



ADOA - ASET

Arizona Strategic Enterprise Technology

Arizona Health Information Exchange (HIE)

APPENDIX A – Changes to HIE Strategy

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Domain/Sections	Short Description of Approved Portion of SOP that Grantee is Proposing to change (include page numbers)	Proposed Changes	Reason for the Proposed Change	Budget Implications of Proposed Changes
Overall HIE Strategy including Phasing	Leverage previous investments. (SOP pgs. 18,25,30,64,65,69)	Partner with Regional Extension Center as the "public facing" entity for any HIE market-based activities.	Enhanced clarity	No change
	Take incremental approach to build state level HIE capabilities. (SOP pg. 48)	No change	Not Applicable	No change
		<u>Addition:</u> Leverage increased knowledge available through HIE to decrease rate of Adverse Medical Events	Added a stretch goal for the project (in agreement with ONC)	No change
		<u>Addition:</u> Leverage intern resources from ONC-sponsored community college consortium workforce development program.	Identified additional opportunity	No change
Governance	Foster multi-stakeholder participation in Governance. (SOP pgs. 24,41,42,45)	No change	Not Applicable	No change
	Transition state level HIE governance to public/privacy multi-stakeholder board. (SOP pg. 42,47)	No change	Not Applicable	No change
Technology	Outsource technology for HIE. (SOP, pg. 27)	No change	Not Applicable	No change
	Release RFP for the development and management of the statewide provider directory. (SOP pg. 27)	No change	Not Applicable	No change

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	Provide assistance to the selected vendor with the onboarding of providers into the provider directory. (SOP pg. 57)	No change	Not Applicable	No change
	The strategy for provider engagement and onboarding (DIRECT) is to work directly with the certified EMR/EHR vendors that are working with AzHeC. (SOP pg. 31)	No change	Not Applicable	No change
	At the conclusion of the pilot, ASET and its partners will evaluate the success of the pilot and determine potential next steps. (SOP pg. 31)	<p>Leverage a Market-based approach to HISP vendors.</p> <p>Leverage the Regional Extension Center to assist providers in choosing a HISP vendor.</p>	<p>HISP Strategy in original SOP – relates only to the pilot</p> <p>Enhanced strategy to provide more emphasis and focus on assisting providers with choosing a HISP.</p> <p>Executed "HIE Marketplace" Contract with Regional Extension Center (Arizona Health-e Connection) to establish marketplace in Arizona</p>	No change
	Leverage Direct. (SOP pg. 11,13)	No change	Not Applicable	No change
	Leverage Direct for connecting the unconnected providers (SOP pg. 11,13)	No change	Not Applicable	No change
	Leverage NwHIN Direct pilot as an option for providers/labs to send/receive structured lab results. (SOP pg. 11,13)	No change	Not Applicable	No change

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	Leverage NwHIN Direct as strategy to connect "white space" providers. (SOP pg. 11,13)	No change	Not Applicable	No change
	Leverage other organizations such as the Arizona Medical Board as data sources into the provider directory. (SOP pg. 57)	Use the technology vendor's resources to populate the provider directory.	Selected vendor provides a directory listing of all state providers so not necessary to obtain this information from AZ medical board.	No change
	Established provider directory will contain all relevant information for all registered clinicians in Arizona. (SOP pg. 53)	No change	Not Applicable	No change
	Invest in state agency infrastructure to facilitate health information exchange. (SOP pg. 18, 19,38,47)	No change	Not Applicable	No change
	Connections with Indian Health Service, VA, and Social Security Administration will be enabled through the NwHIN. (SOP Pg. 38)	No change	Not Applicable	No change
Financial	Rely on selected HIE organization to provide sustainability plan. (SOP pg. 47)	No change	Not Applicable	No change
	Rely on [HINAz] participant revenue for sustainability. (SOP pg. 47)	No change	Not Applicable	No change
Business Operations	Rely on Technology / Governance outsource vendor for technical infrastructure and Governance. (SOP pg. 44)	No change	Not Applicable	No change

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	<p>Use Medicaid funds to encourage HIE participation. (SOP pg.47)</p> <p>Align the State HIE cooperative agreement activities and the Medicaid health information technology plan (SMHP). (SOP pgs.36-38)</p> <p>Align the State HIE cooperative agreement activities and the Regional Extension Center activities with SMHP. (SOP pg. 24, 41, 57, 64)</p>	<p><u>Enhancement:</u> Leverage CMS approved HIE Discount Incentive program for high volume Medicaid providers</p>	<p>Original intent was for EMRs only.</p> <p>Enhancement of the leverage of state and federal funds for HIE participation.</p>	<p>May enhance available funding for HIE program.</p> <p>Enhanced funding from Federal HITECH monies</p>
Legal/Policy	<p>Collaborate with state health policy makers to ensure state policies and regulations support health information exchange in Arizona. (SOP pg. 45)</p>	No Change	Not Applicable	No change
	<p>Implement HB 2620. (SOP pg. 71)</p>	Updated to HB 2369	<p>HB 2620 was signed by governor in 2011</p> <p>HB 2369 (an update to 2620) was signed in 2012</p>	No change
	<p>Leverage multi-state consortium for interstate exchange - Coordinate efforts with other states. (SOP pgs. 70, 72)</p>	No change	Not Applicable	No change
	<p>Balance the need for information sharing with the need for strong privacy and security policies. (SOP pg. 64)</p>	No change	Not Applicable	No change

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Strategies for e-prescribing	ASET will assess pharmacies not currently e-prescribing and develop approaches to increase adoption. (SOP pg.8)	Through the e-prescribing outreach contract with AzHeC, ASET will also assess providers and develop approaches to increase their adoption.	Arizona will have 100% e-prescribing capable pharmacies. Increase emphasis on providers to drive volume.	No change
	ASET's focus with filling any gaps (e-prescribing) will be connections to the chosen HIE technology solution and its core messaging system. Entities participating in Arizona's HIE can leverage the chosen vendor's relationship with Surescripts to provide connectivity and support services to them. (SOP, pgs. 8, 12)	For those who participate in the exchange, HINAZ may provide an eRx connection	Electronic Prescribing capabilities may be obtained from sources other than HINAZ	No change
	ASET will leverage its NWHIN Direct pilot as an option for connecting pharmacies and providers. (SOP pgs. 8, 13)	No longer required	Arizona will have 100% e-prescribing capable pharmacies. Preferred approach is to use HINAZ or an eRx solution.	No change
	As part of Arizona's core services, the HIE will include a provider directory which could be leveraged by providers to route prescriptions to the appropriate destinations. (SOP pgs. 8, 12)	No change	Not Applicable	No change
	Closely coordinate with AzHeC (REC) to help providers understand MU. Leverage the e-prescribing Committee and Consumer Advisory Group. (SOP pgs. 8, 13)	<u>Enhancement</u> Formalize and expand the role to include outreach to both providers and pharmacies to increase the volume of e-prescriptions – as discussed in the quarterly updates.	Operationalize and further leverage existing "trusted" resources. Our focus will shift to volume.	No change

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	<p>ASET will work with State Medicaid provider, AHCCCS to assess the volume of its claims that are from pharmacies that do not accept electronic prescriptions and if significant, ASET will consider measure to help increase e-prescribing adoption. (SOP pgs. 8, 12)</p>	<p><u>Relacement:</u> ASET will work with State Medicaid provider, AHCCCS to assess the Medicaid providers with high volumes of prescriptions. ASET will consider measures to help increase e-prescribing adoption and use.</p>	<p>AHCCCS currently has data showing the high volume Medicaid prescribers regardless of the approach.</p> <p>AHCCCS will begin capturing eRx prescribing in the Data Warehouse for claims/encounters submitted on and after 7/1/2012.</p> <p>This data will allow us to prioritize our outreach to providers to increase the volume of e-prescribing.</p>	<p>No change</p>
	<p>ASET is considering a subscription to Surescripts medication history and offering it to those using e-prescribing. This will further the efforts of both the overall HIE in Arizona and allow pharmacists to participate more fully in clinical support decisions. (SOP pgs. 8, 12)</p>	<p>ASET will continue to monitor the need for a Surescripts subscription as one-on-one conversations with the remaining (< 20) pharmacies are held.</p>	<p>The subscription to Surescripts medication history may not be needed as all pharmacies become e-prescribing capable.</p>	<p>No change</p>
<p>Strategies for Structured Lab Results Exchange</p>	<p>ASET's focus with filling any gaps will be connections to the chosen HIE technology solution and its core messaging system. Entities participating in Arizona's HIE can leverage the chosen vendor's relationship with Sonora Quest Labs and LabCorp to provide connectivity and support services to them. (SOP pgs. 10, 13)</p>	<p>No change</p>	<p>Not Applicable</p>	<p>No change</p>

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	[ASET will] Leverage existing entities to provide technical assistance to providers and independent labs. Coordinate efforts with HIE (HINAZ), REC (AzHeC) and the Arizona Department of Health Services (CLIA contact for AZ). Develop incentives as needed. (SOP pgs. 10, 13)	No change	Not Applicable	No change
	ASET will leverage its Direct pilot which will be an option for connecting laboratories and providers. ASET believes this would provide a viable option for both providers and laboratories to send/receive structured laboratory results in the “white space” areas of Arizona. (SOP pgs. 10, 13)	ASET will use the HIE Marketplace for providing access to Direct services.	ASET continues to believe that Direct is a viable option, but rather than move this pilot into production, we are commissioning the HIE Marketplace to provide Direct capabilities and outreach. Plans for Direct have matured. This pilot was completed and was successfully leveraged for the Public Health immunization Direct project.	No change
	In partnership with the State Medicaid agency (AHCCCS), assess the volume of Medicaid claims coming from labs and work with the REC and HIE provider to prioritize providers that are unable to deliver electronic results to providers, and if significant, consider measures to increase adoption. (SOP pg. 13)	Identify Medicaid physicians with a high volume of lab orders	Take advantage of available information.	No change
Strategies for Care Summary Exchange	Develop core infrastructure and messaging services through an HIE vendor to enable eligible providers and hospitals to conduct exchange of patient care summaries. The HIE will include a provider directory which can be leveraged by providers to achieve exchange. (SOP pgs.11, 14)	No change	Not Applicable	No change

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	Evaluate and create a strategy to leverage Direct in white space areas as a viable option to exchange clinical summaries. (SOP pgs.11, 14)	No change	Not Applicable	No change
	Leverage existing entities to provide technical assistance to providers around various options of exchange. Coordinate with the REC (AzHeC) and HIE (HINaz). (SOP pgs.11, 14)	No change	Not Applicable	No change
	ASET will provide, document and issue standards to support existing EHR connectivity among unaffiliated hospitals and health systems as a mechanism to achieve the HIE MU requirements. (SOP pgs.14)	ASET will support and promote the use of standards as defined by federal entities.	<p>ONC is taking the leadership in establishing interoperability requirements.</p> <p>ASET will make recommendations to remain in alignment with federal standards rather than attempt to provide the standards independently.</p>	No change
<i>The Core Documents Are Required As Part of first SOP Update. Changes Should be Indicated in Subsequent SOP Updates.</i>				
Sustainability	See Arizona Response – PIN 002 – Program Sustainability Plan			
Privacy & Security Framework	See Arizona Response - PIN 003 – Privacy & Security Framework			
Evaluation Plan	See Arizona Response – PIN 002 – Program Evaluation Plan			