

Hawai'i HIE Update

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September 14th 2010

State HIE Plan Update

- August 17th – Board approved Plan
- August 30th – State approved Plan
- August 30th – ONC received Plan from HHIE
- Sept. 10th – HHIE reviewed initial feedback from ONC
 - ONC project officer review (complete)
 - ONC review (9/17)
 - ONC provides written feedback to HHIE (10/8)
 - HHIE submits written feedback to ONC (10/22)
 - Start approval phase of plan (10/22)
- November 2010 – begin implementation

Governance Committee

- Chair: Susan Forbes
- Expansion of Board members
- Review the nomination process set forth in State HIE Plan
 - Establish term limits in one, two and three consecutive terms
 - Review general nomination process

Recommendation #1.1

- Expansion of the board to increase representative nature by including other stakeholders
 1. Members of the State CC-HIT
 - State HIT Coordinator – Mark Anderson
 - Dept. of Health Representative – Lorrin Kim
 - Dept. of Human Services Representative – Dr. Kenneth Fink
- SUGGESTED MOTION: to invite all three SCC members to be non-voting ex-officio members on the Board

Recommendation #1.2

- Expansion of the board to increase representative nature by including other stakeholders
 1. Representative with experience leading community-wide health IT projects
 - Hawaii Island HIE, President – Ed Montell or,
 - Hawaii Island HIE, President – Karen Pellegrin
- **SUGGESTED MOTION**: to invite all a representative as a voting member of the Board

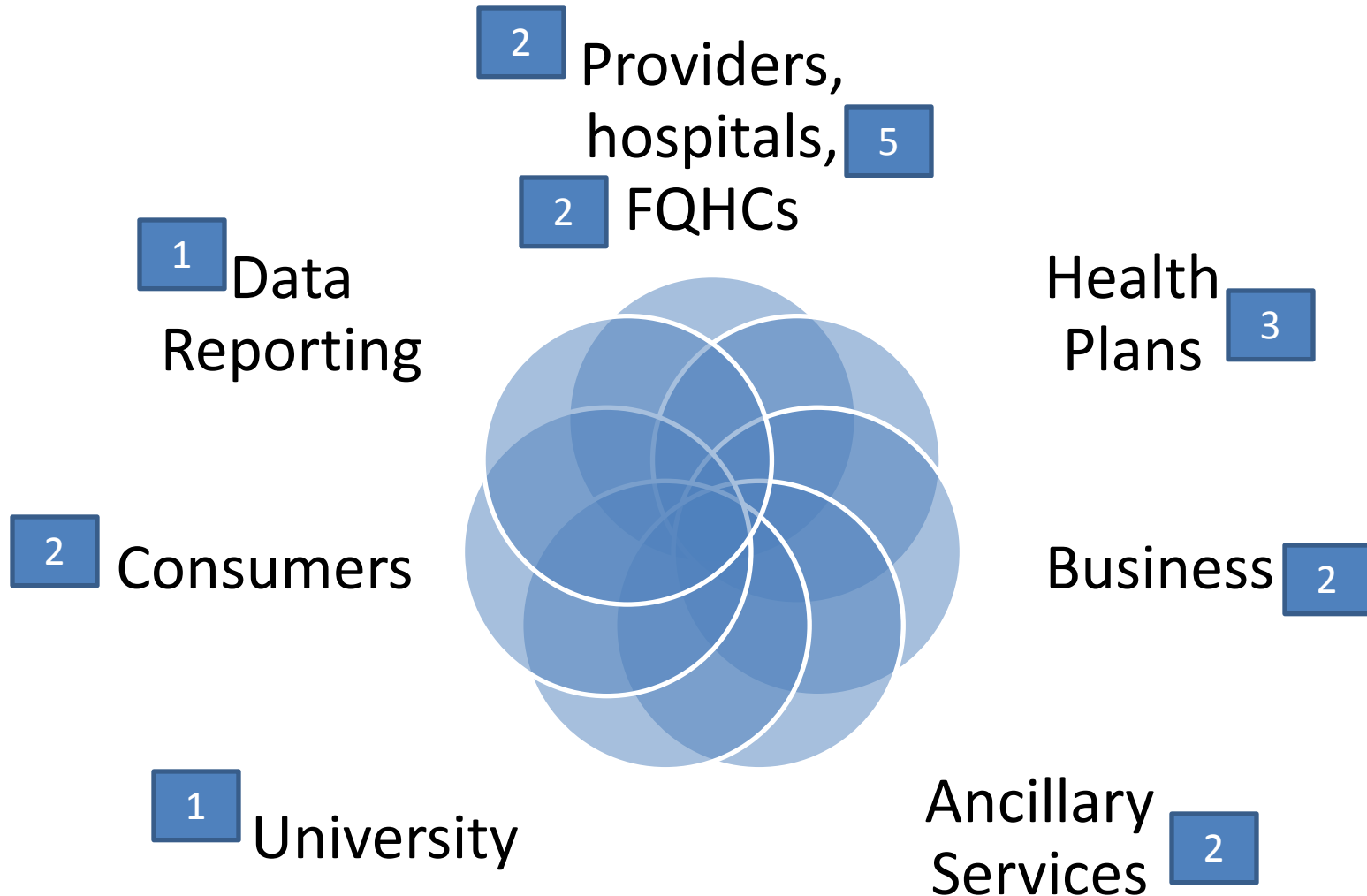
Guiding Principles of HHIE

- **Be Inclusive.** Committed to broad stakeholder engagement (statewide, urban/rural, large/small organizations, consumers/providers) in shaping its services, and establishes policies and procedures that assure fair representation and participation in decision-making, programs and services.
- **Commit to Quality.** Committed to creating an open and respectful data-sharing environment. Data integrity is the cornerstone that assures quality provider information and patient care.
- **Create User Value.** Will develop a model of health information exchange that provides demonstrable benefits across the full range of its stakeholder community in order to significantly increase the overall value of health care in Hawai'i. The central beneficiary of this goal is ultimately the patient.
- **Be Transparent.** Maintains clear, open and constant two-way communications with its stakeholders, the public-at-large, and within Hawai'i HIE itself.
- **Assure Privacy and Security.** Ensures consumers' privacy at all times.
- **Be Sustainable.** Our own sustainability will be a direct result of providing quality services for its stakeholders, creating an outstanding value proposition, and investing in infrastructure that is flexible and useable for a long period of time.
- **Assure Manageability.** Will gain optimal success by prioritizing its activities and making incremental progress, with "first steps first" being its operational code.
- **Adopt Relevant Rules and Standards.** Will develop effective rules and governance models to facilitate the sharing of data, with a central focus on building trust among participants.
- **Use the Present to Achieve the Future.** Make maximum use of "what already exists" throughout the health care community.

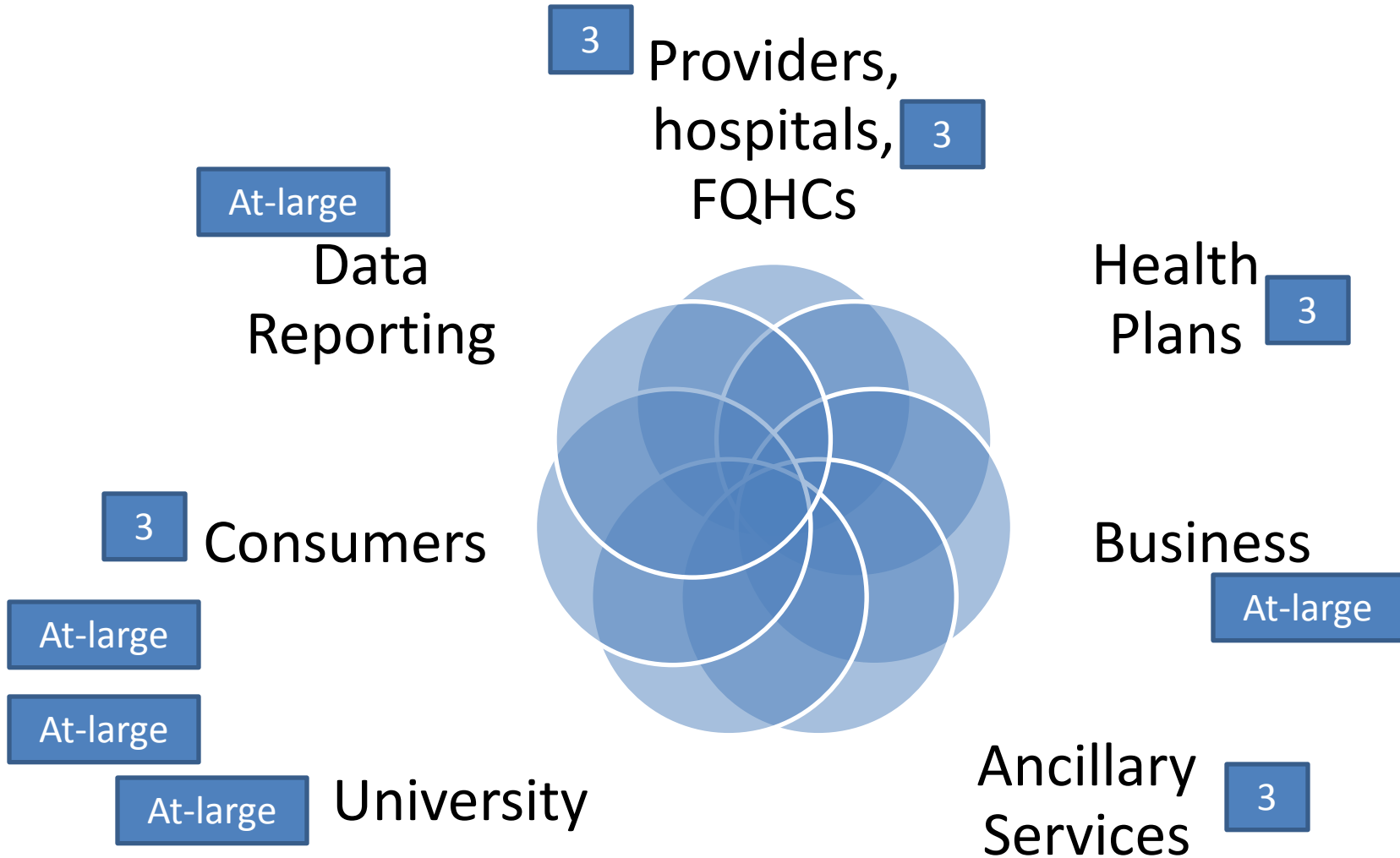
Recommendation #2

- Establish regular Board term limits
 - Pull numbers out of a hat at November meeting
 - Establish the beginning date of the current term cycle.
 - Establish a rotational cycle with the assumption that the Board refreshes on average 1/3 per year.
 - Establish how numbers drawn: by stakeholder group or completely random?
- SUGGESTED MOTION: recommend a 1/3 rotational cycle starting from the 2010-2011 fiscal year.

Current Composition



Draft Composition



Recommendation #3

- Establish ad-hoc Physician Advisory Board
 - Meets on call
 - Meetings once per quarter
 - Establish meeting time 12:30-1:30pm or 6:00-8:00pm.
 - Work with physicians on Board to set charter
- SUGGESTED MOTION: direct management to create a physician advisory group that would serve the objectives of the Board and provide HHIE physician perspective on health IT issues.

Next Steps

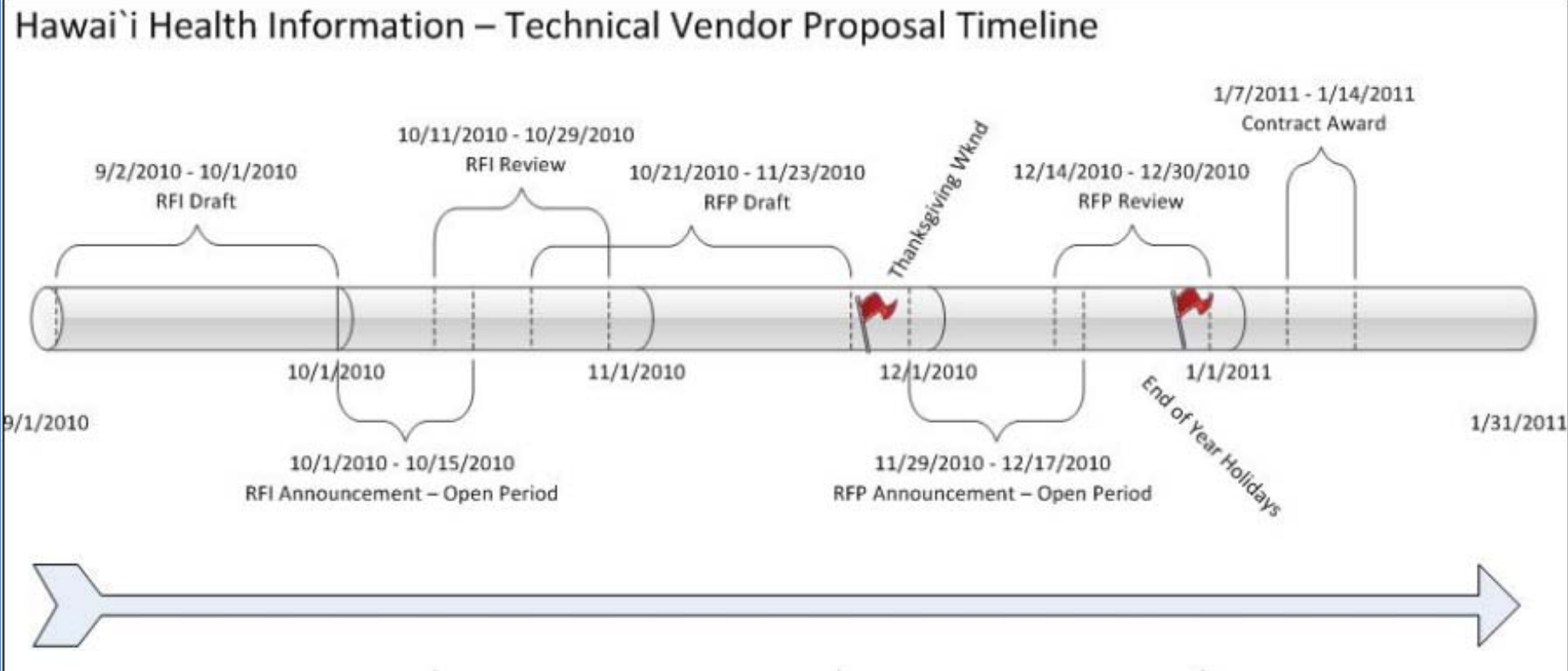
- Board feedback on nomination process due by September 30th
- Draw term limit from hat at November meeting
- Review and update HHIE Bylaws as needed through January 2011.

Finance Committee

Outcomes of 8/25 Financial Planning Mtg

- **Subscription Fee Model.**
 - Important to determine who/which organizations are subscribing.
 - Agreed that if such a model were in place, that fee will generally decrease as the number of subscribers increase.
- **Transaction Fee Model:**
 - Noted that there is a “lack of support” from both payers and providers.
 - Noted that as volume grows, fees typically increase, and it is difficult to budget.
 - Claims transaction model may be explored further to see if the current model could support clinical transactions.
- **All Payer Assessments Model:**
 - Many of the HIE benefits accrue for payers – an assessment model may be explored, in addition to public support (through state bond or budget allocations).
 - Agreed that an assessment model would require action by the state as well as the state legislature.
- **Performance-Based Model:**
 - There is interest in further exploring performance-based sustainability.
 - Current pay-for-performance programs that may be contributors.
- **Next Steps:**
 - Explore further funding opportunities to include ONC grants, finalize model

Technical Infrastructure & Data Access & Management



- Weekly joint meetings to begin Sept. 30th.

Legal & Policy Committee

- Conducted an inventory of relevant legislation for HIE
 - Reviewed applicable state privacy laws
 - Identified existing barriers to operationalize a state HIE
- Posted RFI on 8/13 for expert legal assistance to:
 - Review committee's inventory and analysis
 - Supplement inventory where necessary
 - Develop policies compliant with relevant state and federal statutes
 - Identify possible gaps in state law that may require remedy
- Proceeding to contract with Alston Hunt Floyd & Ing

Hawai'i Pacific REC

Hawai'i Pacific REC Subcontracts

- MPQHF and TIPG are sub-recipients to HHIE
- MPQHF and TIPG provide direct services
 - Sign-up of individual physicians
 - Perform meaningful use assessment
 - Assist in vendor evaluation and selection
 - Assist in EHR implementation
 - Assist in achieving meaningful use
- Funds provided by ONC on achieving milestones (\$4360/provider)
 1. Physician sign-up
 2. EHR implementation
 3. Achieving Meaningful Use
- Required state match may be from providers receiving REC services

HPREC Decision Points

- Need to finalize sub-contracts
- Provide status of subcontract
- Contentious point
 - HPREC needs a state match of 10%
 - Budgeted expenses include charging \$2000 per provider
 - Is that the right thing for us to do?
 - Should we delay contract and look for other sources of funding.

HPREC Vendor Selection Process

- Identify vendors
- Preliminary qualifying questions and client profile
- Create “short list” of vendors to receive more extensive RFI
- Send out and receive and analyze RFI
- Conduct demonstrations, reference checks
- Negotiate agreements
- Finalize pre-qualified vendor list

Mahalo nui loa

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