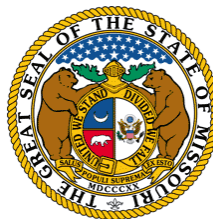

**MO-HITECH
HEALTH INFORMATION EXCHANGE STRATEGIC & OPERATIONAL PLAN ADDENDUM**

DRAFT

OCTOBER 25, 2010



I. Executive Summary

The Health Information Technology for Economic and Clinical Health (HITECH) Act within the 2009 American Recovery and Reinvestment Act (ARRA) provides an unprecedented opportunity for states to access federal funds to plan, design, and implement the infrastructure to support statewide health information exchange (HIE), and to encourage the adoption and use of electronic health records (EHRs). In response to the HITECH Act and the Statewide HIE Cooperative Agreement Program, Governor Jay Nixon created the Missouri Office of Health Information Technology (MO-HITECH) via Executive Order in November 2009 to lead a statewide effort to support Missouri providers' achievement of meaningful use. Subsequently, MO-HITECH initiated a public and collaborative process open to all of Missouri's stakeholders to participate in and provide input into the state's HIE Strategic and Operational Plans. Over 200 unique stakeholders participated in six workgroups and an Advisory Board to develop the state's Plans, representing providers, consumers, health plans, employers, state government, and technology vendors. The MO-HITECH HIE Strategic and Operational Plans were finalized on June 30, 2010 and seek to charter a vision for statewide HIE that ensures Missouri's providers are supported in their pursuit of meaningful use. A brief summary of the Plans' recommendations and accomplishments since the submission of the Plans is below.

A. Governance

Missouri Health Information Organization (HIO)

A primary recommendation in the MO-HITECH HIE Strategic and Operational Plans is that statewide HIE be governed by a new, not-for-profit, independent stakeholder organization – the Missouri Health Information Organization (HIO). Following the submission of Missouri's Plans to ONC, MO-HITECH staff continued to work with stakeholders to implement this recommendation and constitute the Missouri HIO and its governance structure. The Missouri HIO was formally incorporated on July 13, 2010 when its Articles of Incorporation (see Appendix A) were filed with the Missouri Secretary of State.

The Missouri HIO will:

- Define clear and consistent goals for participation in statewide HIE
- Define and adopt business, technical, and operational policies that participants comply with as members of a self-regulatory organization (e.g. Qualified Organization)
- Act as the agent for distribution of state and federal grant funds for statewide HIE development
- Ensure the availability of statewide technology services
- Coordinate with Missouri's Regional Extension Center – the Missouri HIT Assistance Center
- Establish business models for a sustainable, self-financing Missouri HIO
- Have the authority to ensure compliance, enforce policies, and resolve disputes relating to participation in statewide HIE

The Missouri HIO will be the contracting agent and administrator for the statewide HIE network's core technical infrastructure and services. The Missouri HIO will issue a request for proposal (RFP) and enter into a technical services contract to build a service offering consisting of core infrastructure and services.

Qualified Organizations

The Missouri HIO will identify and enter into contracts with Qualified Organizations; a Qualified Organization is a health care organization or aggregator of organizations that is capable of

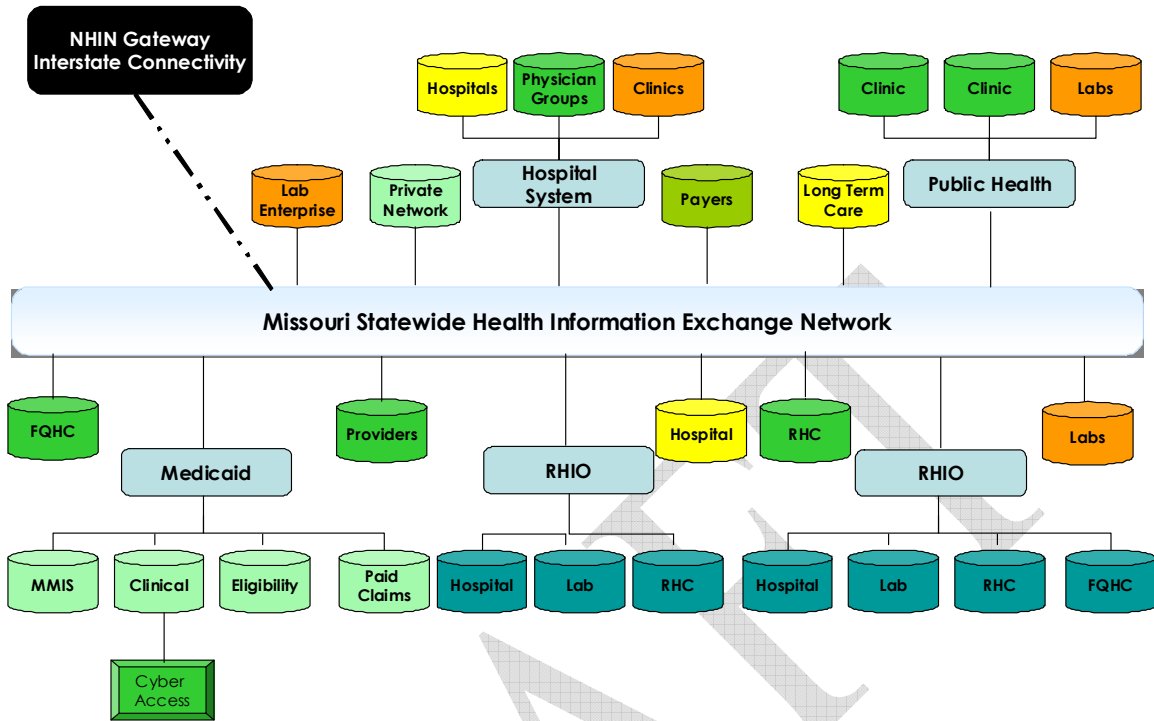
fulfilling the technical, legal, policy, and procedural obligations defined by the Missouri HIO and willing to enter a binding contract with the Missouri HIO. In addition to signing an agreement with the Missouri HIO, Qualified Organizations will need to integrate with and connect to the Missouri HIO to access core technical infrastructure and services on behalf of its providers.

Qualified Organizations may be a variety of organizations or networks that have relationships with or provide services to providers. In the initial implementation of the Missouri HIO, access to patient information will be restricted to providers, regardless of the type of Qualified Organization through which a provider connects to the Missouri HIO. Potential Qualified Organizations may be, but are not limited to:

- Provider Networks
 - Consortia of providers
 - Federally qualified health centers (FQHCs)
 - Health systems
 - Hospitals
 - Integrated delivery networks (IDNs)
 - Provider groups
 - Local public health or public health organizations
- Regional HIOs
- Rural health centers (RHCs)
- Laboratories
- Pharmacies
- Private, Non-Provider Networks
 - Clearinghouses
 - Payers
 - Vendors
- Medicaid Network
- Missouri State Employee Health Plans

The figure below depicts the various Qualified Organizations that may connect to the statewide HIE network. Please note that the arrangement of Qualified Organizations relative to the statewide HIE network does *not* indicate preference or priority.

Figure 1. Statewide HIE Network Comprised of Diverse Qualified Organizations



Responsibilities of a Qualified Organization

Qualified Organizations will be required to comply with the Missouri HIO’s statewide policy guidance and rules, in addition to sending and receiving health information through the statewide HIE network. The contract between the Missouri HIO and a Qualified Organization will specify the Qualified Organization’s obligations to ensure that its participants/providers are also compliant with the Missouri HIO’s policy guidance.

Qualified Organizations will be encouraged to participate in the continuing governance process managed by the Missouri HIO; as the Missouri HIO creates Workgroups and/or Advisory Bodies to oversee specific matters, it will be important for Qualified Organizations to participate and inform the continuing development of the Missouri HIO’s policies and governance structure. The Missouri HIO will largely rely on the efforts, volunteerism, and knowledge of its members during its “start-up” phase, much as the statewide HIE planning process has operated to date. It is anticipated that technical, legal, and other policy guidance will need to be continually evaluated and evolve as the Missouri HIO becomes operational.

Participation in the Missouri HIO is voluntary; a Qualified Organization may withdraw from the Missouri HIO, but withdrawal will be subject to reasonable rules and processes to ensure that the organization’s providers are not left without access to the statewide HIE network and that proper assurances are taken with respect to data.

The figure below depicts the relationships among the State, Missouri HIO, and Qualified Organizations as part of a statewide collaboration process.

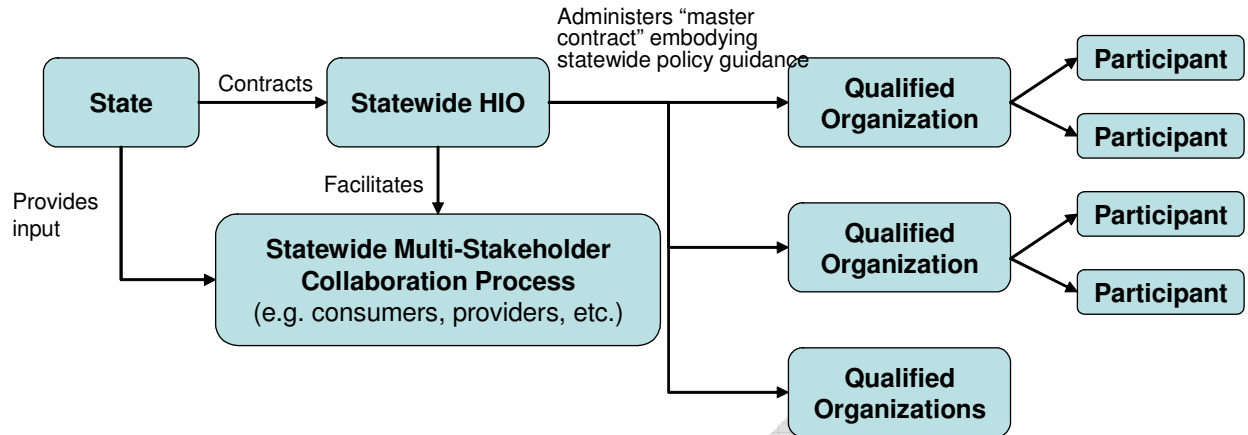


Figure 2. Statewide Policy Guidance Structure

Workgroups and Advisory Bodies

The Missouri HIO Board of Directors Board may designate and appoint one or more workgroups or advisory bodies composed of subject matter experts to support the Board’s activities and deliberations. The Board will name the members of such workgroups or advisory bodies and these groups will have no voting rights or binding authority over the Organization. The Board shall designate a Consumer Advisory Council (CAC) consisting of “individual consumers” and “consumer advocates.” The Consumer Advisory Council will submit names for consumer advocate nominees for service on the Board, as well as serve as a liaison between the Board, the Organization, and community.

Following the submission of the Operational Plan, the Board created two Workgroups: Technology & Operations and Legal & Policy constituted of stakeholders with subject matter expertise and who have been active in statewide HIE planning activities. The Workgroup meetings are open to the public via teleconference or in-person attendance. The Board has recommended that the Consumer Advisory Council begin meeting in late 2010 to provide input into the development of statewide privacy and security guidance and technical approach. Four Board members have been meeting regularly to identify potential members of the Council representing the greatest diversity of Missourians with respect to geography, gender, ethnicity, and stakeholder interest.

Authority and Involvement of the State

The State of Missouri has a non-delegable role as the steward of State assets and the protector of the public interest; as a result, there are specific provisions in the Articles of Incorporation and Bylaws that may not be altered, amended, or appealed without the Governor’s prior approval. The State of Missouri will be represented on the Missouri HIO Board of Directors; two Board seats are reserved for the Director of Social Services and the Director of Health and Senior Services as ex-officio voting members of the Board. An ex-officio, non-voting Board seat is reserved for the Director of MO HealthNet (Medicaid) to ensure close coordination between the Missouri HIO and Medicaid program.

The State of Missouri will enter into a contract with the Missouri HIO for the provision of services that advance public policy objectives and fulfill the requirements of the Statewide HIE Cooperative Agreement. This contract has been developed and is currently under review with the State and Missouri HIO’s legal counsel. The contract is anticipated to go before the Board for review on November 3, 2010.

B. Consumer Engagement

The Missouri HIO is committed to utilizing health IT and HIE to empower Missourians to take a more active role in their own health care. The MO-HITECH HIE Strategic and Operational Plans provide definitions of consumer advocate and individual consumer:

- **Individual Consumer:** A consumer is an individual who has significant personal experience with the health care system, either as a patient or family caregiver.
- **Consumer Advocate:** A consumer advocate is an individual who is affiliated with a nonprofit, mission oriented organization that represents a specific constituency of consumers or patients; his or her primary emphasis is on the needs and interests of consumers and patients. Consumer advocates are distinguished from other stakeholders because they:
 - Do not typically have a financial stake in the health care system
 - Are a trusted source of information in the community
 - Speak from a global perspective and have experience representing the diverse needs and wants of groups of consumers and patients
 - Have networks to empower and mobilize the community (e.g. via email lists, websites, meetings, newsletters, and conferences) and share information and messages
 - Have established relationships with the media, policymakers, and elected officials
 - Have a background in health care or understanding of the health care system

The bylaws of the Missouri HIO require the creation of a Consumer Advisory Council (CAC). The Consumer Advisory Council is under development and will likely begin meeting in late 2010. The Council's membership is under development with special consideration to ensure that the Council's membership reflects appropriate diversity, including: age, gender, race, ethnicity, geographic representation, consumer perspectives, income, and health care coverage. The Consumer Advisory Council will:

- Ensure meaningful recognition of consumer recommendations and perspectives by the Missouri HIO Board of Directors as it develops policies and programming
- Serve as a liaison between the CAC and its members' respective consumer organizations to facilitate two-way communication
- Inform and shape the consumer engagement outreach strategy and champion its messages
- Evaluate the impact of the Missouri HIO's policies and programming on Missouri's consumers
- Foster leadership development among CAC members and propose appropriate consumer advocate nominees for the Board of the Missouri HIO

C. Technology & Operations

The Missouri HIO's broad technical objectives are to:

- Lay the basis for robust clinical exchange of information among all stakeholders in Missouri to improve the health of Missourians;
- Support providers' ability to satisfy Meaningful Use criteria (stepwise through all phases); and
- Ensure connectivity with the Nationwide Health Information Network (NHIN).

Technology & Operations Workgroup

The Missouri HIO Board of Directors created the Technology and Operations Workgroup almost immediately after the Board's inception to address the implementation of statewide HIE services and requirements associated with ONC's Program Information Notice (PIN).

The Technology and Operations Workgroup was charged with developing an approach to statewide HIE that will:

- Ensure that ONC PIN requirements are satisfied so the Missouri HIO can receive implementation funding as soon as possible
- Be staged in nature to prioritize implementation of services
- Stage functionality to eliminate the implementation of technologies that may become 'throw-away' with changing Meaningful Use and market requirements
- Minimize implementation of redundant services available in the marketplace

Implementation Approach

The Missouri HIO Technology & Operations Workgroup developed a framework to address the PIN's technical requirements relative to electronic prescribing (e-prescribing), laboratory results delivery, and patient care summary exchange. The recommended framework employs a phased approach. In its first phase, the Missouri HIO will contract for and implement a provider directory and secure messaging platform by June 2011. Providers may utilize these initial services to send and receive laboratory results electronically and to exchange patient care summaries among unaffiliated organizations. The Missouri HIO will not provide an e-prescribing solution initially, but it will identify the existing market solutions and infrastructure for providers and support providers to leverage existing services to satisfy e-prescribing requirements relative to meaningful use. In phase two and beyond the Missouri HIO will go on to implement a robust statewide HIE network utilizing the foundational provider directory and secure messaging platform developed in phase one. The Missouri HIO will implement services that support meaningful use guidance and support use cases that will further promote sustainability and meet market demands.

The Missouri HIO plans to evaluate opportunities to both build/buy technologies and services, as well as partner with organizations with existing infrastructure that may be leveraged. The proposed sequence for implementation requires an initial contract with the vendor for foundational and core technical components required for a robust health information exchange; core technical components will be implemented in two phases outlined below:

- **Phase One – Target Implementation by June 2011**
 - Provider Directory
 - Message/ Record Routing/ Return Receipt
 - Identity Management and Authentication
 - Transaction Log
- **Phase Two – Target Implementation by October 2012**
 - Consent Management
 - Vocabulary Translation
 - Record Locator Service/Master Person Index

The Missouri HIO recognizes that there will likely be opportunities to identify partners to offer value added services and that each opportunity will need to be evaluated with respect to its relative cost and value. Opportunities exist for partnership to leverage currently available infrastructure, including:

- E-Prescribing
- Medication Management

- Hosted EHR solution
- Quality Analytics
- Public Health Reporting Registry

Below is a high level project plan outlining the activities through phase two implementation.

Activity	Target Start Date
Finalize and approve implementation phasing with Board of Directors	October 6th, 2010
Leverage Technology and Operations Workgroup Subcommittee to finalize requirements and draft RFP	October 7 th
Engage consultant services to finalize RFP, facilitate vendor process, and develop and facilitate the evaluation of vendor responses	October 15 th
Technology and Operations Workgroup meeting to review and finalize RFP requirements	October 27 th
Board of Directors meeting to approve RFP requirements	November 3 rd
RFP released to vendor community	November 12 th
Recommended vendor proposed to the Board of Directors	Q1 2011
Phase one implementation and services available	June 2011*
Phase two implementation and services available	October 2012*

*Subject to vendor contracting and implementation; phase two is dependent on phase one implementation.

Figure 3. Technical Implementation Project Plan

The budget for implementation has been updated to reflect the changes in timeline including the RFP process and implementation phasing.

Budget Summary	CY 2010	CY 2011	CY 2012	CY 2013	TOTAL
Implementation					
Implementation Contract					
Project Manager	\$ 25,000	\$ 100,000	\$ 100,000	\$ -	\$ 225,000
RFP	\$ 100,000	\$ 55,000	\$ -	\$ -	\$ 155,000
Phase 1 Implementation	\$ -	\$ 2,777,520	\$ -	\$ -	\$ 2,777,520
Phase 2 Implementation	\$ -	\$ 4,219,915	\$ 1,949,495	\$ -	\$ 6,169,410
Training Materials	\$ -	\$ 102,302	\$ 120,302	\$ 120,302	\$ 342,906
Implementation Total:	\$ 125,000	\$ 7,254,737	\$ 2,169,797	\$ 120,302	\$ 9,669,836

Figure 4. Technical Implementation Project Budget

Coordination with Medicaid

The Missouri HIO will be the vehicle for coordination with Medicaid and State Government to integrate and leverage valuable information and assets including existing and future investments of the state Medicaid program, the statewide immunization registry, and others.

Broadband

Concerted efforts are underway in Missouri to improve access to broadband statewide. MoBroadbandNow, a private-public partnership, was launched summer of 2009 in efforts to aggressively compete for federal stimulus funds to expand broadband accessibility to 95 percent of the total population of Missouri. When the initiative was launched, it was projected that 79.7% of the total population had access to broadband across the state; Governor Nixon’s goal is to improve accessibility to 95% of the total population over five years (by the end of 2014). The map below illustrates access to broadband across the state as of June 2010.

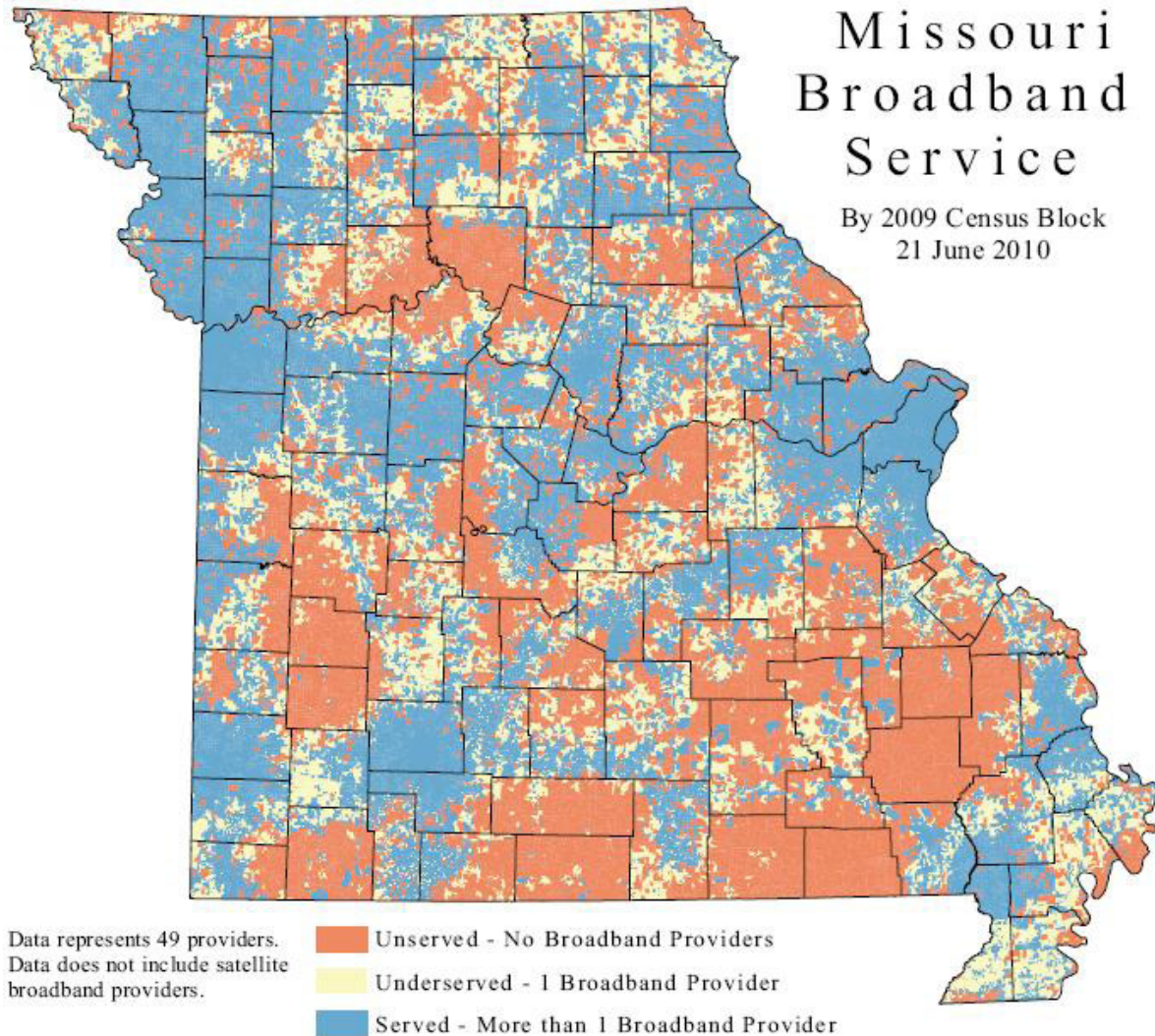


Figure 5. Missouri Broadband Coverage

D. Legal and Policy

The Missouri HIO is committed to establishing comprehensive privacy and security policies that protect privacy, strengthen security, and support Missourians’ ability to have greater control of and access to their personal health information through the Missouri HIO.

Legal & Policy Workgroup

The Missouri HIO Board of Directors created the Legal and Policy Workgroup almost immediately after the Board's inception to address the development of statewide policy guidance with respect to the privacy and security of health information exchange. The Workgroup is charged with addressing privacy and security needs for interoperable HIE among its participants, including: consent, authorization, authentication, access, audit, and breach.

Consent Framework

The Missouri HIO is currently pursuing an opt-in patient consent framework to enable the inclusion of valuable sensitive health information for purposes of statewide HIE that would otherwise be excluded in an opt-out model.

The Legal & Policy Workgroup recommends an opt-in patient consent framework with the following characteristics:

- *Durable and revocable* – A patient's decision to participate in statewide HIE will remain intact until he or she decides to revoke his or her consent; consent may be revoked at any time.
- *"Break the glass" access for patients who have not had the opportunity to provide consent* – In an emergency situation, physicians will be able to access a patient's personal health information through the statewide HIE network if the patient has not had the opportunity to "opt-in."
- *Global consent for provider access and disclosure* – Patient consent to participate in statewide HIE at a single point of service will enable all qualified treating providers to disclose and access a patient's personal health information.
- *Inclusive of specially protected health information including HIV and mental health information (excluding psychotherapy notes), as explicitly specified in patient consent forms* – Specially protected health information will be included for purposes of statewide HIE.
- Discrete elements of specially protected health information may be excluded for purposes of statewide HIE, including abortion records, alcohol and substance abuse information, and genetic test information – The Workgroup recommends that the Missouri HIO consider an option for patients to exclude certain health information that carries limited clinical value relative to the level of discomfort likely to result from inclusion of the information in the exchange; that is discrete and easily excised from the clinical information routinely included in the exchange (such as prescriptions and lab test results); and where the technological capability exists to do so.
- Inclusion of minors' health information – If a minor's health information is included in the HIE, the minor will be required to opt-in to the HIE upon reaching the age of majority or the minor's health information will no longer be accessible on the HIE.

Privacy Policies

Recognizing that the Missouri HIO will not implement a robust statewide HIE network in its first phase, the Legal & Policy Workgroup is developing two sets of privacy policies to address different levels of exchange that respectively require different levels of protection. At the outset of the implementation interim privacy policies will be adopted to protect the privacy, security, and integrity of patient information as it is sent between individual providers. A comprehensive set of

privacy policies will subsequently be adopted and enforced when the Missouri HIO is able to support robust HIE and “pull” information from disparate sources using a master patient index and record locator service. The first phase of exchange does not require patient consent as it is an activity currently covered by HIPAA today; in contrast future phases of exchange will require affirmative patient consent, especially if any specially protected health information is to be exchanged. The privacy policies are described in Section C of the Program Information Notice Response & Gap Analysis.

E. Finance

The Missouri HIO is currently developing a financial and sustainability model informed by the Missouri landscape and planned implementation. *Key baseline assumptions for Missouri’s financing approach to statewide HIE include:*

- Governance and operations costs of the Missouri HIO will be accounted for in the model; the governance and operations costs of other HIOs (e.g. regional HIOs or hospitals) will not be included
- The cost of connectivity to the Missouri HIO will likely vary by participant type (e.g. solo provider, critical access hospital, FQHC) and size (e.g. small, medium, large)
- The costs associated with the purchase and implementation of new EHRs or the remediation of existing clinical information systems (CIS), by individual providers or provider organizations, will not be included in the cost of statewide HIE, with the exceptions of:
 - Medicaid system implementation or remediation required for statewide HIE; and
 - Estimated costs and revenues associated with connectivity to the Missouri HIO through a low-cost hosted EHR solution (intended for providers without access to a local or regional HIO)

The Missouri HIO will convene a small Finance and Sustainability Workgroup recently created by the Board of Directors to update the preliminary work and financial model that was gathered during the operational planning process. The former Finance Workgroup recommended that a membership/subscription fee model, consisting of a bundled upfront connectivity cost and ongoing membership/subscription fees charged on a regular (e.g. monthly, annual) basis will likely be the simplest mechanism for the Missouri HIO to administer and also the most straightforward mechanism for Qualified Organizations to administer. In the case of the recommended membership/subscription fee revenue model, payments will flow between the Missouri HIO and Qualified Organizations, and likely between Qualified Organizations and their participants (e.g. providers, hospitals). While this will vary depending on a particular Qualified Organization’s business model, it is anticipated that the Organization may “pass through” some of the Missouri HIO fees to its participants

II. Program Information Notice Response & Gap Analysis

Following the finalization of the MO-HITECH HIE Strategic and Operational Plans on June 30, 2010, ONC issued the Program Information Notice (PIN) titled “Requirements and Recommendations for the State Health Information Exchange Cooperative Agreement Program” (ONC-HIE-PIN-OO1). Upon careful review of the PIN, Missouri HIO staff and stakeholders identified several gaps between the PIN and the MO-HITECH HIE Strategic and Operational Plans. The current Addendum is intended to address the “State and SDE Responsibilities under the State HIE Program in 2011 as outlined in the PIN, as well as gaps between the PIN and the MO-HITECH HIE Strategic and Operational Plans.

A. Initiate a Transparent Multi-Stakeholder Process

The Missouri HIO was incorporated in July 2010 as a public-private, multi-stakeholder organization charged with overseeing the state’s participation in the Statewide HIE Cooperative Agreement Program and the implementation of the MO-HITECH HIE Strategic and Operational Plans. The Missouri HIO is overseen by a 17 member Board of Directors (see list of Directors in Appendix B) who represent hospitals, individual physicians, consumer advocates, state government, health plans, associations, and independent citizens. The Board meets the first Wednesday of each month and all meetings are open to the public.

The Missouri HIO is especially committed to diverse opportunities for broad stakeholder participation in statewide HIE planning. The Missouri HIO has to date created two workgroups: Technology & Operations and Legal & Policy constituted of stakeholders with subject matter expertise and who have been active in statewide HIE planning activities. The Workgroup meetings are open to the public via teleconference or in-person attendance.

The Missouri HIO is required in its Bylaws to create a Consumer Advisory Council and the Board has recommended the Council begin meeting in late 2010 to provide input into the development of statewide privacy and security guidance and technical approach. Four Board members have been meeting regularly to identify potential members of the Council representing the greatest diversity of Missourians with respect to geography, gender, ethnicity, and stakeholder interest.

The Missouri HIO publishes meeting notices and information on the MO-HITECH website (<http://dss.mo.gov/hie/>). The Missouri HIO plans to develop a separate website in the near future.

B. Monitor and Track Meaningful Use HIE Capabilities in the State

The Missouri HIO has initiated activities to set the baseline, monitor, and report on the measures identified in ONC’s PIN guidance. A brief summary of the information collected to date and approach to monitor and track meaningful use HIE capabilities is below.

HIE Capability	Baseline/Current State	Approach & Monitoring
% of health plans supporting electronic eligibility and claims transactions	The Missouri HIO anticipates that the majority of commercial health plans support electronic eligibility and claims transactions, but it has not yet done a formal survey of plans. According to data provided by Gateway EDI 34 health plans support electronic eligibility transactions and 35 health plans support electronic claims transactions. MO HealthNet (Medicaid) supports electronic eligibility and claims transactions for all MO HealthNet participants (approximately 15.6% of Missourians).	<ul style="list-style-type: none"> The Missouri HIO will create and distribute an information request to health plans to determine their abilities to support electronic eligibility and claims transactions; the Missouri HIO will work with MO HealthNet and the Department of Insurance to distribute the survey. The Missouri HIO will identify health plans unable to support electronic

HIE Capability	Baseline/Current State	Approach & Monitoring
	<p>Gap: It is unknown which commercial health plans are capable of supporting electronic eligibility and claims transactions.</p>	<p>eligibility and claims transactions and conduct outreach to the “gap” health plans to identify barriers to this services. The Missouri HIO will work with health plans to develop strategies that address identified barriers.</p>
<p>% of pharmacies accepting electronic prescribing and refill requests</p>	<p>According to the 2009 Surescripts report, 89% (1,029 pharmacies) of Missouri’s community pharmacies are activated for e-prescribing, an 18% increase from 2008. Gap: 11% of community pharmacies are not capable of accepting e-prescribing and refill requests</p>	<ul style="list-style-type: none"> • Monitor and track e-prescribing adoption and capabilities among pharmacies via available Surescripts tools; currently Surescripts publishes data annually, but the Missouri HIO plans to initiate conversations with Surescripts to explore more regular (e.g. semi-annually) updates. The Missouri HIO will create an e-prescribing dashboard to display and share the information publicly on its website. • Work with Missouri’s Pharmacy Board to validate Surescripts information and identify “gap” pharmacies. • Conduct outreach to “gap” pharmacies and providers to identify barriers to e-prescribing adoption; identify strategies to address barriers (e.g. incentives, training, etc.)
<p>% clinical laboratories sending results electronically</p>	<p>Three clinical laboratories (Quest Diagnostics, Laboratory Corporation of America, and Boyce & Bynum Pathology) represent 60% of all paid occurrences; the ten labs with the largest percentages of paid occurrences represent nearly 90% of all paid occurrences cumulatively. The three major clinical laboratories are capable of sending results electronically, but it is unknown whether the remaining clinical laboratories in the state have the capability to send results electronically. Also, most hospitals in the state have integrated laboratories capable of delivery results electronically within a closed system; it is not known how many hospitals do not have such capabilities. Gap: It is unknown whether 40% of</p>	<ul style="list-style-type: none"> • Identify Missouri clinical laboratories using CLIA, the Missouri Hospital Association, and licensure authorities. • Conduct survey (telephone and electronic) of Missouri’s clinical laboratories to identify “gap” clinical laboratories and confirm dominant laboratories capabilities. • Contact “gap” clinical laboratories to identify barriers to electronic results delivery; identify strategies to address barriers (e.g. incentives, training, etc.)

HIE Capability	Baseline/Current State	Approach & Monitoring
	<i>clinical laboratories are capable of sending results electronically</i>	<ul style="list-style-type: none"> Work with all clinical laboratories to understand LOINC capabilities and establish expectations for LOINC capabilities by 2013.
% health departments electronically receiving immunizations, syndromic surveillance, and notifiable laboratory results	The Department of Health and Senior Services (DHSS) electronically receives notifiable laboratory results, immunizations and surveillance reports. The Department of Mental Health (DMH) electronically receives lab results. The Department of Social Services (DSS) is developing an interface with the DHSS immunization system and notifiable laboratory results are scheduled to be available later in 2010. Gap: DSS and DMH are not currently able to receive all categories of information electronically.	<ul style="list-style-type: none"> Work with DSS, DHSS, and DMH to understand the timeline and plans for electronic access to immunizations, syndromic surveillance, and notifiable laboratory results. Evaluate how the departmental client number (DCN) may support health department connectivity and participation in statewide HIE

C. Assure Trust of Information Sharing

The Missouri HIO Board of Directors appointed a Legal & Policy Workgroup in August 2010 to continue the work accomplished during the MO-HITECH Strategic & Operational planning process. The Workgroup meets monthly to address privacy and security issues related to Missouri’s statewide HIE planning. The Workgroup, with the support of legal counsel, has conducted a comprehensive review of state and federal law pertaining to health information exchange. Understanding that the implementation of services will be staged in a phased rollout, the Workgroup is developing interim privacy policies that address exchange among providers who have a treatment relationship with a patient; this form of exchange is currently permitted under HIPAA. The Workgroup is in parallel developing comprehensive privacy policies that address an increasingly robust HIE model; the Workgroup, given its review of Missouri state law, is currently recommending an “opt-in” framework to patient consent. Please see Appendix C for a brief white paper outlining Missouri state law and the impact on patient consent. Both the interim and comprehensive policies will address security, breach, and audit.

The Missouri HIO is actively monitoring federal privacy and security guidance from ONC, HHS, and the federal advisory committees charged with addressing privacy and security issues (e.g. Privacy and Security Tiger Team). The Missouri HIO is confident that its consensus-based approach to the development of statewide privacy and security guidance will ensure that providers, patients, and other stakeholders are willing to participate in the statewide HIE network.

The Legal & Policy Workgroup’s workplan through the end of December is below:

Month	Goals
October	<ul style="list-style-type: none"> Privacy Policy – Review revised interim policy, collect feedback, and update Policy Working Draft Security Policy – Review Policy Outline and Initial Draft Breach/Compliance/Sanctions Policy – Review Policy Outline and Initial Draft

November	<ul style="list-style-type: none"> ➤ Privacy Policy – Finalize Privacy Policy for presentation to the Board ➤ Security Policy – Finalize Security Policy for presentation to the Board ➤ Breach/Compliance/Sanctions Policy – Finalize Policy ➤ Begin Discussion re inclusion of minor’s information ➤ Begin Discussion re excluding certain types of specially protected information ➤ Patient Consent Form – Discuss Content ➤ Policy Discussion re Types of Authorized Uses/Users <ul style="list-style-type: none"> • Uses: quality improvement and reporting; quality assurance; cost transparency; development of personal health records; disease management and care coordination; research – identifiable and de-identified health information; marketing; and the aggregation of public health data [Suggest reserving discussion around use for research purposes until the October meeting] • Users: providers; consumers; payors; researchers; and public health agencies
December	<ul style="list-style-type: none"> ➤ Wrap up discussions re: inclusion of minor’s information and the exclusion of certain types of specially protected information ➤ Record Retention Policy ➤ Discuss interstate exchange and coordination and collaboration efforts ➤ Discuss ways to improve provider/consumer engagement, outreach, and training

Figure 6. Legal and Policy Workgroup Timeline

Concurrent to Missouri HIO Legal & Policy Workgroup, the Missouri HIO is one of ten states participating in an application to RTI under the State Health Policy Consortium Opportunity. The proposed project will bring ten states together to form a Midwest Consortium to address barriers to interstate data exchange; the Consortium includes seven of Missouri’s eight border states. If the application is approved, Missouri will be working alongside Illinois, Kansas, and Nebraska to address data sharing agreements including opt-in and opt-out policies.

D. Set Strategy to Meet Gaps in HIE Capabilities for Meaningful Use

The Missouri HIO Technology & Operations Workgroup has developed and recommended to the Missouri HIO Board of Directors a strategy to address the gaps in HIE capabilities as identified in Section B. The Board of Directors met and approved the proposed strategies at its October meeting. In addition to the strategies described below, as the requirements and specifications for Qualified Organizations are developed, the Missouri HIO will consider how Qualified Organizations may support e-prescribing, delivery and receipt of structured lab results, and patient care summary exchange.

The strategies are outlined in the table below and described in greater detail on the next page. Appendix D details each service and the respective strategies in greater detail.

Required Service	Short-term Strategies (2010 – 2011)	Long-term Strategies (2012 – Ongoing)
E-Prescribing	<ul style="list-style-type: none"> • Leverage Medicaid provider survey to identify current capabilities and gaps among providers • Partner with the Missouri HIT Assistance Center* to encourage use of certified EHR technologies • Encourage adoption through contractual levers and financial incentives for physicians (e.g. meaningful use incentives) • Identify and offer web-based, affordable, hosted EHR solution to providers who have not 	<ul style="list-style-type: none"> • Continue/expand participation and collaboration with other states to identify alternative strategies (e.g. Tennessee Medication Management RFI) • Examine licensure requirements for pharmacies for potential policy levers that can

Required Service	Short-term Strategies (2010 – 2011)	Long-term Strategies (2012 – Ongoing)
	<ul style="list-style-type: none"> • adopted EHRs • Partner with PBMs on outreach to providers and pharmacies • Create and offer statewide directory of pharmacies capable of e-prescribing • Assess the ability of a provider directory to capture provider, provider EHR, and pharmacy capabilities to e-prescribe 	<ul style="list-style-type: none"> • increase compliance
Delivery and Receipt of Structured Lab Results	<ul style="list-style-type: none"> • Leverage Medicaid provider survey to identify current capabilities and gaps among providers • Build and leverage statewide secure messaging infrastructure • Create and offer statewide directory of labs that are capable of delivering and receiving structured lab results • Coordinate with and build upon Medicaid's efforts to develop interfaces with major lab vendors; explore opportunity to develop library of interfaces that may be shared with other lab vendors • Identify and offer web-based, affordable, hosted EHR solution to providers who have not adopted EHRs • Partner with Missouri HIT Assistance Center to encourage use of certified EHR technologies • Assess the ability of a provider directory to capture provider and EHR capabilities to capture electronic lab results 	<ul style="list-style-type: none"> • Evaluate the alignment of current Medicaid laws and regulations with CLIA regulatory guidance • Provide financial incentives (e.g. matching or loan funding for LOINC mapping and interfaces) to support lab connectivity • Examine licensure requirements for clinical laboratories for potential policy levers that can increase compliance
Patient Care Summary Exchange	<ul style="list-style-type: none"> • Leverage Medicaid provider survey to identify current capabilities and gaps among providers • Build and leverage statewide secure messaging infrastructure and provider directory • Identify and / or offer a hosted EHR solution or translation services to providers who have not adopted standards-compliant EHRs • Partner with Missouri HIT Assistance Center to encourage use of certified EHR technologies 	<ul style="list-style-type: none"> • Leverage Missouri HIT Assistance Center's EHR adoption efforts to expand use of certified EHR technologies • Expand statewide HIE services to include master patient index (MPI) and consent management

The strategies identified above fall into three major categories: technical implementation; data survey and tracking; and communications and outreach. The majority of the strategies are non-technical solutions to the identified gaps in e-prescribing, delivery of structured lab results, and patient care summary exchange. The Missouri HIO has initiated communications with the identified partners (e.g. MO HealthNet, Missouri HIT Assistance Center) with respect to the data survey and communications and outreach strategies; to date all parties are willing to work together to ensure that their parallel programs are supporting providers' adoption and use of health IT.

The Technology and Operations Workgroup has since focused its work on fleshing out the Missouri HIO's short and long-term technical strategy, focusing on the implementation of a provider directory and secure messaging platform in 2011. The Missouri HIO will pursue a phased approach to overall technical implementation:

- Phase 1 (by June 2011)
 - Designed to meet ONC requirements and implement technologies that will support “provider to provider / push” exchange to meet Stage I meaningful use requirements, while also laying the foundation for robust, sustainable HIE across the state in later phases
- Phase 2 (by December 2012)
 - Leverages the foundational technologies and expands them to meet key use cases needed that support Stage II meaningful use requirements and robust health information exchange
- Future Implementation (2013 – ongoing)
 - Will be based on adding technologies to support use cases that will further promote sustainability and meet market demands

The Missouri HIO developed a phased approach with the recognition and knowledge that it would not be capable of implementing a robust statewide HIE network by 2011, and that the existing HIE coverage in the state is minimal; of the established HIE efforts in the state only one is operational and is exchanging limited data elements. Therefore, the Missouri HIO is focused on implementing those services that will be both immediately beneficial to providers attempting to achieve meaningful use, as well as foundational for increasingly robust HIE. The Missouri HIO is currently developing an RFP for technical services to be released in late 2010.

The diagrams below depict the current and envisioned phase one workflow for laboratory results delivery and patient care summary exchange utilizing the Missouri HIO’s technical infrastructure. The subsequent diagrams depict phase two implementation with respect to clinical laboratory exchange and patient care summary exchange.

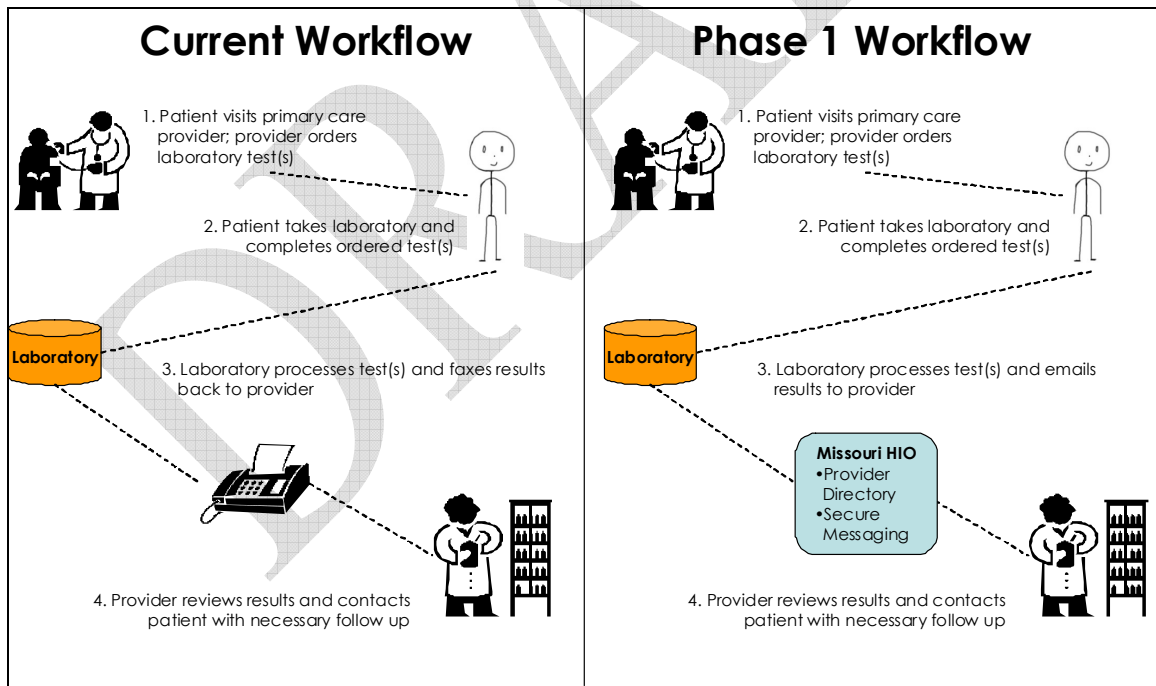


Figure 7. Clinical Laboratory Results Delivery – Phase 1

As depicted in the figure above, the Missouri HIO will facilitate the electronic delivery of clinical laboratory results through a provider directory and secure messaging.

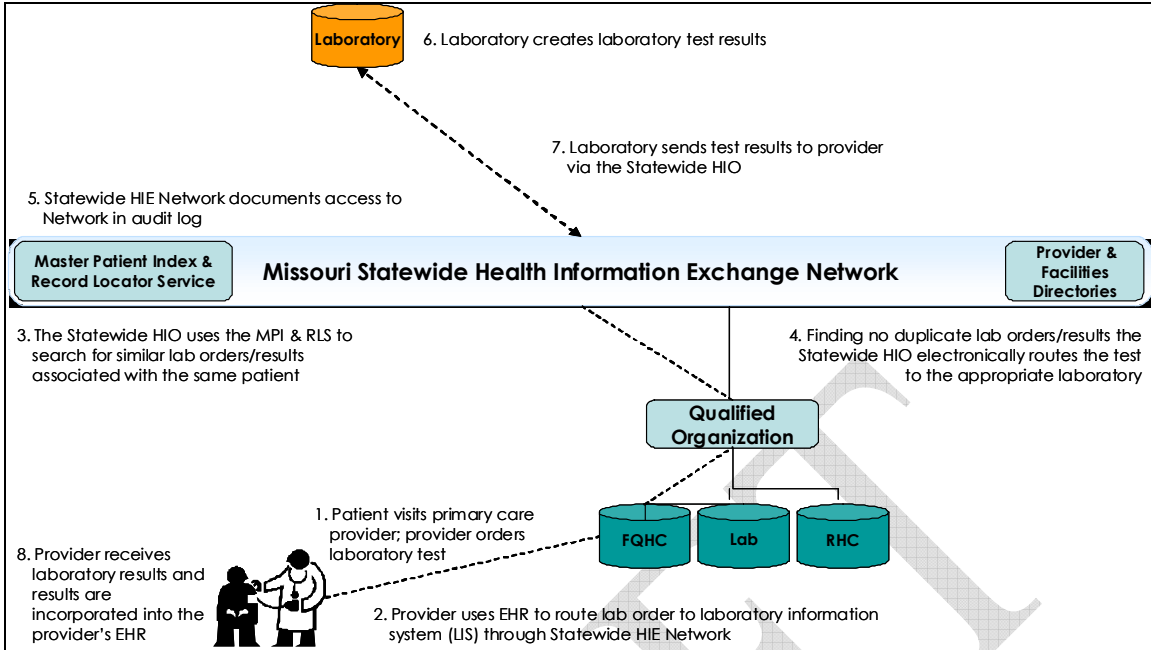


Figure 8. Clinical Laboratory Ordering and Results Delivery – Phase 2

In phase two, the Missouri HIO will utilize a master patient index and record locator service to electronically order and receive clinical laboratory results; providers will be able to search for a patient's recently completed laboratory orders and their respective results.

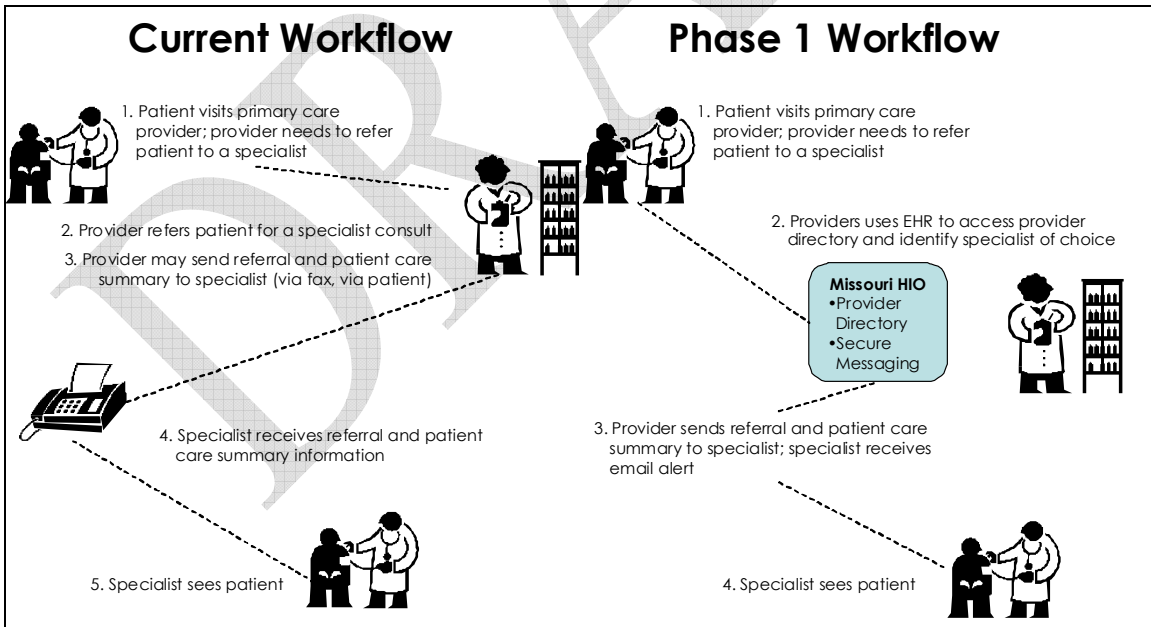


Figure 9. Patient Care Summary Exchange – Phase 1

As depicted in the figure above, the Missouri HIO will facilitate the patient care summary exchange through a provider directory and secure messaging.

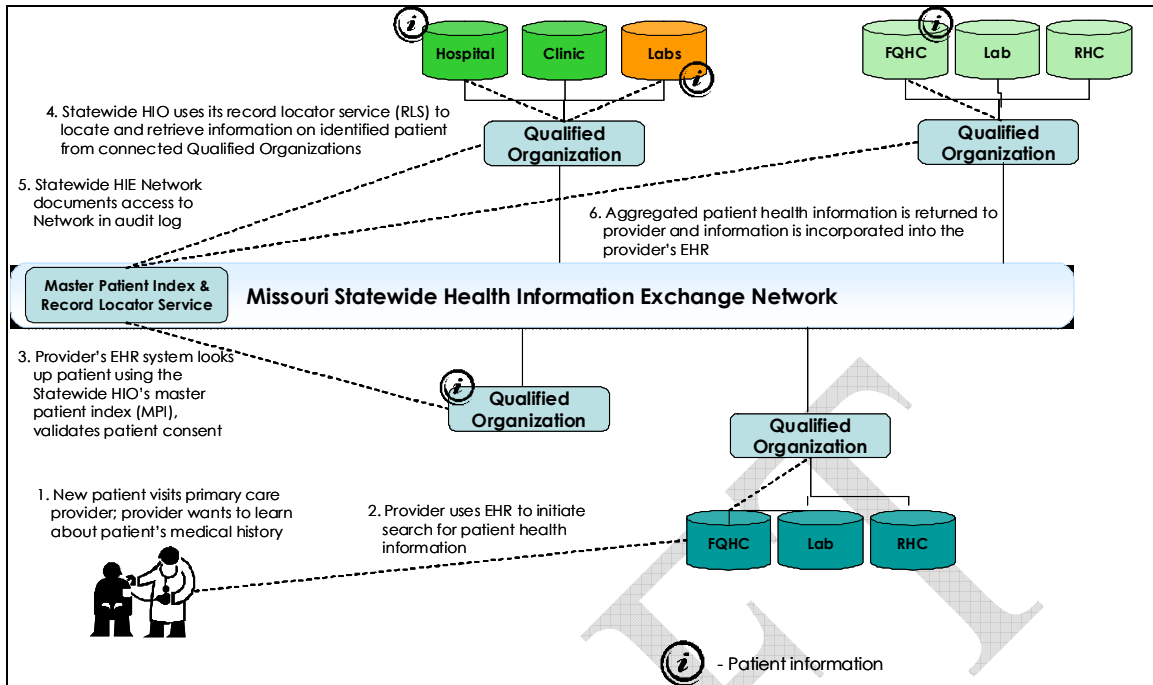


Figure 10. Patient Care Summary Exchange – Phase 2

In phase two, the Missouri HIO will utilize a master patient index and record locator service to locate and retrieve patient care summary information from unaffiliated organizations where a patient has received care.

E. Ensure Consistency with National Policies and Standards

Missouri is bordered by eight states (Iowa, Illinois, Kentucky, Tennessee, Arkansas, Oklahoma, Kansas, and Nebraska) and is keenly aware of the need for both interstate coordination and consistency with national policies and standards. The Missouri HIO staff and Technology & Operations Workgroup closely monitor federal policies and guidelines and are cognizant that the technical design and approach must be flexible to accommodate evolving standards.

Missouri continues to participate in various interstate activities as outlined in the Operational Plan. These activities include, but are not limited to:

- RTI State Health Policy Consortium – Midwest Consortium Project
- State of Tennessee Medication Management Request for Information (RFI)
- Collaboration with Kansas
- Statewide HIE Coalition (20 states)
- Communication and Coordination with Midwestern States (monthly conference calls) - Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, Missouri and Wisconsin

F. Align with Medicaid and Public Health Programs

The Missouri HIO's efforts are closely coordinated with Missouri's Medicaid and public health programs. As required in its bylaws, there are ex-officio seats on the Missouri HIO Board of Directors for the Director of MO HealthNet (Medicaid) and the Director of the Department of Health and Senior Services (Public Health), ensuring that both Medicaid and public health will have meaningful input and participation in statewide HIE planning. Dr. Ian McCaslin, MD, and Margaret Donnelly currently serve in these capacities, respectively.

Prior to the Missouri HIO's incorporation as an independent entity, the Missouri Department of Social Services (DSS) was the lead organization for statewide HIE development; the DSS Director, Ronald Levy, also serves as Missouri's State Health IT Coordinator. Director Levy currently serves on the Missouri HIO Board of Directors as an ex-officio seat is also reserved for the State Health IT Coordinator.

The Missouri HIO committed to active coordination and alignment with both Medicaid and public health. As Medicaid prepare is State Medicaid HIT Plan (SMHP), the Missouri HIO has received regular updates and opportunities to provide input into the planning process.

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Appendix A

Articles of Incorporation

Please visit <http://dss.mo.gov/hie/action/index.shtml> to view the final Articles of Incorporation.

Appendix B

Missouri HIO Board of Directors

John Bluford, President and CEO, Truman Medical Center

Kim Day, Senior Vice President, Regional Markets, Sisters of Mercy Health System

Margaret Donnelly, Director, Missouri Department of Health and Senior Services (ex-officio, voting)

Karen Edison, M.D., Co-Principal Investigator, Missouri HIT Assistance Center (ex-officio, non-voting)

Laura Fitzmaurice, MD, Chief Medical Information Office, Children's Mercy Hospital

Craig Glover, Chief Information Officer, Grace Hill Health Centers

Tracy Godfrey, MD, Family Physician, Family Health Center of Joplin (Treasurer)

Melissa Johnsen, Private Citizen and Former Business Executive

Sandra H. Johnson, JD, Interim Dean and Professor Emerita of Law and Health Care Ethics, Saint Louis University School of Law (Chair)

Herb Kuhn, President and CEO, Missouri Hospital Association

Ronald Levy, Director, Missouri Department of Social Services (ex-officio, voting)

Ian McCaslin, MD, Director, MO HealthNet Division (ex-officio, non-voting)

Steve Roling, President and CEO, Healthcare Foundation of Greater Kansas City (Secretary)

Andrea Routh, Executive Director, Missouri Health Advocacy Alliance

Steve Walli, President and CEO, United HealthCare

David Weiss, Senior Vice President and CIO, BJC Healthcare (Vice-Chair)

Karl Wilson, President and CEO, Crider Health Center

Appendix C

Opt-in Versus Opt-out: Consent Models for Health Information Exchange through Missouri's Statewide Health Information Exchange Network

As part of its development of a larger privacy and security framework, MO-HITECH's Legal/Policy Workgroup (the "Workgroup") is considering to what extent, and how consumers should have control over the exchange of their personal health information through Missouri's statewide HIE network. The purpose of this document is to provide an overview of the two main models for consumer consent to exchange personal health information through the exchange, often referred to as "opt-in" and "opt-out".

- **Opt-in:** Typically requires affirmative authorization from the consumer, often through signing a standardized consent form, before a consumer's health information may be exchanged through the network.
- **Opt-out:** Typically requires that the consumer is given notice – through mailings, brochures, posted notices or other means - and allows a consumer's health information to be exchanged through the network unless and until the consumer formally requests that it not be.¹

The choice between opt-in and opt-out is one of multiple decisions when constructing a consumer consent policy for statewide health information exchange. Other features and policy questions may include:

- the nature and breadth of consumer outreach and education efforts related to the consent decision;
- the durability and revocability of consumer consent;
- the ability to "break the glass" to obtain health information in emergency situations when a consumer has not had the opportunity to grant or deny consent;
- whether and to what extent consumers may control what providers are allowed to share and/or access their information;
- whether and to what extent consumers may exclude certain types of health information;
- whether the exchange should limit, exclude or otherwise afford special treatment for categories of specially protected health information, such as HIV, mental health and abortion services; and
- the extent of security, enforcement, and remedies in place.

The purpose or use of exchanging personal health information is another factor influencing consent policies. Consumers often have different levels of comfort with information exchanged among providers for the purpose of treatment, than when other parties and uses are contemplated. In developing its recommended privacy policies, the Workgroup has operated under the assumption that the statewide exchange of personal health information will be between providers and only for purposes of treatment, and that policies and protections will be in place to ensure that only authorized providers who have a treatment relationship with the consumer will be able to access to information within the exchange.

Another key consideration in developing consent policies is the desire to create consistency with other exchange efforts across state lines. This is particularly important in Missouri, where major regional healthcare markets cross state lines. Some have called for a single set of national standards related to consent policies. While various national and federal efforts are exploring

¹ An opt-out model is not the same as a "no consent" model. Under a "no consent" model, consumers' health information is automatically included in an exchange. They cannot opt-out. The Indiana Health Information Exchange (IHIE) serves as an example. It does not require express patient consent for participation in the exchange. It also does not include certain sensitive health information that requires patient consent for disclosure by law (e.g. information from federally-assisted substance abuse treatment programs covered by the federal Confidentiality of Alcohol and Drug Abuse Patient Records regulations at 42 CFR Part 2).

legal and policy issues associated with HIE, including the Health Information Security and Privacy Collaborative, variation in state law requirements has, to date, prevented a single national solution. The Workgroup continues to monitor these efforts, but must move forward to develop an approach and consent framework in the context of Missouri State law. An important part of this work requires understanding the policies of existing Missouri HIE efforts and its eight border states; please see Appendix C-1 for an overview of what is known about HIE and border states' consent policies.

Considerations Related to an Opt-in Versus Opt-out Consent Model

The choice between opt-in and opt-out is informed by multiple considerations, outlined in greater detail in the chart below. In Missouri, the greatest differentiator among these considerations is state law. While it is unclear whether authorization is required to share personal health information under state law in Missouri, authorization is clearly required for certain types of specially protected of health information. Thus, Missouri state law requires either that a consumer opt-in, or that certain specially protected health information be screened out.

Considerations	Opt-in Implications	Opt-Out Implications
<p>Consumer Trust Statewide HIE represents a paradigm shift in the way health information is shared: from a “one-to-one” exchange in which consumers connect points of care, to a “many-to-many” in which information may be exchanged without consumers’ active engagement. To engender public support for this effort and to ensure individual consumers’ interests are protected, consumer trust is paramount.</p>	<ul style="list-style-type: none"> ▪ Depends on deployment approach. ▪ Some argue act of consumer signing consent increases likelihood that consent is meaningful and knowing. 	<ul style="list-style-type: none"> ▪ Depends on deployment approach.
<p>State and Federal Legal Requirements Federal law under HIPAA does not require patient consent to exchange personal health information for the purpose of treatment, payment or healthcare operations.² Case law in Missouri is ambiguous as to whether consent is required for the release of personal health information generally. However, State statute requires authorization to exchange certain types of sensitive health information, including genetic information, abortion services, mental health and some substance abuse treatment services. It is unclear whether authorization is required for the exchange of HIV tests and services.</p>	<ul style="list-style-type: none"> ▪ Provides maximum legal protection by providing a record of patient permission to exchange personal health information. ▪ Required to share sensitive health information in Missouri. 	<ul style="list-style-type: none"> ▪ Does not meet state legal requirements for sharing information related to genetic information, abortion, mental health and substance abuse services. ▪ Unclear whether it meets state legal requirements for exchange of HIV information.
<p>Clinical Value of the Information To have value, the statewide health information exchange must include information necessary to provide effective treatment. Without robust medical data, doctors will not participate and the exchange will not be sustainable.</p>	<ul style="list-style-type: none"> ▪ Allows maximum information sharing under current state law. 	<ul style="list-style-type: none"> ▪ Requires exclusion of some types of sensitive health information under current state law. ▪ May result in a “thin” system limited to data automatically eligible for exchange (e.g. lab results, summary record information)

² HIEs wishing to include information from federally-assisted alcohol and substance abuse centers, for instance, must obtain patient consent to exchange such information or risk being found in violation of federal law. See 42 CFR Part 2.

Considerations	Opt-in Implications	Opt-Out Implications
<p>Technical Feasibility and Cost While technology solutions exist to accommodate a wide range of consent models and features, in general, the cost and technical complexity increase with requirements to exclude certain types of data and/or providers, particularly if the policy calls for such sorting at the consumer level.</p>	<ul style="list-style-type: none"> ▪ Technology models exist for both options. 	<ul style="list-style-type: none"> ▪ Technology models exist for both options; the need to exclude certain types of sensitive health information could increase costs.
<p>Administrative Burden and Implementation Cost The deployment of consent features require varying degrees of involvement, burden and cost from providers and other HIE participants.</p>	<ul style="list-style-type: none"> ▪ Requires educational strategies by HIO and providers ▪ Likely to be bundled with notice and consent processes currently used for health information³ 	<ul style="list-style-type: none"> ▪ Eliminates need to gather patient consent ▪ Efforts required to ensure consumers are aware of exchange and have opportunity to opt-out⁴ ▪ Providers may still want documentation

Conclusion

Evidence shows that both opt-in and opt-out consent models can generate sufficient patient and provider participation to achieve the critical mass necessary for system function and the realization of key goals. Opt-out models typically show slightly higher overall consumer participation rates; while opt-in models require more effort to ensure consumer participation and, if not done correctly, could result in fewer consumers participating in the exchange.⁵ The main advantage of an opt-in model, on the other hand, is that it permits the inclusion of specially protected personal health information. States pursuing an opt-out consent model, such as Nebraska, typically have elected to exclude specially protected information. Some states, such as Kansas, are seeking statutory changes that would eliminate or limit state statutory requirements so that they would not apply to specially protected information in the exchange. Still others, like Tennessee, do not have state law requirements limiting the exchange of sensitive health information.

Both patient and provider participation are necessary to facilitate better care delivery and advance other societal goals (e.g., improved public health), as well as to ensure the viability of HIE. Adoption of an appropriate consent model, coupled with responsible policies dictating the types of information included in the exchange, the nature and number of entities granted access to the information, the purposes for which the information can be used, the durability and revocability of consumer consent, and the extent of security, enforcement, and remedies in place, will help to build trust in Missouri’s statewide HIE network while meeting clinical goals.

³ Micky Tripathi, David Delano, Barbara Lund and Lynda Rudolph. “Engaging Patients for Health Information Exchange.” *Health Affairs*. Volume 28, Number 2. March/April 2009.

⁴ CareSpark, an HIE that spans areas of both Tennessee and Virginia serves as a case in point. Because state laws in Tennessee and Virginia do not require express consent from patients to share general clinical information electronically for treatment purposes or for other purposes expressly permitted under law, CareSpark relies on an opt-out model. However, CareSpark requires that health care providers educate consumers about CareSpark and how consumers’ information is exchanged through the HIE. To facilitate providers’ education of consumers, CareSpark trains provider organizations on the opt-out process and supplies them with written educational materials. Other HIEs that rely on opt-out models (e.g. the Nebraska Health Information Initiative and Maine’s HealthInfoNet) also allow consumers to opt-out online, and provide significant amounts of educational content on their websites.

⁵ Melissa Goldstein and Alison Rein. “Consumer Consent Options for Electronic Health Information Exchange: Policy Considerations and Analysis.” Prepared for the Office of the National Coordinator for Health IT. March 23, 2010.

Appendix C-1

Regional HIO	Consent Policies	Language/Addl Information
Kansas City Bi-State HIE (KC-BHIE)	Under development	<ul style="list-style-type: none"> ➤ Privacy, Security, and Legal Committee is developing policy recommendation ➤ Kansas and Missouri are currently considering different consent policies
Lewis and Clark Information Exchange (LACIE)	Opt-out	
Springfield	Under development	<ul style="list-style-type: none"> ➤ Monitoring MO-HITECH guidance
St. Louis Integrated Health Network	Under development	<ul style="list-style-type: none"> ➤ Beginning to develop consent language ➤ Monitoring MO-HITECH guidance
CareEntrust <i>(Personally controlled record)</i>	N/A Consent policies refer to the consumers' desire to participate in a PHR	<ul style="list-style-type: none"> ➤ Consumers are given access to the CareEntrust PHR through medical benefit enrollment ➤ Consumers control provider access to the information in their PHR at the organizational level

Table 1. Missouri HIE Effort Consent Policies

State	Consent Policies	Sensitive Health Information	Lead Organization & Recommendations
Arkansas	Under development	Not yet addressed	Arkansas Health Information Exchange - http://recovery.arkansas.gov/hie/ Legal & Policy Workgroup began meeting in March 2010.
Illinois	Under development	Not yet addressed	Illinois Health Information Exchange - http://www.hie.illinois.gov/ The Privacy & Security Working Group will recommend how to address the issue of patient control of data and patient consent in the design of the state-level HIE.
Iowa	Under development <i>Opt-out</i>	Seeking changes under state law	Iowa eHealth – http://www.idph.state.ia.us/ehealth/default.asp <i>Workgroup Recommendation</i> – Establish clear patient consent policies within the HIE privacy and security framework; Consider statutory changes in Iowa law to allow protected health information to be exchanged among providers for treatment-related purposes without additional patient consent
Kansas	Under development <i>Opt-out</i>	Seeking changes under state law	Kansas e-Health Advisory Council – http://www.kanhit.org/ It is anticipated that the Council will seek legislative changes in support of an opt-out model.
Kentucky	Opt-out	Unclear whether included	Kentucky Health Information Exchange- http://chfs.ky.gov/os/goehi/khie.htm Patients have the right to opt-out at any time and not participate in the exchange of their personal health information through the KHIE. There is no emergency access if a patient has chosen to opt-out.
Nebraska	Opt-out	Specified classes of sensitive data are	Nebraska Health Information Initiative - http://nehii.org/ Participation in the Nebraska Health Information Initiative (NeHII) is voluntary. However, health information will be included in NeHII unless the consumer opts out. Some types of specially

		excluded from exchange	protected health information is excluded from the exchange.
Oklahoma	<i>Voluntary</i> Opt-in	Under consideration	Oklahoma Health Information Exchange - http://www.okhca.org/ State Legislature ordered the creation of a standard authorization form for health information exchange. Providers who use the <i>optional</i> form and follow are immunized from liability under state privacy laws. (Oklahoma SB 1420)
Tennessee	Opt-out	Not yet addressed	Health Information Partnership for Tennessee - http://www.hiptn.org/ The Privacy and Security Workgroup will revisit its opt-out/patient notification recommendations upon review of sensitive health information.

Table 2. Border State Consent Policies

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Appendix D

E-Prescribing Strategies				
	Strategies	Components	Risks & Considerations	Timeline
1	Leverage Medicaid provider survey to identify current capabilities among providers	<ul style="list-style-type: none"> Review provider survey results in mid-late October Review MHA survey results Identify gaps in provider participation and capabilities 	<ul style="list-style-type: none"> Survey response rate is expected to be approximately 70% Does not address pharmacy connectivity 	In progress
2	Partner with REC to encourage use of certified EHR technologies	<ul style="list-style-type: none"> Validate with the REC that selected or approved vendors offer certified e-prescribing products or modules Validate e-prescribing is part of training programs and services Partner with the REC to understand the limitations in e-prescribing packages and Surescripts connectivity 	<ul style="list-style-type: none"> There are limited resources available to provide training to physicians Does not address pharmacy connectivity REC only impacts a subset of eligible providers 	<ul style="list-style-type: none"> Short-term Ongoing
3	Encourage adoption through financial incentives for physicians	<ul style="list-style-type: none"> Partner with Medicaid to highlight e-prescribing components required for meaningful use and publicize opportunities for providers under the EHR incentive program 	<ul style="list-style-type: none"> EHR incentive program is limited to eligible professionals and eligible hospitals There may be broadband/connectivity issues for some physicians in outstate Missouri 	<ul style="list-style-type: none"> Short-term Ongoing
4	Offer CyberAccess (Medicaid EHR) to providers as a low-cost solution	<ul style="list-style-type: none"> Evaluate CyberAccess and identify work required to be a certified EHR Upgrade CyberAccess to meet certified EHR requirements Estimate costs to offer CyberAccess portal to non-Medicaid providers 	<ul style="list-style-type: none"> May represent a “last resort” strategy for non-Medicaid providers Does not address need for a Surescripts alternative 	Short-term
5	Create statewide directory of pharmacies; include info on capability for e-prescribing	<ul style="list-style-type: none"> Identify pharmacies with e-prescribing capabilities (via Surescripts) Create directory and offer it publicly to physicians – include both those able and those unable to accept eRx Work with pharmacy board to identify outstanding pharmacies Work with pharmacy board to develop pharmacy outreach documentation highlighting potential impacts of MU and the need to support e-prescribing 	<ul style="list-style-type: none"> Does not address need for a Surescripts alternative 	Short-term
6	Provide financial support to pharmacies	<ul style="list-style-type: none"> Identify pharmacies lacking e-prescribing capabilities Estimate cost to support 	<ul style="list-style-type: none"> No funding sources are currently available 	Long-term

E-Prescribing Strategies				
	Strategies	Components	Risks & Considerations	Timeline
	lacking e-prescribing capabilities	<ul style="list-style-type: none"> pharmacy system upgrades Identify potential funding sources and/or loan funds 		
7	Continue participation in multi-state activities to identify alternative strategies	<ul style="list-style-type: none"> Identify and evaluate opportunities for multi-state collaboration Participate in activities deemed worthwhile 	<ul style="list-style-type: none"> Activities may be time intensive Limited activities are currently available 	Long-term
8	Partner with PBMs on outreach to providers and pharmacies	<ul style="list-style-type: none"> Identify potential PBM partners Develop collaborative approach to provider and pharmacy outreach and support 	<ul style="list-style-type: none"> PBM interest and resources 	Long-term

E-Prescribing Strategies				
	Strategies	Components	Risks & Considerations	Timeline
1	Leverage Medicaid provider survey to identify current capabilities among providers	<ul style="list-style-type: none"> Review provider survey results in mid-late October Review MHA survey results Identify gaps in provider participation and capabilities 	<ul style="list-style-type: none"> Survey response rate is expected to be approximately 70% Does not address pharmacy connectivity 	In progress
2	Partner with REC to encourage use of certified EHR technologies	<ul style="list-style-type: none"> Validate with the REC that selected or approved vendors offer certified e-prescribing products or modules Validate e-prescribing is part of training programs and services Partner with the REC to understand the limitations in e-prescribing packages and Surescripts connectivity 	<ul style="list-style-type: none"> There are limited resources available to provide training to physicians Does not address pharmacy connectivity REC only impacts a subset of eligible providers 	<ul style="list-style-type: none"> Short-term Ongoing
3	Encourage adoption through financial incentives for physicians	<ul style="list-style-type: none"> Partner with Medicaid to highlight e-prescribing components required for meaningful use and publicize opportunities for providers under the EHR incentive program 	<ul style="list-style-type: none"> EHR incentive program is limited to eligible professionals and eligible hospitals There may be broadband/connectivity issues for some physicians in outstate Missouri 	<ul style="list-style-type: none"> Short-term Ongoing
4	Offer CyberAccess (Medicaid EHR) to providers as a low-cost solution	<ul style="list-style-type: none"> Evaluate CyberAccess and identify work required to be a certified EHR Upgrade CyberAccess to meet certified EHR requirements Estimate costs to offer CyberAccess portal to non-Medicaid providers 	<ul style="list-style-type: none"> May represent a “last resort” strategy for non-Medicaid providers Does not address need for a Surescripts alternative 	Short-term

E-Prescribing Strategies				
	Strategies	Components	Risks & Considerations	Timeline
5	Create statewide directory of pharmacies capable of e-prescribing	<ul style="list-style-type: none"> Identify pharmacies with e-prescribing capabilities (via Surescripts) Create directory and offer it publicly to physicians Work with pharmacy board to identify outstanding pharmacies Work with pharmacy board to develop pharmacy outreach documentation highlighting potential impacts of MU and the need to support e-prescribing 	<ul style="list-style-type: none"> Does not address need for a Surescripts alternative May negatively impact pharmacies without e-prescribing capabilities 	Short-term
6	Provide financial support to pharmacies lacking e-prescribing capabilities	<ul style="list-style-type: none"> Identify pharmacies lacking e-prescribing capabilities Estimate cost to support pharmacy system upgrades Identify potential funding sources and/or loan funds 	<ul style="list-style-type: none"> No funding sources are currently available 	Long-term
7	Continue participation in multi-state activities to identify alternative strategies	<ul style="list-style-type: none"> Identify and evaluate opportunities for multi-state collaboration Participate in activities deemed worthwhile 	<ul style="list-style-type: none"> Activities may be time intensive Limited activities are currently available 	Long-term
8	Partner with PBMs on outreach to providers and pharmacies	<ul style="list-style-type: none"> Identify potential PBM partners Develop collaborative approach to provider and pharmacy outreach and support 	<ul style="list-style-type: none"> PBM interest and resources 	Long-term

Patient Care Summary Exchange Strategies				
	Strategies	Components	Risks & Considerations	Timeline
1	Leverage Medicaid provider survey to identify current capabilities among providers	<ul style="list-style-type: none"> Review provider survey results in mid-late October Review MHA survey results Identify gaps in provider participation and capabilities 	<ul style="list-style-type: none"> Survey response rate is expected to be roughly 70% 	<ul style="list-style-type: none"> Short-term In progress
2	Partner with REC to encourage use of certified EHR technologies	<ul style="list-style-type: none"> Validate with the REC that selected or approved vendors offer patient care summary exchange functionality Validate patient care summary exchange is part of training programs and services Partner with the REC to understand the limitations on vendor packages and patient care summary exchange functionality 	<ul style="list-style-type: none"> There are limited resources available to provide training to physicians REC only impacts a subset of eligible providers 	<ul style="list-style-type: none"> Short-term Ongoing

Patient Care Summary Exchange Strategies				
	Strategies	Components	Risks & Considerations	Timeline
3	Encourage adoption through financial incentives for physicians	<ul style="list-style-type: none"> Partner with Medicaid to highlight patient care summary exchange components required for meaningful use and publicize opportunities for providers under the EHR incentive program 	<ul style="list-style-type: none"> EHR incentive program is limited to eligible professionals and eligible hospitals There may be broadband/connectivity issues for some physicians in outstate Missouri 	<ul style="list-style-type: none"> Short-term Ongoing
4	Offer CyberAccess (Medicaid EHR) to providers as a low-cost solution	<ul style="list-style-type: none"> Evaluate CyberAccess and identify work required to be a certified EHR Upgrade CyberAccess to meet certified EHR requirements Estimate costs to offer CyberAccess portal to non-Medicaid providers 	<ul style="list-style-type: none"> May represent a “last resort” strategy for non-Medicaid providers Does not address other vendor limitations 	<ul style="list-style-type: none"> Short-term
5	Build and leverage statewide secure messaging infrastructure and provider directory	<ul style="list-style-type: none"> Develop requirements for a statewide secure messaging infrastructure and provider directory Issue RFP to build core infrastructure and services; require selected vendor to assure upgrade to incorporate NHIN Direct functionality when available Expand services to include master patient index (MPI) and consent management (long-term) 	<ul style="list-style-type: none"> Timeline is aggressive Cost 	<ul style="list-style-type: none"> Short-term