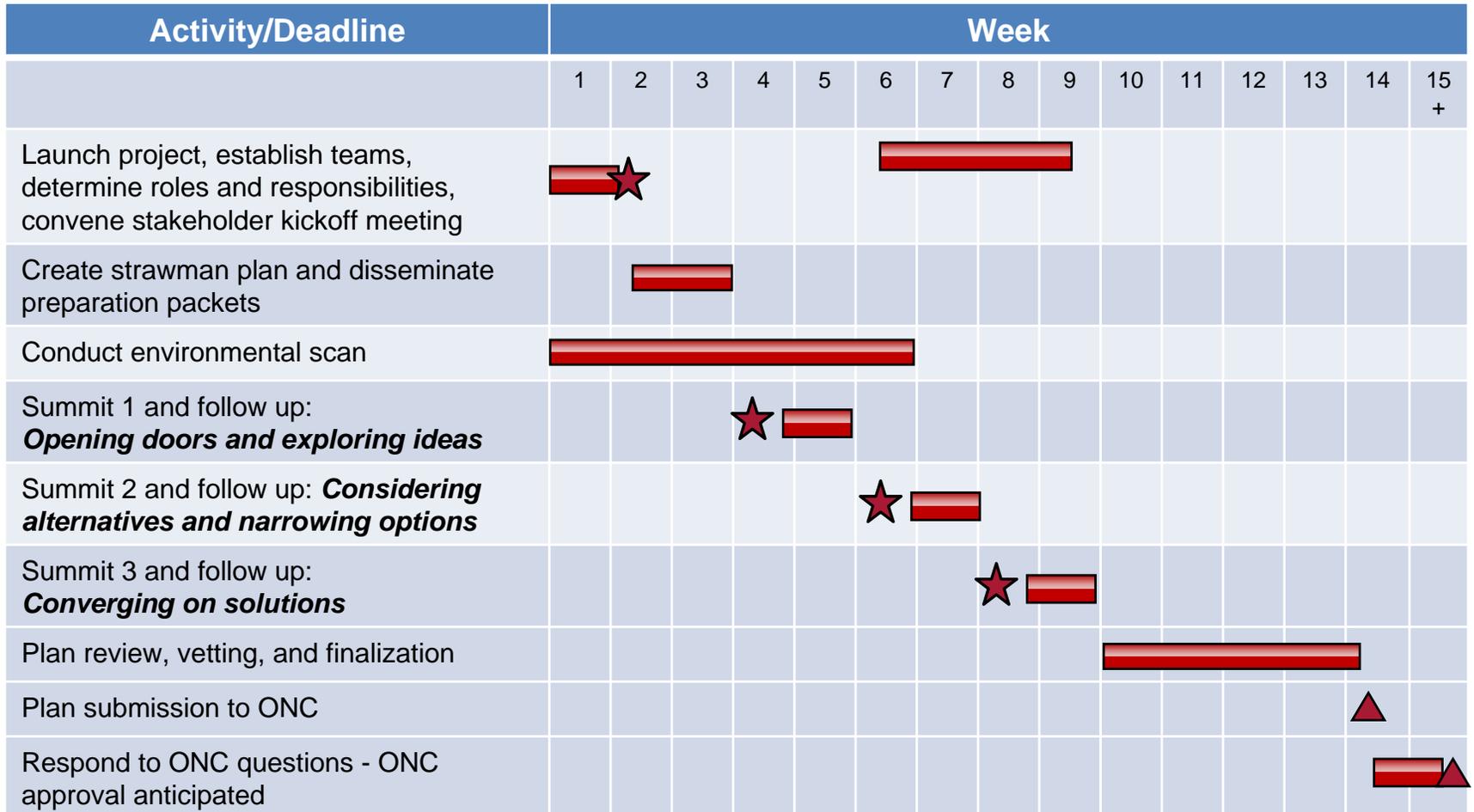


Approach highlights (continued)

- ❑ Core Team to provide engaged senior leadership course-setting and course confirmation
- ❑ Project Management Office (PMO) to drive the work-effort, orchestrate the multiple activities required to create the Strategic and Operational Plans, and identify and manage resolution of cross-cutting issues
- ❑ Work Groups aligned with the domains specified in the ONC Funding Opportunity Announcement (FOA)
- ❑ Rapid cycle feedback loops to build and keep momentum and drive convergence to consensus
- ❑ Rapid integration of individual work-products into Unified Plans to solidify decisions as they are made and to quickly identify gaps and outstanding cross-cutting issues
- ❑ Broad-based consensus building and plan refinement in Segment 2

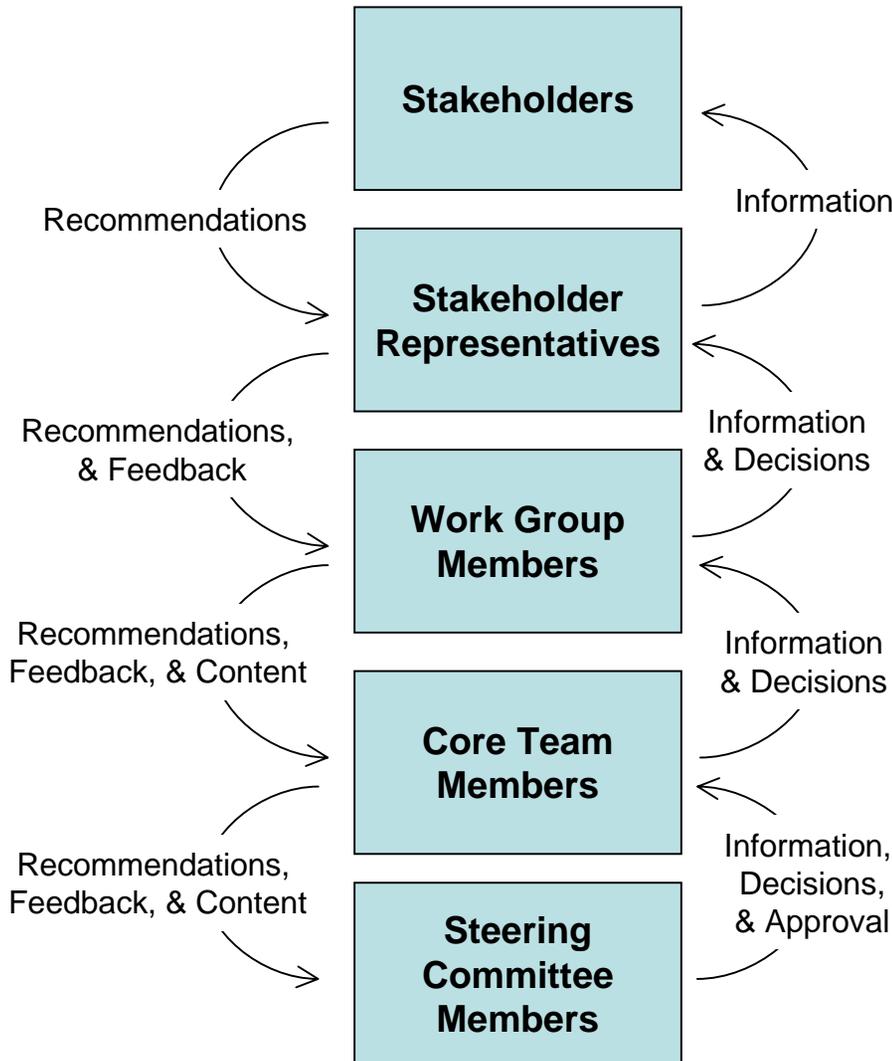
High Level Timeline – Segment 1

Segment 1 Timeline: June 1 – October 31



Stakeholder Roles and Responsibilities

Planning Stakeholders



Roles and Responsibilities

Stakeholder - Reviews plans at key points in the planning process. Provides recommendations to Stakeholder Team via their representatives. Interested Parties and Public are also stakeholders.

Stakeholder Representative - Represents stakeholder group. Reviews draft plans. Provides recommendations and feedback to Work Groups. Provides information to the stakeholder groups that they represent.

Work Group Member - Focused on specific component of the HIE Plan. Provides recommendations, feedback, and content to Core Team. Provides information to Stakeholder Team.

Core Team - Reviews, supplements, and approves HIE Plan content. Provides recommendations, feedback, and content to Steering Committee. Provides information and decisions to Work Groups. Has cross-work group perspective.

Steering Committee - Reviews and approves HIE Plan content. Submits final plans to ONC. Provides information and decisions to Core Team.

Work Group: Governance

Work Group Description

The Governance Work Group is responsible for defining a oversight for health information exchange in New Hampshire. In collaboration with the other work groups, the team will help define what is to be governed, how it is to be governed, and by whom.

Work Group Lead - Frank Nachman, DHHS Chief Legal Council

Work Group Facilitator - Micky Tripathi

Work Group Business Analyst - Jackie Baldaro

Work Group: Finance

Work Group Description

The Finance Work Group is responsible for the identification and management of financial resources necessary to support health exchange activities in New Hampshire. The Work Group will inform the planning process by assessing the financial viability of options under consideration. In collaboration with the other work groups, the Finance Work Group will help define what is to be financed and how and will propose a business model to support health information exchange activities in New Hampshire.

Work Group Lead - Shanthi Venkatesan, DHHS Administrator, Finance / ARRA

Work Group Facilitator - Micky Tripathi

Work Group Business Analyst - Sean Kelly

Work Group: Technical Infrastructure

Work Group Description

The Technical Infrastructure Work Group is responsible for defining a state level HIE infrastructure that meets the requirements of New Hampshire's healthcare stakeholders. In collaboration with the other work groups, the Technical Infrastructure Work Group will help define what infrastructure is to be built, how, and by whom.

Work Group Lead - Vinod Brahmapuram, DHHS Systems Analyst

Dave Towne, NH State HIT Coordinator (in Vinod's absence)

Work Group Facilitator - Lee Jones

Work Group Business Analyst - Nael Hafez

Work Group: Business and Technical Operations

Work Group Description

The Business and Operations Work Group is responsible for identifying the stakeholders for state level health information exchange, gathering requirements from these stakeholders, and determining solutions that can meet such requirements. Once the Work Groups collectively determine “what” we are operating, the Business and Technical Operations team will define plans for setup, launch, and run phases of operations.

Work Group Lead - Frank Catanese, DoIT Director of Operations

Work Group Facilitator - Tim Andrews

Work Group Business Analyst - Diana Quaynor

Work Groups: Legal / Policy

Work Group Description

The Legal / Policy Work Group is responsible for determining how existing legal and policy frameworks support and/or block HIE making recommendations for any changes needed, and ensuring on an ongoing basis that appropriate legislation is enacted and maintained.

Work Group Lead - Brook Dupee, DHHS Chief, Bureau of Public Health Informatics

Work Group Facilitator - Ann Waldo

Work Group Business Analyst - Robert Hudock

Work Group Members

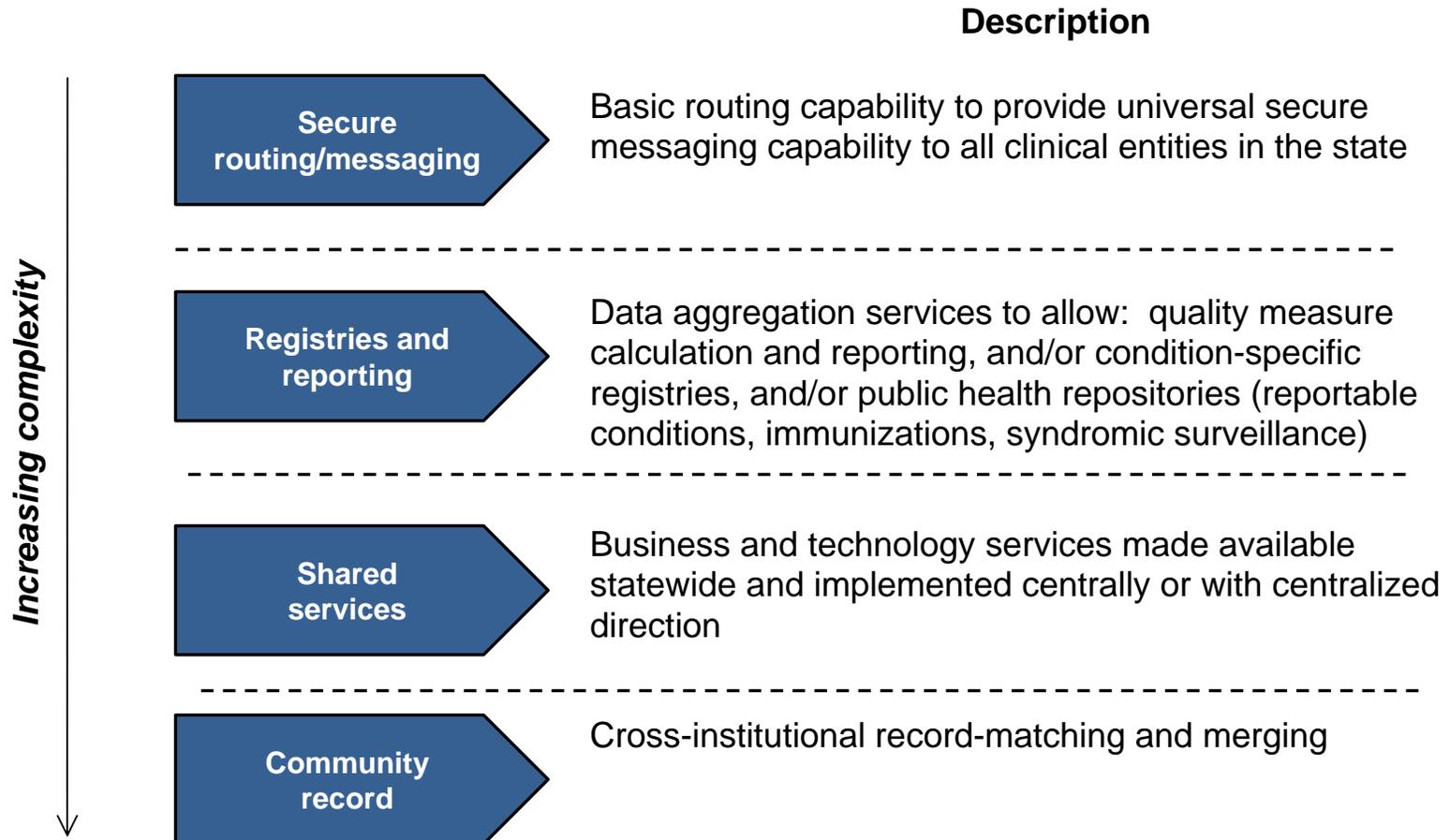
Governance	Finance	Technical Infrastructure	Business & Technical Ops	Legal / Policy
Cindy Rosenwald	Barbara Richardson	Bob Bridgham	Carol Roosa	Elizabeth O'Keeffe
Deane Morrison	Catherine Golas	Dave Towne	David Briden	Frank Nachman
Denise Purington	David Briden	Heidi Johnson	Frank Catanese	Jean Bergman
Dick LaFleur	Dick LaFleur, MD, FACP	Leslie Williams	Lorraine Nichols	Kathy Bizarro
Frank Nachman	Jeff Watson	Liz Collins	Patricia Witthaus	Patrick Miller
Kathy Bizarro	Kathy Bizarro	Mark Nightingale	Sandy Pardus	Peter Batula
Kirsten Platte	Leslie Randazzo	Sharon Beaty	Theresa Pare-Curtis	Red Hutchinson
Maggie Hassan	Shanthi Venkatesan	Theresa Pare-Curtis		Susan Young
Mary Beth Eldridge	Tyler Brannen	Vinod Brahmapuram		
Sandy Pardus				
Susan Taylor				

Cross-Workgroup Collaboration

Illustrative Cross-Workgroup Collaboration Matrix

Deliverable	Governance VG	Finance VG	Technical Infrastructure VG	Bus and Tech Ops VG	Legal Policy VG	Core Team
Strategic Plan						
Executive Summary	C	C	C	C	C	AR
SP-1 Environmental Scan			R	C		A
SP-2 HIE Development and Adoption Summary	C	C	C	R	C	A
SP-3 HIT Adoption Summary			C	R		A
SP-4 Medicaid Coordination Summary	C	C	C	R	C	A
SP-5 Coordination of Medicare and Federally Funded, State Based Programs Summary	R					A
SP-6 Coordination of Other ARRA Programs	R		C			A
SP-7 Coordination with Public Health Programs	C		C	R	C	A
SP -8.1 HIE Governance Summary	R	I	I	I	I	A
SP-8.2 HIE Finance Summary	I	R	I	I	I	A
SP-8.3 HIE Technical Infrastructure Summary	I	I	R	I	I	A
SP-8.4 HIE Business and Technical Operations	I	I	I	R	I	A
SP-8.5 HIE Legal/Policy Summary	I	I	I	I	R	A
SP-9 HIE Strategic Plan	C	C	C	C	C	AR
Operational Plan						
OP-1 Coordinate with ARRA Programs Summary	R					A
OP-2 Coordinate with Other States Summary	R		C	C	C	A
OP-3.1 HIE Governance Summary	R	I	I	I	I	A
OP-3.2 HIE Finance Summary	I	R	I	I	I	A
OP-3.3 HIE Technical Infrastructure Summary	I	I	R	I	I	A
OP-3.4 HIE Business and Technical Operations Summary	I	I	I	R	I	A
OP-3.5 HIE Legal & Policy Summary	I	I	I	I	R	A
OP-4 HIE Operational Plan	C	C	C	C	C	AR
Accountable (Approval Authority)	A					
Responsible for Content	R					
Consulted	C					
Informed	I					

Options for Overall Strategic Direction



Surfacing and Resolving “Crux” Issues

Governance

- Governance over what?
- Structure, process, membership

Finance

- Finance what?
- Assessing magnitude and timing of value, costs, and revenue
- Alignment of investments with anticipated benefits
- Business model for program match and for post-ARRA programs
- Alignment with other state/federal and private activities

Technical Infrastructure

- Defining meaning of “state level” – cross-hospital, public-private, regional/local, inter-state, national
- Building upon efforts and strategies of current private and public health system stakeholders
- Consensus on architecture, requirements, and phasing

Surfacing and Resolving “Crux” Issues (continued)

Business & Technical Operations

- What are the requirements?
- Alignment with meaningful use
- Resource allocation process
- Roles & responsibilities, and creation of robust operational organization
- Measures of success

Legal & Policy

- Alignment of privacy and security policies of existing entities
- Cross-state policy issues
- Sensitive conditions
- Interpretation of current law

Questions and Answers

Wrap Up and Break into Work Groups

Wrap Up

❑ Next Steps

- Work Group Planning Meetings – immediately following this meeting
- HIT/HIE Environmental Scan Survey – June
- Upgrade DHHS HIT/HIE Website to serve as a primary communication tool

❑ Work Group Planning Meetings

- | | | |
|-------------------------------------|------------------|--------------------------------|
| ➤ Governance | Brown Auditorium | (866) 792 5314 code 7814347717 |
| ➤ Finance | Brown 431 | (866) 792 5314 code 7814347911 |
| ➤ Technical Infrastructure | Brown 408 | (877) 449 6558 code 3476502465 |
| ➤ Business and Technical Operations | Brown 433 | (866) 792 5314 code 7814347754 |
| ➤ Policy / Legal | Brown 460 | (866) 792 5314 code 7814347913 |

DHHS HIT/HIE Website: http://www.dhhs.nh.gov/DHHS/DHHS_SITE/hie

Additional Material

Introducing the MAeHC Team



Micky Tripathi, Ph.D., MPP (Project Officer, Lead for Governance and Finance domains) - Mr. Tripathi is the president and CEO of MAeHC and co-chair of the HIT Policy Committee Information Exchange Workgroup. Mr. Tripathi is a nationally-recognized thought leader on health information technology and is often asked to share learning from his leadership of the Indiana Health Information Exchange and the Massachusetts communitywide health information exchange pilots.

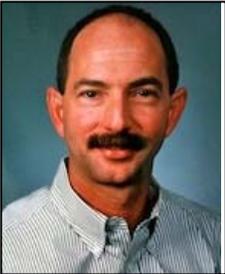


Mark Belanger, MBA (Project Manager) – Mr. Belanger is the Manager of Business Analysis at MAeHC. He has expertise in healthcare strategic planning, project management, multi-stakeholder coalition design, operations, and governance.



John Halamka, M.D. (Expert Advisor) – Dr. Halamka is Chief Information Officer of Harvard Medical School, Chief Information Officer of Beth Israel Deaconess Medical Center, Chief Executive Officer of MA-SHARE, Chairman of the New England Health Electronic Data Interchange Network (NEHEN), and an Associate Professor of Emergency Medicine at Harvard Medical School.

Introducing the MAeHC Team (continued)



Timothy Andrews, MS (Lead for Business & Technical Operations domain) – Mr. Andrews is the founder and principal of High Pine Associates and serves as an advisor and subject matter expert to leaders of State and Federal government and private organizations regarding healthcare strategy, policy, governance, and technical architecture



Leroy Jones, MS (Lead for Technical Infrastructure domain) – Mr. Jones founded and developed GSI health, a healthcare information technology advisory organization that serves both government and private organizations. Mr. Jones serves as principal engagement manager and technical leader for client accounts, performing project management, business analysis, technical architecture and solution design.



Ann Waldo, J.D., CIPP (Lead for Legal & Policy domain) – Ms. Waldo has comprehensive knowledge of public policy development and external advocacy regarding federal and state privacy matters, including consumer law privacy, HIPAA, HITECH, breach notification, personal health records, de-identification, and other related health information privacy issues.

Introducing the MAeHC Team (continued)



Nael Hafez, MBA (Business Analyst for Technical Infrastructure domain) – Mr. Hafez is MAeHC's director of technical services. He has expertise in the development of Health Information Exchanges (HIE) and Quality Data aggregation and reporting. Mr. Hafez leads MAeHC's information systems and technology projects.



Jacqueline Baldaro, MHA (Business Analyst for Governance domain) – Ms. Baldaro is a Business Consultant at MAeHC. She has expertise in strategic planning, network development, business model design, enterprise design, and operations management within the healthcare domains.



Sean Kelly, MBA (Business Analyst for Finance domain) – Mr. Kelly is a Business Analyst for GSI Health, LLC. Mr. Kelly has deep expertise in healthcare information technology and provides technical consultancy services to Regional Health Information Organizations, Community Health Information Technology Alliances, public-private grant administration entity, and New York State Department of Health.

Introducing the MAeHC Team (continued)



Diana Quaynor, MS (Business Analyst for Business and Technical Operations domain) – Ms. Quaynor is a business analyst for GSI Health. Her primary responsibilities include account and relationship management, program and project management, HIM consulting, problem analysis, risk assessment and mitigation, solutions design, strategic planning, change management, process and quality improvement, marketing development, and coordination.



Robert J. Hudock, J.D., (Business Analyst for Legal Policy domain) – Mr. Hudock is Counsel in Epstein Becker & Green's Health Care and Life Sciences Practice and practices in the firm's E-Health Group. Mr. Hudock has been at the forefront of information privacy, information security, and data mining/aggregation areas for the last eight years. During this time, he has regularly advised leading financial and health institutions on identifying, evaluating and improving the security posture and mission critical processes of their organizations.