

A Strategic Planning Process

Hawaii Health Information Exchange

Draft 5.0

March 7, 2010

Introduction:

This document describes a proposed process for developing strategic and operational plans for the Hawaii Health Information Exchange (HHEI) and a supporting Environmental Scan. These activities follow the pattern established by the Office of the National Coordinator for Health IT (ONC)'s Strategic Plan Guidelines found within the State HIE Toolkit (<http://statehieresources.org>).

This strategic planning process consists of three components: (a) the strategic plan itself (b) an accompanying operational plan and, (c) an environmental scan. These documents in turn will be developed through three separate but related processes: (a) a broadly participatory engagement of all stakeholders to identify the vision, goals, values and strategic objectives of the plan, (b) an operational plan informed directly by the strategic objectives that assures proper alignment of the strategic plan, and (c) a research team-driven effort working directly with healthcare stakeholders to compile the environmental scan. In following both ONC's guidelines and given the necessity of meeting the existing time constraints for creating and delivering the plan, these processes will occur concurrently rather than sequentially. The Executive Director's strategic planning team will be given the responsibility for ensuring that while concurrent, these processes are designed and executed to fully inform each other.

1.0 Strategic Plan

A stipulation of the Tool Kit Guidelines is that "(a) strategic plan must clearly define the visions, goals, objectives & strategies for achieving HIE capacity and use." In accomplishing this outcome it is the commitment of HHIE to conduct a

process that is comprehensive and fully participatory and includes key stakeholders from the healthcare community at every stage.. From this, it is believed, the resulting plan will authentically represent the interests of both the healthcare stakeholder and broader community, allowing HHIE to plan a future that operates in the best interests of the entire state of Hawaii. The process to be undertaken will involve three distinct action patterns.

1.1 Stakeholder specific engagements

This process envisions involving multiple and varied stakeholders at various points in the strategic planning process and through multiple forms of participation.

1.1.a HHIE Board of Directors

HHIE is constituted with a sizable Board (21 members) that represents most-but not all-of the critical health information stakeholders in Hawaii. (See Attachment Three for membership.) In order to fully engage key stakeholders in an informed version of the strategic planning process and to assure effective input, a full-day facilitated information meeting will be conducted early in the strategic planning process to which all key stakeholders will be invited to describe the range of health information functions provided by their organizations and to inventory their resources. The purpose of this meeting is to function as a self-education session to the whole of the health information community. Even though many stakeholders work in close contact with each other, it is also true that the full range of relevant information within this community is not necessarily widely known or shared. This meeting is intended to resolve this situation and in particular provide the Board with a better understanding of overall HIE and HIT capacity within Hawaii.

This day-long session will be supplemented by a subsequent process in which a nationally recognized figure in HIE's who is expert in HIE activities will be invited to Hawaii to present to the Board and other stakeholders who express an interest

in a review of national HIE policy, a review of HIE core services and infrastructure, and a review of the progress being made in other states. HHIE will provide subsequent public presentations on each major island to broadly inform stakeholders and the public about the nature of the national HIE endeavors. In addition, the Board will be directly involved in facilitated sessions to develop its contributions to the vision, goals, values, and objectives of the plan. This activity will assist in framing the strategic plan.

1.1.b Other stakeholders and general public

As indicated in the previous section, the overall concept of generating the strategic plan is to have the Board perform both the primary framing role and to authorize a final document.

Other stakeholders not represented on the Board, including interested third-party vendors, will be involved in the process in a variety of ways

- those that can be readily identified will be invited to make presentations at the day-long HIE/HIT information session
- HIE Board meetings are open to non-Board members and interested stakeholders, including those Board meetings dedicated to creating and reviewing the strategic plan

Because of the island nature of the state, it is important to assure that interested parties outside Oahu have ample opportunity to provide input to the strategic plan. To facilitate this outcome three activities will be organized.

- The HHIE Executive Director will provide an in-person presentation to interested neighbor island healthcare stakeholders that will be open to the public. Presentations will be made on Maui, Molokai, Hawaii Island, and Kauai. Input to the plan will be solicited at these meetings.
- These contributions will be synthesized by the strategic plan team into the draft document submitted for Board approval. The outcome will be a

document that represents input from the Board, the healthcare stakeholder community, and the broader community.

- Following these initial neighbor island meetings, a series of webinars available to interested parties will be organized to maximize understanding of the HIE process and the proposed benefits to be derived from it.

At the point that a penultimate draft is approved by the Board, copies will be provided for comment to all individuals and groups who register during this meeting process. This input will be reviewed by the strategic planning team and integrated where appropriate into a draft for final Board review and approval.

1.1.c Domain specific activities

The Board is organized into domain specific committees. Each of these will engage in a facilitated process to develop input specific to the requirements identified as domain-specific components of the plan in the ONC Tool Kit Guidelines. These meetings will be conducted concurrently with other stakeholder meetings. All domain committees will have complete reports on input generated by the various healthcare stakeholder meetings. As members of the Board, domain committee members will also have the benefit of meeting with the national HIE presenter and the opportunity to address their issues and questions directly to that person. The rationale for organizing the process in this way is to maximize the coherence between the activities of the domain committees and the whole Board. The basis of these facilitated meetings will be the elements specified by sections 2.1-2.5 of the ONC Tool Kit Guidelines. (See Attachment Two)

1.2 Time-table and State of Hawaii Participation

The time-table for this process will be mid-March through June 2010. As stipulated by the Memorandum of Agreement (MOA) between HHIE and the State of Hawaii, approval of the plan is required by the appropriate state

signatory. Therefore, the final step in the strategic planning process will be submission of the plan to the state for review and its return to the Board for any modifications required prior to submission to ONC. In order to facilitate this process, representatives of interested and appropriate state agencies will be invited to participate at all stages of the strategic planning process to ensure that the state's interests and concerns have been made known to the Board and included in acceptable form in the final draft submitted to the state for review. If this process operates appropriately, final review by the state should not prove problematic.

2.0 Operational Plan

The operational plan will be generated in two stages. Following approval of this process plan, the operational plan will be developed by a team assembled by the executive director who will progressively hand off day to day responsibilities to an HHIE project director after that person is hired and begins to take a greater role in the project. This activity will be supplemented by a planning lead person (to be hired in March or early April) and a communication specialist. The burden of the operational plan is to specify for each strategic objective of the strategic plan, how it will be accomplished, by whom, utilizing which resources, and within what specified time frame. The operational plan will be finalized based on Board input and delivered to the Board in time to accompany the delivery of the strategic plan to the state for its review. The operational plan must also be approved by the State of Hawaii. Accordingly, participation by state personnel will be sought throughout the formulation stages of the operational plan.

3.0 Environmental Scan

Major components of the environmental scan are stipulated in the ONC Tool Kit Guidelines. In developing the environmental scan document, use will be made of materials gathered for the initial grant proposal and data provided by the healthcare stakeholder information meeting. The document will be drafted and additional research provided by the strategic planning group that also has

responsibility for providing the operational plan. The timing of this process is the same as that for the operational plan. However, on-going and working drafts of the environmental scan will be made available to the Board and other healthcare stakeholders on a continuing basis. A separate external contractor with healthcare information experience may be engaged to compile existing data for the environmental scan.

The form and format of the environmental scan will be developed to make it a “living” document for HHIE, inasmuch as the data that constitute it will be constantly changing. The plan is to have an on-line version of the environmental scan provided on the HHIE website on a quarterly basis.

4.0 Time Line

Attachment Three provides a detailed time line intended to govern the process outlined in this document and integrate the use human resources and assure the completion of the strategic plan and attendant documents within the time frame specified.

Attachment One:

Hawaii Health Information Exchange Board Members

1. Money Atwai, CFO/CIO Hilo Medical Center
2. Francis Chan, CIO, Clinical Laboratories of Hawaii, LLP
3. Jennifer Diesman, Vice-President-Government Relations
4. Susan Forbes DrPH, President & CEO, Hawaii Health Information Corporation
5. Beth Giesting, CEO, Hawaii Primary Care Association
6. Bruce "Skip" Keane, Retired, Community Member
7. Emmanuel Kintu, Executive Director, Kalhi-Palama Health Center
8. Janet Liang, President of the Hawaii Region, Kaiser Permanente Health Plan
9. Wesley Lo, CEO, Maui Memorial Medical Center
10. Roy Magnusson MD, Associate Dean-Clinical Affairs, John A. Burns School of Medicine
11. John McComas, CEO, AlohaCare
12. Gary Okamoto MD, Past President, Hawaii Medical Association
13. Kevin Roberts, President and CEO, Castle Medical Center
14. Steve Robertson, Executive V.P. and CIO, Hawaii Pacific Health
15. David Saito MD, Internal Medicine, Hawaii Independent Physicians Association
16. Christine Maili Sakuda, Executive Director, Hawaii Health Information Exchange
17. Barbara Stanton, Sr. State Director, American Association of Retired Persons
18. Jim Tollefson, President and CEO, Hawaii Chamber of Commerce
19. Lisa Wong, Society of HR Managers of Hawaii
20. Raymond Yeung, Vice President-Information Services, Diagnostic Laboratory Services, Inc.
21. Jeffery Yu MD, Chief Technology Officer, The Queen's Medical Center

Attachment Two:

Domain-Specific Components of the Strategic Plan

Section 2.1 Governance

Components include:

- Describe the key components of the governance structure that are required as part of a comprehensive state strategic plan including:
 - describing the multi-disciplinary, multi-stakeholder governance entity, including membership and member roles;
 - describing how the state or State Designated Entity (SDE) will approach HIE accountability (e.g. laws and policies for privacy and security, interoperability standards (state enforced, HHS adopted standards), fiscal integrity (transparent accounting), and ethics [open meeting laws]);
 - describing how the state's participation in the NHIN will be facilitated by the identified governance structure;
 - describing the role of the HIT Coordinator and his/her responsibilities.
- And describe any ongoing development of the governance model.

Section 2.2 Finance

Components include:

- --A state's strategic plan should address both short term and long term financing dimensions;
- --A strategic plan must include a business plan enabling financial sustainability of governance and operations by the end of the Project period;
- --A sustainability plan should be capable of supporting HIE governance and operations beyond the ARRA funding.

Section 2.3 Technical Infrastructure

Components include:

- --A comprehensive strategic plan must include a description of multiple components of a statewide technical infrastructure that will support the state's HIE vision and objectives.

Selected elements of the technical infrastructure must include:

- prioritized HIE services to be offered as called for in the FOA;
- demonstrating an approach to implement appropriate standards and certification for HIE, including meaningful use requirements;
- outlining the proposed architecture for the exchange of health information, including secure and interoperable message exchange;
- describing a plan for integrating state-specific Medicaid management information systems with the state and/or regional HIOs;
- describing alignment of the technical architecture with NHIN, including a description of how the state plans to connect to federal programs via NHIN;
- describing the creation and use of services to be organized or contracted for at the state level that would streamline/enhance interoperability by creating efficiencies and/or reducing the level of variation in technical approaches across geographies.

2.4 Business and Technical Operations

Components include:

- State strategic plans must identify and describe the operational requirements that relate to supporting the state's governance and technical infrastructures, including:
 - providing an outline of operational responsibilities;
 - describing an approach to meeting forthcoming HIE meaningful use requirements;
 - describing efforts to coordinate and align efforts to meeting Medicaid and public health requirements for HIE and meaningful use criteria;

- describing an approach to leveraging existing HIE capacity;
- providing a strategy for how the state will use the NHIN for information exchange among specified actors;
- describing a plan to acquire and maintain human resources across geographies and organizations to implement HIE;
- describing an approach for program and vendor management;
- describing an approach to identify and mitigate potential business risks.

2.5 Legal/Policy

Components include:

- A framework to foster trust and ensure privacy and security in support of intra and interstate HIE, including:
 - describing the state's privacy and security framework;
 - providing plans to analyze and/or modify state laws;
 - describing plans to developing policies and procedures necessary to enable state and interstate information exchange;
 - describing plans to community and/or negotiate with other states to enable exchange;
 - describing existing trust agreements that enable the secure flow of information among parties;
 - describing stakeholder endorsement of the statewide policy network.

(Verbatim language for these requirements may be found at:

<http://statehierresources.org/>)

Attachment Three

Time line for the three plans.

Strategic Plan

1. Initial work on the strategic plan has already begun. Twenty weeks occupy the maximum time frame from March 15 through July 31. The projected time frame to complete the process (subject to minor changes) denominated in the weeks of event occurrence is as follows.
 - a. Weeks 1-2 (March 15-27)
 - i. Concentrate on identifying and hiring key personnel
 - ii. Identify and contract an external HIE expert to provide stakeholder briefings
 - iii. Begin development of state-wide email contact list.
 - b. Weeks 3-5 (March 29-April 17)
 - i. Conduct initial stakeholder information meeting
 - ii. Conduct initial briefings by external HIE expert including neighbor island meetings
 - iii. Conduct initial planning sessions with Board and domain committees
 - iv. Begin communication engagements by email and webinars with all interested stakeholders by webinars to continue through end of final draft submission
 - v. Designate, brief, and initiate work teams for operational plan and environmental scan.
 - c. Weeks 6-8 (April 19-May 8)
 - i. Hold public meetings on neighbor islands for stakeholders that are open to the public
 - ii. Obtain draft input from domain meetings and begin to rough out dimensions of domain contributions to plan.
 - d. Weeks 9-10 (May 10-May 22)
 - i. Submit first draft of plan to Board for critique and feedback

- ii. Contact stakeholder groups for feedback on Board modified draft
- iii. Complete domain sections of draft. ED and strategic planning team to review operational plan and environmental scan to assure alignment with strategic objectives
- e. Weeks 11-12 (May 24-June 5) Compile feedback and do final draft to submit to Board for approval.
- f. Week 13 (June 7-12) Gain Board approval and transmit draft to state.
- g. Weeks 14-15 (June 14-26) Receive state input on draft.
- h. Weeks 16-17 (June 28-July 10) Revise document based on state input and submit to Board for final approval.
- i. Week 18 (July 12-17) Tie up loose ends and submit finalized plan.

2. Operational Plan

- a. Weeks 1-3 (March 15-April 3)
 - i. Identify and hire members of management team.
 - ii. Lead planner and ED will compile relevant materials included in initial grant request.
- b. Weeks 4-8 (April 5-May 8)
 - i. Track progress of strategic plan and frame mirror elements for emerging strategic objectives
 - ii. Develop specifics for achieving strategic objectives
 - iii. Complete all required elements
- c. Week 10 (May 17-22) submit draft of operational plan to Board for review.
- d. Weeks 11-12 (May 24-June5)
 - i. Integrate feedback to operational plan
 - ii. Prepare final of operational plan S
 - iii. Submit operational plan to Board to accompany transmission of strategic plan to state.

3. Environmental Scan

- a. Weeks 1-4 (March 15-April 10)
 - i. Explore possibilities of outsourcing environmental scan
 - ii. Compile environmental scan elements from initial grant proposal
 - iii. Identify all data sources for required scan elements
 - iv. Contact cooperating stakeholders to obtain data.
- b. Weeks 4-9 (April 12-May 15)
 - i. Create initial draft of scan
 - ii. Present to stakeholders via webinars
 - iii. Obtain and integrate feedback
- c. Weeks 8-11 (May 3-May 29)
 - i. Obtain all available data
 - ii. Make plans for obtaining required data not currently available
 - iii. Draft final version of environmental scan and submit to Board for approval.