



Arizona Health Information Exchange (HIE)

Operational Plan

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The Arizona Governor's Office of Health Information Exchange

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Operational Plan General Components

Project Schedule

Overall Timeline

As stated in the Strategic Plan, GOHIE's HIE **goals and objectives** are to:

- Implement an HIE platform across the state in a "phased" approach focusing on specific milestones and ensure ONC requirements are fulfilled by 2014.
- Initial stages of the HIE platform in 2011 will include the capabilities for E-Prescribing, receipt of structured lab results, and sharing patient care summaries across unaffiliated organizations.
- Ensure meaningful use outcomes for health systems and providers by providing viable HIE capabilities.
- Prioritize privacy and security.
- Represent underserved and rural populations.
- Effectively manage grant resources as a one-time investment and deliver long-term value to the state of Arizona.
- Support HIE services and adoption for all relevant stakeholder organizations, including providers in small practices, across a broad range of uses and scenarios.
- Be operationally feasible, achievable, and sustainable, building on what is already working.
- Remain vigilant, foster innovation and adapt to emerging trends, standards and developments both locally and nationally.

GOHIE realizes these funds are a one-time investment being made in the State of Arizona to accelerate the HIE implementation statewide. Over the next 4 years, the State will take a phased approach to meeting ONC requirements, fulfilling stakeholder needs, and ensuring successful implementation of Health Information Exchange.

The table below provides the HIE services that will be offered, the timing, and priority of the 2011 HIE deliverables:

	2010		2011				2012				2013				2014			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2011 HIE Deliverables																		
HIE Plan Publication & Approval																		
Direct - Pilot																		
Direct - Evaluation & Public Forums																		
RFP Process - Procurement Consultant																		
RFP Process - Core Services (Including Provider Directory)																		
RFP Process - Governance																		
RFP Process - Outreach Services																		
Direct - State-Level HISP Implementation & Operations																		
Direct - Implementation & Rollout (Including CCD Exchange)																		
Provider Directory Implementation & Operations																		
Pharmacy(Assessment)																		
Pharmacy (Outreach)																		
Labs (Assessment)																		
Labs (Outreach)																		
Provider (Outreach)																		
Public Health Meaningful Use Requirement (Immunizations)																		
Other HIE Core Services (MPI, RLS, etc)																		
State Coordination Meetings (REC, DHS, Medicaid, GITA)																		
<i>Key</i>	Development / Implementation										Operations							

The table below outlines the priorities and estimated timing for Use Case implementation as funding and participation permit:

Data Exchanges Use Cases	2010		2011				2012				2013				2014			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
HIE Plan Publication & Approval																		
Funding & Participation Agreements - Major Players																		
Medications History, Lab and Major Hospital ADTs																		
Linkage to Existing Medical Home Efforts																		
Risk Stratification and Chronic Care Opportunities																		
Hospital Discharge Care Summary Exchange																		
Radiology Orders and Reports Delivery																		
Clinical Care Summary Exchange																		
Public Health Registries																		
Quality Reporting Measures																		
Public Health Reporting																		
Behavioral Health																		
Correctional Health																		
<i>Key</i>	Development / Implementation										Operations							

To launch the first phase of the initiative GOHIE proposes the implementation of three Use Case scenarios: a) Medications, Labs and Hospital ADTs for nine major hospital systems in the state, including Flagstaff and Yuma and b) discharge summaries from five of the nine hospitals and c) clinical care summary exchange from seven primary care practices. These capabilities enable the ability to drive efficiencies and quality in healthcare delivery such that each of the participating contributors can realize a return on investment.

Below is the high-level implementation roadmap for the statewide HIE:

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	Name	Duration	Start	Finish	Per...	Resource Names
1	Overall Project Schedule	854 days	8/25/10 8:00 AM	12/2/13 5:00 PM	12%	
2	Governance	380 days	9/27/10 8:00 AM	3/9/12 5:00 PM	13%	
3	Stakeholder Engagement	380 days	9/27/10 8:00 AM	3/9/12 5:00 PM	10%	
4	Identify and Select Executive Steering Committee Members	5 days	2/1/11 8:00 AM	2/7/11 5:00 PM	0%	Aaron Sandeen - State HIT Coordinator
5	Define Executive Steering Committee Decision Making Process	1 day	2/8/11 8:00 AM	2/8/11 5:00 PM	0%	Aaron Sandeen - State HIT Coordinator
6	Ongoing Arizona Privacy and Security Working Group	365 days	9/27/10 8:00 AM	2/17/12 5:00 PM	10%	Stakeholders
7	Ongoing Arizona Lab Interoperability Working Group	365 days	9/27/10 8:00 AM	2/17/12 5:00 PM	10%	Stakeholders
8	Ongoing Arizona E-Prescribing Working Group	365 days	10/18/10 8:00 AM	3/9/12 5:00 PM	10%	Stakeholders
9	Ongoing Arizona Provider Directory Working Group	365 days	10/18/10 8:00 AM	3/9/12 5:00 PM	10%	Stakeholders
10	Oversight of NW-HIN Direct Pilot Project	150 days	1/4/11 8:00 AM	8/1/11 5:00 PM	10%	GOHIE
11	Analyze NW-HIN Strategy for Connecting to IHS, VA, CAPAZ-MEX	90 days	8/1/11 8:00 AM	12/2/11 5:00 PM	0%	GOHIE
12	Complete Analysis of Broadband Grant Applicability to HIE in Rural	20 days	6/1/11 8:00 AM	6/28/11 5:00 PM	0%	GOHIE
13	Schedule Public Quarterly Stakeholder Meetings	365 days	9/27/10 8:00 AM	2/17/12 5:00 PM	15%	Jason Mistlebauer - Grants Managemen...
14	State Agency Engagement	60 days	9/27/10 8:00 AM	12/17/10 5:00 ...	83%	
15	Develop State Agency HIE Work Group	5 days	9/27/10 8:00 AM	10/1/10 5:00 PM	100%	Aaron Sandeen - State HIT Coordinator
16	Analyze Viability of EHR Incentive Program to meet Meaningful Use	45 days	9/27/10 8:00 AM	11/26/10 5:00 PM	100%	GOHIE
17	Identify and Prioritize State Health Programs for HIE Integration (E	10 days	11/8/10 8:00 AM	11/19/10 5:00 PM	25%	GOHIE
18	Develop Statewide HIE Meaningful Use Reporting Plan	20 days	11/8/10 8:00 AM	12/3/10 5:00 PM	75%	Lorie Mayer - State Medicaid
19	Develop Requirements to Support AHCCCS State HIT Metrics	10 days	12/6/10 8:00 AM	12/17/10 5:00 PM	75%	Lorie Mayer - State Medicaid
20	Finance	58 days	8/25/10 8:00 AM	11/12/10 5:00 ...	65%	
21	Finalize Budget	3 days	8/25/10 8:00 AM	8/27/10 5:00 PM	67%	
22	Finalize GOHIE Operational Budget	3 days	8/25/10 8:00 AM	8/27/10 5:00 PM	100%	Aaron Sandeen - State HIT Coordinator
23	Finalize Vendor / Contractor Budget	3 days	8/25/10 8:00 AM	8/27/10 5:00 PM	50%	GOHIE
24	Finalize Strategic Initiatives Budget	3 days	8/25/10 8:00 AM	8/27/10 5:00 PM	50%	GOHIE
25	Determine AHCCCS Funding Participation for Implementation and St	10 days	10/11/10 8:00 AM	10/22/10 5:00 PM	100%	Aaron Sandeen - State HIT Coordinator...
26	Determine Long-term Operational Pricing Model	5 days	9/13/10 8:00 AM	9/17/10 5:00 PM	50%	Vendor / State Operational HIE
27	Secure Financial Participation Commitments from Hospitals, Health	20 days	10/18/10 8:00 AM	11/12/10 5:00 PM	50%	Vendor / State Operational HIE
28	Business and Technical Operations	136 days	8/25/10 8:00 AM	3/2/11 5:00 PM	75%	
29	Submit Strategic and Operational Plans	121 days	9/15/10 8:00 AM	3/2/11 5:00 PM	75%	
30	Review and Incorporate feedback (Iterative)	120 days	9/15/10 8:00 AM	3/1/11 5:00 PM	75%	GOHIE;Stakeholders
31	Plans Approved	1 day	3/2/11 8:00 AM	3/2/11 5:00 PM	0%	ONC / CMS

	Name	Duration	Start	Finish	Per...	Resource Names
32	Finalize GOHIE Staffing Model	60 days	8/25/10 8:00 AM	11/16/10 5:00 ...	75%	
33	Hire Staff / Contractors	60 days	8/25/10 8:00 AM	11/16/10 5:00 PM	75%	Aaron Sandeen - State HIT Coordinator
34	Vendor(s) Procurement - State Level HIE Services	198 days	9/13/10 8:00 AM	6/15/11 5:00 PM	47%	
35	Define Request for Proposal (RFP) Process	30 days	9/13/10 8:00 AM	10/22/10 5:00 PM	100%	GOHIE
36	Identify and Review Other State HIE RFP's	120 days	9/13/10 8:00 AM	2/25/11 5:00 PM	75%	GOHIE
37	Develop HIE Platform RFP (Including Provider Directory)	60 days	1/4/11 8:00 AM	3/28/11 5:00 PM	30%	
38	RFP for Vendor Services for HIE RFP Development	45 days	1/4/11 8:00 AM	3/7/11 5:00 PM	10%	GOHIE
39	Schedule and Host HIE Platform Capabilities working groups	60 days	1/4/11 8:00 AM	3/28/11 5:00 PM	50%	GOHIE
40	Work with Vendor / State Procurement office on final RFP	10 days	3/8/11 8:00 AM	3/21/11 5:00 PM	0%	GOHIE
41	Establish RFP Review Panel	1 day	2/21/11 8:00 AM	2/21/11 5:00 PM	0%	GOHIE
42	Establish RFP Scoring Criteria	3 days	2/22/11 8:00 AM	2/24/11 5:00 PM	0%	GOHIE
43	Publish RFP on Website	45 days	3/22/11 8:00 AM	5/23/11 5:00 PM	0%	GOHIE
44	Hold Bidders Conference	1 day	5/24/11 8:00 AM	5/24/11 5:00 PM	0%	GOHIE
45	Review RFP Proposals	10 days	5/24/11 8:00 AM	6/6/11 5:00 PM	0%	GOHIE
46	Review "Top 2" Proposals with Executive Steering Committee	1 day	6/7/11 8:00 AM	6/7/11 5:00 PM	0%	GOHIE
47	Select Vendor(s)	5 days	6/8/11 8:00 AM	6/14/11 5:00 PM	0%	GOHIE
48	Formal Announcement	1 day	6/15/11 8:00 AM	6/15/11 5:00 PM	0%	GOHIE
49	Establish Metrics Reports, Monitoring Activities, and Remediation Plan	30 days	3/22/11 8:00 AM	5/2/11 5:00 PM	0%	GOHIE
50	Establish Long Term Transition Plan for Oversight and Governance	30 days	3/22/11 8:00 AM	5/2/11 5:00 PM	0%	GOHIE
51	Develop Communications Plan (Hospitals, Providers, Health Plans, Co	10 days	3/22/11 8:00 AM	4/4/11 5:00 PM	0%	GOHIE
52	Update Strategic and Operational Plan (Annually)	5 days	9/5/11 8:00 AM	9/9/11 5:00 PM	25%	GOHIE
53	Legal / Policy	375 days	9/20/10 8:00 AM	2/24/12 5:00 PM	5%	
54	Complete Analysis of Liability and Risk	45 days	9/20/10 8:00 AM	11/19/10 5:00 PM	25%	GOHIE
55	Develop Plan to Address Liability and Risk	15 days	11/22/10 8:00 AM	12/10/10 5:00 PM	25%	GOHIE
56	Develop and Publish Statewide Policy Framework	15 days	12/13/10 8:00 AM	12/31/10 5:00 PM	0%	GOHIE
57	Develop Data Exchange Policies and Procedures	90 days	8/1/11 8:00 AM	12/2/11 5:00 PM	0%	GOHIE
58	Develop Legal Policy for NHIN Connectivity	60 days	12/5/11 8:00 AM	2/24/12 5:00 PM	0%	GOHIE
59	Acquire Liability Insurance	60 days	1/3/11 8:00 AM	3/25/11 5:00 PM	0%	GOHIE
60	Secure Legal Services	30 days	11/15/10 8:00 AM	12/24/10 5:00 PM	0%	GOHIE

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	Ⓢ	Name	Duration	Start	Finish	Per...	Resource Names
61		[-] Technical Infrastructure - State Level HIE Services	841 days	9/13/10 8:00 AM	12/2/13 5:00 PM	6%	
62	📄	Define HIE Meaningful Use Requirements	10 days	9/13/10 8:00 AM	9/24/10 5:00 PM	100%	ONC / CMS
63	📄	Define Eligibility Claims, Public Health Reporting, Quality Reporting F	120 days	10/25/10 8:00 AM	4/8/11 5:00 PM	0%	GOHIE;Paula Mattingly - AZ Health Serv...
64	📄	Define Business Use Case Requirements	5 days	9/20/10 8:00 AM	9/24/10 5:00 PM	50%	GOHIE
65	📄	Define how EHR Systems will Connect to HIE Platform	120 days	9/20/10 8:00 AM	3/4/11 5:00 PM	4%	GOHIE;Vendor / State Operational HIE
66	📄	Define how Hospital Systems will Connect to HIE Platform	120 days	9/20/10 8:00 AM	3/4/11 5:00 PM	4%	GOHIE;Vendor / State Operational HIE
67	📄	Define how Pharmacy/PBMs will Connect to HIE Platform	120 days	9/20/10 8:00 AM	3/4/11 5:00 PM	4%	GOHIE;Vendor / State Operational HIE
68	📄	Define how Labs will Connect to HIE Platform	120 days	9/20/10 8:00 AM	3/4/11 5:00 PM	4%	GOHIE;Vendor / State Operational HIE
69	📄	Define EHR Certification Criteria and Communicate Statewide	5 days	11/15/10 8:00 AM	11/19/10 5:00 PM	100%	AzHeC - Regional Extension Center
70	📄	Develop Business Continuity Plan	5 days	2/7/11 8:00 AM	2/11/11 5:00 PM	50%	GOHIE;Vendor / State Operational HIE
71	📄	Develop Security Policies and Procedures	20 days	2/7/11 8:00 AM	3/4/11 5:00 PM	50%	GOHIE;Vendor / State Operational HIE
72	📄	Complete Statewide Architecture Design	120 days	9/20/10 8:00 AM	3/4/11 5:00 PM	2%	GOHIE;Vendor / State Operational HIE
73		HIE Platform Configuration and Implementation	90 days	6/16/11 8:00 AM	10/19/11 5:00 PM	50%	GOHIE;Vendor / State Operational HIE
74		[-] ENW-HIN Direct Pilot	103 days	1/3/11 8:00 AM	5/25/11 5:00 PM	97%	
75		[-] Phase 1 - Pilot	103 days	1/3/11 8:00 AM	5/25/11 5:00 PM	97%	
76	📄	Define Requirements	5 days	1/3/11 8:00 AM	1/7/11 5:00 PM	100%	GOHIE;NW-HIN Direct Partners
77	📄	Identify Participating Members	5 days	1/10/11 8:00 AM	1/14/11 5:00 PM	100%	GOHIE;NW-HIN Direct Partners
78	📄	Finalize Design	3 days	1/10/11 8:00 AM	1/12/11 5:00 PM	100%	GOHIE;NW-HIN Direct Partners
79	📄	Develop Solution	45 days	1/13/11 8:00 AM	3/16/11 5:00 PM	100%	GOHIE;NW-HIN Direct Partners
80	📄	Test Solution - HIMSS Demo	15 days	4/28/11 8:00 AM	5/18/11 5:00 PM	100%	GOHIE;NW-HIN Direct Partners
81	📄	Training	5 days	5/19/11 8:00 AM	5/25/11 5:00 PM	50%	GOHIE;NW-HIN Direct Partners
82		[-] Phase 2 - Pilot	108 days	5/26/11 8:00 AM	10/24/11 5:00 ...	0%	
83	📄	Define Requirements	5 days	5/26/11 8:00 AM	6/1/11 5:00 PM	0%	GOHIE;NW-HIN Direct Partners
84		Identify Participating Members	5 days	6/2/11 8:00 AM	6/8/11 5:00 PM	0%	GOHIE;NW-HIN Direct Partners
85		Finalize Design	3 days	6/2/11 8:00 AM	6/6/11 5:00 PM	0%	GOHIE;NW-HIN Direct Partners
86		Develop Solution	45 days	7/19/11 8:00 AM	9/19/11 5:00 PM	0%	GOHIE;NW-HIN Direct Partners
87		Training	5 days	9/20/11 8:00 AM	9/26/11 5:00 PM	0%	GOHIE;NW-HIN Direct Partners
88		Production Rollout	20 days	9/27/11 8:00 AM	10/24/11 5:00 PM	0%	GOHIE;NW-HIN Direct Partners

	Ⓢ	Name	Duration	Start	Finish	Per...	Resource Names
89		[-] ENW-HIN Direct Implementation	105 days	5/26/11 8:00 AM	10/19/11 5:00 ...	0%	
90		Work to detail and document standards	15 days	5/26/11 8:00 AM	6/15/11 5:00 PM	0%	
91		Develop Security Policies	20 days	5/26/11 8:00 AM	6/22/11 5:00 PM	0%	
92	📄	Finalize NW-HIN Direct Participation Agreement (DURSA)	45 days	6/27/11 8:00 AM	8/26/11 5:00 PM	0%	GOHIE;NW-HIN Direct Partners
93		State-wide HISP Procurement	45 days	5/26/11 8:00 AM	7/27/11 5:00 PM	0%	
94		Develop strategy to support other HISP's in the State	45 days	5/26/11 8:00 AM	7/27/11 5:00 PM	0%	
95		Develop strategy for centralized certificate management	20 days	5/26/11 8:00 AM	6/22/11 5:00 PM	0%	
96		Develop Provider Onboarding Process - Engage REC EMR/EHR Ver	30 days	5/26/11 8:00 AM	7/6/11 5:00 PM	0%	
97		Onboard Major Labs to State-level HISP	60 days	7/28/11 8:00 AM	10/19/11 5:00 PM	0%	
98		Onboard Major Hospitals to State-Level HISP	60 days	7/28/11 8:00 AM	10/19/11 5:00 PM	0%	
99		Operationalize NW-HIN Direct through State-wide HISP	30 days	7/28/11 8:00 AM	9/7/11 5:00 PM	0%	
100		[-] Data Provider Rollout Plan - State Level HIE	816 days	10/18/10 8:00 ...	12/2/13 5:00 PM	0%	
101	📄	Define Phased Approach for Hospital Implementation	5 days	10/18/10 8:00 AM	10/22/10 5:00 PM	0%	GOHIE;Vendor / State Operational HIE
102	📄	Define Phased Approach for Health Plan Implementation	5 days	10/18/10 8:00 AM	10/22/10 5:00 PM	0%	GOHIE;Vendor / State Operational HIE
103	📄	Define Phased Approach for EHR Systems	5 days	10/18/10 8:00 AM	10/22/10 5:00 PM	0%	GOHIE;Vendor / State Operational HIE
104		[-] Phase 1 - Hospital Implementation (9 Sites)	240 days	6/16/11 8:00 AM	5/16/12 5:00 PM	0%	
105		Obtain HIE Participation Agreement	20 days	6/16/11 8:00 AM	7/13/11 5:00 PM	0%	Vendor / State Operational HIE
106		Define Interface Requirements	20 days	7/14/11 8:00 AM	8/10/11 5:00 PM	0%	Vendor / State Operational HIE
107		Install Necessary Edge Servers	20 days	8/11/11 8:00 AM	9/7/11 5:00 PM	0%	Vendor / State Operational HIE
108		Build and Test Interface	60 days	9/8/11 8:00 AM	11/30/11 5:00 PM	0%	Vendor / State Operational HIE
109		Provide Technical Support	30 days	12/1/11 8:00 AM	1/11/12 5:00 PM	0%	Vendor / State Operational HIE
110		Promote Interface to Production	90 days	1/12/12 8:00 AM	5/16/12 5:00 PM	0%	Vendor / State Operational HIE
111		[-] Phase 2 - Hospital Implementation (20 Sites)	240 days	1/2/12 8:00 AM	11/30/12 5:00 ...	0%	
112	📄	Obtain HIE Participation Agreement	20 days	1/2/12 8:00 AM	1/27/12 5:00 PM	0%	Vendor / State Operational HIE
113		Define Interface Requirements	20 days	1/30/12 8:00 AM	2/24/12 5:00 PM	0%	Vendor / State Operational HIE
114		Install Necessary Edge Servers	20 days	2/27/12 8:00 AM	3/23/12 5:00 PM	0%	Vendor / State Operational HIE
115		Build and Test Interface	60 days	3/26/12 8:00 AM	6/15/12 5:00 PM	0%	Vendor / State Operational HIE
116		Provide Technical Support	30 days	6/18/12 8:00 AM	7/27/12 5:00 PM	0%	Vendor / State Operational HIE
117		Promote Interface to Production	90 days	7/30/12 8:00 AM	11/30/12 5:00 PM	0%	Vendor / State Operational HIE

ID	Name	Duration	Start	Finish	Per...	Resource Names
118	Phase 3 – Hospital Implementation (57 Sites)	240 days	1/1/13 8:00 AM	12/2/13 5:00 PM	0%	
119	Obtain HIE Participation Agreement	20 days	1/1/13 8:00 AM	1/28/13 5:00 PM	0%	Vendor / State Operational HIE
120	Define Interface Requirements	20 days	1/29/13 8:00 AM	2/25/13 5:00 PM	0%	Vendor / State Operational HIE
121	Install Necessary Edge Servers	20 days	2/26/13 8:00 AM	3/25/13 5:00 PM	0%	Vendor / State Operational HIE
122	Build and Test Interface	60 days	3/26/13 8:00 AM	6/17/13 5:00 PM	0%	Vendor / State Operational HIE
123	Provide Technical Support	30 days	6/18/13 8:00 AM	7/29/13 5:00 PM	0%	Vendor / State Operational HIE
124	Promote Interface to Production	90 days	7/30/13 8:00 AM	12/2/13 5:00 PM	0%	Vendor / State Operational HIE
125	Phase 1 – Health Plan Implementation (6 Sites)	240 days	6/16/11 8:00 AM	5/16/12 5:00 PM	0%	
126	Obtain HIE Participation Agreement	20 days	6/16/11 8:00 AM	7/13/11 5:00 PM	0%	Vendor / State Operational HIE
127	Define Interface Requirements	20 days	7/14/11 8:00 AM	8/10/11 5:00 PM	0%	Vendor / State Operational HIE
128	Install Necessary Edge Servers	20 days	8/11/11 8:00 AM	9/7/11 5:00 PM	0%	Vendor / State Operational HIE
129	Build and Test Interface	60 days	9/8/11 8:00 AM	11/30/11 5:00 PM	0%	Vendor / State Operational HIE
130	Provide Technical Support	30 days	12/1/11 8:00 AM	1/11/12 5:00 PM	0%	Vendor / State Operational HIE
131	Promote Interface to Production	90 days	1/12/12 8:00 AM	5/16/12 5:00 PM	0%	Vendor / State Operational HIE
132	Phase 2 – Health Plan Implementation (6 Sites)	240 days	1/2/12 8:00 AM	11/30/12 5:00 ...	0%	
133	Obtain HIE Participation Agreement	20 days	1/2/12 8:00 AM	1/27/12 5:00 PM	0%	Vendor / State Operational HIE
134	Define Interface Requirements	20 days	1/30/12 8:00 AM	2/24/12 5:00 PM	0%	Vendor / State Operational HIE
135	Install Necessary Edge Servers	20 days	2/27/12 8:00 AM	3/23/12 5:00 PM	0%	Vendor / State Operational HIE
136	Build and Test Interface	60 days	3/26/12 8:00 AM	6/15/12 5:00 PM	0%	Vendor / State Operational HIE
137	Provide Technical Support	30 days	6/18/12 8:00 AM	7/27/12 5:00 PM	0%	Vendor / State Operational HIE
138	Promote Interface to Production	90 days	7/30/12 8:00 AM	11/30/12 5:00 PM	0%	Vendor / State Operational HIE
139	Phase 1 – EHR Implementation	180 days	2/7/11 8:00 AM	10/14/11 5:00 ...	0%	
140	Obtain HIE Participation Agreement	20 days	2/7/11 8:00 AM	3/4/11 5:00 PM	0%	Vendor / State Operational HIE
141	Communicate Interface Requirements	20 days	3/7/11 8:00 AM	4/1/11 5:00 PM	0%	Vendor / State Operational HIE
142	Provide Test Interface	20 days	4/4/11 8:00 AM	4/29/11 5:00 PM	0%	Vendor / State Operational HIE
143	Provide Technical Support	30 days	5/2/11 8:00 AM	6/10/11 5:00 PM	0%	Vendor / State Operational HIE
144	Validate Production Implementation	90 days	6/13/11 8:00 AM	10/14/11 5:00 PM	0%	Vendor / State Operational HIE

ID	Name	Duration	Start	Finish	Per...	Resource Names
145	Phase 2 – EHR Implementation	180 days	10/17/11 8:00 ...	6/22/12 5:00 PM	0%	
146	Obtain HIE Participation Agreement	20 days	10/17/11 8:00 AM	11/11/11 5:00 PM	0%	Vendor / State Operational HIE
147	Communicate Interface Requirements	20 days	11/14/11 8:00 AM	12/9/11 5:00 PM	0%	Vendor / State Operational HIE
148	Provide Test Interface	20 days	12/12/11 8:00 AM	1/6/12 5:00 PM	0%	Vendor / State Operational HIE
149	Provide Technical Support	30 days	1/9/12 8:00 AM	2/17/12 5:00 PM	0%	Vendor / State Operational HIE
150	Validate Production Implementation	90 days	2/20/12 8:00 AM	6/22/12 5:00 PM	0%	Vendor / State Operational HIE
151	Phase 3 – EHR Implementation	180 days	6/25/12 8:00 AM	3/1/13 5:00 PM	0%	
152	Obtain HIE Participation Agreement	20 days	6/25/12 8:00 AM	7/20/12 5:00 PM	0%	Vendor / State Operational HIE
153	Communicate Interface Requirements	20 days	7/23/12 8:00 AM	8/17/12 5:00 PM	0%	Vendor / State Operational HIE
154	Provide Test Interface	20 days	8/20/12 8:00 AM	9/14/12 5:00 PM	0%	Vendor / State Operational HIE
155	Provide Technical Support	30 days	9/17/12 8:00 AM	10/26/12 5:00 PM	0%	Vendor / State Operational HIE
156	Validate Production Implementation	90 days	10/29/12 8:00 AM	3/1/13 5:00 PM	0%	Vendor / State Operational HIE
157	Pharmacy Benefit Management (PBM) / Pharmacy Implem	240 days	6/16/11 8:00 AM	5/16/12 5:00 PM	0%	
158	Obtain HIE Participation Agreement	20 days	6/16/11 8:00 AM	7/13/11 5:00 PM	0%	Vendor / State Operational HIE
159	Define Interface Requirements	20 days	7/14/11 8:00 AM	8/10/11 5:00 PM	0%	Vendor / State Operational HIE
160	Install Necessary Edge Servers	20 days	8/11/11 8:00 AM	9/7/11 5:00 PM	0%	Vendor / State Operational HIE
161	Build and Test Interface	60 days	9/8/11 8:00 AM	11/30/11 5:00 PM	0%	Vendor / State Operational HIE
162	Provide Technical Support	30 days	12/1/11 8:00 AM	1/11/12 5:00 PM	0%	Vendor / State Operational HIE
163	Promote Interface to Production	90 days	1/12/12 8:00 AM	5/16/12 5:00 PM	0%	Vendor / State Operational HIE
164	Laboratory Implementation	240 days	6/16/11 8:00 AM	5/16/12 5:00 PM	0%	
165	Obtain HIE Participation Agreement	20 days	6/16/11 8:00 AM	7/13/11 5:00 PM	0%	Vendor / State Operational HIE
166	Define Interface Requirements	20 days	7/14/11 8:00 AM	8/10/11 5:00 PM	0%	Vendor / State Operational HIE
167	Install Necessary Edge Servers	20 days	8/11/11 8:00 AM	9/7/11 5:00 PM	0%	Vendor / State Operational HIE
168	Build and Test Interface	60 days	9/8/11 8:00 AM	11/30/11 5:00 PM	0%	Vendor / State Operational HIE
169	Provide Technical Support	30 days	12/1/11 8:00 AM	1/11/12 5:00 PM	0%	Vendor / State Operational HIE
170	Promote Interface to Production	90 days	1/12/12 8:00 AM	5/16/12 5:00 PM	0%	Vendor / State Operational HIE

ID	Name	Duration	Start	Finish	Per...	Resource Names
171	Radiology Implementation	240 days	6/1/12 8:00 AM	5/2/13 5:00 PM	0%	
172	Obtain HIE Participation Agreement	20 days	6/1/12 8:00 AM	6/28/12 5:00 PM	0%	Vendor / State Operational HIE
173	Define Interface Requirements	20 days	6/29/12 8:00 AM	7/26/12 5:00 PM	0%	Vendor / State Operational HIE
174	Install Necessary Edge Servers	20 days	7/27/12 8:00 AM	8/23/12 5:00 PM	0%	Vendor / State Operational HIE
175	Build and Test Interface	60 days	8/24/12 8:00 AM	11/15/12 5:00 PM	0%	Vendor / State Operational HIE
176	Provide Technical Support	30 days	11/16/12 8:00 AM	12/27/12 5:00 PM	0%	Vendor / State Operational HIE
177	Promote Interface to Production	90 days	12/28/12 8:00 AM	5/2/13 5:00 PM	0%	Vendor / State Operational HIE
178	Behavioral Health Implementation	240 days	6/1/12 8:00 AM	5/2/13 5:00 PM	0%	
179	Obtain HIE Participation Agreement	20 days	6/1/12 8:00 AM	6/28/12 5:00 PM	0%	Vendor / State Operational HIE
180	Define Interface Requirements	20 days	6/29/12 8:00 AM	7/26/12 5:00 PM	0%	Vendor / State Operational HIE
181	Install Necessary Edge Servers	20 days	7/27/12 8:00 AM	8/23/12 5:00 PM	0%	Vendor / State Operational HIE
182	Build and Test Interface	60 days	8/24/12 8:00 AM	11/15/12 5:00 PM	0%	Vendor / State Operational HIE
183	Provide Technical Support	30 days	11/16/12 8:00 AM	12/27/12 5:00 PM	0%	Vendor / State Operational HIE
184	Promote Interface to Production	90 days	12/28/12 8:00 AM	5/2/13 5:00 PM	0%	Vendor / State Operational HIE

Project Interdependencies

The vendor selection and implementation of core HIE capabilities is the cornerstone to our solution. As important is the integration with the hospitals, health plans, EHR systems, laboratories, pharmacies, radiology, and behavioral health. To successfully implement this, resources must be managed, expectations have to be set, and milestones must be met.

Internal interdependencies, of which GOHIE has some control, include interfaces to the hospital systems, EHRs, and other data providers. GOHIE's phased implementation has identified a targeted number of hospitals, health plans, and EHRs that can be realistically integrated in each phase. Phase 1 targets "high volume" data providers to quickly address volume expectations for meaningful use. This also sets expectations as to the amount of work that will be done in each phase given the limited amount of resources that have the expertise for these complicated implementations.

External interdependencies, where GOHIE has limited or no control, include independent HIE implementations within the state, existing EHR vendor capabilities, and available resources for the data providers to implement HIE integration. GOHIE is aware of few smaller HIE implementations within the state and is working to ensure that efforts are not being duplicated or that these systems will be able to communicate with the statewide HIE. GOHIE has identified the challenge of potentially hundreds of EHR systems within the state. There are not sufficient resources for customized integration on a case by case basis with this many systems. To remedy this, GOHIE intends to provide a standards-based interface with rich testing tools and limited technical support. Additionally, GOHIE will be working to identify EHR systems with large customer bases to be early adopters of HIE integration with Arizona.

Potential Issues and Risks

As stated in the Strategic Plan, attached is a risk register (Appendix H) outlining the risks which have been identified.

Coordination with ARRA Programs

Coordination of Tasks and Milestones Related to Medicaid

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. As described in the HIE Strategic Plan, a core strategy for the successful implementation is to form and build an alliance with AHCCCS. GOHIE will work with AHCCCS to develop the provider and hospital communication plan, define the meaningful use reporting strategy, and to implement the goals and metrics described in the State HIT plan during the initial requirements development.

These detailed tasks are listed within the Project Schedule.

Coordination with Regional Extension Center (REC) Grant

Arizona Health-e Connections (AzHeC) is responsible for the Regional Extension Center (REC) grant. The regional center will offer technical assistance, guidance, and information on best practices to support and accelerate health care providers' efforts to become meaningful users of Electronic Health Records (EHRs). These two efforts share a similar focus and objective to improve the electronic movement of health information. The role of GOHIE is to oversee the implementation of a statewide HIE which will provide at least one viable option for an EHR system and the interfaces to customize connectors for other EHR vendors. Therefore, coordinating the HIE / EHR vendor strategy between GOHIE and AzHeC in the early stages will have a significant impact on the meaningful use requirements. GOHIE and AzHeC must coordinate vendor certification criteria in order to manage an anticipated large number of EHR systems implemented across the state which need to be connected to the HIE platform.

Coordination with Arizona's Workforce Development Program

Through an American Recovery and Reinvestment Act (ARRA) grant, community colleges across the country have formed five consortia to address electronic health records training. Pima County Community College District and Maricopa County Community College District (GateWay and Phoenix College) have joined the western consortium. These three Arizona Community Colleges will receive a portion of a \$5.4 million grant from the US Department of Health and Human Services (HHS) awarded to the Los Rios Community College District in California. The Community College Consortia grant program is designed to train individuals to provide assistance in the installation and use of computerized health information systems in hospitals and medical offices. Using nationally standardized curriculum, Pima and Maricopa will train workers for this emerging electronic health information field, by establishing intensive training programs that can be completed in 6 months or less with classes to start by September 2010. By summer of 2012, 600 people across Arizona will be trained in six job categories. The six job categories are:

- Practice workflow and information management redesign specialists
- Clinician/practitioner consultants
- Implementation Support Specialists
- Implementation managers
- Technical/software support staff
- Trainers

The Arizona Community Colleges are working closely with the Arizona Regional Extension Center (REC) to coordinate efforts between the Community College Consortia program and the workforce development offerings of the REC. This includes developing screening criteria for enrolling students, developing a structured internship as part of the program, and exploring opportunities for collaborating on internship and job placement efforts state-wide.

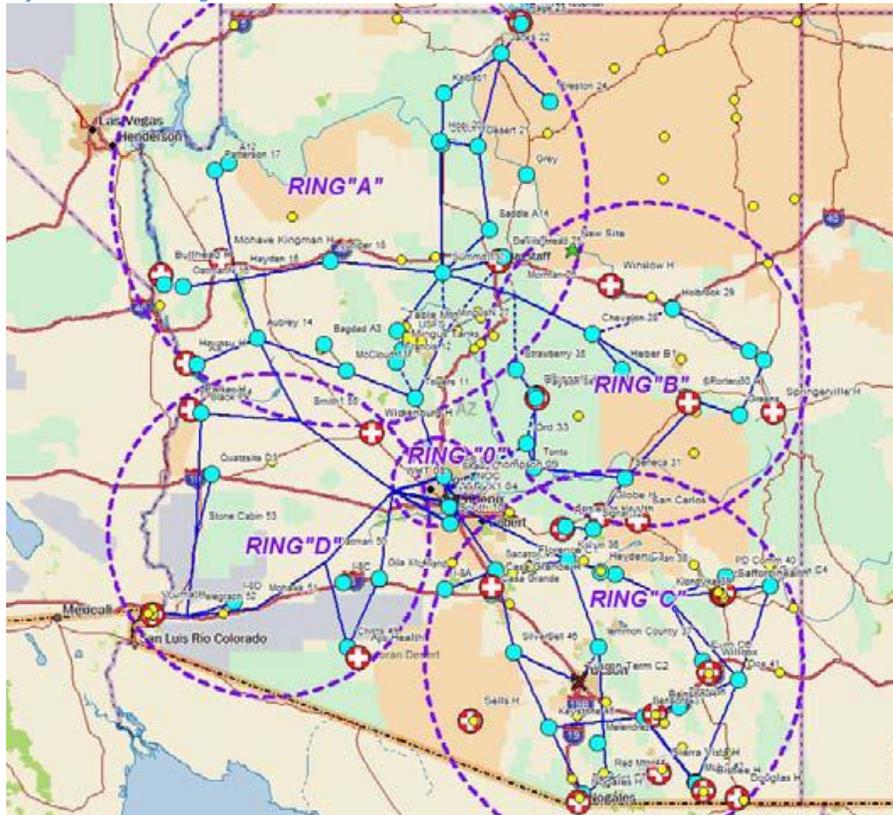
Coordination with Arizona's Broadband Development Project

The Arizona Government Information Technology Agency (GITA) was awarded the Arizona Broadband Development Grants of \$2.3 Million from the U.S. Department of Commerce's National Telecommunications and Information Administration (NTIA). The funding comes in two grants which will be managed by Arizona's Government Information Technology Agency (GITA). The first grant is for approximately \$1.8 million over a two-year period for broadband data collection and mapping activities. The second grant is for approximately \$500,000 over a three-year period for the purpose of broadband planning and determining future broadband needs. The broadband mapping project will collect and verify the availability, speed and location of broadband across Arizona.

GITA is going to continue to work towards acquiring additional grants to help implement Arizona's "middle mile" network. Below are a couple of capabilities of the network:

- Direct delivery of 100-300 Mbps broadband service to over 280+ rural community anchor institutions (schools, libraries, hospitals and public safety) in 106 unique rural Arizona markets
- 300+ interconnection points for last mile service providers to bring high-speed broadband to over 1,000,000 rural citizens in 480,000 households and to 26,000 rural businesses

GOHIE will be working with GITA as well as the University of Arizona to determine broadband applications for health care delivery in rural parts of Arizona.



Coordination with Other State's HIE

GOHIE, through the leadership of the State HIT Coordinator, intends to open up communication with all southwestern states by suggesting an ongoing strategic relationship that will discuss each state's implementation, challenges, best practices, NHIN integration, and interstate collaboration.

To date, Arizona has been very involved in national privacy and security efforts, namely through participation in multiple phases of the Health Information Security and Privacy Collaboration (HISPC), a national project established in 2006. The HISPC project was funded by the Agency for Health Care Research and Quality (AHRQ) in 2006 with 34 participating states, including Arizona.

In addition, through a grant with the Federal Communication Commission (FCC) and coordination with the New Mexico and Southwest IHS, the Arizona Telemedicine Program has become part of the Southwest Telehealth Access Grid, which enables health care providers in rural and low-income locations throughout the Southwest to access high-quality urban health centers through a broadband communications network.

For ongoing processes, we feel it will be important for developing a business process that addresses consent when patients travel from state to state. Consent is being addressed at the state level and could be potential for conflicting policies from state to state. Developing these policies between the states will be paramount to ensure proper consent is accomplished.

Care coordination and HIE interoperability between the states will be an important aspect as we move forward. The state must have the ability to track Arizonans who receive care in other states for emergencies and geographical convenience.

Governance

The governance of health information exchange with the State of Arizona has been based upon broad and diverse community participation over the years. This model will be continued forward and likely expanded to some degree. GOHIE will facilitate an open, transparent multi-stakeholder approach which will be open to the public. A health information exchange Executive Steering Committee will be formed which will include organizations within State Government, health care providers, payers, professional associations, employers, and consumer representatives. This Executive Steering Committee will work with GOHIE on key decisions related to the HIE strategy and platform.

There are many organizations in the state who have contributed to the current landscape. Through the collaborative efforts of all the stakeholders, Arizona has come to better understand the complexity of its health care environment and is in a strong position to build on the lessons learned from its earlier projects. GOHIE in partnership with Arizona Health-e Connection (AzHeC) and Health Information of Arizona (HINAz) will provide leadership in the collaborative approach for setting the HIE strategy in the State of Arizona.

The Governor's Office of Health Information Exchange (GOHIE) is committed to continued activities to improve the governance of the Arizona health information exchange. Building a strong coalition of stakeholders including organizations within State Government, health care providers, payers, professional associations, employers, and consumer representatives will be essential to the continued success of the Arizona health information exchange.

Identified in this document are key risks and gaps to Arizona's HIE strategy. An important next step will be to address these issues in working groups. These working groups could leverage existing working group sessions within organizations or the formation of new group's altogether.

GOHIE will perform an annual strategic review. GOHIE recognizes a need for a long term transition plan for oversight and governance for the statewide HIE platform beyond the life of this program (4 years). GOHIE will work with the Executive Steering Committee as well as key community stakeholders to address this need throughout the program.

Oversight: Policy Administration, Monitoring, and Enforcement

GOHIE will facilitate and lead efforts through working groups to develop statewide HIE policies and procedures for statewide HIE practices. These policies and procedures will be publicly available and GOHIE will develop a communications and outreach plan to ensure all participants are educated. GOHIE will support organizations in development and alignment of their policies and procedures to match the statewide policies through education, monitoring, and communications.

Process for Financial Expenditure Approval

GOHIE will follow the established the published processes and procedures for the Arizona State Governor's Office for all financial expenditure approvals. The Financial Services Manager logs each request for reimbursement and reviews its accuracy based on contractual and established requirements. Depending on each specified item on the request for reimbursement, the Financial Services Manager may review supporting documentation and data provided by the requestor to establish the adequacy of each item including agreements, packing slips or certifications of delivered services, invoices, and payments. In some circumstances, depending on the materiality of the amount and the number of transactions, the Financial Services Manager may select a sample of transactions for further review and analysis to certify a request for reimbursement for approval. That certification includes a verification of the accuracy of the

calculations based on agreed terms and conditions. Once certified for approval, the request for reimbursement and supporting documentation is submitted to the program's Manager for additional review, generally regarding deliverables and other programmatic considerations. Once that review is completed, the documents are provided to State HIT Coordinator for review and approval. When approved, the request for reimbursement and supporting documentation are submitted to Accounting for processing. Accounting reviews the documents ensuring that adequate funding is available and securing Accounting approvals to complete the transaction. Accounting provides evidence of payment to GOHIE after the request for reimbursement is paid.

Finance

High-Level Budget Outline

The high-level costs within the budget are comprised of two main areas: Solution Implementation, and GOHIE Operations Costs. The costs associated with each specified area are not unique to a specific function but are required to support the statewide HIE as a whole, such as the cost of the data sharing platform and portal license, and the Enterprise Master Patient Index. The solution implementation costs include the hardware and software for the Application Service Provider (ASP) solution as well as the implementation services. GOHIE's operations costs consist of ongoing stakeholder engagement, State agency engagement, vendor management, legal services, and more. GOHIE will provide oversight to the budget and will resolve issues related to the budget and determine appropriate financial risks.

The high-level funding streams are also allocated from two main areas: ONC Funding and Participation Funding. These funding streams must make up the total estimated annual sustainability costs of the system. GOHIE anticipates participation funding to come from hospitals, health plans, provider groups, as well as AHCCCS.

Below is a high-level table of anticipated cost and funding allocations. Please note these numbers are an estimate and are subject to change as move forward.

COSTS						
	<i>Total Cost</i>	2010	2011	2012	2013	2014
Solution Implementation	\$31,400,000	\$1,400,000	\$7,500,000	\$7,500,000	\$7,500,000	\$7,500,000
GOHIE Operations	\$2,920,564	\$384,014	\$784,320	\$728,320	\$607,320	\$416,590
Total Cost	\$34,320,564	\$1,784,014	\$8,284,320	\$8,228,320	\$8,107,320	\$7,916,590
FUNDING						
	<i>Total Cost</i>	2010	2011	2012	2013	2014
ONC Funding	\$9,377,000	\$877,000	\$2,125,000	\$2,125,000	\$2,125,000	\$2,125,000
Participation Funding	\$24,943,564	\$907,014	\$6,159,320	\$6,103,320	\$5,982,320	\$5,791,590
Total Funding	\$34,320,564	\$1,784,014	\$8,284,320	\$8,228,320	\$8,107,320	\$7,916,590

Staffing and Operations

The statewide HIE will staff three positions with permanent/non-contractor resources at the outset of the implementation project: The State HIT Coordinator, Project Manager, and a Policy Analyst. As the implementation proceeds, the State HIT Coordinator will assess the needs for additional salary and contractual employees.

Included within the staffing costs are benefits and payroll taxes. Fringe benefits for permanent resources include family medical insurance coverage as well as a retirement plan option. Benefits and payroll taxes account for approximately 30% of payroll costs.

Below is a table breaking down the costs associated with the GOHIE's staff and operations over the next four years:

Category	2010	2011	2012	2013	2014	Total
Personnel	\$ 100,000.00	\$ 330,000.00	\$ 330,000.00	\$ 330,000.00	\$ 223,170.00	\$ 1,313,170.00
Fringe	\$ 30,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 67,000.00	\$ 397,000.00
Travel	\$ 8,000.00	\$ 12,000.00	\$ 12,000.00	\$ 12,000.00	\$ 8,000.00	\$ 52,000.00
Supplies	\$ 12,620.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 5,000.00	\$ 41,620.00
Contractual	\$ 150,000.00	\$ 150,000.00	\$ 100,000.00	\$ 50,000.00	\$ 35,000.00	\$ 485,000.00
Other	\$ 11,000.00	\$ 11,000.00	\$ 11,000.00	\$ 11,000.00	\$ 7,000.00	\$ 51,000.00
Total Direct Costs	\$ 311,620.00	\$ 611,000.00	\$ 561,000.00	\$ 511,000.00	\$ 345,170.00	\$ 2,339,790.00
Indirect Costs	\$ 37,394.40	\$ 73,320.00	\$ 67,320.00	\$ 61,320.00	\$ 41,420.40	\$ 280,774.80
Legal Services	\$ 35,000.00	\$ 85,000.00	\$ 85,000.00	\$ 20,000.00	\$ 15,000.00	\$ 240,000.00
Liability Insurance		\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 60,000.00
Total Project Costs	\$ 384,014.40	\$ 784,320.00	\$ 728,320.00	\$ 607,320.00	\$ 416,590.40	\$ 2,920,564.80

Operational Status and Sustainability

The current estimate is that it will cost the state and stakeholders approximately \$8,000,000 annually for a fully operational HIE. Operational status of the statewide HIE is scheduled to begin in 2011 to meet the initial goals set forth by ONC of e-prescribing, receipt of structured lab results, and sharing of patient care summaries as well as the business use case needs for the community stakeholders. For the first four years of implementation, it is anticipated approximately 72% of those costs must be funding through participation of hospitals, health plans, and potentially providers. Within those first four years, the additional 28% of operational funding required will come from the ONC HIE funded initiative.

To meet the ongoing costs of the system beyond the initial four years of the implementation, the entire cost and sustainability of the system must be absorbed the community at large. GOHIE will continue to work with the community stakeholders to ensure that a sustainable model beyond the initial four years is in place through collaborative stakeholder funding.

Funding participation from AHCCCS (Arizona's Medicaid Agency) has not been included in the implementation and sustainability estimates at this time.

Technical Infrastructure

Description of State-Level Technical Architecture

GOHIE's proposed approach is to support the establishment of a statewide HIE for Arizona using a scalable and national standards-based infrastructure. The statewide HIE will be designed for sufficient flexibility and the capability of growing and adapting over time. In order to secure adoption, attracting and retaining both private and public stakeholders are key elements to consider throughout implementation. The architecture will be specifically developed using national standards. Implementation of a standards-based solution offers immediate value that supports connectivity to the NHIN. GOHIE will monitor the work of ONC's Health IT Policy Committee and the Health IT Standards Committee to ensure that the technical infrastructure adheres to interoperability standards.

The envisioned HIE solution is based upon an "open architecture" and "standards-compliant" approach that allows for maximum flexibility and interoperability amongst HIE participant systems. The solution will comprise a set of infrastructure services that enable publication, discovery, understanding of, and access to health care information. The exchange must support both data and powerful end user applications including an HIE based Physician Portal and optional Certification Commission for Health Information Technology (CCHIT)-certified EMR that is certified to meet ONC's meaningful criteria.

The capabilities of the HIE will provide a comprehensive end-to-end solution to meet the needs of AZ in the short-term, yet flexible to accommodate future long-term requirements.

- A sophisticated person-centric HIE solution that is capable of supporting a hybrid, federated or centralized HIE deployment model
- Support for IHE profiles including: XDS.a, XDS.b, Patient Identifier Cross-Referencing (PIX) and Patient Demographics Query (PDQ) profiles
- A Personal Health Record (PHR) application
- A consent solution capable of supporting multiple consent models (including opt-in / opt-out) based on contributing source and other criteria
- Support for standards compliant MPI interfaces through IHE Patient Identifier Cross-Referencing (PIX) / Patient Demographics Query (PDQ) profiles
- Supports core IHE profile/actors from both client and server-side perspectives
- Supports integration with the NHIN and interoperability with other NHIN participants, including the Social Security Administration
- A provider portal and EMR-Lite implementation based on our CCHIT certified EMR that ensures an easy to use, stepping stones based, vehicle for caregivers to progress from paper-based solutions to a CCHIT certified, connected, EMR that currently meets the 2011 criteria for meaningful use. The portal respects all authorization and consent policies and can push selected information to consuming systems on demand. Additional EMR functionality may be configured to handle e-Prescribing, document problem lists and allergies, record vital signs, order tests, referrals, and document encounters.
- The solution will provide for connection to third-party PHRs such as Google Health and Microsoft HealthVault via Continuity of Care Document (CCD) or Continuity of Care Record (CCR) patient summaries. Patient information can be "contributed from" or "consumed by" these PHRs limited only by patient consent and the capabilities of

the respective PHR. The solution also includes a fully integrated PHR. The PHR is provided as a web-based service and supports a broad range of clinical and administrative transactions.

- GOHIE anticipates that eventually meaningful use will require providers to exchange information among each other and work cooperatively with providers across borders to coordinate patient care such as CAPAZ-MEX.



Security of Patient Data

The HIE solution must follow Health Insurance Portability and Accountability Act (HIPAA) regulations to secure Protected Health Information (PHI) by using sophisticated encryption services to ensure that all information is encrypted in transit, at rest, and on backup media. The following mechanisms are employed to handle encryption in each of the situations:

- Encryption of data in transit
- Encryption of data at rest
- Encryption of data on backup media

GOHIE will facilitate a security working group to complete a comprehensive analysis of security risks and best practices. As a product of this working group will be statewide policies, processes, and documented decisions. The proposed HIE solution must have sophisticated audit logging capabilities and the ability to conduct systematic security verification.

The proposed HIE system must have a fully documented business continuity plan in place to ensure security of data and failover processes and assurances.

In summary, the solution will utilize industry standard solutions to make certain that PHI is fully protected by encrypting all data during transit, encrypting demographic data at rest and fully encrypting all data on backup media. This solution must ensure that confidential data regarding the health and care delivered in Arizona is fully protected under these conditions.

Standards-based Approach

The exchange will operate using architecture and technology specifically designed to facilitate interoperability. It will use a Services Oriented Architecture for data and image transport, routing, and translation. Common standards will be deployed, including American Society for Testing and Materials (ASTM) X.12N (Insurance and Remittance Standards, HL7 (Health Level 7) , National Council on Prescription Drug Programs (NCPDP), Extensible Markup Language (XML), CCR, CCD, CDA, IHE, NHIN and DICOM (Digital Imaging and Communications in Medicine).

NHIN Integration

GOHIE plans on coordinating with ONC to ensure compatibility with the emerging Nationwide Health Information Network governance principles and functions. Any proposed infrastructure of the statewide HIE must be designed to ensure flexibility so that the organization can respond to market changes and eventually support data sharing with the Nationwide Health Information Network (NHIN). The technological design of the statewide HIE will be based on federally endorsed standards and integration protocols that bridge proprietary boundaries. Building the statewide HIE consistent with national standards mitigates a wide range of technology challenge for providers in Arizona and establishes the framework for eventual connectivity to the NHIN. Stakeholders agreed that a statewide HIE must build upon approved standards to not only avoid vulnerability to vendor selection issues and risks, but to ensure compatibility with other HIEs and federal initiatives

Statewide Meaningful Use Adoption

GOHIE will work with AHCCCS and Arizona Health-e Connection to develop statewide meaningful use implementation plan based on stages 1-3 of meaningful use criteria. The phased implementation plan will include system requirements for reporting, integration points, and a communications and education plan. The HIE solution must support statewide connectivity from hospitals, providers, pharmacies, laboratories, and other data sources to enable meaningful use requirements.

In anticipation of evolving meaningful use standards and criteria, the State of Arizona will continue to work with local stakeholders as well as ONC to further define how the state HIE platform can be leveraged for monitoring and tracking of meaningful use metrics over the duration of this program.

Business and Technical Operations

Staffing and Consultants

GOHIE has a comprehensive approach to project management based on industry best practices and Project Management Institute's (PMI) methodologies. We will start by creating a comprehensive project management plan, including the project charter, our approach to scope management, a detailed work breakdown structure, a comprehensive schedule, risk mitigation strategies, and definitions of project processes. We will start the project with a

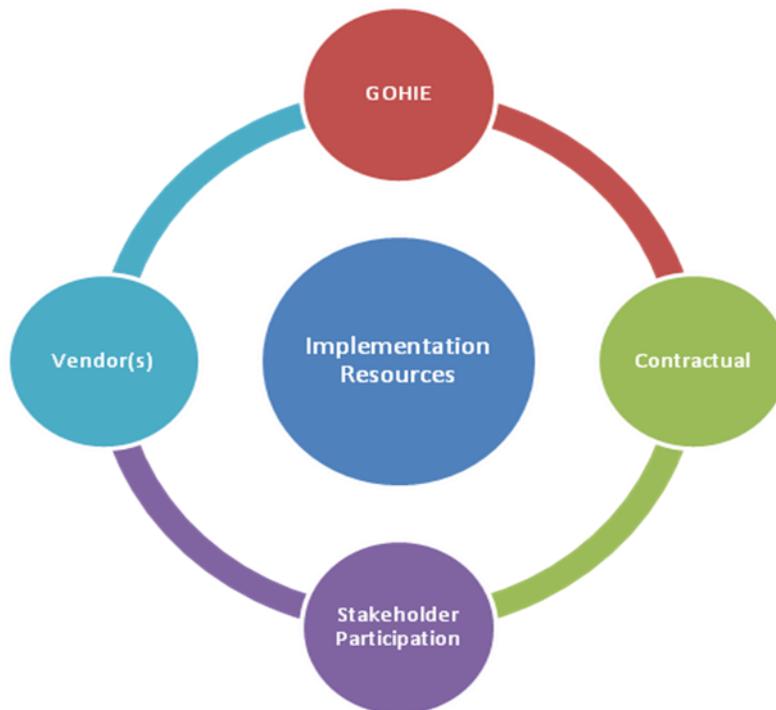
project kickoff meeting and host weekly status update meeting with stakeholders. The Microsoft Project schedule will be updated frequently, when applicable, as we proceed through the project. The project schedule will be shared with project stakeholders regularly to ensure good communication and project tracking.

To date, the following resources have been defined to work on this project. It is expected additional resources will be added as we move forward with the project.

- State HIT Coordinator - Aaron Sandeen
- Manager of IT Projects & Services - Ryan Sommers, PMP
- Policy Analyst – Jason Mistlebauer

Contractual resources will also be considered on an “as needed” basis to fulfill specific project needs such as specific regional coordination or to meet a specific skill set required.

In addition, much of our ongoing resource strategy may be dependent on our vendor(s) selection. The ongoing resource implementation strategy will be dependent on implementation schedule and will remain fluid until a comprehensive implementation project schedule is developed with the vendor(s). The resources utilized throughout this implementation will be a combination of GOHIE, vendor resources, strategic stakeholder participation, and contractual resources.



Governor's Office Of Health Information Exchange
Procurement Processes and Timelines

GOHIE will follow the State procurement process and will be issuing Requests for Proposals (RFPs) for various HIE capabilities identified in the strategic and operational plans. Stakeholder participation will be highly encouraged for both the development of the RFPs and evaluation of potential vendors.

Below is the summary of the procurement process.

1. Schedule and Host HIE Platform Capabilities working groups
2. Work with State Procurement office on final RFP
3. Establish RFP Review Panel
4. Establish RFP Scoring Criteria
5. Publish RFP on Website
6. Hold Bidders Conference
7. Review RFP Proposals
8. Review "Top 2" Proposals with Executive Steering Committee
9. Select Vendor(s)
10. Formal Announcement

Standard Operating Procedures and Participation Process

GOHIE will facilitate a security working group to complete a comprehensive analysis of security risks and best practices. As a product of this working group will be statewide policies, processes, and documented decisions.

Arizona Health-e Connection has developed a "Model Health Information Exchange Agreement" (Appendix I) in conjunction with Coppersmith Schermer & Brockelman PLC. The model agreement addresses key issues for HIO participation including:

- Federated HIO
- Permitted Use
- Single Model Agreement
- Evolving Requirements; Attachments and Policies
- The HITECH Act Requirements

All policies and procedures will be fully vetted by the Executive Steering Committee and posted to the GOHIE website (www.azgovernor.gov/hie).

Legal

Governance Structure

In February of 2009, Governor Janice Brewer formed the Governor's Office of Economic Recovery (GOER) to oversee all ARRA-related projects. GOER has formed the new Governor's Office of Health Information Exchange (GOHIE) and in this capacity, will be the ultimate decision making organization responsible for planning, coordinating, and reporting for the Cooperative Exchange Agreement Program in Arizona. The state Health Information Technology (HIT) Coordinator will lead GOHIE and reports to the Director of GOER.

The governance of health information exchange with the State of Arizona has been based upon broad and diverse community participation over the years. This model will be continued forward and likely expanded to some degree. GOHIE will facilitate an open, transparent multi-stakeholder approach which will be open to the public. A health information exchange Executive Steering Committee will be formed which will include organizations within State Government, health care providers, payers, professional associations, employers, and consumer representatives. This Executive Steering Committee will work with GOHIE on key decisions related to the HIE strategy and platform.

There are many organizations in the state who have contributed to the current landscape. Through the collaborative efforts of all the stakeholders, Arizona has come to better understand the complexity of its health care environment and is in a strong position to build on the lessons learned from its earlier projects. GOHIE in partnership with Arizona Health-e Connection (AzHeC) and Health Information of Arizona (HINAz) will provide leadership in the collaborative approach for setting the HIE legal strategy in the State of Arizona.

Policies and Procedures

GOHIE will be working with key stakeholders to form a legal / policy working group to develop policies and procedures. All legal policies and procedures will be fully vetted by the Executive Steering Committee and posted to the GOHIE website (www.azgovernor.gov/hie).

Through a process that engaged broad stakeholder involvement and the Legal Committee, model HIE policies were developed, including policies on patient consent and notice, registration and authentication, data use, data submission and auditing and compliance.

GOHIE, in collaboration with ONC and Arizona stakeholders, anticipates the need for further definition and analysis of policies and procedures describing how information needs to be exchanged between hospitals, EHR systems, the HIE Platform, and other data providers in order to meet the evolving needs of meaningful use. These stakeholders will have to prioritize and agree upon a phased implementation. In time, strict state policies must be implemented to gain value from the HIE platform and meet meaningful use criteria.

GOHIE, in collaboration with ONC and Arizona stakeholders, must perform additional analysis for federal requirements for the utilization and protection of health data in regards to the exchange of information with the Nationwide Health Information Network (NHIN). Arizona's strategy for interoperability with Veterans Affairs (VA), Indian Health Services (IHS), and Community Access Program of Arizona and Mexico (CAPAZ-MEX) is to leverage the NHIN solution. Arizona must engage early on with these organizations to align strategies and analyze the feasibility of this strategy. In time, State policies must be implemented to provide clear definition for inter-activity or alternative approaches.

Stakeholder engagement and endorsement has always been important to the HIT and HIE efforts in Arizona. To this end, the AzHeC Legal Committee that has been extremely active and engaging since the development of the Health-e Connection Roadmap in 2005. GOHIE and Arizona Health-e Connection (AzHeC) are in discussions about continued legal committee activities that will help drive policies, procedures, and potential legislation for Arizona. GOHIE intends to leverage AzHeC previous work in the areas of consent and privacy, legislation, and HIE policies and procedures.