



ADOA - ASET

Arizona Strategic Enterprise Technology

Arizona Health Information Exchange (HIE) Project Management Plan

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Update on Major Activities

E-prescribing Outreach and Technical Assistance Initiative

ASET has contracted with Arizona Health-e Connection (AzHeC) to coordinate an education and technical assistance campaign focused on Arizona health care providers and pharmacies to assist in achieving the State of Arizona's e-prescribing goals.

We will utilize the following key tactics to reach our e-prescribing goals in Arizona:

- Provide umbrella coordination organization (Steering Committee) with key stakeholders
- Provide information and statistics to providers and pharmacies in easy-to-access format
- Recognize top e-prescribers and pharmacies in Arizona
- Coordinate and publish Arizona case studies to educate the community
- Identify and provide incentives for independent pharmacies to participate in e-prescribing
- Encourage patient involvement in the e-prescribing process

Project Schedule and Milestones:

AzHeC will deliver a detailed project work plan as one of the deliverables of the contract. AzHeC is charged to work with ASET to define all project milestones, tasks, timelines, and project deliverables.

The high-level milestones and goals are detailed below:

Milestone and Goals	Target Date	Milestone/ Performance Measure	Status
Contract Signed by all Parties	5/18/2012	Milestone	Completed
Define Project work plan including milestones, tasks, and timelines	6/30/2012	Milestone	
40% of all Arizona prescriptions electronically routed to pharmacies	12/31/2013	Performance Measure	
60% of Arizona prescribers routing prescriptions electronically.	12/31/2013	Performance Measure	
100% of Arizona pharmacies with e-prescribing system capabilities.	12/31/2013	Performance Measure	

Arizona Health-e Connections (AzHeC) HIE Marketplace

ASET is working with Arizona Health-e Connection (AzHeC) to establish the Arizona Health Information Exchange (HIE) Marketplace. The purpose of the HIE marketplace is to be a trusted source where health care providers can review viable health information exchange options. Health information service providers (HISPs) will be invited to submit an application to be a participant in the marketplace and will be evaluated and selected based on established criteria. This will create a single point where consumers and stakeholders can go for neutral information regarding HIE options. The contract with AzHeC is to both develop and maintain the HIE marketplace as well as for AzHeC to be the public-facing entity for the marketplace.

This concept is widely supported by our health care stakeholder community. The Marketplace will be used to match health care providers with health information exchange options. The HIE marketplace will be a trusted source where health care providers can review viable health information exchange options. Initially, the HIE Marketplace will support “Direct” exchange. Later, it will also include other types of more robust exchange options.

Specific technical and operational policies have been developed as part of this Contract. All health information exchange technology applicants must adhere to these policies to become – and remain – participants in the marketplace. The State of Arizona has an active role in the development and oversight of the marketplace as defined within the Contract. Therefore, this engagement has shared responsibilities between the State of Arizona and Arizona Health-e Connection (AzHeC) to ensure collaboration and success.

In addition to developing the HIE Marketplace as a source of HIE solutions, the Contract also charges AzHeC with developing and implementing marketing and outreach activities to health care providers and laboratories to better inform them of health information exchange options and benefits. As one part of these outreach activities, AzHeC will identify communities of “white space” - or unconnected providers - throughout the State. This will enable targeted communications to health care providers in the identified communities.

Project Schedule and Milestones:

The following timeline has been completed as part of initial push to encourage HISP providers to join the marketplace:

Develop the Exchange Marketplace

Develop Exchange Marketplace	Estimated Due Date (Business Days After Contract Execution)	Status
Develop a steering committee to support developing the Marketplace requirements and evaluation process	10 days	Complete
Develop requirements for vendors/entities in the Marketplace	15 days	Complete
Develop application process and forms	25 days	Complete
Define application evaluation process	25 days	Complete
Release applications/requirements and solicit responses to participate Marketplace	30 days	Complete
Review applications and invite vendors/entities to demonstrate their products	50 days	Complete
Select vendors/entities for the Marketplace	60 days	Complete
Sign agreements with selected vendors/entities	80 days	Complete
Continue to add additional HISP vendors to Arizona HIE Marketplace on a "rolling" basis	Ongoing	Ongoing

Marketing and Outreach Activities

The following is the initial marketing and outreach plan (April 2012 – July 2012). Updates to this plan will be made as the project progresses.

Completed By	Marketing and Outreach Activities
April 2012	
4/10/12	<i>AzHeC Update</i> article
4/24/12	<i>REC Bulletin</i> article
4/02/12	<i>AzHeC Alert</i> : Program launch REC & AzHeC distr.
4/13/12	Discuss AOMA joint letter
4/13/12	Discuss AZAAP joint letter
4/13/12	Discuss US Rural Health joint letter
4/27/12	DTAPS cont. outreach to provider networks
4/27/12	DTAPS cont. outreach to independent providers
4/27/12	DTAPS cont. outreach to white space providers
4/27/12	DTAPS cont. outreach to CAH targets
4/27/12	Schedule HIE presentation at physician meetings
4/27/12	Begin GSI Webinars

Completed By	Marketing and Outreach Activities
4/25/12	Begin HIE presentation at physician meetings
4/25/12	Begin outreach to labs interested in Direct messaging (identified through survey)
May 2012	
5/8/12	<i>AzHeC Update</i> article
5/22/12	<i>REC Bulletin</i> article
	Schedule additional HIE Direct webinars
	Develop flyer to promote HIE Direct webinars
	Send & follow-up AOMA joint letter
	Send & follow-up AZAAP joint letter
	Send & follow-up US Rural Health joint letter
	Survey EHR vendors for Direct capability
	Identify EHR versions with Direct capability
	Plan EHR/Direct outreach with EHR Vendors
	Create webpage for EHR/Direct information
	Develop PIF for EHR/Direct education/assistance
	Conduct additional HIE Direct webinars
	ID/outreach to regional physician champions
June 2012	
6/12/12	<i>AzHeC Update</i> article
6/26/12	<i>REC Bulletin</i> article
	Schedule additional HIE Direct webinars
	EHR/Direct outreach campaign announcement
	Schedule physician champion presentations
	Develop EHR/Direct flyer for EHR vendors
	Develop EHR/Direct webinar
	Begin follow-up on EHR/Direct PIFs
	Conduct additional HIE Direct webinars
	Identify early adopters & successes
July 2012	
7/9/12	<i>AzHeC Update</i> article
7/23/12	<i>REC Bulletin</i> article
	Regional physician champion presentations
	Develop articles on early adoption success
	Conduct physician champion presentations

Direct Adoption Schedule

The following milestones represent the projected Direct adoption schedule for Arizona based on our HIE Marketplace activities.

Milestone	Target Date	Status
250 Healthcare Providers with Direct Address	6/30/2012	
450 Healthcare Providers with Direct Address	9/30/2012	
587 Healthcare Providers with Direct Address and Utilizing	12/31/2012	

Contract for Health Information Exchange “Core Services”

The Arizona Strategic Enterprise Technology Office awarded its “Health Information Exchange Core Services” RFP to the Health Information Network of Arizona (HINAz). This was a partner bid with their technology vendor Axolotl. HINAz has been charged with multiple requirements.

A high-level summary of the primary requirements is listed below:

- **Governance Entity:** The Health Information Network of Arizona (HINAz) Board currently represents hospitals, community health centers, commercial, and Medicaid health plans, health care providers, the largest laboratory provider, and other stakeholders, who serve underserved, rural, and urban parts of Arizona. This HIO currently represents over 60% of the covered lives in Arizona and 60% of all of the acute hospital beds. This Board grew out of the Medicaid Transformation grant work that was done by AHCCCS from 2007 – 2009 and represents the merger in 2010 of two different HIOs to form a statewide entity.

HINAz brings ASET the leading hospitals and health plans in Arizona already committed to supporting and paying for the exchange of health information, and through this project the state can become a full partner along with them.

- **Directory Services (Provider Directory):** HINAz shall design, develop, and implement Entity and Provider Level Directory Services with a technical architecture that is flexible and scalable enough to provide a variety of exchange services, which is capable of uniquely identifying a provider and/or entity, match data from multiple sources to that provider/entity and resolve duplicates or mismatches. HINAz’s technical infrastructure also will support the movement of information to support key Meaningful Use requirements, such as the exchange of laboratory results and care summaries as well as public health reporting and e-prescribing.
- **Master Patient Index (MPI) and Record Locator Services (RLS):** HINAz shall provide a Record Locator Service (RLS) and Master Patient Index (MPI), whereby the RLS receives incoming queries from authorized users, formats the contents of the message, and makes a query to the MPI. The MPI matching algorithm then determines which records in the database match the requested patient’s demographics. These records will then be retrieved from the source by the RLS and presented in an aggregated view to the requesting user. The RLS and MPI infrastructure will be capable of supporting the movement of information to support key Meaningful Use requirements, such as the exchange of laboratory results and care summaries as well as public health reporting and e-prescribing as applicable.

All contractual documents and additional details can be found on the Arizona State Procurement Site.

Link to Solicitation:

<https://procure.az.gov/bsso/external/bidDetail.sdo?docId=ADSP012-00001276&external=true&parentUrl=bid>

Link to Contract:

<https://procure.az.gov/bsso/external/purchaseorder/poSummary.sdo?docId=ADSP012-020307&releaseNbr=0&parentUrl=bid>

Project Schedule and Milestones:

Directory Services (Phase 1 Activity):

The official project schedule is a deliverable that is part of the contract award. This deliverable is not yet complete but the following is a *draft* project schedule for the implementation of the “Directory Services” component of the overall contract.

Milestones	Target Date	Status
Contract Signed by all Parties	3/22/2012	Complete
Project Management Plan Acceptance	4/30/2012	Complete
Data Storage, Hosting, Administration and Support Environment Setup	6/15/2012	Complete
Marketing and Communications Plan	6/29/2012	
Test Environment Implementation	6/29/2012	
Interfaces with all currently active Marketplace participants	7/19/2012	
System Testing and User Acceptance	8/8/2012	
Production System Go-Live	8/29/2012	
Sustainability Plan Acceptance	11/1/2012	
8500 Providers in the ILPD	2/1/2013	

Record Locator Services and Master Patient Index (Phase 2 Activity):

This work was awarded as part of the overall contract. However, this work is considered to be a “Phase 2” activity and will not be funded until Arizona has met its “Phase 1” goal of having 587 providers actively using Direct Point to Point exchange, and updated SOP approved.

The targets dates will be determined once the “Phase 1” goals have been met. The official project schedule is a deliverable as part of the contract award.

Milestones	Target Date	Status
Contract Signed by all Parties	3/22/2012	Complete
Project Management Plan Acceptance	TBD	
Data Storage, Hosting, Administration and Support Environment Setup	TBD	

Test Environment Implementation	TBD	
System Testing and User Acceptance	TBD	
Production System Go-Live	TBD	
Completed Interfaces with appropriate data sources	TBD	

Direct Immunization Pilot Project with Arizona Department of Health Services

This project is to demonstrate – on a pilot basis – the feasibility of using a Direct-based interface into the Arizona State Immunization Information System (ASIS). This system, if successful, could provide an additional path for a provider or staff to submit immunizations to Arizona Department of Health Services (ADHS). More information can be found about the project here:

<http://azdirectimpilot.wikispaces.com/Charter>

Project Schedule and Milestones:

Milestone	Target Date	Status
Project Initiation	9/23/2011	Complete
Requirements Complete	12/16/2011	Complete
Design Complete	1/24/2012	Complete
Infrastructure Setup Complete	3/16/2012	Complete
Development Complete	4/2/2012	Complete
Test Scripts Completed	4/2/2012	Complete
ASET Internal Integration Testing Complete	5/25/2012	Complete
HSAG / Health care Provider Testing Complete	6/22/2012	
Project Complete (Lessons Learned Documented)	6/29/2012	

A detailed project schedule can be found here: <http://azdirectimpilot.wikispaces.com/Schedule>

Direct Immunization Production Project with Arizona Department of Health Services

This project will build upon the Direct pilot project, described previously, and take the test pilot to production.

The Direct Gateway is responsible for receiving and sending messages from HISPs. This project will develop a production Direct Gateway that will be hosted at the ADHS data center. All the security and audit log features implemented by the Gateway are based on the Direct Project specifications. Immunization messages received by the Gateway will be published to ASIIS via web services. The web services will be accessible only via the Direct Gateway and will have a trusted connection to ASIIS.

Project Schedule and Milestones:

Milestone	Target Date	Status
Project Initiation	7/2/2012	
Requirements Complete	7/16/2012	
Design Complete	7/30/2012	
Infrastructure Setup Complete	8/13/2012	
Development Complete	8/27/2012	
Test Scripts Completed	8/27/2012	
ASET Internal Integration Testing Complete	9/10/2012	
HSAG / Health care Provider Testing Complete	9/24/2012	
Project Complete (Lessons Learned Documented)	9/30/2012	

Syndromic Surveillance Project with Arizona Department of Health Services

ASET is in the process of completing a project with the Arizona Department of Health Services (ADHS) to enhance its capabilities to support the anticipated public health requirements for Stage 2 Meaningful Use. To enable health care facilities to attest to the Meaningful Use syndromic surveillance requirement, ADHS needs additional support to onboard facilities, attest Meaningful Use requirements, and utilize syndromic surveillance data. ADHS will use the BioSense 2.0 application to meet these objectives. BioSense 2.0, hosted by the Association of State and Territorial Health Officers (ASTHO) without fees, will afford ADHS and local health departments the capability to obtain situational awareness for health related events as well as syndromic surveillance of infectious and chronic disease, injury, environmental incidents, and other health hazards.

ADHS will investigate how best to utilize the system in programmatic areas across the agency including environmental health, injury, and infectious and chronic diseases. As a new implementation, BioSense 2.0 will require new user training and user administration coordinated at the state level to optimize its use and availability. Additionally, ADHS will leverage interest in attesting to syndromic surveillance data provisioning under Meaningful Use, to add facilities reporting to BioSense 2.0 and increase statewide representation. At this time, there is no staff within the agency to: work across functional areas, evaluate the utility of BioSense 2.0 for multiple programs, facilitate adding data from new facilities, or provide training to state and local users.

An electronic surveillance team, devoted to enhancing ADHS capacity to receive data submissions required by Meaningful Use is needed. In addition to supporting the implementation of electronic lab reporting for Meaningful Use, the team will conduct a pilot study to evaluate the utility and integration of BioSense 2.0 into multiple surveillance programs, provide new user training, develop state-specific educational materials, and coordinate with local health departments to increase the number of participating hospitals. Dependent upon the number of hospitals using BioSense 2.0 and the availability of inpatient and ambulatory care syndromic data standards, the electronic surveillance team will begin addressing attestation for inpatient and ambulatory care facilities.

Project Schedule and Milestones:

Milestone	Target Date	Status
Project Initiation	7/2/2012	
Hire (2) Epidemiologists and (1) Project Specialist	8/31/2012	
User agreement and policy manual for public health	10/31/2012	
Data dictionary for public health	12/31/2012	
Implementation Guide for Facilities	12/31/2012	
Database for technology specifications	3/31/2013	

Milestone	Target Date	Status
Public health user manual and training manual	7/31/2013	
Protocol for routine use of BioSense 2.0 at ADHS	10/31/2013	
BioSense 2.0 evaluation report	11/30/2013	
(10) new hospitals, including (2) rural or critical access hospitals	12/31/2013	

State Laboratory Interoperability Project with Arizona Department of Health Services

The current Arizona State Laboratory Information Management System (STARLIMS) needs to be enhanced to accept electronic laboratory orders from hospital laboratories using the HL7 standard message formats.

The goal of this project is to enhance the system to accept the orders, generate an acknowledgement back to the ordering system, and generate a final laboratory test result message in standard HL7 formats. The activities listed below are part of the pilot aimed at filling the gaps in current laboratory order exchange requirements.

Several hospitals in Arizona, including Banner Health (with a total of 22 hospitals in Arizona) and Catholic Healthcare West (with 3 hospitals in Arizona), are in the process of implementing inpatient electronic health record (EHR) systems as well as private health information exchanges (HIE) to fulfill ARRA/HITECH Meaningful Use requirements. The Community Data Exchange Outreach Team will visit and initiate discussions with the hospitals that are in the process of implementing such systems. Data sharing and business association agreements will be signed between ADHS and each of the hospitals.

The project objective is to enhance STARLIMS to receive lab orders and send results to clinical laboratories and hospitals by September, 2013.

Project Schedule and Milestones:

Milestone	Target Date	Status
Project Initiation	8/1/2012	
Sign agreements with hospitals to exchange laboratory orders and results with ADHS.	TBD	
Complete a catalog of state public health laboratory test orders using standard codes (LOINC).	TBD	
5 Laboratories exchanging lab orders and results with the state public health lab for Pilot stage.	TBD	
10% of lab orders and results exchanged with the state public health lab for the Pilot stage.	TBD	

Unconnected Providers Sub-Grant Program

The Arizona Strategic Enterprise Technology Office (ASET) is planning an Unconnected Healthcare Providers Sub-Grant program focused on connecting specific eligible health care organizations to health information exchange (HIE) services.

The goal of the program is to stimulate the adoption of health information exchange in Arizona among specific segments of health care providers who are generally considered to be low utilizers of health information exchange services.

Program objectives include understanding the reasons for low adoption and expanding HIE capacity to providers in the “white space.” ASET is currently in the process of defining this program.

Project Schedule and Milestones:

Milestone	Target Date	Status
Form Public-Private Workgroup to Finalize Program Requirements	6/8/2012	
Finalize Program Requirements and Guidance	7/15/2012	
Publicly Launch Sub-Grant Opportunity	8/1/2012	
Applications Due	9/1/2012	
Award Sub-Grants to Organizations	9/30/2012	
Program Ends	9/30/2013	

Updated ASET Staffing Plan

The following resources are currently active participants working primarily on the programmatic implementation of the State HIE Cooperative Agreement.

- State HIT Coordinator – Lorie Mayer (FTE)
- Senior IT Project Manager – Ryan Sommers, PMP (FTE)
- Health Information Exchange Analyst – Pat Rennert (FTE)
- Grants Analyst – Jason Mistlebauer (FTE)
- Direct Exchange Consultant – Sri Koka (Contractor)

Arizona may bring on additional contractual resources to assist on various activities in the future. We do not anticipate adding any additional FTE's to the Project effort.

After Arizona's Strategic and Operational Plans were approved in March 2011, the State of Arizona went out to RFP to request technical consulting assistance in various programmatic areas. As a result, the State of Arizona has the ability to make task order awards to the following organizations. These task order awards are valid for 1 year with a State option to renew for two additional years.

- Advances in Management - Engaged in Summer 2011 through Spring 2012 to assist in additional strategy development, draft RFP for HIE Core Services, assist in vendor selection for HIE Core Services.
- Mosaica Partners – Engaged in Spring 2012 to assist ASET in updating SOP plans for resubmission to ONC by June 8, 2012.
- Jimenez Consulting – Has not been actively engaged for any work at this time.

Risks and Mitigation Strategies

1. BASIC RISK INFORMATION					2. RISK ASSESSMENT INFORMATION				3. RISK RESPONSE INFORMATION		
Risk Number	Risk Description / Risk Event Statement	Responsible	Date Reported day-month-year	Last Update day-month-year	Impact H / M / L	Probability H / M / L	Timeline N/M/F	Status of Response N / P / PE / EE	Completed Actions / Notes	Planned Future Actions	Risk Status Open / Closed / Moved to Issue
Provide a unique identifier for risk	A risk event statement states (i) what might happen in the future and (ii) its possible impact on the project. "Weather" is not a risk event statement. "Bad weather may delay the project" is a risk event statement.	Name or title of team member responsible for risk	Enter the date the risk was first reported	Enter the date the risk (not the entire log) was updated	Enter here H (High); M (Medium); or L (Low) according to impact definitions	Enter here H (High) M (Medium) or L (Low) according to probability definitions	Enter here N (Near-term); M (Medium-term); or F (Far-term) according to timeline definitions	Enter here N (No Plan); P (Plan but not enacted); PE (Plan enacted but effectiveness not yet known); EE (Plan enacted and effective)	List, by date, all actions taken to respond to the risk. This does not include assessing the risk	List, by date, what will be done in the future to respond to the risk	State if the risk is open (still might happen and still has to be managed); closed (has passed or has been successfully mitigated); moved to issue (risk has happened)
R 1	Improper exposure of personal health information.	State HIE Core Services Sub-Recipient Organization - HINAz	31-Aug-2010	15-May-2012	H	M	M	P	5/15/2012: House Bill 2369 enforcement to be determined.	Reviewing operational policies of HINAz as recently awarded sub-recipient.	Open

Risk Number	Risk Description / Risk Event Statement	Responsible	Date Reported day-month-year	Last Update day-month-year	Impact H / M / L	Probability H / M / L	Timeline N/M/F	Status of Response N / P / PE / EE	Completed Actions / Notes	Planned Future Actions	Risk Status Open / Closed / Moved to Issue
R 2	The approach to consent in the State of Arizona is outstanding. In 2008, legislation was proposed favoring an "opt-out" approach to electronic health information consent. However, the legislation was not passed due to inconclusive statewide strategy for health information exchange at that time.	Arizona Health-e Connection	31-Aug-2010	15-May-2012	M	M	M	P	5/15/2012: Risk Closed	Continue to monitor consent and focus education targeted to consumers.	Closed

Risk Number	Risk Description / Risk Event Statement	Responsible	Date Reported day-month-year	Last Update day-month-year	Impact H / M / L	Probability H / M / L	Timeline N/M/F	Status of Response N / P / PE / EE	Completed Actions / Notes	Planned Future Actions	Risk Status Open / Closed / Moved to Issue
R 3	A participant agreement must be developed for distribution and stakeholder buy-in. The participant agreement should address all legalities associated with implementation of a statewide HIE to minimize the liability to all Arizona stakeholders.	State HIE Core Services Sub-Recipient Organization - HINAz	31-Aug-2010	15-May-2012	M	M	M	P	5/15/2012: Risk Closed	Continue to monitor operational implementation and share with other providers.	Closed
R 4	Implementing an HIE platform that is not financially viable for long term sustainability.	State HIE Core Services Sub-Recipient Organization - HINAz	31-Aug-2010	15-May-2012	H	M	N	PE	5/15/2012: Sustainability plan part of submission for HIE Core Services contract RFP.	Working with sub-recipient on developing more comprehensive sustainability plan.	Open

Risk Number	Risk Description / Risk Event Statement	Responsible	Date Reported day-month-year	Last Update day-month-year	Impact H / M / L	Probability H / M / L	Timeline N/M/F	Status of Response N / P / PE / EE	Completed Actions / Notes	Planned Future Actions	Risk Status Open / Closed / Moved to Issue
R 5	The proposed overall project costs greatly exceed the funding available within the ONC HIE grant. Improper pricing of services in comparison of value and the cost of the services could negatively impact participation, thus increasing costs to those that are participating.	State HIT Coordinator	31-Aug-2010	15-May-2012	M	M	F	P	5/15/2012: Closed RiskCore Services RFP cost met expected budget costs.	Continue to monitor to ensure implementation success.	Closed
R 6	Acute care hospitals may choose to implement community sharing initiatives in their service	State HIT Coordinator	31-Aug-2010	15-May-2012	M	H	N	EE	5/15/2012: Sustainability plan from HINAz addressed long-term sustainability and did not	Continue to monitor hospital participation within HINAz or alternative exchange	Open

Risk Number	Risk Description / Risk Event Statement	Responsible	Date Reported day-month-year	Last Update day-month-year	Impact H / M / L	Probability H / M / L	Timeline N/M/F	Status of Response N / P / PE / EE	Completed Actions / Notes	Planned Future Actions	Risk Status Open / Closed / Moved to Issue
	area and bypass the statewide HIE.								prediction 100% statewide adoption of all hospitals within 3 years. ASET accepts this risk.	strategies.	
R 7	Payers may choose to implement data sharing initiatives for their provider network.	State HIT Coordinator	31-Aug-2010	15-May-2012	M	H	N	N/A	5/1/5/2012: HINAz has reached out to health plans to participate in robust exchange activities as part of their network.	HINAz will continue to work with payers on these efforts.	Open

Risk Number	Risk Description / Risk Event Statement	Responsible	Date Reported day-month-year	Last Update day-month-year	Impact H / M / L	Probability H / M / L	Timeline N/M/F	Status of Response N / P / PE / EE	Completed Actions / Notes	Planned Future Actions	Risk Status Open / Closed / Moved to Issue
R 8	Vendor(s) selected have difficulties providing core capabilities within the required time frame to meet Meaningful Use.	State HIT Coordinator	31-Aug-2010	15-May-2012	H	H	N	PE	<p>5/15/2012: ASET has contract with HINAZ to provide Core Services. Milestones and deliverables are clearly stated as part of contract.</p> <p>HIE Marketplace has recruited GSI Health as a HISP vendor offering Direct services to Providers to purposes of meeting Meaningful Use.</p>	<p>Continue to monitor Core Services Contracted.</p> <p>Continue to recruit HISP vendors into HIE Marketplace.</p>	Open

Risk Number	Risk Description / Risk Event Statement	Responsible	Date Reported day-month-year	Last Update day-month-year	Impact H / M / L	Probability H / M / L	Timeline N/M/F	Status of Response N / P / PE / EE	Completed Actions / Notes	Planned Future Actions	Risk Status Open / Closed / Moved to Issue
R 9	Not engaging with vendor(s) in a timely fashion will put hospital and vendor incentives at risk as well as aset's ability to meet ONC requirements.	ASET	31-Aug-2010	15-May-2012	H	H	N	P	5/15/2012: Risk Closed	Continue to monitor vendor community activities	Closed
R 10	Vendor(s) inability to meet milestones from both a time and capability standpoint will put the entire state at risk.	ASET	31-Aug-2010	15-May-2012	H	M	F	PE	5/15/2012: Recently awarded RFP	ASET will continue to monitor milestones and project activities with all vendors responsible for programmatic-exchange activities.	Open

Risk Number	Risk Description / Risk Event Statement	Responsible	Date Reported day-month-year	Last Update day-month-year	Impact H / M / L	Probability H / M / L	Timeline N/M/F	Status of Response N / P / PE / EE	Completed Actions / Notes	Planned Future Actions	Risk Status Open / Closed / Moved to Issue
R 11	Early lack of individual provider participation in a statewide HIE	ASET	18-Jan-2011	15-May-2012	M	L	N	PE	5/15/2012: Sub-Recipient outreach requirements in place to onboard providers in a timely manner. Outreach strategy in place for HIE marketplace and Sub-Recipient.	Continue to support outreach activities from REC for EHRs incentive program as well as HIE Marketplace. Market robust HIE activities as well so providers can understand all options available to them.	Open
R 12	Provider reluctance to participate in a statewide HIE	ASET	18-Jan-2011	15-May-2012	M	M	N	PE	5/15/2012: Providers are being targeted based on Medicaid patient volume to join HINAz as a way to ensure largest trading partners are	Continue education and outreach among HINAz, AzHeC, and ASET	Open

Risk Number	Risk Description / Risk Event Statement	Responsible	Date Reported day-month-year	Last Update day-month-year	Impact H / M / L	Probability H / M / L	Timeline N/M/F	Status of Response N / P / PE / EE	Completed Actions / Notes	Planned Future Actions	Risk Status Open / Closed / Moved to Issue
									participating in State-level exchange.		
R 13	Lack of options to facilitate Meaningful Use in 2011	ASET	18-Jan-2011	15-May-2012	H	L	N	P	5/15/2012: Risk Closed		Closed
R 14	Readiness of the Direct Project	ONC	18-Jan-2011	15-May-2012	H	H	N	P	5/15/2012: Risk Closed		Closed
R 15	Reluctance of EHR vendors to adopt the Direct Project standards	ONC	18-Jan-2011	15-May-2012	M	L	N	P	5/15/2012: Following National trends of adoption.	Evaluating this model for participation in Arizona HIE Marketplace.	Open

Risk Number	Risk Description / Risk Event Statement	Responsible	Date Reported day-month-year	Last Update day-month-year	Impact H / M / L	Probability H / M / L	Timeline N/M/F	Status of Response N / P / PE / EE	Completed Actions / Notes	Planned Future Actions	Risk Status Open / Closed / Moved to Issue
R 16	Delay of broadband deployment in underserved areas	ASET	18-Jan-2011	15-May-2012	M	L	M	P	5/15/2012: Worked with Broadband group to better understand their initiative and health care connectivity issues related to broadband.	Monitor EHRs baseline survey to identify if providers have geographic connectivity issues we can raise with the Broadband grant group.	Open
R 17	Delayed funding of "Phase 2" activities impacts timelines and availability of resources for delivery of Robust exchange activities.	ASET	18-May-2012	18-May-2012	H	H	N	PE	5/18/2012: Awarded Core Services RFP but funding for RLS and MPI delayed. Working toward Direct adoption of 587 accounts in Arizona through HIE Marketplace.	Aggressive marketing and outreach to increase Direct adoption through HIE Marketplace.	Open

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R 18	Shortened grant timeline due to OMB Waiver issue which may impact ability to complete all planned activities and reach anticipated goals	ONC	18-May-2012	18-May-2012	H	M	M	P	05/18/2012: Developing a contingency plan	Accelerate rollout plan.	Open
R 19	Limited availability of "qualified" HISP vendors in Marketplace. Currently only 1 vendor in the Arizona HIE Marketplace that meets qualification criteria.	ASET/AzHeC	18-May-2012	18-May-2012	H	M	N	PE	05/18/2012: Launched HIE Marketplace with 1 qualified Vendor (GSI Health)	Aggressive outreach to recruit additional qualified HISP vendors.	Open