

Georgia Department of Community Health



Georgia Health IT Town Hall

June 28, 2012

Health IT Town Hall – Agenda

- **Opening Remarks** – David Cook, *DCH Commissioner*
- **Health Information Exchange** – Kelly Gonzalez, *Director of Health IT, Interim State HIT Coordinator*
- **Directed Exchange: First Steps** – Blake Fulenwider, *Deputy DCH Commissioner*
- **Privacy & Security Safeguards** – Sidney Welch and Diana Rusk Cohen, *Arnall Golden & Gregory*
- **What We're Learning** – Margarita Holder, *Georgia Institute of Technology*
- **Ways to Get Engaged** – Trudy Loper, *Studiocom*
- **Technology/Policy Readiness Assessment** – David Tyler and John Summerlin, Grant Thornton
- **Medicaid EHR Incentive Payment Program** – Jackie Koffi, *MIP Program Director*
- **ICD-10/5010** – Sonny Munter, *DCH Chief Information Officer*
- **Moving Forward** – Dennis White, *GHIE, Inc. Chairman*

Georgia Health IT – Opening Remarks

David Cook, *Commissioner*

Department of Community Health

Georgia Health Information Exchange

Kelly Gonzalez, *Director of Health IT*

Interim State Health IT Coordinator

Department of Community Health

Quarterly Town Halls

- **Purpose**
 - Keep the public informed on the status of Health IT efforts at DCH
 - Showcase some of exciting Health IT innovations and advancements taking place across Georgia
- **Today, you'll learn about**
 - The overall strategy for constructing the Georgia HIE
 - It's intended purpose in being a network of networks
 - And recent developments, including
 - Initial launch of the Georgia HIE: Directed Exchange
 - Privacy & Security Safeguards
 - What we're learning from providers and other stakeholders
 - Plans for improved communication and outreach
 - Medicaid Incentives Program and ICD-10/5010 initiative

Strategic Development

- **Understand Customer Needs**
 - User Research & Benchmarking: Georgia Tech
 - Technology & Policy Readiness Assessment: Grant Thornton
- **Business Planning**
 - Financial Sustainability Modeling: Myers & Stauffer, DCH, and GHIE Finance Committee
- **Privacy & Security Policy Framework**
 - Legal Services: Arnall Golden & Gregory, DCH, and GHIE Legal & Privacy Committee
- **Communications and Engagement**
 - Marketing and Advertising: Studiocom
 - Outreach & Education: Georgia HITREC and Medicity
- **Health Information Exchange**
 - Technical Infrastructure: Medicity, DCH and GHIE Technology Committee

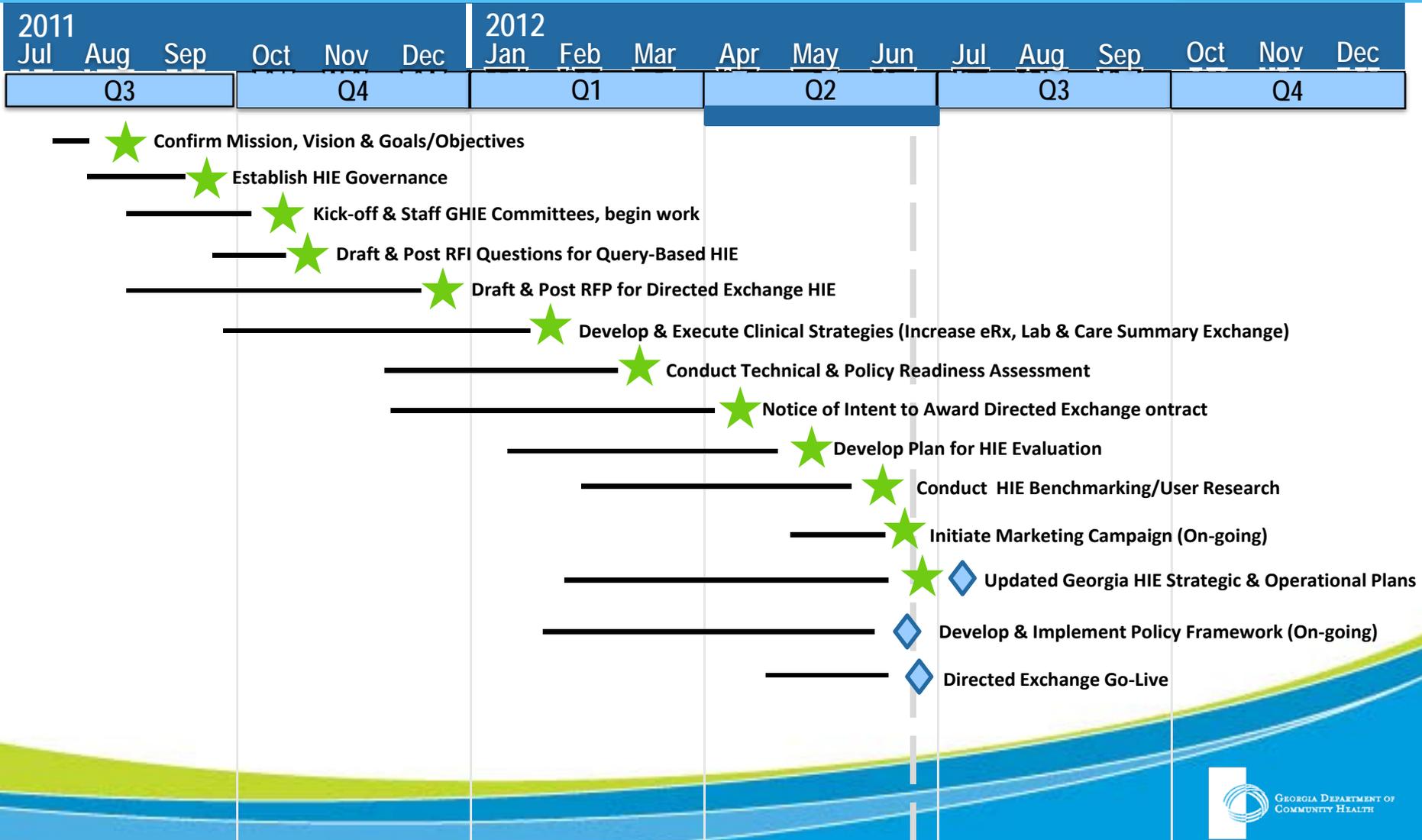
Strategy: *Constructing the Georgia HIE*

- 1. Use technology to create a thin layer of connectivity**
 - Two types of secure data exchange and transport
 - Directed Exchange and Query-Based Exchange
- 2. Create a Network of Networks**
 - Provide connectivity between local & regional service area HIEs
 - Direct individual providers to the SAHIE of their choice to obtain statewide exchange capabilities
- 3. Focus on product development**
 - Produce features and functionality Georgia providers want and need
 - Simplify data exchange requirements to achieve Meaningful Use

Status Update: Georgia HIE Timeline and Milestones

Milestones

-  Targeted
-  Committed
-  Completed



Launch of Directed Exchange

Blake Fulenwider, *Deputy Commissioner*

Department of Community Health

Directed Exchange

- **Secure Email**
 - Point to point secure messaging for providers to exchange health information for treatment purposes
- **Procurement vendor selection process**
 - Medicity was selected as the vendor for Directed Exchange
- **Target launch date: June 29th**
- **3-month Pilot**
 - Large urban hospital, rural hospital, and Service Area HIE

Medicity

Several statewide and regional community HIEs

- **State HIEs:** Delaware, Hawaii, Mississippi, Ohio, South Dakota, Vermont
- **Regional HIEs:** Colorado, North Carolina and Michigan
- More than 750 hospitals (30+ in Georgia)
- Over 250,000 end users (9,600 Georgia-based providers)

Features

- Direct Secure Messaging
- Provider Directory
- Outreach/education campaign and comprehensive train-the-trainer program
- Help desk and support staff

Timeline and Budget

- 35-day implementation
- First year costs: \$124,000, 3-year costs: \$489,000

Georgia Health Information Exchange Legal, Privacy & Policy Framework

Sidney Welch and Diana Rusk Cohen

Arnall Golden & Gregory

General Privacy & Security Safeguards

- *HIPAA Privacy & Security Standards
 - Authorization & Exceptions
 - Accounting
 - Minimum Necessary
 - Breach
 - Encryption
- * State privacy/confidentiality standards
 - HIV/AIDS
 - Genetic Testing
 - Mental Health
 - Substance Abuse
 - STDs

Directed Exchange

Legal and Policy Approach

- Clearly delineate responsibility of participant networks and HIE vendor to comply with state and federal privacy and security laws
- Address ONC requirements for Direct secure messaging
 - Openness and transparency
 - Collection, use and disclosure limitation
 - Safeguards
 - Accountability
- Facilitate public and stakeholder awareness of policies, practices, and other privacy safeguards

Directed Exchange Legal and Policy Approach

- Core Documents to Support Legal and Policy Goals for Directed Exchange
 - Participation Agreement
 - Participation Terms and Conditions
 - Select standalone policies that address PIN domains and enhance public awareness of privacy and security practices

Directed Exchange Participation Agreement

- Short form agreement between Medicity and HIE participant networks
- Georgia HIE participants, in turn, will have agreements with their network participants (physicians/providers) that bind them to the Georgia HIE participation agreement, and Terms and Conditions
- Limits permitted purposes of Direct secure messaging service to treatment (as defined under HIPAA) and to demonstrate meaningful use
- Incorporated the attached Terms and Conditions document, which more specifically delineates participant responsibilities
- Holds participants responsible to meet and comply with basic network operating policies and technical requirements for Direct secure messaging
- Requires Medicity to provide the Direct secure messaging service for participants to utilize and limits Medicity's role to facilitating the exchange of information

Directed Exchange Terms & Conditions

- Defines (and limits) the role of Medicity and DCH
 - Medicity implements and maintains the technical infrastructure of the Georgia HIE network, and performs certain administrative activities (e.g., ensuring that new participants meet basic technical requirements)
 - Medicity and DCH have no control over the content/accuracy of health information
 - The authority of any participant to access or disclose health information is solely the responsibility of the participants and not Medicity or DCH
- Identifies Medicity as a business associate of covered entity participants and sets forth business associate provisions consistent with HIPAA and HITECH
- Confirms that participants are solely responsible for providing accounting of disclosures under HIPAA
- Holds participants responsible to ensure that the Georgia HIE network is used only for permitted purposes

Directed Exchange

Terms & Conditions (con't)

- Requires participants to ensure that they have obtained any legally required authorizations and consents prior to requesting or accessing health information
- Confirms that DCH and the vendor shall not decrypt messages sent through the Georgia HIE network or in any way access PHI
- Enables DCH to obtain certain required reports and evaluations of the Georgia HIE network from the vendor, and requires participants to de-identify any health data prior to including it in any such report
- Requires participants to ensure that any use, disclosure, or request is the minimum necessary
- Requires participants to comply with NPP and acknowledgement requirements under HIPAA
- Stipulates that Medicity and participants will implement administrative, physical, and technical safeguards as identified in the HIPAA Privacy Rule
- Sets forth breach notification procedure for Medicity and participants

Directed Exchange Standalone Policies

Openness and Transparency

- Accounting of Disclosures Policy – Reaffirms that individuals are entitled to an accounting of disclosures from participants, and that the responsibility for providing an accounting of disclosures falls on the participant and not DCH or Medicity. As a business associate, Medicity will provide any information in its possession relevant to the accounting to the participant
- HIE Data Practices Policy – States that GHIE will serve in Phase I as a secure conduit for health information, but does not store, create, or modify health information. Medicity and DCH will not decrypt the messages or access the health information transmitted through the network

Collection, Use and Disclosure Limitation

- Use & Disclosure Policy – States that PHI will not be used or disclosed for any improper purposes, including marketing or discriminatory purposes. Holds Georgia HIE participants responsible to maintain and comply with their own internal policies and procedures regarding use and disclosures

Accountability

- Participant Complaint Resolution Policy – A standard policy provided by Medicity that outlines a process for participants to voice complaints, and for Medicity to handle such complaints in an appropriate manner.

Safeguards

- Identity Verification
- Digital Certificate Policy
- Password Management
- Administrator Account Management

} Standard Medicity policies designed to ensure that appropriate technical, physical, and administrative safeguards are in place

This presentation is intended to provide general information on various regulatory and legal issues. It is NOT intended to serve as legal advice or counsel on any particular situation or circumstance.

Technical & Policy Readiness

David Tyler and John Summerlin

Grant Thornton

Technical and Policy assessment

Project objectives

The State asked Grant Thornton to perform a Technical and Policy Readiness Assessment. This project is an assessment of the maturity and robustness of each Phase 1 Participant's HIE solution and interoperability capabilities. The findings, analysis, and reports should answer the following questions:

- ▶ How technically ready is each participant to become interoperable with the Georgia statewide HIE?
- ▶ What policy changes or recommendations does the consultant have for DCH regarding each of the Participants?
- ▶ If the Participant is technologically ready, what is the estimated length of time to complete integration with the Georgia statewide HIE for Phase 1: Direct? Phase 2: Robust HIE with Core Services?
- ▶ If the Participant needs to make technical changes to integrate with the Georgia statewide HIE, what is the estimated cost to the Participant? May answer after the business requirements and RFP deliverables for the statewide HIE are finalized.

Assessment framework

Background and reference

Our project team has used its healthcare and HIT experience, and relevant industry standards in the development of the framework. Specific industry references include:

- ▶ NHIN (NwHIN / Direct / Connect Projects)
- ▶ DURSA
- ▶ ONC / HITPC / HITSC
- ▶ IHE
- ▶ HIPAA (privacy & security)
- ▶ HL7

In addition, we reviewed DCH RFP and other relevant documents to align evaluation criteria with published concepts:

- ▶ HIE Maturity Assessment RFP
- ▶ Georgia HIE Requirements RFP (draft)
- ▶ DCH HIE Requirements Matrix (draft)
- ▶ Other state requirements frameworks

Assessment framework

Entity groupings

In the course of the assessment of the original participants, Grant Thornton determined that participants had developed different capabilities based on their core mission and their HIE needs. Participants were assigned an entity-type grouping to assist in comparing like-entities consistently:

- ▶ **Sub-(state) HIE:** A sub-(state) HIE is designed to facilitate clinical and public health data exchange among providers in a specific region of the state. Stand alone hospitals and / or clinics need to be able to associated with a sub-state HIE's to facilitate interoperability and sharing of patient information via electronic medical record ("EMR") technology.
- ▶ **Independent Provider:** A single entity and/or health system that is able to share clinical data and supports interoperability within its own environment and between departments via the use of a single or numerous EMR technologies to support clinical care.
- ▶ **Hybrid model:** A entity that has both technical infrastructure for EMR technologies (to support clinical care) and HIE capabilities (to support interoperability and sharing of patient data for a defined group.)
- ▶ **3rd Party Service:** A 3rd party vendor or service provider that offers services to support EMR and / or HIE capabilities and does not offer clinical care capabilities.

Participant categorizations

Entity		Sub- State HIE	Independent Provider	Hybrid	3 rd Party Service
1	Central Georgia Health Network	✓			
2	ChathamHealthlink Consortium	✓			
3	GRACHiE	✓			
4	Cobb-Douglas CSB			✓	
5	DBHDD			✓	
6	Dept. of Corrections			✓	
7	Dept. of Juvenile Justice			✓	
8	Dept. of Public Health			✓	
9	Emory Healthcare		✓		
10	Floyd Medical Center		✓		
11	The Harbin Clinic		✓		
12	Children's Healthcare of Atlanta		✓		
13	GA Assoc. of Primacy Health Care				✓
14	GA Partnership for Telehealth				✓

Next steps

Additional support of the GA HIE

Because of the importance of public health in Georgia's healthcare system and in Medicaid specifically, Grant Thornton has been engaged to deliver an additional, deeper assessment. DCH and DPH have requested a detailed assessment of selected central DPH platforms (i.e. GRITS, SendSS, etc.) and of each of the 18 independent public health district and clinics sites' readiness for HIE integration. This project will include site-specific readiness reviews and assessments, including:

- ▶ Assessment of the current state of IT in the central DPH, focused on three (3) selected IT systems and the requirements to connect these systems to the state-wide HIE
- ▶ High level assessment of IT governance framework for DPH, specifically as it pertains to interoperability, scalability and maintaining connection the state-wide HIE
- ▶ Assessment of Health IT/EHR in the Public Health Districts, including interoperability and readiness to connect to the state-wide HIE

Project scope and approach

Public Health Districts

The detailed assessment of the independent Public Health Districts readiness assessments will include assessing:

- ▶ Commonality and divergence of Health IT and IT management across the 18 DPH districts, clinics and sites
- ▶ Business and technical requirements for DPH-wide Electronic Health Record (EHR) capabilities that will integrate with the State-wide HIE
- ▶ Readiness for successfully acquiring the Health IT necessary for HIE integration (including common EHR capabilities - albeit potentially for disparate EHR systems)

The Grant Thornton team will gather relevant data through a combination of:

- ▶ Electronic surveys*
- ▶ Onsite interviews*
- ▶ Data request focused on EHR and IT governance*

Note: All data gathering efforts will be coordinated with other, ongoing projects, including Accreditation and other scheduled initiatives.

Central DPH functions

The assessment of the central DPH will focus on three (3) key DPH central functions:

- ▶ GRITS
- ▶ SendSS
- ▶ Georgia Public Health Lab services

This work effort will drive central coordination of these key systems with Medicaid, support meaningful use certification and Medicaid incentive objectives. This work effort will address:

- ▶ Review of the current state IT capabilities
- ▶ Development of the future state interoperability goals for the specified DPH IT systems
- ▶ Development of a strategic roadmap for interoperability for the specified DPH systems, including a technical specifications document required for immediate execution of a system integration project connecting the 3 DPH functions (GRITS, SendSS, and Georgia Public Health Lab services) to the Georgia state-wide Health Information Exchange.

What We're Learning

Margarita Holder, *Georgia Institute of Technology*



In a Nutshell

Research the activities and attitudes of physicians and clinicians regarding Health IT in Georgia.



- Broad initiative requiring rapid turnaround
- We are taking the vitals, not running a full battery of tests
- Develop actionable insights that DCH and others can leverage

Why Georgia Tech?

- As a sister agency to DCH, serving Georgia is fundamental to GT's mission
- Broad pool of talent and resources to draw upon
- Long-term relationships across disciplines, including Health IT
- Acting on behalf of DCH, GT can serve as an objective and neutral third party



Why Conduct Research?

- To support providers in delivering quality healthcare, DCH must understand Health IT from their perspective
- Health IT is one element in a complex system with many moving parts
- Understanding the realities of Health IT adoption and usage
- Benchmarking against the efforts of other states
- Understanding what makes Georgia unique



Why Conduct Research?

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- Identify what makes Georgia unique



Research Activities

- Literature review of nearly 100 papers and articles
- Online survey solicited input from over 3000 Georgia physicians
- Interviewed over 40 individuals across a spectrum of roles and organizations
- Completed research in less than 6 weeks from kickoff to completion



Participants: Roles

- Physicians across multiple specialties and types of healthcare organizations
- Hospital CIOs
- Nursing & Clinical Support Staff
- Administration & Practice Management
- Service Area HIE Directors
- Stakeholders



Participants: Organizations

- Large/Small
- Urban/Suburban/Rural
- With/Without EHR
- Primary Care, Single-specialty, Multi-specialty



Participants: Interview Locations

- 44 individuals
- 15 cities
 - 8 urban/suburban
 - 7 rural
- 33 interviews
 - 22 face-to-face
 - 11 phone

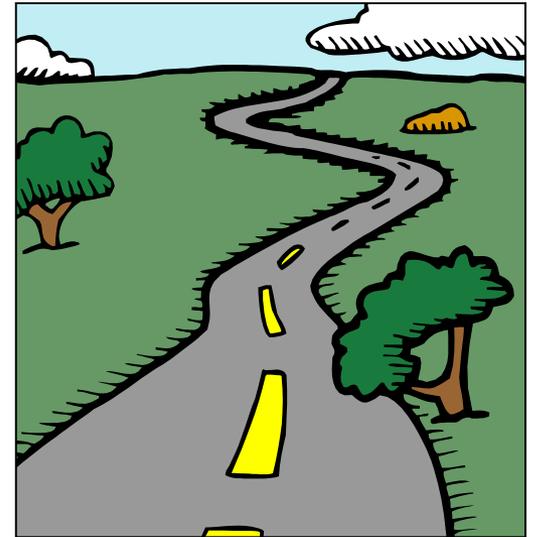


When Will the Results be Ready?!?!



The Road Ahead

- Finalize Research Synthesis
- Present Findings
- Developing Recommendations
 - Access to Resources
 - Facilitation
 - Coordination
 - Collaboration
- Additional Research



Georgia HIE – Needs You

Trudy Loper, *Studiocom*



 studiocom

Communications Approach

- Goals
 - Provide both clarity and transparency about what DCH and Georgia HIE are doing
 - Factor in what we've learned through research to answer questions
 - *Continue and build on the conversations we've started*

We want to hear from our stakeholders directly and work collaboratively with them.

Communications Approach

- Generate Awareness
 - Search engine marketing
 - Event marketing, including through existing associations and meetings like this town hall
 - Print media
 - Social media
 - Public relations
- Provide Information
 - Events, town halls and roundtables
 - Marketing sites
 - Email alerts based on new offerings, events and other Health IT news in Georgia (sign up through marketing sites)

Communications Approach

- Seek Engagement Opportunities:
 - Ongoing meetings and quarterly town halls
 - Roundtable discussions with CIOs, SAHIEs, and other key stakeholders
 - Georgia HIE board discussions and engagement opportunities (i.e., committees and workgroups)
 - Comment opportunities/discussions around major events
 - (e.g., HIE launch, Stage 2 Meaningful Use final ruling, etc.)
 - Third party forum discussions
 - Social media

Communications Approach

- Measure How We're Doing:
 - Primary research updates to see what's working and where there is room for improvement (Georgia Tech and DCH)
 - Social media monitoring to understand where there are questions and opportunities to improve
- Engagement Response Assessment
 - What have been the recurring themes and have those questions been answered and/or needs met
 - What level of involvement has there been with stakeholders
 - Identify ways to continuously improve engagement opportunities

Communications Approach – Summary

- Communications approach is deliberately focused on:
 - Clarity and transparency
 - Purposeful and responsive listening
 - Collaboration with our stakeholders

We want to provide value to our stakeholders and can only do that through listening, responding and building on their insights.

Medicaid EHR Incentive Program

Jackie Koffi, *Medicaid Incentive Program Director*

Georgia Medicaid EHR Incentive Program

Payments issued as of June 25, 2011

92 Eligible Hospitals:	\$ 53,213,655
790 Eligible Professionals:	\$ 16,652,924

TOTAL: \$ 69,866,579

Georgia Medicaid EHR Incentive Program

Stage 1 Meaningful Use

Incentive Payment Applications

- Currently accepting applications for MU Stage 1 for Eligible Hospitals
- Accepting applications from Eligible Professionals in Q4 2012

Stay tuned for more information via:

- Area provider meetings conducted by DCH and HP
- Webinars hosted on our website, banner messages and email alerts
- GA-HITREC and HP to aid providers with the application process

ICD-10/5010

Sonny Munter, *DCH Chief Information Officer*

Moving Forward

Dennis White, *Chairman, GHIE, Inc.*

Next Georgia Health IT Town Hall

September 2012

- Phase 2 implementation progress
- Business and Financial Sustainability Plan
- Measurement framework

Questions

