

Statewide Health Information Exchange Strategic and Operational Plans

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GEORGIA STATEWIDE HEALTH INFORMATION EXCHANGE

EXECUTIVE SUMMARY

The Georgia Department of Community Health (DCH) successfully applied for a federal grant under the State Health Information Exchange Cooperative Agreement Program. Under this program, all grantees, including DCH, are expected to help facilitate and organize the creation of statewide health information exchange systems. One of the requirements of this program is that the state-designated entity must submit State Health Information Exchange Strategic and Operational Plans to the Office of the National Coordinator for Health Information Technology (ONC).

Based on extensive collaboration with and input from stakeholders all across this state, and as a result of the hard work of the State Health Information Technology and Transparency (HITT) Advisory Board and its committees, DCH has prepared these plans to submit to the ONC on or before August 31, 2010.

Before presenting the specifics of this document, DCH would like to recognize and express appreciation to the HITT Advisory Board, the committees, and the following organizations and individuals:

- Georgia Hospital Association
- Georgia Health Information Exchange, Inc.
- Georgia Pharmacy Association, Inc.
- Metro Atlanta Chamber of Commerce
- WellStar Health System
- Cobb-Douglas County Community Services Board
- Georgia DCH Division of Medicaid
- Georgia DCH Division of Public Health
- National Center for Primary Care at the Morehouse School of Medicine
- Collaborative Transformations, LLC
- Enterprise Innovation Institute at the Georgia Institute of Technology
- Open Health Tools, Inc.
- Georgia Medical Care Foundation

- Georgia Academy of Family Physicians
- Georgia Health Care Association
- East Georgia Health Cooperative
- Georgia Association for Primary Health Care
- Center for Telehealth at the Medical College of Georgia
- CIGNA HealthCare
- Georgia Association of Community Service Boards
- Georgia Department of Juvenile Justice
- Georgia Department of Corrections
- Children’s Healthcare of Atlanta
- Emory Healthcare, Inc.
- Georgia Dental Association
- Merck & Co., Inc.
- David Satcher, M.D., Ph.D.
- ChathamHealthLink IT Consortium
- St. Joseph’s Health System
- United Healthcare of Georgia

This list is by no means exhaustive of the stakeholders and supporters to whom DCH is indebted. From meetings with these important stakeholders as well as others, DCH identified strong interests in forming a statewide HIE. Based on numerous meetings and discussions, DCH has determined that:

1. The consensus of the stakeholders is that the state should not control the HIE or dictate how it is operated.
2. The statewide HIE should be a collaboration – a public/private partnership.
3. The statewide HIE should be sufficiently flexible as to allow smaller HIEs and health care practices to enter it gradually and affordably.

4. The statewide HIE needs to be interoperable and to comply with national technical standards.
5. The statewide HIE needs to be financially self-sustaining to ensure its long-term survival.

With these agreed upon principles in mind, DCH drafted the Strategic and Operations Plans. Here are the highlights of this document.

1. **Governance.** Stakeholders want an independent, non-profit organization that will be inclusive and representative of all stakeholders. It is expected that hospitals, large employers, physicians and other health care professionals, laboratories, pharmacies, clinics, health plans and insurers, the Division of Medicaid, Public Health, patients and their families, and other collaborators will be represented.

A Board of Directors will govern this non-profit or 501(c)(3) organization. If the non-profit's Board so decides, then DCH may provide staffing to the organization. The Board of Directors may choose to adopt DCH's recommendation in the plans to form a Steering Committee and councils to help with various decisions, especially in the early stages of planning and development of the statewide HIE.

2. **Legal, Privacy & Security.** An electronic health information exchange is subject to regulation by federal and state law, particularly HIPAA. The protection of personal health information is essential to any viable exchange of health data. Patients' confidence and trust, data integrity, and provider confidence are vital to the successful operation of an HIE. Even a non-profit organization is subject to federal laws and has potential liability for a breach of privacy and security. DCH has a legal team with considerable collective expertise in privacy and security, which will be available to the organization.

3. **Finance.** As a practical matter, the statewide HIE must be created and managed in such a way as to be financially sustainable for the long term.

The state through DCH has received federal funding to help facilitate the creation of a statewide HIE. DCH's role is to facilitate the formation of the statewide HIE but not to fund the HIE for the long term. How to finance the start-up costs and to pay for the on-going costs will be determined by the governance body. Ultimately, the Board of Directors will be responsible for developing a business plan that fosters financial sustainability and the long-term survival of the HIE.

4. **Technical.** The consensus of stakeholders is that the statewide HIE must:
- Use national standards to facilitate interoperability;
 - Enable hospitals and other providers to demonstrate the requirements for meaningful use, as are required to obtain Medicaid and Medicare incentive payments;

- Comply with applicable standards for privacy and security; and
- Build on technology that is already working.

DCH believes that the Georgia Health Information Exchange Strategic and Operational Plans must be flexible and adaptable in order to accommodate change as the Board of Directors makes decisions and as the adoption of interoperable health care technology expands across the state. Both DCH and the ONC anticipate that these plans will need to be updated on a regular basis as the formation of the statewide HIE becomes a reality.

STRATEGIC PLAN

Section 1. Introduction to Strategic Plan

As a result of extensive collaboration with a broad range of stakeholders across the State, Georgia is on the threshold of forming a statewide health information exchange (HIE). The successful formation of the Georgia Statewide HIE is the culmination of the public/private community stakeholder collaboration.

To understand this progress, some condensed history is instructive. Under an Executive Order issued by Governor Sonny Perdue in 2006, the State Health Information and Transparency (HITT) Advisory Board was created. The Executive Order tasked the HITT Advisory Board with facilitating the use of electronic health records, establishing a statewide health information exchange (HIE) strategy, and promoting marketplace transparency. The Advisory Board, an entity representing a wide cross-section of stakeholders, has been working diligently toward achieving those tasks. The Advisory Board created specific workgroups to address the complex and difficult issues that are inherent in facilitating the use of electronic health records and establishing a statewide HIE. Recommendations of the workgroups have been incorporated into the HIE Strategic and Operational Plans that are being submitted to the ONC for approval.

Before the inception of the HITT Advisory Board, DCH had undertaken steps toward facilitating the electronic exchange of health information. One example is the HIE created by the State Office of Rural Health (SORH), which operates the Georgia Farmworker Health Program (GFHP). GFHP provides health care services to 21 rural counties through six clinics located in central and south Georgia. In 2007, SORH created a technology solution to allow online access through a secure Internet browser. Over the last two and a half years, this HIE has been providing real-time reports to the individual clinics and the SORH. Through this HIE, a clinic can obtain a patient's record that includes a history of visits, diagnostic codes, treatment codes, and notes concerning the patient's medical history. In addition, the HIE allows for insurance billing and/or Medicaid billing. The GFHP HIE aligns six separate clinics across a large geographic area to improve the quality and delivery of health care.

In addition, DCH used a Medicaid Transformation Grant to create a website designed to assist health care consumers by providing up-to-date health information from the Mayo Clinic and quality comparison measures from the Georgia Hospital Association (GHA). DCH provided pilot funding by awarding grants to the Chatham County Safety Net Planning Council, Inc., Sumter Regional Hospital, Washington County Regional Medical Center and Extended Care Facility, and St. Joseph's East Georgia Hospital. Each of these DCH grantees has achieved either operational or planning success and their collective experiences have proven both instructive and informative.

In 2009, DCH successfully applied for and obtained a federal funding from the American Reinvestment and Recovery Act (ARRA). Using the ARRA seed money obtained through the State HIE Cooperative Agreement Program, DCH has been able to accelerate its efforts to facilitate the formation of a statewide HIE. Under the leadership and guidance of the State Health Information Technology Coordinator, DCH has been facilitating the expanded use of the electronic exchange of health information and the formation of a statewide HIE.

To further the formation of this statewide HIE, DCH sought and obtained invaluable technical assistance and advice from the Enterprise Innovation Institute of the Georgia Institute of Technology. As will be discussed in considerable detail in various sections of this document, the ultimate success of the statewide HIE hinges on interoperability, utility to its stakeholders, and financial sustainability. The preliminary results of the “as is” environmental scan confirm the existence of resources to be incorporated in the statewide HIE.

Although there is no existing HIE system that operates on a statewide basis in Georgia, there are existing HIE substate or regional systems. DCH believes that the inclusion of these existing smaller HIEs and those systems that are already in the advanced stages of planning throughout the state is vital. Otherwise, health information and valuable health data would remain locked in regional or small HIEs and be unable to be exchanged.

The most significant objective is, of course, the formation of a statewide health information exchange that will serve the needs of all stakeholders and collaborators, be financially self-sustainable for the long term, and be interoperable with other states and federal agencies.

DCH expects that when the statewide HIE becomes fully operational, it will enable the exchange of electronic health information across state agencies and divisions including Medicaid, Public Health, Behavioral Health, substate and regional HIEs, individual providers, federal health care agencies (DOD, VA, CDC), the Social Security Administration (for disability determination), as well as the National Level Repository (NLR) and health care providers in other states.

DCH recognizes that the absence of broadband access and the lack of use of EHRs, particularly in medically underserved communities, present additional challenges to a statewide HIE. The expansion of broadband to rural and more isolated areas is underway. The Georgia HIT Regional Extension Center (GA-HITREC) is aggressively seeking to provide assistance to primary care physicians working in individual and small medical practices, especially those located in remote and rural areas of Georgia.

A successful statewide HIE must have a representative and inclusive governance structure that accommodates stakeholders across health care systems and industries. DCH expects the statewide HIE will help health care providers:

- achieve meaningful use of EHRs in order to qualify for incentive payments under Medicaid and Medicare;
- use nationally recognized standards for data exchange;
- facilitate interoperability among disparate systems;
- utilize a technical infrastructure that accommodates expansion of the statewide HIE;
- provide for technical relationships between the statewide HIE and other smaller networks and entities; and
- link to the NLR and help providers to demonstrate meaningful use of electronic health records.

It is anticipated that all participants to the statewide HIE will be required to execute Participation Agreements to protect and safeguard individuals' personal health information. DCH considers the enforcement of federal and state privacy and security rules essential to maintaining the integrity of the exchange of information and to maintaining the confidence of health care consumers. Planning for meeting or exceeding federal and state legal requirement must be completed before the statewide HIE becomes operational.

There is much in Georgia in terms of health care technology development and deployment that is already good. Even so, there are significant challenges ahead and much remains to be accomplished. By leveraging what is already working in Georgia with the electronic exchanges that are in advanced planning stages, and by working with key stakeholders and supporters, DCH expects to facilitate the successful formation and operation of a statewide HIE that will continually expand and be financially sustainable for the long term.

Section 2. Environmental Scan

Georgia's large geographical size, its isolated pockets of rural poverty, and the absence of broadband connections in certain areas present significant challenges to expanding the use of health information technology and to forming a statewide HIE. Even so, the formation of small and medium-sized operational HIEs in Georgia has been steadily progressing. These HIEs exist in varying forms and have a wide array of functionality.

To ascertain the specifics of the existing health technology landscape in Georgia, DCH recently executed a contract with the Enterprise Innovation Institute of the Georgia Institute of Technology. On August 11, 2010, the Enterprise Innovation Institute submitted its Final Report entitled "An Environmental Scan for the Health Information Exchange for the State of Georgia" (hereinafter "Environmental Scan" or "Final Report") to DCH. An overview of some of the key findings is summarized below while other findings are set forth in greater detail in Section 4.1.

2.1 Highlights of the "As Is Landscape" as reported in the Environmental Scan Final Report

Hospitals, Health Centers, and Clinics

Comparing hospitals in the Atlanta Metropolitan Statistical Area (MSA) with those outside that area, the Environmental Scan reported a higher adoption rate for at least a basic EHR in the MSA. (Environmental. Scan, page 7) The report defined "basic EHR" as being "comprised of at least eight functionalities that had been implemented in at least one major clinical unit of the hospital (such as the emergency room)." It defined "comprehensive EHR" as being "comprised of 24 functionalities and which had been implemented in all major clinical units of the hospital." (Environmental Scan, page 6) The analysis in the report segmented Atlanta MSA hospitals and non-Atlanta MSA hospitals and determined that the latter "lag behind in adoption [of basic EHRs] by a full 14 percentage points." (Environmental Scan, page 14)

The Final Report noted that "the adoption of basic EHRs with clinicians' notes is somewhat higher in hospitals outside the Atlanta MSA." (Environmental Scan, page 14) The report found only two hospitals in the Atlanta MSA having a comprehensive EHR. One is Piedmont Health Systems which has 100 percent use of CPOEs and clinical decision support. The other hospital is Children's Healthcare of Atlanta (CHOA) which consists of Children's Egleston, Children's Scottish Rite and Children's Hughes Spalding. The Final Report emphasized that "This system is Georgia's largest hospital based system focused on the pediatric needs of the state. CHOA has a comprehensive EHR based on EpicCare. CHOA provides basic electronic access for community physicians to the EHR as well as connectivity to Kaiser Permanente physicians." (Environmental Scan, page 8)

Significantly, the report entered these two important findings: (1) CHOA is actively working with the Atlanta Metro Chamber of Commerce and other health systems to form a greater Atlanta metro HIE and (2) CHOA "is also working through this HIE to

collaborate with the Georgia Health Information Exchange and DCH in order for CHOA to be an active stakeholder in a statewide HIE.” (Environmental Scan, page 8)

The report determined that only 20 percent of Georgia hospitals currently lack a basic EHR. (Environmental Scan, page 14) The report also noted, “In Georgia, the 2009 overall adoption rate was 58 percent for basic EHRs with clinician’s notes and 5 percent for comprehensive EHRs. Hospitals in the Atlanta MSA had a rate 9 percentage points lower than non-Atlanta hospitals for basic EHRs.” (Environmental Scan, page 15)

Physicians

The Final Report concluded that physician adoption rates in Georgia for “all EHRs and for three-function EHRs were slightly higher than the national average.” (Environmental Scan, page 10)

It also reported that “Georgia primary care physicians had almost the same EHR adoption rate as their colleagues nationally, although the rate for non-primary care physicians was somewhat higher in Georgia than in the rest of the U. S.” (Environmental. Scan, page 10) The report noted, “Much larger differences are seen when considering three-function EHRs, with Georgia primary care physicians’ adoption rate a full five points higher than their non-primary care colleagues.” (Environmental Scan, page 10) These findings were similar for within and outside of the Atlanta MSA. The report also found that “Adoption rates by practice size were similar to U. S. averages, and in general, tended to increase with practice size.” (Environmental Scan, page 10)

Additional findings and statistical data from the Environmental Scan will be discussed later in greater detail in Section 4.

2.2 Administrative HIE Readiness

Georgia has a strong history of administrative HIEs including electronic eligibility and claims transactions. The detail below describes this current environment:

- Blue Cross & Blue Shield of Georgia (BCBSGA) provides healthcare insurance to over 3.3 million members, making it the largest health insurer in Georgia. BCBSGA offers a web-based system called MD On-line that allows providers to view and transmit information electronically to health insurance payers. MD On-line offers electronic claim submission, patient eligibility and benefit verification, claim status verification, detailed tracking and reporting and electronic remittance advice.
- United Healthcare of Georgia has the second largest market share in Georgia. United Healthcare of Georgia offers United Healthcare Online, a resource for physicians and healthcare professionals. This resource consists of four tools: patient eligibility and benefits section that allows providers to retrieve patient information including access to medical records and to determine patient

eligibility; claims and payment section; notification section; and tools and resources section.

- Kaiser Foundation Health Plan of Georgia actively deploys EHRs and related health information technology. Kaiser Permanente offers My Health Manager, an on-line system that allows patients to create and update a profile, connect to their doctor and pharmacy, view test results and medical history, and manage appointments.
- Coventry Health Care of Georgia serves over 155,000 Georgians with a network of more than 17,000 health care provider locations. Through directprovider.com, Coventry Health offers providers electronic claims submissions, status verification, and eligibility.

In addition to these private entities, the Division of Medicaid processes numerous claims through its MMIS. Nearly 100 percent of all health plans in Georgia conduct electronic transactions for claims and eligibility. It is expected that these private and public administrative systems will be leveraged into the statewide HIE and thus be able to achieve greater efficiencies, reduce duplicative testing, and improve health care delivery.

2.3 Clinical System HIE Readiness

Operational HIEs in Georgia

- The Chatham County Safety Net Planning Council, Inc. (CCSNPC) launched an HIE in May 2010. Its electronic health technology system includes medical records and e-prescribing. CCSNPC primarily serves the medically indigent. The HIE links the J.C. Lewis Health Center, a FQHC, and Memorial Health University Medical Center, a major hospital in Savannah. CCSNPC is actively working to expand its HIE to provide additional network services to other providers in the Savannah area.
- State Office of Rural Health (SORH) operates the Georgia Farmworker Health Program (GFHP). GFHP provides health care services to 21 rural counties through six clinics located in central and south Georgia. In 2007, SORH created a technology solution to allow online access through a secure Internet browser. For more than two years, this HIE has been providing real time reports to the individual clinics and the SORH. Through this HIE, a clinic can obtain a patient's record which includes a history of visits including diagnostic codes, treatment codes, and notes concerning the patient's medical history. In addition, the HIE allows for insurance billing. The GFHP HIE facilitates health reporting to accommodate health planning and trend monitoring. The HIE aligns six separate clinics across a large geographic area to improve the quality of health care. For more information on the GFHP, please refer to Appendix F.

- Georgia Healthcare Systems, a Health Center Controlled Network, connects Georgia's 27 Federally Qualified Health Centers (FQHC) electronically via a practice management system. (Environmental Scan, page 11) These FQHCs deliver services at 114 sites and 82 rural health clinics.
- Memorial Medical Center Savannah (an anchor partner with the Chatham County Safety Net Planning Council) provides access to its clinical systems network. (Environmental Scan, page 12)
- Children's Healthcare of Atlanta, an operational HIE, uses comprehensive EHRs to link its member hospitals in the system.
- Central Georgia Health Exchange based in Macon includes the Medical Center of Central Georgia and 450 physicians in an affiliated physician hospital organization engaged in data exchange.
- Harbin Clinic, Floyd Regional Medical Center, and Redmond Regional Medical Center in Rome are exchanging data elements related to patient care.
- Georgia Partnership for Telehealth provides collaborative telehealth across Georgia with an emphasis on rural health care and trauma care.
- West Georgia Health System in LaGrange is expanding its enterprise HIE into a service area HIE through agreements with community providers, an ambulatory EMR vendor, and a core infrastructure HIE vendor.
- The Veterans Administration operates 3 hospitals and 13 clinics in Georgia. All of these facilities are linked electronically to a national health data base through VistA, a health information exchange system.
- The Department of Defense operates two DOD hospitals, one Army Medical Center, and two Air Force Medical Groups in Georgia. These facilities are linked electronically through the DOD's HIE system.
- The Georgia Cancer Quality Information Exchange, based in Atlanta, launched an HIE focused on quality metrics in May 2010.

In addition, 100 percent of public health departments receive immunization, syndromic surveillance, and notifiable lab results electronically.

HIEs Currently Being Planned in Georgia

- The Atlanta Metro Chamber of Commerce is helping to facilitate the formation of an HIE to serve the greater Atlanta metropolitan area (28 of Georgia's most populous counties). Providers and payers have already agreed on certain guiding principles and the formation of a 501(c)(3) corporation.

- Augusta Metro Health Information Exchange is planning an HIE with the intention of serving east central Georgia. Current collaborators include the East Central Health District (DCH), Charlie Norwood VA Medical Center,
- St. Joseph's East Georgia Hospital (SJEGH) located in Greensboro, Georgia, provides care and services to underserved populations. SJEGH received a grant from DCH to implement an interoperable HIE between SJEGH and TenderCare Clinic, Inc., a federally qualified health center in Greensboro.
- Georgia Regional Health Information Organization (GARHIO) initially began planning to establish a health information exchange in Athens for ten counties in northeast Georgia. For financial sustainability reasons, GARHIO expanded its scope beyond Georgia Public Health District 10 to include Georgia Public Health District 2 which encompasses 12 additional counties anchored by a large regional medical center, Northeast Georgia Health System in Gainesville.
- Sumter Regional Hospital (SRH) received a grant from DCH for the planning and implementation of electronic medical records system that would allow for communications between SRH and affiliated outpatient providers. In 2009, SRH merged with Phoebe Putney Health System, resulting in the Phoebe Sumter Medical Center.
- Washington County Regional Medical Center and Extended Care Facility (WCRMC) located in east-central Georgia is a model for integrated rural health care. Using a grant from DCH, WCRMC is working to implement a single platform electronic medical record with web-based access by collaborative members including physician offices, CHC systems, nursing homes, and public health.
- Georgia Association for Primary Health Care (GAPHC) obtained grants from DCH and others to assist its member Community Health Centers. GAPHC is planning to implement electronic health records and project management service technologies to facilitate the secure exchange of patient information.
- Northwest Georgia Health Alliance is continuing to expand its EHR adoption program and Health One Alliance information exchange in the northwest Georgia area as well as connecting to southeast Tennessee.
- Children's Healthcare of Atlanta, an operational HIE, is actively working with other health systems and the Atlanta Metro Chamber of Commerce to form a greater Atlanta metro HIE.
- Columbus Regional Medical Center and St. Francis Hospital in Columbus are engaged in early stage collaboration and outreach and education of physicians and other professionals in the southern west region of Georgia bordering

Alabama. The strategic intent is to form an HIE serving this area which has been experiencing rapid growth attributable to the expansion of the Army facilities at Fort Benning.

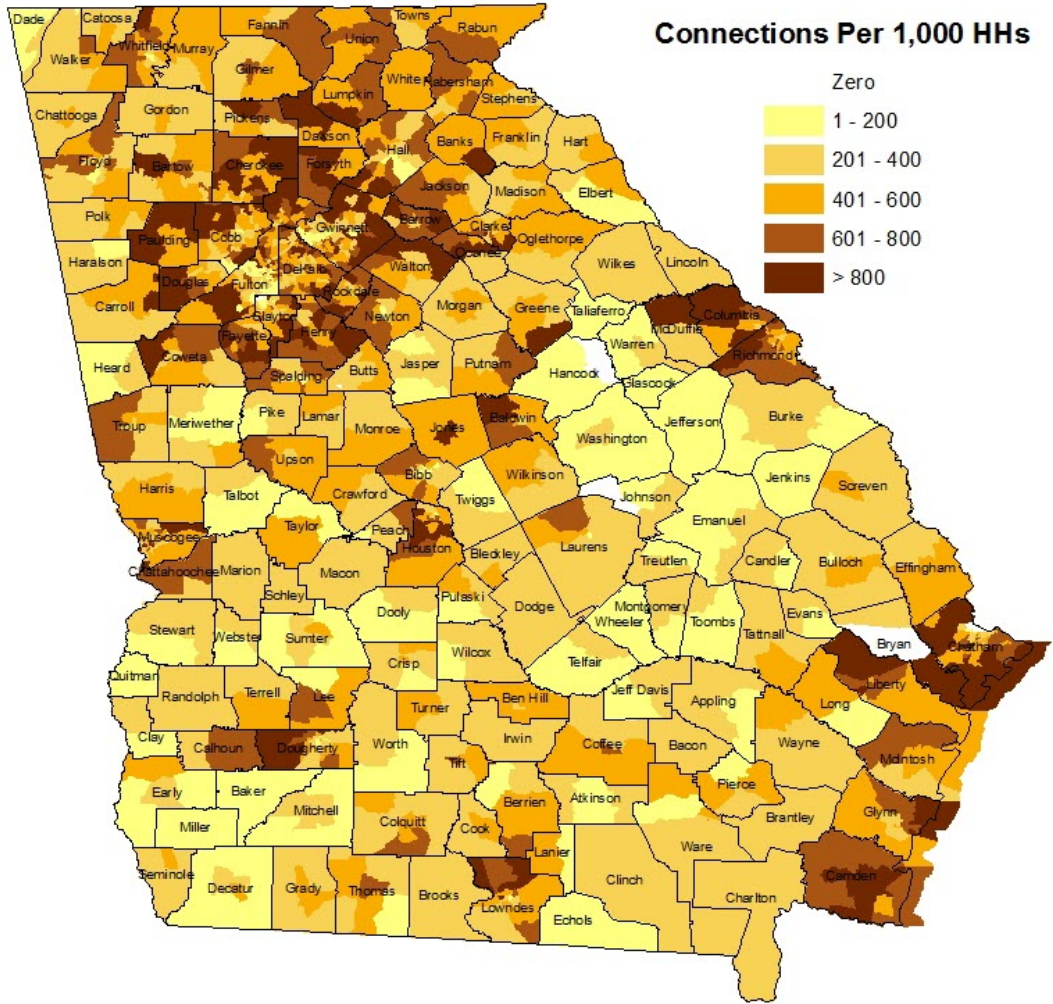
In summary, the preliminary results of the environmental scan of the “as is landscape” in Georgia confirm the existence of health information exchange assets that are likely capable of being leveraged and incorporated into the statewide HIE. In addition, DCH expects that when the statewide HIE becomes fully operational, the HIE will enable the exchange of electronic health information across state agencies and divisions including state Medicaid, Public Health, Behavioral Health, the substate and regional HIEs, individual providers, federal health care agencies (DOD, VA, CDC), the Social Security Administration (for disability determination), the National Level Repository and health care providers in other states. The coordination with Medicare and other federally funded programs in Georgia is also essential to the successful deployment and utilization of a statewide HIE.

2.4 E-prescribing Readiness

According to the Georgia Pharmacy Association, there are a total of 2,438 pharmacies in Georgia. Including 1,402 chain pharmacies and 447 independent pharmacies, 1,849 pharmacies are activated for e-prescribing. The Georgia Pharmacy Association reports that there are 3,603 active users of e-prescribing and that more than 3 million electronic prescriptions have been sent to Georgia pharmacies for the year-to-date. According to the Georgia Pharmacy Association, during the same period in 2009, 1.3 million e-prescriptions were sent to Georgia pharmacies. With 76 percent of all pharmacies already using e-prescribing, it is expected that the use of e-prescribing will continue to steadily increase throughout the state.

2.5 Broadband Access

The absence of broadband connections in certain isolated areas of Georgia and the inability of certain existing broadband connections to support the electronic exchange of health information represent challenges to the formation of a statewide HIE. The Georgia Technology Authority has subcontracted with a mapping company to conduct a complete assessment broadband access throughout the state. The mapping project is expected to be completed in the early part of 2011. The most recent broadband map of the state is presented below.



Source : FCC 2008, <http://www.fcc.gov/wcb/iatd/comp.html>

Section 3. Health Information Exchange (HIE) Development and Adoption

3.1 HIE Vision, Mission, Goals, and Objectives

In the ONC's Program Information Notice released on July 6, 2010, the ONC outlined a set of common principles: (1) supporting privacy and security; (2) focusing on desired outcomes, especially the meaningful use of EHRs; (3) supporting HIE services and adoption for all relevant stakeholder organizations, including providers in small practices, across a broad range of uses and scenarios; (4) being operationally feasible and achievable, building on what is already working; (5) remaining vigilant and adapting to emerging trends and developments; and (6) fostering innovation. Even before the ONC had articulated these six common principles, DCH had already been engaged in efforts to facilitate these same principles.

Almost immediately after the announcement that DCH was the recipient of an award under the State Health Information Exchange Cooperative Agreement Program in February 2010, DCH began undertaking efforts to vigorously engage numerous stakeholders to address the fundamental policy issues that underlie the planning for a viable and sustainable statewide HIE. After innumerable meetings, sessions, and discussions across a broad and inclusive range of interested stakeholders in Georgia, DCH refined its HIE vision, mission, goals and objectives to further align them with the HIE services needed and desired by stakeholders across Georgia.

DCH's **vision** is to build trust and consensus among stakeholders to facilitate the development of a statewide HIE that enables the transformation of health care in Georgia by improving the quality of care, the efficiency of care, patient safety, and that results in improved health outcomes.

DCH's **mission** is provide leadership toward the formation of a statewide HIE system or network that is trusted and valued by all stakeholders (medical providers, health systems, clinics, health plans, patients, employers, medical laboratories, pharmacies, etc.) in order to improve health care coordination, eliminate inefficiencies, and create a solid foundation for long-term financial sustainability.

DCH's primary **goals and objectives** are the following:

- To ensure that the statewide HIE has the necessary governance and financial structure to enable its long-term survival and financial solvency;
- To ensure that the statewide HIE is designed to meet the federal requirements for demonstrating "meaningful use," in particular, the initial requirements for the electronic exchange of e-prescribing, receipt of structured laboratory results, and the sharing of patient care summaries across unaffiliated organizations;
- To encourage the expansion of the adoption and use of electronic health record technology including the use of certified EHRs that will meet or exceed national technical standards and be interoperable with NHIN and with other users;

- To ensure that the statewide HIE system uses federally endorsed and approved technical standards that are compatible with the exchange of electronic health information with other states and NHIN;
- To ensure that all eligible providers have viable options for meeting the federal requirements for meaningful use in the exchange of health information so these providers can qualify for incentive payments;
- To ensure that the statewide HIE is structured to accommodate continuous technical improvement and expansion to enable incremental and steady growth of the exchange;
- To secure the trust and confidence of consumers and providers patients by providing strong leadership in facilitating the creation of a reliable and accessible statewide HIE; and
- To mitigate or eliminate any existing barriers that discourage the adoption of electronic health record technology.

DCH's secondary goals are to ensure that the statewide HIE system will:

- Meet or exceed the federal privacy and security rules and ensure the adoption and enforcement of standardized procedures, protocols, and data sharing agreements relating to privacy and security of individual's protected health information;
- Foster trust and confidence among patients, health care professionals, hospitals, health plans, employers and other users;
- Make interoperability among disparate systems and different end users a priority; and
- Meet the technical standards that DCH needs for the secure electronic exchange of protected health information including administrative health care transactions between DCH and other entities.

3.2 Service Area Health Information Exchange

Providers throughout Georgia are beginning to exchange limited amounts of electronic patient information. Service Area Health Information Exchanges (SAHIEs) are emerging and are generally comprised of providers in a select geographic area or within a hospital system that shares patients across practices and settings. In the view of DCH, encouraging the increased use of health information technology that is interoperable and has the capacity to connect SAHIEs to a statewide HIE system is essential to developing a successful statewide HIE system. Otherwise, health

information remains locked inside SAHIEs and is inaccessible to other hospitals, clinics, or providers and cannot be utilized to improve health care and eliminate duplication and inefficiencies in the delivery of health care. As part of the statewide HIE plan to achieve connectivity, DCH recognizes the importance of advancing the adoption of health information technology that provides for interoperability and interconnectivity to address the inaccessibility problem.

3.3 Plans to Accelerate the Adoption of HIT

To accelerate the adoption of HIT, DCH plans to leverage certain “assets” or resources. DCH either operates, controls, or maintains relationships with certain significant resources that DCH expects can be successfully leveraged into the statewide HIE system. By connecting these high value resources to the statewide HIE, DCH expects to further advance the adoption of health information technology. As discussed in greater detail in other sections of this document, these “assets” include (but are not limited to the following):

- The Division of Medicaid (a statewide system that provides health care for children, pregnant women, and others who qualify);
- PeachCare for Kids™ (comprehensive health care program for uninsured children living in Georgia; fourth largest enrollment in the nation);
- DCH pharmacy programs (DCH spends more than \$1.1 billion per year on prescription drugs for more than 1.4 million Georgians for outpatient drug prescriptions through Medicaid and PeachCare for Kids™; SXC, the Pharmacy Benefit Manager for Medicaid Fee for Service Outpatient Pharmacy Program, links providers and members through a DCH website);
- The Medicaid Management Information System (MMIS) that processes claims for Georgia Medicaid members is being updated and prepared for launch in November 2010;
- Substate HIEs that are already operational such as the Georgia Farmworker Health Program, the Chatham County Safety Net Planning Council’s HIE, and other substate HIEs;
- The Georgia Partnership for TeleHealth (state agency that increases access to health care through use of technology including telemedicine, health information exchange, and telehealth);
- The Georgia Health Partnership portal (electronic health care administration that gives patients, doctors, pharmacists, and other providers easy, secure, and efficient access to health care information);
- The Division of Public Health’s Laboratory Program;

- The Division of Public Health's Acute Disease Epidemiology Section;
- DCH has oversight for Georgia's 18 Public Health Districts which encompass all of the state's 159 counties (See Appendix B);
- The Georgia Registry for Immunization Transactions and Services (universal statewide system that maintains current data bank of vaccination records to promote disease prevention and control);
- The Vital Records Registry (connected electronically with MMIS);
- Georgia's 84 Rural Health Clinics and 28 Federally Qualified Health Centers (providing health services at 121 sites); and
- The State of Georgia Health Benefit Plan (a self-insured state health insurance plan that provides health care coverage for state employees, state school system employees, retirees and their dependents; the SHBP was providing coverage to 684,548 people as of 8/1/2010).

Effective data sharing depends largely on the ability of providers to electronically access and maintain accurate and timely patient information across unaffiliated providers and health care systems. The statewide HIE must be capable of supporting such access while also meeting the needs of DCH and other state and local health entities.

3.4 HIE Policy Development

Building a successful HIE requires considerable planning and collaboration among stakeholders to define and refine policies and develop an HIE that will be technically and financially sustainable because the HIE has value across a broad range of users. Four years ago the Georgia Department of Community Health began the process of strategizing the planning process for establishing a statewide HIE. Since 2006, the State HITT Advisory Board provided invaluable assistance and guidance to DCH, particularly through the efforts of the Advisory Board members and the workgroups that were formed.

As a direct result of the Advisory Board's efforts and recommendations and DCH's collaboration with a broad range of stakeholders, DCH is supporting a governance model that will ensure representation and participation by a broad and inclusive range of stakeholders. After the governance structure is finalized, it is expected that DCH will implement a strategy that focuses on education and awareness activities designed to promote the increased adoption of HIT generally and, in particular, the adoption and use of certified EHRs throughout the state. The proposed governance structure is discussed in considerable detail in Section 4 of the Operational Plan in this document.

Section 4. Health Information Technology (HIT) Adoption across Georgia

4.1 State Readiness

For more than ten years, the State of Georgia largely through the efforts of DCH has been engaged in efforts to facilitate the use of EHRs and the formation of a statewide exchange of health information. In 2006, the Governor issued an Executive Order creating the Health Information Technology and Transparency Advisory Board to provide guidance, advice and support to DCH in these endeavors.

In 2007, DCH began its pursuit of HIE in Georgia by strategically awarding grants to four organizations to help develop health information exchanges and foster the adoption of EHRs. The four grantees were the Chatham County Safety Net Planning Council, Inc., East Georgia Health Care Center, Inc., Sumter Regional Hospital, and Washington County Regional Medical Center and Extended Care Facility. All four grantees have achieved some degree of success. DCH expects to leverage the lessons learned from these grantees in its efforts to facilitate the formation of the statewide HIE.

In May 2008, DCH awarded a contract to IBM to build the infrastructure for the Georgia Transparency website targeted toward health care consumers. This website features current health information provided by the Mayo Clinic and encourages consumers to be proactive about their health care. In addition, the website enables health care consumers to assess and compare current costs for prescription drugs and health care services. The site www.georgiahealthinfo.gov encourages health care consumers to make informed decisions about their health through using computer technology as a tool.

Soon after the announcement that the National Center for Primary Care at the Morehouse School of Medicine had been selected as the regional extension center for Georgia, DCH began actively collaborating with the new REC. GA-HITREC plans to create 18 adoption centers that overlay the existing 18 DCH public health districts. GA-HITREC's approach should facilitate communication and coordinated planning for outreach, education, and promotional activities for EHRs between the extension center and DCH.

In 2009, the Advisory Board created four workgroups to develop plans for addressing critical issues and to assist in achieving a statewide consensus in forming a statewide HIE. These four workgroups consisted of Legal and Privacy, Governance and Finance, Business and Technical Operations, and Technical Infrastructure. In the spring of 2010, each of the four workgroups submitted a formal report and recommendations to the OHITT. The efforts of the Advisory Board and these four workgroups have been invaluable to DCH and stakeholders throughout Georgia who support the formation of the statewide HIE.

4.2 EHR Adoption

Hospital Adoption

Using an American Hospital Association survey from 2009 and data from Georgia hospitals, the Environmental Scan extrapolated and projected EHR adoption rates for hospitals in Georgia. The results of that analysis are contained in Table 1 below.

Table 1 – EHR Adoption in Hospitals, 2009

AHA EHR Survey Items	General Hospitals Only									
	All States inc GA		All States not GA		Georgia					
					ATL MSA		Not ATL MSA		Total GA	
	#	%	#	%	#	%	#	%	#	%
Total Records	3,293	100%	3,210	100%	27	33%	56	67%	83	100%
Hospitals with Comprehensive EHR	133	4%	129	4%	3	11%	1	2%	4	5%
Hospitals with Basic EHR Clinician Notes	1,430	43%	1,382	43%	14	52%	34	61%	48	58%
Hospitals with Basic EHR No Notes	859	26%	845	26%	7	26%	7	13%	14	17%
Total Hospitals with any EHR	2,422	74%	2,356	73%	24	89%	42	75%	66	80%

Source: AHA, 2009 and Georgia Institute of Technology

Physician Adoption

Using a study from SK&A, a private sector firm providing health care solutions and research, and its own research, the Enterprise Innovation Institute performed a customized analysis to estimate the adoption rates for EHRs among Georgia physicians. The results of that analysis are depicted in Table 2 below.

Table 2 – EHR Adoption by Physicians, 2010

	E.H.R adoption		Elabs		Enotes		Eprescriptions		ALL 3 FUNCTIONS	
	Count	%	Count	%	Count	%	Count	%	Count	%
All U.S physicians	244,877	44.38%	187,256	33.94%	190,872	34.59%	172,532	31.27%	162,567	29.46%
All GA physicians	6,727	46.97%	5,143	35.91%	5,351	37.36%	4,849	33.85%	4,573	31.93%
US primary care*	93,722	45.69%	77,272	37.67%	78,885	38.46%	77,226	37.65%	73,403	35.78%
US non-primary care	151,155	43.61%	109,984	31.73%	111,987	32.31%	95,306	27.49%	89,164	25.72%
GA primary care	2,504	46.17%	1,997	36.82%	2,065	38.07%	2,003	36.93%	1,899	35.01%
GA non-primary care	4,223	47.45%	3,146	35.35%	3,286	36.93%	2,846	31.98%	2,674	30.05%
Atlanta MSA	3,715	47.08%	2,881	36.51%	2,945	37.32%	2,692	34.11%	2,536	32.14%
GA, non-Atlanta MSA	3,012	46.83%	2,262	35.17%	2,406	37.41%	2,157	33.54%	2,037	31.67%
US by providers @ site										
1	26,604	21.44%	18,335	14.77%	19,807	15.96%	17,849	14.38%	15,955	12.86%
2	13,317	32.94%	10,038	24.83%	10,605	26.23%	9,662	23.90%	8,920	22.07%
3-5	17,827	39.80%	13,926	31.09%	14,419	32.19%	13,352	29.81%	12,401	27.69%
6-10	8,613	51.57%	6,994	41.88%	7,085	42.43%	6,442	38.57%	6,146	36.80%
11-25	4,230	61.44%	3,315	48.15%	3,288	47.76%	2,858	41.51%	2,737	39.75%
26+	1,040	63.45%	715	43.62%	696	42.46%	558	34.05%	535	32.64%
GA by providers @ site										
1	955	27.06%	700	19.84%	754	21.37%	681	19.30%	631	17.88%
2	499	39.92%	368	29.44%	402	32.16%	369	29.52%	343	27.44%
3-5	633	46.65%	492	36.26%	504	37.14%	472	34.78%	441	32.50%
6-10	279	58.13%	224	46.67%	232	48.33%	207	43.13%	195	40.63%
11-25	88	59.06%	68	45.64%	68	45.64%	62	41.61%	60	40.27%
26+	24	63.16%	16	42.11%	15	39.47%	11	28.95%	11	28.95%

E-Prescribing Adoption

The Environmental Scan noted that pharmacies in Georgia are authorized by law to use e-prescribing. The scan found that 76 percent of all pharmacies actually use e-prescribing. According to the 2008 and the 2009 “State Progress Report on Electronic Prescribing” authored by SureScripts, the percent of physicians using e-prescribing and the percentage of prescriptions being routed electronically have been steadily increasing.

As outlined previously in Section 2 in the discussion of the Environmental Scan results, it is apparent that there is significant operational HIE activity already occurring in Georgia. When the operational HIE activity is considered in combination with the planning activity for additional HIEs, the substantial activity in the administrative HIE environment, and the ever-increasing level of e-prescribing, it becomes apparent that collectively these activities represent tangible and significant assets to be leveraged into the statewide HIE.¹

¹ DCH acknowledges and recognizes the need to supplement the Environmental Scan portrayal of the “As Is Landscape,” particularly with respect to: data related to clinical laboratories sending results electronically; data related to notifiable laboratory results; and data relating to clinical summary exchanges. This Plan will be supplemented when that additional information is obtained.

Section 5. Strategy to Meet Meaningful Use

5.1 Georgia Incentives Program Introduction

The Georgia Department of Community Health (DCH) is committed to furthering the adoption, implementation, and upgrading of certified electronic health records (EHRs) so that eligible Medicaid professionals and hospitals, including critical access hospitals, are using this technology in a meaningful manner. DCH submitted its initial Planning-Advance Planning Document (P-APD) to the Centers for Medicare and Medicaid Services (CMS) and obtained federal funding to develop Georgia's State Medicaid HIT Plan (SMHP) and to prepare for implementation of the Medicaid EHR Incentives Program that will provide incentive payments to meaningful users of certified EHR technology. The objective of the SMHP is to advance the meaningful use of certified EHR technology on a statewide basis by Georgia's Medicaid providers. An updated P-APD was recently submitted to CMS to reflect updated planning activities. DCH is working to submit the SMHP in September 2010 for CMS's approval.

DCH expects to launch the Medicaid EHR incentives program in May 2011. Due to Georgia's conversion to a new Medicaid Management Information System (MMIS) in fourth quarter 2010, Medicaid and OHITT intend to leverage existing processes and relationships to administer the incentives program, instead of using the MMIS. For example, in place of the MMIS, DCH will utilize the State Accounting Office and PeopleSoft, a general accounting software, to issue incentive payments to qualified providers. In subsequent years, the operational incentives program will be integrated into the MMIS.

In order to qualify for an incentive payment during the first participation year, eligible providers may attest to the adoption, implementation or upgrade (A/I/U) of certified EHR technology. In their second year, eligible providers must meet the Stage 1 requirements for meaningful use.

The meaningful use criteria are designed to enhance the quality of health, improve efficiency, reduce costs and promote patient safety. CMS's Final Rule phases in criteria for demonstrating meaningful use in three stages. Stages 2 and 3 will be provided in future rules and will use the Stage 1 criteria as the foundation for expanding criteria and increasing thresholds. In Stage 1, the meaningful use criteria are based on specific objectives and measures that eligible professionals (EPs) and eligible hospitals (EHs) must demonstrate as meaningful users of certified EHR technology.

- For Stage 1, there are 25 objectives / measures for EPs and 24 objectives / measures for EHs, which have been divided into a core set and menu set. EPs must meet all 15 objectives / measures in the core set, while EHs must meet 14 objectives / measures. EPs and EHs may elect to defer up to five remaining objectives / measures.

- Some of the meaningful use measures may not be applicable or relevant to every provider. When it is impossible for a provider to meet a measure (e.g., dentists not performing immunizations), an exclusion will apply and that provider does not have to meet that objective or measure in order to be determined a meaningful user of EHR technology.
- Also, in Stage 1, states may seek approval from CMS to require up to four public health-related objectives to be considered in the core set instead of the menu. These objectives may include patient specific conditions for quality improvement, and providers' reporting of immunizations, notifiable diseases and syndromic surveillance. DCH is evaluating whether to require these objectives in the core set.

In their second year of participation, in order to qualify for incentive payments, EPs and EOs must demonstrate meaningful use by electronically submitting clinical quality measures through certified EHR technology

5.2 Promoting EHR Adoption

DCH believes that the Medicaid EHR incentives program will markedly increase EHR adoption and HIE participation by Medicaid providers across the state. In concert with Georgia Medicaid, OHITT will utilize key data to identify and fill provider gaps throughout Georgia. This data will come from the environmental scan, key provider associations and Medicaid claims and encounter data history. These complementary efforts will help to assure greater usage of certified EHR technology, compliance with meaningful use requirements and HIE participation.

Environmental Scan

Adoption, implementation or upgrading of certified EHR technology is important to the viability of the statewide HIE and achieving the meaningful use objectives for the Medicaid and Medicare incentive programs. Without certified EHR technology, providers are not able to collect, maintain or exchange health care information in a meaningful manner. To this end, DCH contracted with the Enterprise Innovation Institute at the Georgia Institute of Technology to conduct a statewide environmental scan to determine the rate of EHR adoption. As previously discussed, the Environmental Scan identifies opportunities across Georgia for EHR adoption or upgrading to functionality that meets the meaningful use requirements. DCH will utilize this information to target communication and outreach efforts of the Medicaid EHR incentives program. A survey now in progress of key provider associations and medical communities will be used to focus Georgia's efforts in targeting providers for EHR adoption, implementation or upgrade of certified EHR technology.

Provider Associations

Along with the environmental scan, DCH leveraged relationships with key provider associations to survey provider members across the state on EHR technology and functionality. For example, the Georgia Hospital Association and the Georgia

Academy of Family Practice are significant supporters of EHR technology and the statewide HIE efforts. These provider associations have facilitated the collection of survey data from their respective members. Future provider surveys will focus on potential barriers to EHR adoption and meaningful use of EHR technology. The survey feedback will provide continuous feedback to Georgia's EHR and HIE communication and education plans for providers across the state.

Medicaid Claims and Encounter Data History

DCH will utilize claims and encounter history to project which Medicaid providers may have sufficient patient volume to be eligible for Medicaid EHR incentives payments. An in-depth analysis of claims and encounter data will help Georgia target those EPs and EAs for focused outreach and education. Using this data, Georgia intends to utilize relationships with provider associations and key providers within specific geographic communities to promote the Medicaid EHR incentives program and the statewide HIE initiative.

In addition to the efforts above, DCH's collaboration with the GA-HITREC at the Morehouse School of Medicine will further support efforts to conduct outreach and education with eligible professionals across the state.

5.3 Funding for Stage 1 Meaningful Use Requirements

DCH recently submitted an Update to the Implementation-Advance Planning Document (I-APD) to CMS for approval. DCH plans to use the Medicaid claims and encounter data to project the funding for the Medicaid EHR incentives payments to eligible providers over the six year term of the program. DCH expects to provide funding estimates for enabling Stage 1 meaningful use requirements by February 2011.

5.4 Attaining Meaningful Use

In order to qualify for incentive payments under the Medicaid EHR incentives program, EPs and EAs must attest to adoption, implementation or upgrading of certified EHR technology. In Year 2 of the incentives program, eligible providers must comply with the meaningful use requirements established in the Final Rule, which includes e-prescribing, receipt of structured lab results and sharing patients' clinical data. DCH is evaluating the four public health-related meaningful use objectives that may be submitted to CMS for approval.

In addition to the attestations, DCH plans to conduct audits to verify providers' claims as to meaningful use.

Section 6. Medicaid Coordination

6.1 Medicaid Promotion of the Statewide HIE

The Division of Medicaid, an organizational component of DCH, has been actively working to promote health care technology efforts in conjunction with DCH's Office of HIT and the State HIT Coordinator. The Medicaid Director is a member of the DCH Health Information Technology and Transparency Steering Committee and provides a key leadership role to that committee by representing the interests of the Division of Medicaid. The HIT Steering Committee conducts regular meetings with the State HIT Coordinator to provide guidance to the Office of HIT. The Division of Medicaid and the Office of HIT regularly collaborate and communicate in order to align the state Medicaid program with efforts to promote health information technology. Significantly, the Steering Committee with crucial input from the state Medicaid Director is helping actualize the strategic direction and vision for all HIT activities.

As shown by the Medicaid Director's letter of support for this document, the Division of Medicaid is an active and enthusiastic supporter of the statewide health information exchange planning in Georgia. The Medicaid Director is a strong endorser of the electronic exchange of clinical information, laboratory results, E-prescribing and other health information through a statewide HIE.

6.2 Medicaid Support and Promotion of EHR Technology

The Division of Medicaid has already demonstrated its support for the Medicaid Incentives Program by including banner notice information sent directly to Medicaid providers in Georgia. This notice promoted use of the CMS web site to encourage Medicaid providers to seek information about the Medicaid Incentives Program. The banner notice to Medicaid providers was part of a joint effort between state Medicaid and the Office of HIT to coordinate provider outreach and communication, an effort expected to be further expanded to advance the development of a statewide HIE. This effort also reflects state Medicaid's commitment to furthering the adoption, implementation, and upgrading of certified electronic health records by eligible Medicaid providers in Georgia.

The Division of Medicaid submitted its initial Planning-Advance Planning Document (P-APD) to the Centers for Medicare and Medicaid Services (CMS) in February 2010 and obtained federal funding to develop Georgia's State Medicaid HIT Plan (SMHP) and to prepare to implement the Medicaid Incentives Program that will administer incentive payments for the adoption and meaningful use of certified EHR technology. The Office of HIT, working in conjunction with the state Medicaid Director, has submitted an Update to the P-APD to CMS to reflect planning activities associated with interfaces with the National Level Repository, pre-incentive payment validation, incentive payment workflows and post-payment audit functions. At this time, Medicaid and the Office of HIT are working jointly to submit the SMHP in September 2010 for approval by CMS.

The objective of the SMHP is to advance the adoption and meaningful use of certified EHR technology on a statewide basis by Georgia's Medicaid providers. The SMHP will outline the strategic HIT vision of the Division of Medicaid and will serve as the foundation in achieving the HIT objectives over a five-year period. The SMHP provides information that is critical in reaching the HIT objectives:

- The "As-Is" landscape assessment of the current status of HIT in Georgia with a focus on Medicaid providers;
- A "To-Be" vision and Roadmap;
- Development of the Implementation Advance Planning Document (I-APD) to complete the activities needed to support the "To-Be" vision and the SMHP; and
- Plans for obtaining development and operational support, as well as audit services.

Both the Division of Medicaid and the Office of HITT recognize that educating Medicaid providers and promoting the Medicaid EHR incentives program are activities that are important to the success of Georgia's HIE initiatives and the successful development and operation of a statewide HIE. Georgia Medicaid is already exploring the use of claims and encounter history, coupled with the environmental scan, to project which Medicaid providers may have sufficient patient volume to qualify for Medicaid EHR incentive payments. The focus for now is on this segment of the Medicaid provider population. It is clearly apparent that the Division of Medicaid believes that the adoption and meaningful use of EHR technology by Medicaid providers will greatly enhance the success of the SMHP and also the viability of the statewide HIE.

Medicaid and the Office of HITT are in the process of assessing their joint needs for advancing the use of certified EHRs. DCH expects the Medicaid IT infrastructure to be leveraged into the statewide HIE technical architecture.

Finally, it is important to emphasize that the Office of HITT is actively collaborating with the Division of Medicaid in the on-going development of the new system for MMIS-- in anticipation of the need for future interfacing when the Medicaid Incentives Program becomes operational. This collaboration is designed to align the efforts of Medicaid and the Office of HITT to meet the rules and obligations required to demonstrate meaningful use of certified EHRs in the Medicaid Incentives Program.

Section 7. Coordination of Medicare and Federally Funded, State Based Programs

Coordinating the development of the Georgia Statewide HIE with Medicare and other federally funded state programs is an essential aspect of the planning process. DCH readily acknowledges the importance of considering the unique needs of patient populations served by state Medicaid/CHIP, SAMHSA, Medicare and HRSA. In the governance structure of the statewide HIE, it is DCH's expectation that these public health agencies will be represented on the Public Health Council, one of five councils expected to be created under the planned governance structure.

DCH's goal is to maximize coordination efforts with Medicaid and Medicare on relevant federally-funded state programs to further the development of a robust and interoperable statewide HIE as quickly and strategically feasible. DCH expects the statewide HIE to utilize the resources and tools developed by the Agency for Healthcare Research and Quality to assist Medicaid and the Children's Health Insurance Program, PeachCare for Kids™ in order to improve the coordination and delivery of care through the exchange of electronic health information. Medicaid currently shares data electronically using HIPAA EDI transactions for eligibility determinations and for crossover claims with Medicare. In addition, Medicaid uses regular electronic reporting for CHIP.

Georgia's 159 counties are divided into 18 public health districts. (See Appendix B.) Many of these public health districts consist of largely underserved and widely dispersed populations. The Division of Public Health hopes to leverage its existing health information technology resources to foster innovation and to support EHR adoption among relevant stakeholders in these public health districts. The statewide HIE can then use this exchange to support additional data sharing.

Identifying the requisite architecture, hardware, software and network configuration to connect the statewide HIE to publicly funded programs represents both a significant challenge and opportunity. Demonstrable improvements in public health will require access to data within the Medicaid MMIS program. DCH expects that the statewide HIE will engage in data sharing with federal programs and will build on the capacity of the Division of Public Health to expand beyond the electronic system used for the Georgia Immunization Registry to exchange other health information including syndromic surveillance reporting from providers and reporting of notifiable diseases.

In addition, accomplishing the electronic exchange of health data with the Centers for Disease Control (CDC) represents a high value target for the statewide HIE. The Division of Public Health, a vital part of DCH, already fully cooperates with the CDC in exchanging public health data. It is anticipated that the statewide HIE will work collaboratively with the CDC to facilitate providing public health reporting data electronically to the CDC. Georgia has experienced considerable success with the Georgia Immunization Registry (GRITS), a system designed to collect and maintain accurate, complete and current vaccination records to promote effective and cost-efficient disease prevention and control. Included among the goals of the Georgia

Immunization Registry program are: assisting health care providers and public health officials with assessing and improving community immunization status and providing reminders when children need vaccinations or updates to vaccinations. The Registry enables providers to access up-to-date immunization records of Georgians and avoids duplicative and unnecessary immunizations. DCH expects the statewide HIE to incorporate Georgia Immunization Registry into an electronic health care database.

Section 8. Participation with Federal Care Delivery Organizations

Coordinating the delivery of health care with the U. S. Department of Veterans Affairs' facilities is a high priority for the successful planning and deployment of a statewide HIE. Georgia has three major medical facilities for military veterans and their families. These are the Atlanta VA Medical Center, the Carl Vinson VA Medical Center in Dublin, and the Charlie Norwood VA Medical Center in Augusta. In addition, the Veterans Health Administration operates many geographically dispersed facilities. These are: the Athens Clinic, Decatur Clinic, Albany Clinic, Columbus Clinic, East Point Clinic, Lawrenceville Clinic, Macon Clinic, NE Georgia/Oakwood Clinic, Newnan Clinic, Perry Outreach Clinic, Rome CBOC, Savannah Clinic, Smyrna Clinic, Stockbridge Outreach Clinic, Atlanta Vet Center, Lawrenceville Vet Center, Macon Vet Center, Marietta Vet Center, and Savannah Vet Center. Linking the statewide HIE to the VA health care system, a system that employs the electronic health record system known as VistA, is a high priority to the success of the statewide HIE. Not only has the VA successfully implemented a system-wide EHR, but also it is heavily engaged in e-prescribing. Connecting a statewide HIE with the VA is a matter of high importance, particularly since VistA is one of the most widely used electronic health record systems in the nation. Because Georgia has a high concentration of veterans and their families residing in this state, the electronic exchange of health information with VistA represents an undertaking of high value and tremendous potential benefit.

In addition to having a significant presence of military veterans and retirees in Georgia, the state also has a strong active duty military presence. The U. S. Army, Navy, Coast Guard, and Air Force currently maintain facilities and have significant numbers of military personnel in Georgia. Military bases located in Georgia include Fort Benning, Fort Gillem, Fort Gordon, Fort McPherson, Fort Stewart, Hunter Army Airfield, Robins Air Force Base, Dobbins Air Reserve Base, the Coast Guard Air Station in Savannah, and the Naval Submarine Base at Kings Bay. The military facilities maintain a combination of hospitals and clinics. Most notably, the Dwight David Eisenhower Army Medical Center in Augusta provides health services to 48,489 persons-- 9,100 Active Duty Soldiers, 13,441 Active Duty Family Members, 20,063 Retirees and their Family Members, and 5,885 Active Duty Trainees. (Source: Eisenhower Army Medical Center Fact Sheet, 23 Feb 10) The Eisenhower Army Medical Center operates with an annual budget in excess of \$215,980,000. In addition to the presence in Georgia of this major medical center, a coordinated network of military clinics crosses the state. Entering DOD health care information of military members and their families into a shared HIT data base represents an important opportunity to leverage an existing high-value resource into the statewide HIE.

Notwithstanding media reports that the EHR system currently in use by the Department of Defense for military personnel is not fully compatible with the Department of Veterans Affairs' VistA EHR system, the statewide HIE expects to develop ways to collaborate with both electronic systems. At present, there are pilot projects underway throughout the country designed to facilitate the interoperability and exchange of data between the VA and DOD EHR systems.

In Georgia, a regional pilot is likewise underway with similar interoperability goals for the exchange of health information. The Augusta Metro Health Information Exchange is planning an HIE to include major hospitals in east central Georgia including, among other facilities, the Charlie Norwood VA Medical Center, East Central Health District (DCH) and the Eisenhower Army Medical Center. Lessons learned from this collaborative effort among a DCH facility, a VA facility and DOD facility should provide invaluable practical information as to how to effectuate and facilitate an effective electronic exchange of health information among and between disparate end-users.

Section 9. Coordination with Other ARRA Programs

In terms of health care technology, the major ARRA grant recipients in Georgia are DCH, the Morehouse School of Medicine's National Center for Primary Care (NCPC), as well as certain broadband projects which are not necessarily health care technology related. In addition, ARRA funds have been awarded to certain technical colleges in Georgia.

NCPC, a recipient of approximately \$19.5 million in federal funding, created a statewide regional extension center that NCPC named GA-HITREC. DCH is actively collaborating with GA-HITREC to encourage the adoption of electronic health record technology that will be interoperable across electronic systems.

As discussed in considerable detail in Section 2 of the Operational Plan section of this document, DCH and GA-HITREC are engaged in joint efforts to facilitate the widespread adoption of certified EHR technology across this state. As also described in Section 2, DCH and GA-HITREC routinely discuss how to leverage potential integration points or areas of commonality so that their separate efforts are not redundant or duplicative. DCH and GA-HITREC are mutually supportive of each other's activities in advancing the joint goal of encouraging the adoption of electronic health record technology by primary care providers, especially those serving the indigent or medically underserved.

As of August 4, 2010, Georgia had received in excess of approximately \$109 million in ARRA funds for broadband expansion. The common goal of the various broadband projects is to develop the technical infrastructure to enable the expansion of broadband and wireless networks to enable the electronic exchange of information. Most of the ARRA funding for broadband projects is designed to bring high-speed Internet access to rural communities without such Internet access. DCH recognizes the vital importance of broadband connectivity as a prerequisite to the success of a statewide HIE and to the electronic exchange of health information.

DCH plans to leverage and integrate this expansion of broadband coverage, especially in rural and isolated communities, into its long term goal of making electronic health record technology more widely available and into its more immediate goal of encouraging the use of certified EHRs that will meet the requirements of meaningful use not only for Stage 1 but also for Stages 2 and 3.

Finally, it is important to note that the Technical College System of Georgia (TCS) is also the recipient of ARRA funding. DCH is planning to collaborate with TCS and other educational institutions to develop educational and outreach programs geared toward health care consumers. Patient trust is a critical component to the success of EHR adoption and the acceptance of health information exchange. This collaborative effort will have the additional benefit of fostering workforce development in Georgia.

Section 10. Governance

10.1 Building a History of Collaborative Governance

DCH has been coordinating efforts for the formation of a statewide HIE. Based on extensive collaboration with stakeholders across the state including consumers, hospitals, physicians, pharmacies, laboratories, state public health departments and agencies, the state Medicaid agency, the state employee health benefit plan, private health plans, and interested employers, DCH has confirmed the existence of a statewide consensus for a very broad HIE governance structure.

10.2 Governance Model: Membership Representation and Structure

As described by the ONC, governance addresses the convening of health care stakeholders to create trust and consensus on an approach for statewide HIE. Governance also addresses the provision of oversight and accountability of HIE to protect the public interest. One of the primary purposes of an HIE governance entity is to develop and maintain a multi-stakeholder process to ensure HIE among participants is in compliance with all applicable laws, regulations, and policies.

In working toward a recommendation for a governance model for the statewide HIE, the Governance and Finance workgroup of the HITT Advisory Board considered the following goals:

- Improve access to health information so health care providers and consumers can make better and more informed health care decisions;
- Advance the exchange of health information between providers to make sure patients receive well-coordinated care, thereby improving quality and cost efficiencies, no matter the setting or level of care; and
- Ensure security and privacy for consumers and health care providers, making sure a patient's confidential information is protected and shared with providers only in a secure manner.

The Governance and Finance workgroup considered three different governance models, the risks associated with each model, and the coordination of each model with the anticipated technical architecture of the HIE. After careful deliberation, this workgroup recommended that a public/private governance model be used to achieve an independent, neutral, secure, trusted, and broadly adopted statewide HIE for Georgia. More specifically, this workgroup recommended that DCH delegate the authority and financial support to form and operate the statewide HIE to an independent, non-profit, tax-exempt entity (the Governance Organization).

HIE governance recommendations from other stakeholders were consistent with the above recommendations of the Governance and Finance workgroup. For example, the Metro Atlanta Chamber of Commerce also suggested the formation of a non-profit, tax-

exempt entity that represents both the public and private sectors to govern the HIE. The Georgia Health Information Exchange, Inc. also supports this governance structure and is itself a non-profit, tax-exempt entity.

Therefore, DCH has adopted the recommendation of the Governance and Finance workgroup (and other stakeholders) to use a non-profit, tax-exempt entity (the Governance Organization) to govern the statewide HIE. This Governance Organization would operate in accordance with Georgia law governing non-profit corporations and would qualify as a tax-exempt entity under Section 501(c) (3) of the Internal Revenue Code.

10.3 Governance Model: Decision Making Authority

The precise structure of the Governance Organization will be described in its organizational and governance documents. For example, such documents (including articles of organization, bylaws, and policies) will describe the following:

- The number, appointment or election, qualifications, terms, and voting processes of Directors;
- The election of officers and their authority;
- Membership in the Governance Organization (if any, as members are not required under Georgia law);
- Committees, which may used to provide subject matter expertise;
- Conflicts of interest and non-discrimination practices;
- The approval of financial expenditures;
- The frequency and location of meetings of the Board of Directors; and
- Staffing of the Governance Organization.

The Governance Organization will have some flexibility to alter its structure and governance, although any and all changes must be consistent with the best interests of the statewide HIE as well as all legal requirements.

DCH believes that structuring the Governance Organization in this manner will best support a private/public governance structure and the federated hybrid data model, which represent recommendations from the HITT Advisory Board as well as other stakeholders. Furthermore, this governance structure, because it is not controlled directly by the government, will encourage private sector input and collaboration. DCH also believes that this type of Governance Organization will be able to adapt quickly to ever-changing HIE requirements, standards, and best practices. However, as noted

above, the governance model for the statewide HIE continues to evolve. DCH recognizes that the type of Governance Organization described above does have potential disadvantages; if at any point DCH determines that the proposed structure of the Governance Organization isn't feasible, DCH will work with the HITT Advisory Board to develop an alternative governance model.

The Governance Organization, through its Board of Directors, will approve all policies, procedures, and agreements relating to the statewide HIE. DCH, as well as other stakeholders, recognize that the regulatory environment in which the HIE operates will change as new requirements of the HITECH Act section of ARRA become effective and other laws are passed, other regulations are issued, and other guidance is provided. DCH recognizes the need for on-going review and revision of HIE policies and procedures and anticipates that the Governance Organization will designate an officer or committee with responsibility for compliance by the HIE with ever-changing federal and state legal and policy requirements. Such officer or committee may consult with the HIE legal team or other legal advisors as may be approved by the HIE governing body.

Also, it is expected that a broad HIE Steering Committee will be formed from the stakeholder environment that the HITT Advisory Board has developed over the past three years. This HIE Steering Committee will provide advice to the Governance Organization, determine the strategic direction of the statewide HIE, and will help ensure that the Governance Organization serves the interests of the entire Georgia health care community.

At this time, it is anticipated that the HIE Steering Committee will have the following councils:

- Small providers;
- Hospitals;
- Health plans, both public and private;
- Public health agencies; and
- Employers.

At this time, it is anticipated that the HIE Steering Committee will also have four sub-committees:

- Clinical;
- Technology;
- Business; and

- Legal.

10.4 Alignment with Emerging NHIN Governance

The emerging Georgia statewide HIE governance model is well positioned to be compatible with the developing Nationwide Health Information Network (NHIN) governance principles and functions. As a result of her leadership position with the WEDI Security and Privacy Work Group as well as her roles within DCH, the State HIT Coordinator is well aware of the key principles and functions needed for NHIN governance:

- Development of a strategic direction;
- Development and maintenance of statewide HIE policies, procedures, reference materials and support services;
- Development of a legal infrastructure;
- Management of participation in the NHIN;
- Dispute resolution;
- Governance of HIE support services; and
- Managing risks to confidentiality, privacy, and security.

It is expected that the Governance Organization will consider the above principles and functions as it formulates its organizational and governance documents as well as the policies, procedures, and agreements relating to the statewide HIE.

10.5 Georgia HIT Coordinator

The Georgia HIT Coordinator, Ruth Carr, JD, has overall responsibility for ensuring that state agencies fully cooperate in the effort to move providers toward HIE and the meaningful use of electronic health records. As the State HIT Coordinator, she is in a position to drive the integration of both initiatives (HIE and meaningful use of electronic health records). The Georgia HIT Coordinator provides leadership and coordination across federally funded state programs, including leading the collaboration necessary for the statewide HIE and supporting the development of the state's Medicaid Electronic Health Records Incentives Program. The Georgia HIT Coordinator also collaborates with other projects in such areas as the Georgia Health Information Technology Regional Extension Program and telemedicine. Her role is to develop and advocate for HIT strategies to achieve statewide goals, including collaborating with public and private health care stakeholders, leveraging state and federal program resources, and managing federal health care funding for economic stimulus for Georgia.

The ONC's Program Information Notice issued on July 6, 2010 specified the roles that it expects to be performed by the State Health Information Technology Coordinator. The ONC expressly stated that the HIT Coordinator is expected to fulfill two primary roles with subtasks assigned to each role.

- The Georgia HIT Coordinator should develop and advocate for HIT policy to achieve statewide goals. The Georgia HIT Coordinator will need to focus and prioritize activities to make rapid progress to help state providers meet stage 1 meaningful use requirements.
 - Collaborate with state health policy makers in establishing HIT strategies for reaching shared health care goals;
 - Leverage state purchasing power such as establishing requirements for entities reimbursed by the state to participate in e-prescribing, electronic labs results delivery or electronically sharing care summaries across transitions in care;
 - Address legal or policy issues to ensure the information may be shared securely and with appropriate privacy protections;
 - Lead efforts to enable interstate HIE, such as harmonizing privacy policies and consent laws with neighboring states where appropriate;
- The Georgia HIT Coordinator should coordinate HIT efforts with Medicaid, public health and other federally funded state programs. Examples of the Coordinator fulfilling this role include:
 - Advance operationally viable strategies that accelerate the success of the EHR incentive program in meeting shared meaningful use goals;
 - Ensure state program participation in planning and implementation activities including, but not limited to Medicaid, behavioral health, public health, departments of aging; and
 - Ensure that State Medicaid HIT Plans and State HIE plans are coordinated;
 - Leverage various state program resources such as immunizations registries, public health surveillance systems, and CMS/Medicaid funding to ensure resources are being maximized (e.g., ARRA authorized Medicaid 90/10 match leverage to support HIE activities);
 - Assure integration of other relevant state programs into the state's HIT governance structure; and;
 - Identify, track and convene the various federal HIT grantees for cross-program coordination and to leverage program resources.

10.6 Accountability and Transparency

DCH anticipates that the Governance Organization will operate so as to assure accountability and transparency. Meetings of the Governance Organization may be open to the public, and the agenda of and meeting notes from Governance Organization

meetings will be available on the internet to any member of the public. In addition, the Governance Organization will work and share information with the GA-HITREC and other relevant organizations. In addition, because the Governance Organization will seek to qualify as a tax-exempt entity under Section 501(c)(3) of the Internal Revenue Code, the Governance Organization will file annual tax returns as required of all tax-exempt entities. Such tax returns (often referred to as Forms 990) will provide information on the Governance Organization's revenues, expenses, etc.

10.7 Activities to Strengthen Georgia Statewide HIE Governance

The Georgia Statewide HIE governance structure will continue to evolve and grow as the statewide HIE gains experience and learns about barriers and best practices from its federal partners and other states.

Section 11. Finance and Sustainability

Like ONC, DCH recognizes the importance of and challenges in developing a sustainable health information exchange capability. A statewide HIE must have a financial blueprint and functional business plan to sustain the HIE for the long-term. With that view in mind, the State HITT Advisory Board assigned the Governance & Finance Workgroup the task of developing the essential principles needed to achieve financial sustainability. In developing the driving principles, the workgroup noted that it was only considering ways to fund *ongoing* operations after an HIE is up and running. For purposes of analysis, the workgroup assumed that all start-up costs would be provided through unspecified channels yet to be determined. The workgroup further noted that in formulating its recommendations, it was examining categories from which ongoing funding would be possible and that it was not attempting to develop any type of financial pro forma statements with ramp-up costs or phasing in of different operational funding sources.

The workgroup decided on these driving principles:

- The HIE will be voluntary and must, therefore, be attractive enough in the marketplace that stakeholders will participate and be willing to pay for its services; and
- The extent of financial support needed for operations will depend upon the governance model and technology approach.

With those two principles in mind, the workgroup decided it was important to identify the potential sources of operational funds without attempting to quantify the need, either in terms of absolute dollars or what percentage would be needed from each source. Recognizing that not all of the following alternatives would be feasible, the Governance & Finance Workgroup nevertheless identified those options to ensure that all alternatives would be considered. The workgroup concluded that self-sustaining funding would be provided by the beneficiaries of the HIE system and that participants would recognize the value of the service and would be willing to pay to access it.

The workgroup considered three basic models:

- Transaction-based (pay per click);
- Subscription-based paid by health plans; and
- Subscription-based paid by providers.

The workgroup noted that the three basic models are not mutually exclusive and could be used in combination. In its report to the Advisory Board, the workgroup expressed concern that in view of the New England Healthcare Exchange Network's experience, a subscription model might be preferable "since a per-click model tends to suppress utilization." The workgroup also suggested that dues should be scaled to recognize the

financial capabilities of each type of provider and payer. The workgroup also took special note of the recommendation by the New England network that provider and payer fees should be paid monthly rather than requiring an up-front capital investment because the up-front investment requirement tended to discourage participation. The workgroup stated that a more standards-based approach would require less infrastructure (and, therefore, smaller financial resources for ongoing operation). The workgroup recommended that any fee schedule should recognize the level of services being provided in order to avoid requiring providers from paying twice for the same services.

The workgroup created a list of significant stakeholders listing them in approximate descending order based on the estimated financial benefits that each category would derive from participating in a statewide HIE:

- Payers;
- Large self-insured employers;
- Commercial labs;
- Hospitals;
- Other institutional providers;
- Physicians; and
- Consumers for medical records and copying.

Having listed the key stakeholders to a statewide HIE, the Governance & Finance Workgroup assessed the potential financial benefits to be derived from participation in a statewide HIE. The workgroup not only considered projected cost savings to stakeholders but also areas of potential cost-avoidance. The workgroup's examples of potential cost-avoidance included:

- Potentially streamlining information technology operations for both providers and payers [so there would be fewer required interfaces];
- Potentially reducing the number of administrative reworks in the payment process as data is delivered in more standardized formats; and
- Potentially avoiding repeating labs and other tests as results are transmitted or delivered in a more timely way.

In addition, the workgroup expressed its belief that by transferring certain administrative functions (member eligibility, claims submission, electronic authorizations, and remittances), the transfer of these functions to the HIE could help underwrite the cost of the HIE's operation. The workgroup noted that the statewide HIE could potentially

derive some secondary income from the sale of de-identified data used for research purposes.

DCH has been meeting with the key stakeholders listed in the major categories above and intends to ask its stakeholders to consider how financial sustainability can best be achieved. Depending upon the business model adopted and which stakeholders elect to participate in the statewide HIE and what utility and functionality the HIE system affords, commensurate funding contributions by key stakeholders are expected to follow.

Ultimately, financial sustainability may be enhanced by obtaining provider payment reforms and by requiring participation of key partners such as labs and pharmacies. Master patient indexes or authentication services may prove financially valuable to participants and thus generate income to the HIE.

DCH has been studying the results of the pilot projects launched by its grantees to ascertain the lessons learned and best practices relating to the grantees' financial issues. In addition, DCH is studying other states' approaches toward achieving and securing ongoing sustainable funding for a statewide HIE. Obviously, there are many costs associated with the start-up of a statewide HIE. While it is true that the State HIE Cooperative Agreement grant funding is important, it is equally true that without a continuing stream of financial support, a statewide HIE is not sustainable. It is expected that eventually, the statewide HIE will likely include network services for a master patient index, lab reporting, e-prescribing, authentication services, eligibility determination, health claims processing, and other services. It is anticipated that the statewide HIE will be able to obtain financial commitments from several major hospital systems, the leading health plans, the Georgia Hospital Association, the Georgia Pharmacy Association, Georgia Health Information Exchange, Inc. and other major stakeholders in Georgia.

Initially, in the short term, it is anticipated that some funds for the statewide HIE would come from transaction revenue, some from health plans and insurers, some from research fees, and some from state matching funds as required by the State HIE Cooperative Agreement. Later, as the statewide HIE evolves into an operational HIE enterprise, it is expected that the statewide HIE will be funded by participants in the HIE who achieve cost savings, administrative efficiencies, and financial advantages that accrue from the use of HIE services.

At this point, it is not practical to discuss pricing models for HIE services, the amounts of stakeholder contributions, and direct versus indirect costs associated with HIE services. DCH recognizes the urgency in facilitating the creation of a statewide HIE that will be capable of supporting HIE operations on a long-term basis and well beyond the ARRA funding period. The development of a long-term funding strategy remains for determination by the Governance Organization. Therefore, DCH expects to supplement and update this section after holding additional meetings with key stakeholders and a consensus is reached on the governance structure and business model for the statewide HIE.

Section 12. Technical Infrastructure

The Georgia Statewide HIE will be built to serve the widest possible group of stakeholders, including Georgia based consumers. As described above, the statewide HIE will be structured as an independent, non-profit organization that is representative of the same stakeholders that it seeks to serve. It will be based on a hybrid-federated architecture which is, in turn, based on nationally accepted standards for data representation, exchange, privacy, and security.

In discussing the technical infrastructure of the statewide HIE, DCH is assuming that the Governance Organization will choose to establish policies that embrace federal technical standards to ensure interoperability and privacy and security in the exchange of health information among all parties. The discussion and analysis that follow below are premised on the adoption of such federal standards for the statewide HIE.

The statewide HIE will facilitate connection to the existing HIT infrastructure in Georgia to the maximum degree possible. DCH anticipates that all providers who use an EHR, even those who have not yet achieved meaningful use, may access the statewide HIE through their EHR. If the provider does not have an EHR they must access the HIE through the provider portal to help ensure privacy and security of protected health information. DCH anticipates that other entities, such as health plans and employers, will also be able to access the statewide HIE. This HIE will also support data recording and access directly by consumers using Personal Health Record (PHR) technologies that meet accepted standards to ensure patient privacy and data security. The statewide HIE will utilize the NHIN wherever feasible to build connections to other health systems (such as the VA and DOD) including health systems in other states.

12.1 Interoperability

The statewide HIE needs to be designed for flexible growth and adaptation over time, especially adaptation to national interoperability standards as they support a wider array of quality and cost improvement initiatives. Attracting and retaining both private and public stakeholders, creating a level playing field, and caring for the needs of those with limited resources are critical elements to the statewide HIE. The architecture will be developed using national standards. Implementation of a standards-based solution will offer immediate value that supports connectivity to the NHIN.

As part of the technology evaluation and procurement process, it is expected that the governance entity will require a completion assessment of the available commercial technologies for compliance with the standards endorsed by the ONC, and will only implement technologies that meet or exceed these requirements. Similarly, the statewide HIE will need ensure on-going compliance with and modification of the technical infrastructure whenever those standards are upgraded by the ONC. It is expected that the statewide HIE will use NHIN CONNECT wherever feasible to interface to other HIEs outside the state and with the NHIN.

DCH anticipates that the statewide HIE will annually engage an independent audit team to examine its financial, operational, and technical components and operations. As part of the audit process, the audit team would be required to validate that federally published standards are in place and are supported by the statewide HIE. The accountability for addressing concerns identified by the audit team rests with the Georgia Statewide HIE Governance Organization.

At the present time, Stage 1 of the federal requirements for meaningful use requires unrelated providers to exchange information. Providers will also need to work cooperatively with providers across state borders (probably through the NHIN) to coordinate patient care. It is anticipated that the Georgia Statewide HIE Governance Organization will work diligently to facilitate the necessary infrastructure and agreements required to support this exchange in a secure manner that respects patient privacy.

It is anticipated that the statewide HIE will communicate lessons learned regarding the technical infrastructure and other aspects of data sharing directly with the ONC, with other states, and through collaboration with the GA-HITREC.

DCH is recommending that the statewide HIE be built on a *hybrid-federated, standards-based model*. A *federated* model is a model in which health information is retained by each participating health care provider and is exchanged with other members as needed (www.ncsl.org FAQ 14055). A *hybrid-federated* model, as anticipated for the statewide HIE, incorporates some centralized components, such as an Enterprise Master Patient Index (EMPI), a Record Locator Service (RLS), a physician portal and population analytics in a central HIE data center location in order to support less sophisticated providers, but the health information remains with the participants.

The statewide HIE will operate using Healthcare Information Technology Standards Panel (HITSP)-endorsed XDS (cross-enterprise document sharing) that is appropriate for supporting distributed data and PHRs for direct use by consumers. This flexible approach will accommodate the planned hybrid federated data model. The hybrid federated model ensures that data will be held where it is created, which avoids the negative perceptions and potential privacy and security consequences of storing all patient information in a centralized health information repository. A hybrid-federated model implies the need for monitoring capacity, system availability, storage and retrieval, and security response time. Technology performance goals and standards will be established for electronic medical records or other systems (such as PHRs) connecting to the statewide HIE.

For research and public health reporting, the Governance Organization will need to determine whether to include data repositories as part of the statewide HIE or whether the statewide HIE can connect to independent repositories. The flexible, standards-based, hybrid federated infrastructure will allow for the secure transfer of a defined set of clinical information among participating entities.

12.2 Technical Architecture / Approach

In general, a statewide HIE makes possible the appropriate and secure exchange of data, facilitates and integrates care, creates efficiencies, and improves outcomes. In 2007, the HITT Advisory Board began the process of planning the implementation of a statewide HIE by engaging numerous stakeholders to address the fundamental policy issues and plan a course of action. The HITT Advisory Board's efforts have been targeted towards developing a widespread and sustainable HIE that supports the meaningful use definition that qualifies providers for CMS meaningful use incentive payments. This strategy also supports state public health programs to ensure that public health stakeholders prepare for HIE and mobilize clinical data needed for consumer engagement and health reform in Georgia. It is anticipated that the statewide HIE will support high quality, safe, and effective health care; make certain that data is exchanged privately, securely, and reliably; ensure transparency and stakeholder inclusion; support connectivity regionally and nationally; achieve financial sustainability; and serve as the foundation for transforming health care in Georgia.

The statewide HIE architecture will be a true "network of networks" capable of connecting approximately 150 acute care hospitals and 2,000 physician practices throughout Georgia, as well as other participants, such as health plans and employers. The infrastructure will support the meaningful use requirements and eventually connect with other HIEs regionally and nationally (preferably through NHIN wherever that is feasible). The statewide HIE will serve to interconnect the existing Service Area HIEs in Georgia (as described elsewhere in this Strategic Plan) and will "fill in" to provide connectivity to providers and other participants outside any of those areas. The statewide HIE will provide a mechanism for authorized individuals to perform sophisticated analytics and reporting for public health, biosurveillance, and other appropriate uses of aggregate data (sometimes called secondary use).

It is anticipated that the statewide HIE will embrace a Service Oriented Architecture (SOA) approach which is necessary for the long-term viability of any HIE. Under this approach, the statewide HIE infrastructure will be comprised of numerous services that will run on an enterprise service layer and enable the core functions of the statewide HIE. By incorporating a SOA approach into the design, the statewide HIE will ensure that the exchange takes advantage of developing and advancing services and not rely upon a single service provider for all services.

It is also expected that the statewide HIE will perform as a secure and trusted conduit rather than a centralized repository. The HIE will consist of a hybrid federated model (as recommended by the Technology workgroup assembled by the HITT Advisory Board) that is built upon a federated or distributed model that keeps data at its source facilities or provider locations and uses the statewide HIE as the conduit for sharing. In the proposed model for development in Georgia, a hybrid federated system is conceived of one that consists of a single core infrastructure vendor that serves as a platform for expanding functionality of the utility by adding different vendor applications to the core system. For instance, the core infrastructure selected may consist of an exchange utility

with an enterprise master patient index (EMPI). The MPI in most local solutions lacks the robust features necessary to support advanced matching of consumer's to their health information. However, an EMPI is comprised of a database of demographic information on patients and a set of algorithms for the purpose of matching patients with their records from disparate systems.

As described below, a core function of the statewide HIE is to provide a roadmap for properly routing information to the appropriate location. It is anticipated that this HIE will maintain a central Enterprise Master Patient Index (EMPI) and a separate Record Locator Service (RLS) of each record's location within the system. The design also supports the use of personal health record technologies that are controlled by the consumer. The hybrid federated model also allows the centralization of records when directed by consumers. This does not constitute a centralized record, but rather directory information that allows records to be identified and located throughout the distributed system. The hybrid federated model is less threatening to participants and individual consumers because it is less disruptive to existing, trusted relationships between individuals and their care providers and raises fewer issues in today's privacy and security focused regulatory environment. A disadvantage of a fully distributed approach is the absence of a single database that can be queried for health services research, public health reporting, post marketing surveillance and other approved uses of aggregate data (often called secondary use). This disadvantage can be minimized by efficient queries to the statewide HIE, long retention times on edge servers, and special purpose databases with privacy protections subject to the statewide HIE's controls and data sharing policies.

The statewide HIE will not provide PHR technologies but will integrate with them for direct data recording and use by consumers, provided that these functions meet appropriate technology, privacy and security standards and are connected in a way to ensure accurate patient identity. PHR technologies should allow individuals virtually complete control over their own information and how to share it. For many consumers, this will likely be an attractive option. PHR technologies will connect to this HIE in a manner similar to any other system, enabling consumers the ability to control data in consumer oriented edge devices separate from the central exchange infrastructure.

The statewide HIE will also allow individuals to control the distribution of their personal health information as permitted under federal and state privacy regulations. Depending on the policies that exist at the federal and state levels, this may include the freedom to participate or not participate in the statewide HIE.

The statewide HIE will, in as timely a manner as possible, use -- but not necessarily be limited to the use of -- standards consistent with the then-current national technology standards. This HIE will use federally-endorsed standards and integration protocols that bridge proprietary boundaries. Making these standards a core statewide HIE principle will ensure that the HIE is not vulnerable to vendor selection issues and risks and is also compatible with HIEs developed by other states and the federal initiative.

Each node on the statewide HIE will store data locally in either its own, or shared, edge devices that are, in turn, made available to the requestor via this HIE if an allowable request is received. Since the current level of EHR adoption in Georgia is not now, and may never be, 100 percent, the statewide HIE will offer properly certified providers a portal to allow for early access to the HIE even without an EHR. Such access will be controlled by accepted measures to insure protections for privacy and data security.

The statewide HIE will use the NHIN where feasible to connect to other networks located in whole or in part outside the state of Georgia (e.g. VA, Military Health, laboratory/pharmacy networks or HIEs in adjacent states). This strategy can not only accelerate the deployment of these connections but it promises to minimize the need to develop and maintain costly and complex direct interfaces.

The Record Locator Service (RLS) will capture the metadata of any information being stored locally on an edge device. The intent of the RLS is to maintain information about the location and type of documents that exist on the network. When a participant saves a document to the statewide HIE edge device, a standard transaction is initiated to register the document and sends the necessary document identification information to the RLS.

The statewide HIE will require that EHRs connecting to the utility meet the applicable technical requirements for EHR certification (e.g. privacy and security, data transmission). This does NOT preclude providers whose EHR does not yet meet the criteria for meaningful use from connecting to the statewide HIE. The provider portal will provide interim access to the statewide HIE for those providers who have not yet implemented an EHR in a manner consistent with accepted standards to protect both privacy and data security.

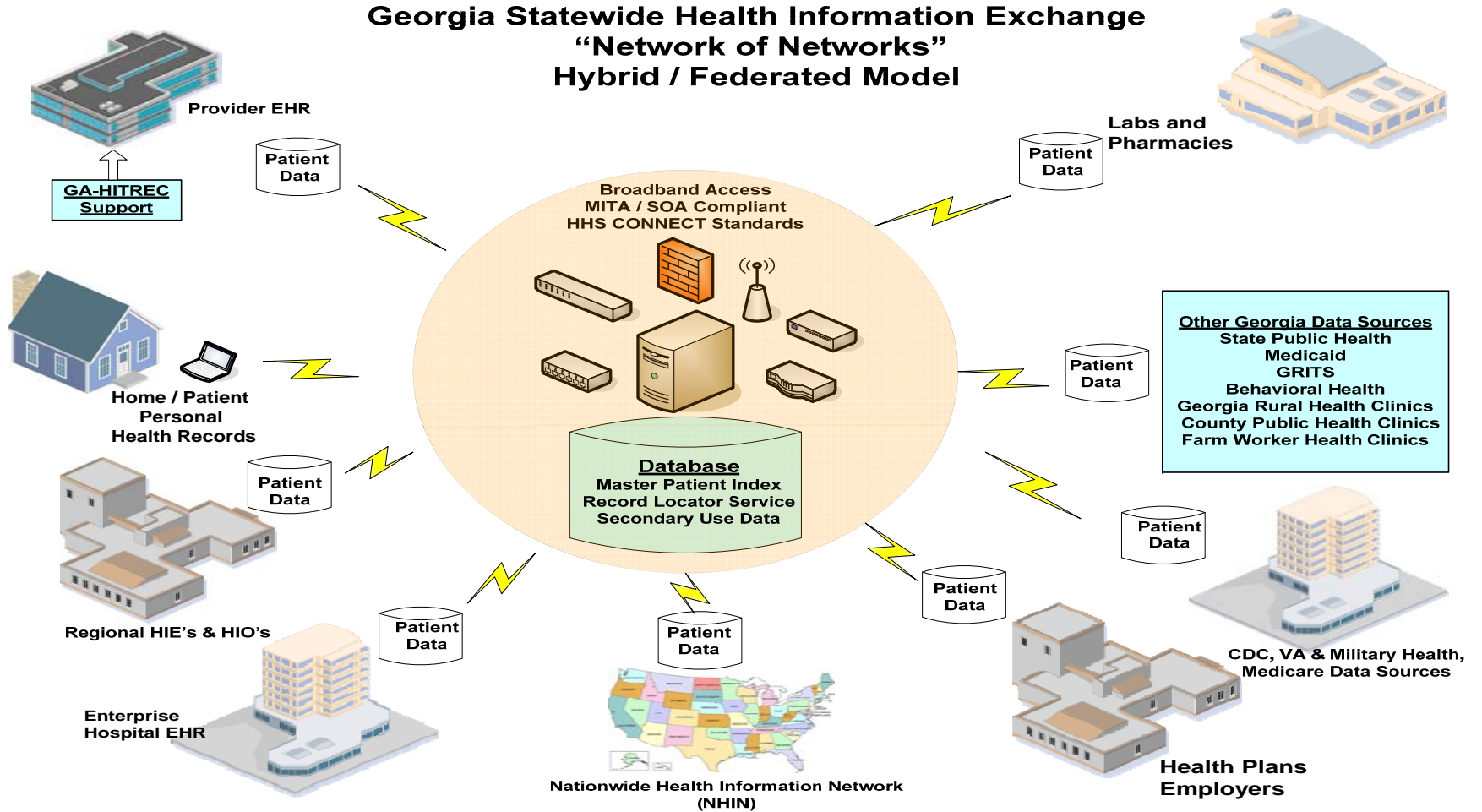
Over time providers who participate in the Medicaid or Medicare incentive programs will need to demonstrate that they are fully utilizing the functionality of their EHR system to achieve meaningful use. Universal provider compliance with meaningful use standards is the longer term goal since it serves the public interest by transforming a largely paper-based system into a private and secure electronic, interconnected system that is transparent, earns public trust, and helps address health challenges facing Georgia, including preventable medical errors, disparities in the quality of care, high costs, administrative inefficiencies, and the lack of care coordination among providers.

Retention of information in edge devices highlights the concept of control over health information and the ability for the information to be updated or deleted. Information in edge servers does not necessarily need an expiration/auto-delete date. If data were to be deleted from an edge device, the data in the originating system would still exist, and all logs of access to the previous data will persist in the HIE audit log. For primary clinical uses of the information, ancillary data will be routed from the processing facility (i.e., laboratory or imaging center) through the statewide HIE to the ordering physician. This HIE will initially leverage SureScripts/RxHub as a source of medication information derived from both pharmacy data (SureScripts) and claims data (RxHub). This data will

be accessed by routing provider requests through the HIE to SureScripts/RxHub and locating the patient using that company's MPI service. As the statewide HIE evolves, the ability for consumers to maintain medication history information in their own PHR will be supported.

The graphic below represent the anticipated technical architecture of the Georgia Statewide HIE.

Georgia Statewide Health Information Exchange "Network of Networks" Hybrid / Federated Model



12.3 Enterprise Master Patient Index (EMPI) and Record Locator Service (RLS)

An essential capability of health information exchange is to accurately match patients with their records in order to find and retrieve health care information on a particular patient where it resides. This is accomplished by implementing an Enterprise Master Patient Index (EMPI) that is comprised of a database of demographic information on patients and a set of algorithms for the purpose of matching patients with their records from disparate systems. The identifying information in the EMPI serves as the key for matching the records of patients from disparate data sources to enable the creation of a longitudinal patient record.

The Record Locator Service (RLS) works with an EMPI and maintains pointers to the location of health records. The RLS stores enough information to be able to match a pointer to a clinical record in a health care facility to a patient demographic record stored in the EMPI, as well as the information about where that record is located on the network. The RLS will provide directory and RLS services for the statewide health information network that supports interoperability among disparate health care information systems based on open standards and vendor neutrality.

12.4 Technical Relationships Between Georgia and Others

DCH has been in communication with other states to discuss the strategies they have used for implementing their HIEs. This collaboration has provided a mechanism for Georgia to share lessons learned, identify the challenges, and discuss various unique policy-related issues. Discussions concerning technology evaluation, selection, and implementation have also occurred. It is expected that the statewide HIE Governance Organization will continue building communications with other states, will participate in meetings with representatives from bordering states to discuss interstate HIE connectivity, and will explore opportunities to share lessons learned as it moves forward with implementing the statewide HIE.

It is expected that the Governance Organization will work closely with public agencies to establish connectivity for the exchange of electronic health information. Collaboration with Medicaid has already begun. It is anticipated that discussions with the Department of Veterans Affairs (VA), the Department of Defense, and other state and federal agencies will ensue at the earliest possible dates.

The VA has successfully implemented a system-wide EHR in a health care system that serves nearly six million patients in more than 1,400 hospitals, clinics, and nursing homes. The Georgia VA Medical Centers, in addition to other organizations in the state, work together to form a comprehensive health care delivery system for Georgia veterans. It is anticipated that the statewide HIE will explore data sharing with the VA, possibly via the NHIN, and that implementation will occur as early as feasible, most likely on a use case basis.

The Georgia Statewide HIE will connect to the existing MMIS as a first step in connecting with public programs and will work with Medicaid to implement technology to support the MITA transformation.

12.5 Georgia and the Nationwide Health Information Network (NHIN)

The technology specifications for the Georgia Statewide HIE will be based on federally endorsed standards and integration protocols that bridge proprietary boundaries. Using approved standards mitigates vulnerability to vendor selection issues and risks, and ensures compatibility with other HIEs and federal initiatives. The infrastructure of the statewide HIE will be designed to enable flexibility while ensuring that the organization can respond to market changes and eventually support data sharing with the NHIN. Wherever feasible, the statewide HIE will use the NHIN to connect to other networks located in whole or in part outside the state of Georgia (e.g. VA, DOD Military Health, laboratory/pharmacy networks or HIEs in adjacent states). This strategy can not only accelerate the deployment of these connections but it also promises to minimize the need to develop and maintain costly and complex direct interfaces.

Section 13. Business and Technical Operations

Created in 2006, the HITT Advisory Board established open, representative, volunteer workgroups to consider the governance, finance, policy, and technical operations for a statewide HIE. After extensive collaboration with stakeholders across Georgia, DCH endorsed the recommendations of these workgroups to designate a Georgia Statewide HIE Governance Organization that is both independent and widely representative of the stakeholders. As of this writing, that Governance Organization has not been officially organized so most aspects of policy, business model, and technical operations are not yet finalized. To the extent possible, DCH addresses in this section the operating principles believed to be self-evident or required by regulation as a guide to the Georgia Statewide HIE once it becomes operational.

Among the core operational principles is providing value to the multiple stakeholders in Georgia through a business model that aligns value to sources of ongoing funding. Another is the recognition that existing service area HIEs are potential assets for the Georgia Statewide HIE and need to be supported and encouraged to participate in a manner that respects the investment and existing provider relationships of their sponsoring organizations.

The architecture, as described in Section 12 of this Strategic Plan, is based on a hybrid-federated model in which data is maintained at its source, but certain centralized services support data access on a statewide basis even for those providers who do not yet have an EHR. This model also supports PHR technologies. It is anticipated that the HIE Governance Organization will conduct a procurement seeking an infrastructure vendor to provide these core services and, possibly, other connectivity services for those providers who are not participating in an existing service area HIE or some other connectivity arrangement. Specific decisions about this procurement will be made as determined by the HIE Governance Organization.

13.1 Implementation

When fully implemented, this HIE architecture will enable connections among Georgia's approximately 150 acute care hospitals and 2,000 physician practices as well as other participants, such as health plans and employers. This HIE will provide a mechanism that enables appropriately authorized individuals to perform select analytical reporting. It will also allow use of aggregated data for public health, biosurveillance, and other appropriate uses of aggregate data (sometimes called secondary use). All of these services will be provided in a manner that is consistent with national standards and accepted policies and procedures to ensure patient privacy and data security.

While the development of a plan for specific services (use cases) will be an early priority of the Georgia Statewide HIE Governance Organization, it is anticipated that these services might initially include services as described in the following paragraphs.

Electronic Administrative Transactions

Administrative health care transactions are federally regulated. Select networks that handle administrative transactions such as eligibility and claims are expected to collaborate with the Georgia Statewide HIE. It is anticipated that the appropriate group established by the HIE Governance Organization will engage in discussions with payers and networks to involve them in developing this use case.

Electronic Prescribing and Refill Requests

Georgia's rate of adoption for e-prescribing approximates the national norms. This use case would likely be designed to improve the adoption of e-prescribing among the more than 3,102 priority primary care practices in Georgia. This use case would be aligned with the incentive payments available under ARRA and would be implemented accordingly.

Electronic Clinical Laboratory Ordering and Structured Results Delivery

The rate of Georgia's adoption of computerized physician order entry (CPOE) is generally consistent with the national averages. The implementation of this use case would involve negotiating connectivity with national, local, and hospital clinical laboratories.

Clinical Summary Exchange

A Clinical Summary Exchange use case allows for the sharing of summary clinical data, such as a discharge summary, Continuity of Care Document (CCD), or Continuity of Care Record (CCR), to allow health information to be shared among authorized providers. The information contained in these electronic documents would be constrained by EHR system capabilities. This use case would ensure that data or an appropriate image is available to participating providers. This use case would be aligned with the incentive payments available under ARRA and would be implemented accordingly.

Electronic Public Health Reporting

Georgia has specific regulations governing public health reporting for a number of infectious or communicable diseases, such as meningitis, measles, mumps, and smallpox. Currently, providers are required to submit information to public health officials for monitoring and reporting purposes with variable requirements on the reporting timeframe. This use case would facilitate more timely and efficient reporting, in a consistent electronic format. The Division of Public Health is part of DCH making coordination of this effort much easier.

Quality Reporting Capabilities

Quality reporting is an important component for achieving meaningful use. Interest in quality reporting continues to grow; however, a consistent mechanism for reporting does not exist. The statewide HIE is expected to make available quality reporting, as deemed appropriate, aligned with the incentive payments available under ARRA and would be implemented accordingly.

Other Use Cases

Other potential high priority use cases might include vaccine reporting/registries and cancer registries or other reporting to the state or other entities charged with protecting the public health.

13.2 Project Management

Implementing the Georgia Statewide HIE will be a complex project consisting of integrating multiple systems that need to work together to ensure success. Many different types of evaluation tools exist. It is expected that these tools will be considered by HIE Governance Organization for tracking the performance of the HIE implementation activities. The majority of methods, techniques, and tools place particular emphasis on quantification.

The statewide HIE Governance Organization may choose to collaborate with Georgia Institute of Technology's nationally ranked School of Industrial and Systems Engineering (ISyE) to evaluate performance through a technique known as systems thinking. Ample evidence exists that suggests complex initiatives are better managed by the application of systems thinking. This would enable the HIE Governance Organization to seek out new and diverse perspectives while solving problems in a manner that considers complexity, environmental influences, policy, change, and uncertainty. Specific decisions about project management will be made by the appropriate group designated by the HIE Governance Organization.

Section 14. Legal / Policy

14.1 Privacy and Security

Services provided by the statewide HIE must be consistent with federal and state privacy and security laws, regulations, policies, and guidelines as well as with NHIN specifications. Furthermore, HIE services must be based on technologies that are adaptable and flexible for future requirements, including the exchange of information across state boundaries.

14.2 State Laws

Through its four workgroups (Business and Technical Operations, Technical Infrastructure, Legal and Privacy, and Governance and Finance), the HITT Advisory Board issued a number of recommendations relating to the establishment and operation of HIE. The Legal and Privacy workgroup recognized the importance of a thorough assessment of privacy and security policies and business practices as demonstrated by the following recommendations, which have been only slightly expanded by DCH:

- Conduct a comprehensive review of federal and state laws and regulations related to HIE, including, but not limited to, the HIPAA Privacy Rule, the HIPAA Security Rule, the HITECH Act, the Genetic Information Nondiscrimination Act (GINA), the Family Educational Rights and Privacy Act (FERPA) and 42 CFR Part 2 (governing alcohol and substance abuse treatment programs);
- Identify specific requirements for an individual's authorization, including those requirements for health information that is afforded heightened protection (for example, HIV/AIDS information, mental health information, and alcohol and substance abuse treatment information);
- Identify state and federal legal barriers to the implementation of a statewide HIE; and
- Prepare recommendations to address and overcome legal barriers identified above.

DCH expects the statewide HIE to be fully compliant with all applicable federal and state laws. DCH has a legal team that will be available to provide legal assistance to the statewide HIE if requested by the HIE governance organization. The DCH legal team is led by DCH Senior Deputy General Counsel and includes a DCH attorney, the HITT Privacy and Security Officer, a private Georgia attorney who is conversant with the relevant federal and state laws and regulations, and a national attorney who is conversant and experienced with the federal health care laws and regulations, is already working to identify significant legal issues expected to impact and control the exchange of electronic health information in the statewide HIE.

Like many states, Georgia has state laws that result in heightened protections for certain types of health information, such as information relating to mental health,

substance abuse, rape victims, sexually transmitted diseases, and AIDS/HIV information. DCH expects its legal team to complete a detailed analysis of state law, perform a thorough assessment to examine any state law legal barriers to the exchange of health information, and determine whether any changes to state law will be needed. Although the review of existing state laws is not yet complete, the preliminary review has not discovered state law issues affecting the exchange of health information that will be likely to pose formidable barriers to such an exchange. Once this review is complete, DCH will identify and address any barriers to the implementation of a statewide HIE. Such barriers may be addressed, for example, through the proposal of legislation to the Georgia General Assembly.

14.3 Policies and Procedures

An effective statewide HIE must have strong and enforceable privacy and security policies not only to protect health information but also to foster public confidence and trust in the electronic exchange of individuals' health information. Implementation of the statewide HIE will require full compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), federal privacy and security rules, and other applicable federal and state laws.

In developing privacy and security policies and procedures for the Georgia Statewide HIE, the technical architecture of the HIE must be considered. It is expected that the statewide HIE will serve as a system to locate and retrieve records. Under current consideration is a plan by which consumers will be afforded the right to decide whether or not to opt-in to the HIE. In the event that a consumer elects to opt-out, it is likely that certain demographic data will be transmitted and stored in the MPI hosted by the HIE. Storing limited demographic data in the MPI is necessary should the consumer choose to opt-in at a later time. Demographic information may be included in an MPI hosted by the HIE. Basic personal information such as name, gender, address, and birth date would be transmitted, captured, and stored in secure computers owned by or contracted for use by the statewide HIE. The statewide HIE would be required to inform consumers of their participation rights through an intensive outreach campaign that will be developed. At this point, it is anticipated that consumers' health information will not be captured and stored by the statewide HIE but will remain with the originating entities.

If requested by the HIE Governance Organization DCH's legal team will provide a review of all relevant state and federal laws discussed in Section 14.2 and will develop appropriate policies, procedures, agreements, and consents relating to HIE. In doing so, the legal team would consider the recommendations of the Legal and Privacy workgroup of the HITT Advisory Board to:

- Develop template contracts and agreements, as necessary and appropriate for creation of, participation in, and operation of statewide HIE;
- Develop a robust HIE level compliance program, including, but not limited to, criteria for best practices, checklists, providers' attestation of compliance and

criteria for monitoring and auditing, in accordance with a model of a best practices compliance program to address privacy and security requirements;

- Develop a robust HIE level policy and procedure framework, including, but not limited to, development of a “floor” document that addresses recommended standards for authorization, user access, breach (including notification), and sanctions for noncompliance;
- Research and recommend best practices related to data sharing agreements, system development, and harmonization of multi-state laws and regulations, with a focus on practices at existing, sustainable HIEs;
- Identify potential consequences and mechanisms, contractual or otherwise, to address noncompliance with recommended standards; and
- Provide education to consumers and providers to support public trust in privacy and security of HIE.

In addition the legal team would consider the following:

- Standards and best practices developed by or on behalf of the Nationwide Health Information Network (NHIN) and the need for the statewide HIE to connect to and participate in the NHIN;
- The HHS Privacy and Security Framework for the Electronic Exchange of Individually Identifiable Health Information which established guiding principles for entities and persons participating in health information exchange: (1) individual access; (2) right to correct errors; (3) openness and transparency; (4) individual choice as to whether or not to share information; (5) collection and use; (6) disclosure limitation; (7) data quality and integrity; (8) safeguards; and (9) accountability;
- The experiences of the existing service area HIEs discussed in more detail in other sections of this Strategic and Operational Plans;
- The provision of appropriate education and outreach to build support and gain trust from various types of participants (such as health care providers and payers);
- The provision of appropriate education and outreach to engender trust on the part of individuals whose information will be available through the HIE, including education and outreach concerning the privacy and security measures taken by the HIE; and
- The need for technologies utilized by the statewide HIE to be flexible, scalable, and adaptable to future modifications, expansions, and legal and other requirements.

Keeping the above considerations in mind, DCH anticipates that the statewide HIE would need to have the following policies, procedures, agreements, and consents:

- Policies and procedures explaining the overall structure, purpose, and anticipated functionality of the statewide HIE, which will include policies and procedures governing participant compliance and auditing of same;
- Agreements with HIE participants governing the use, submission, transfer, access, privacy, and security of individuals' health information available through HIE, which agreements must also address the termination of a participant's right to use or access HIE if the participant fails to comply with applicable legal or contractual requirements or HIE policies and procedures;
- Consents from individuals whose health information will be shared through HIE, which consents must be consistent with applicable federal and state law, and the process for obtaining such consents;
- Privacy and security processes, including participants' obligations to maintain secure environments supporting HIE and specifically addressing role-based access, user authentication, encryption, and audit capabilities;
- Security incident policies and procedures that comply with applicable federal and state law;
- Business Associate Agreements that comply with HIPAA requirements and provide a mechanism for amendment as may be required from time to time.

Finally, as the statewide HIE is established, the HIE governing entity will need to examine privacy and security issues associated with the sharing of health information across state borders. DCH currently participates in calls and meetings with neighboring states to discuss HIE in general, and DCH understands that Georgia's neighboring states are interested in addressing cross-border issues.

14.4 Trust Agreements

The statewide HIE will need to develop trust agreements (including, but not limited to, data sharing agreements, data use agreements and reciprocal support agreements) that will contractually obligate participants in the HIE to comply with applicable laws and regulations as well as with the policies and procedures of the statewide HIE. It is probable that the statewide HIE will utilize trust agreements modeled on the federal Data Use and Reciprocal Support Agreement (DURSA). In addition, it is anticipated that the trust agreements will incorporate privacy and security processes (such as privacy and security policies, user authentication, network security, and auditing mechanisms) as well as provider appeal procedures and a recoupment process.

14.5 Oversight of Information Exchange and Enforcement

DCH expects that a use policy will be included in the trust agreement between the statewide HIE and participants that defines the appropriate and inappropriate uses of the statewide HIE by those granted access. The trust agreement will specify the consequences of misuse, up to and including termination of the trust agreement. The governance policies of the statewide HIE will attempt to minimize the occurrence of breaches and misuse through appropriate policies, systems monitoring, security, training, and reporting requirements. In the event of a breach of PHI or security protocols, appropriate sanctions will be enforced against any provider or workforce member who violates proper procedures and action will be taken in accordance with the requirements of HIPAA, other applicable law, and the statewide HIE's contractual agreements.

OPERATIONAL PLAN

Section 1. Introduction to the Operational Plan

The Georgia Statewide HIE Operational Plan identifies and defines the processes and activities required in order to implement the HIE in an effective and efficient manner. Georgia seeks to create and use and a roadmap that will allow the HIE to:

- Meet ONC technical requirements;
- Meet ONC data standards;
- Allow for optimum interoperability;
- Meet requirements that allow providers to demonstrate meaningful use in 2012;
- Provide services that create a foundation for financial sustainability; and
- Meet or exceed all requirements for Privacy and Security.

The timeline in Figure 1-1 shows an overview of the sequence of planned activities that will allow the HIE to meet these goals. This project is expected to be completed in five phases of grouped activities.

The first phase of the project will occur during the third and fourth quarters of 2010. During this phase the HIE team will put in place the governance foundation for the project to move forward. This foundation will include:

- Formal establishment of the Georgia Statewide HIE governance entity;
- Develop and implement project standards and processes for documentation, communications, risk management, change management;
- Evaluate and put in place appropriate staffing;
- Define required vendor services;
- Evaluate and select vendor services; and
- Begin contract negotiations with selected vendor to be completed 1st quarter of 2012.

The second phase of the project will occur during the first quarter of 2012 beginning with finalization of the vendor contract. The selected vendor will work with the HIE governance entity to determine the criteria for the following:

- Business requirements definition including data standards;
- Technical requirements definition including ANSI standards, HL7 interface standards;
- Integration model for participating HIEs;
- Network of networks design approval by the HIE governance entity;
- Selection of an HIE financial sustainability model by the HIE governance entity;
- Training plan will be developed and approved; and
- Participant and public outreach campaigns will be implemented.

It is important to note that all standards selected and used will in accordance with those required by the National Health Information Network (NHIN). Please refer to the Technical Infrastructure, Business and Technical Operations, and Financial Sustainability sections of this plan for additional information.

The third phase of the project will begin in the second quarter of 2011. During this phase the vendor will continue the network build while other critical project aspects are addressed by the HIE implementation team and HIE governance body. The following areas will be addressed and completed during the second quarter of 2011:

- The Privacy and Security Framework will be completed and approved;
- The HIE workflow will be developed and approved; and
- Performance measurement standards will be completed.

The fourth phase of the project will begin in the third quarter of 2011. During the beginning of this phase the vendor will complete the network build and integrations will begin. The following activities will occur during the third quarter.

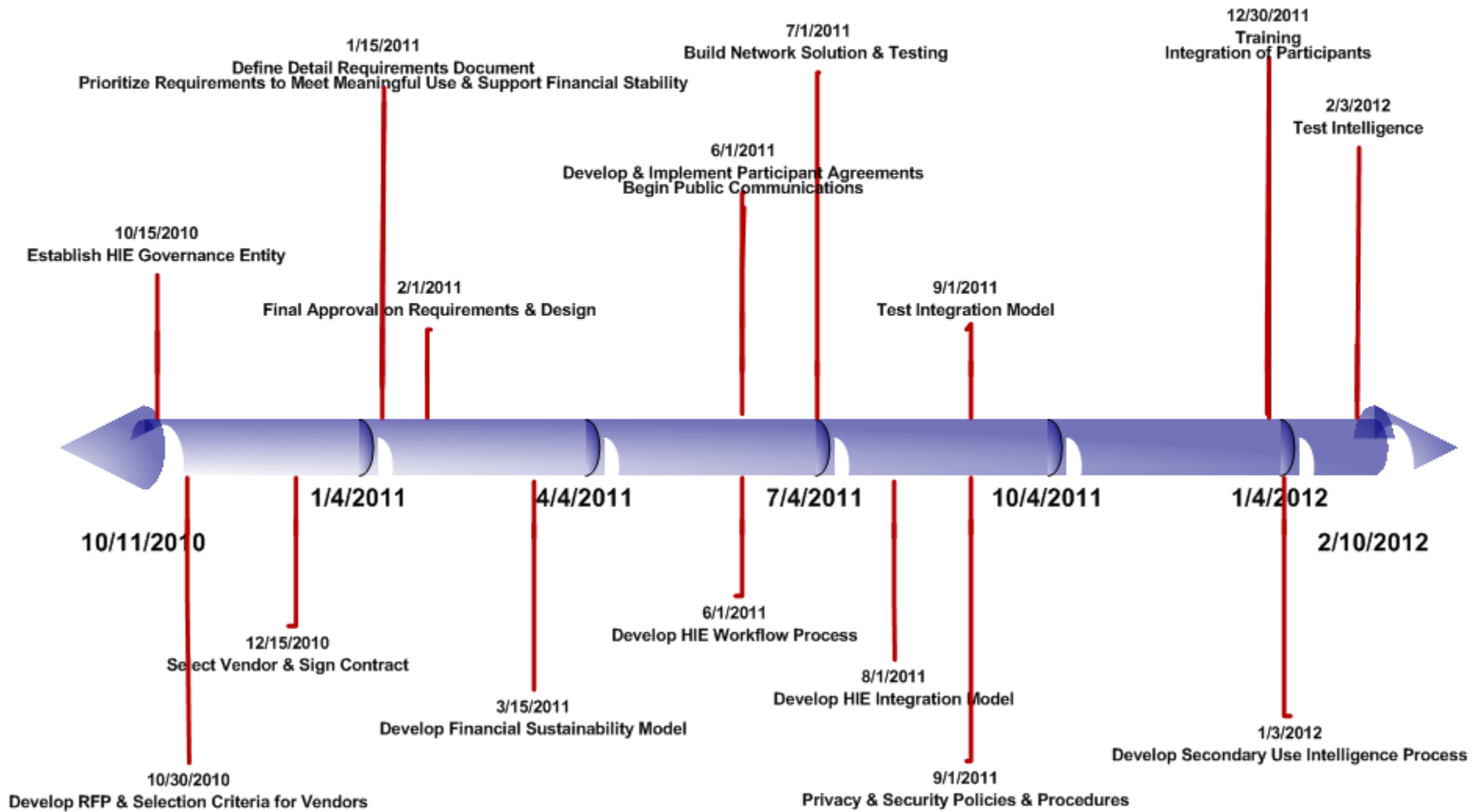
- Privacy and Security policies and procedures will be completed and approved;
- Integrations will begin with CMS, Medicaid and existing regional HIEs in Georgia;
- Integrations will begin to meet e-prescribing and clinical lab results requirements; and
- A network intelligence solution will be developed and tested for secondary data use.

The fifth phase of the project will begin in the fourth quarter of 2011. During the fourth quarter integrations will continue and training will be provided as necessary to participants:

- Integrations will include the State Health Benefit Plan, enterprise health systems, community hospitals, the Veterans Administration (VA), and Centers for Disease Control (CDC), statewide immunization registry, and the Division of Public Health; and
- Training sessions will be available for all HIE participants.

Figure 1-1

HIE Activities Timeline



A more detailed table of project tasks is shown in the Georgia Statewide HIE Roadmap. The current roadmap shown below will serve as a starting point for the ongoing development and definition of project tasks.

Georgia Statewide HIE Roadmap

HIE Activities	Timeframe	Completion Date
Establish HIE Governance Entity	6 weeks	10/15/2010
Develop By-Laws	2 weeks	11/1/2010
Develop RFP and selection criteria for vendors	6 weeks	10/30/2010
Select vendor and complete contract negotiations	6 weeks	12/15/2010
Requirements, Design, and Build		
Define detail requirements document	8 weeks	1/15/2011
Prioritize requirements to meet meaningful use and support financial stability	2 weeks	1/15/2011
Final approval by governance entity on requirements and design	2 weeks	2/01/2011
Build network solution including testing	5 months	7/1/2011
Develop HIE integration model including <ul style="list-style-type: none"> • interface for state and federal government entities • clinical laboratory interface • e-prescribing interface • payer interface • provider interface (point-to point for certified EHRs) • hospital and health system interface 	3 months	8/1/2011

HIE Activities	Timeframe	Completion Date
Test integration model	6 weeks	9/1/2011
Integration of participants	4 months	12/30/2011
Develop secondary use intelligence process	3 months	1/03/2012
Test intelligence process	1 month	2/03/2012
Process, Finance, Participation, Training and Communications		
Develop financial sustainability model	3 months	3/15/2011
Develop HIE workflow processes	6 months	6/15/2011
Develop training program and coordinate training delivery with GA REC	4 months	12/30/2011
Develop and implement privacy and security policies and procedures	6 months	9/1/2011
Develop and implement participant agreements	4 months	6/01/2011
Develop and begin public communications	6 months	6/01/2011

Project Dependencies

The Georgia Statewide HIE has a complex set of dependencies at multiple levels including national, state, and regional (or local). The following provides a summary of the most significant dependencies identified at this time.

- At the national level the timely development and publication of complete NHIN standards and requirements is the most critical dependency for both the technical and business development of the Georgia Statewide HIE.

- At the state level there is interdependence between project activities that requires an active and effective governance structure with major input from all stakeholders to be in place to complete requirements for building the network and resolving participation issues that affect integration. With the definition of five phases the completion of each phase of activities is generally required before the next set of activities can be started or completed.
- At the regional (or local) level there is the interdependence of the regional HIEs, hospital systems, etc. to be ready for integration into the statewide HIE in order for the integrations to be completed.

These dependencies feed into a complex set of project risks that could escalate to become issues.

Risks and Issues

A standard risk identification, prioritization, and management process developed in accordance with the Project Management Institute (PMI) Body of Knowledge standards will be used. The Risk Management Process (RMP) will include risk identification, qualitative risk analysis, risk prioritization, risk mitigation and contingency planning, and risk monitoring.

All risks identified throughout the project life cycle will be escalated to issues for prompt resolution. An issue log will be maintained throughout the project life cycle and will include corrective actions to resolve the issue, estimated level of effort, schedule impact and actionable steps.

A team to be established by the HIE governance entity will be responsible, as part of the project management process, for all risk processes and issue resolution. Refer to Section 9 - Risk Management for additional information including a risk log showing risks that have been identified to this point.

Change Management

The Change Management process will be developed in accordance with the PMI Body of Knowledge standards. A change management team will be put in place to assure that only those changes necessary to project success will be implemented throughout the project life cycle. The change management team will evaluate each change request to determine its necessity and impact on the project schedule and take steps to minimize or avoid delays in the project schedule.

Section 2. Coordinate with ARRA Programs

2.1 The Georgia Health Information Technology Regional Extension Center

In February 2010, the ONC selected the National Center for Primary Care (“NCPC”) at the Morehouse School of Medicine as the Regional Extension Center for Georgia. NCPC received approximately \$19.5 million in federal funding for the purpose of providing assistance to primary care providers in the adoption of certified electronic health record technology and the “meaningful use” of that electronic technology. NCPC’s core focus group is primary care providers in small or individual practices, especially practices that serve the medically indigent.

DCH began supporting NCPC’s efforts to help primary care providers even before NCPC was designated as the Regional Extension Center for Georgia. DCH provided technical assistance to NCPC’s grant application. In addition, the Commissioner of DCH provided a letter of support for NCPC’s grant application. Subsequent to the award of the grant, DCH, through its Office of HITT, sought to begin actively collaborating with the Georgia Health Information Regional Extension Center (GA-HITREC) to help GA-HITREC achieve its objectives of enrolling 5,200 providers and encouraging the adoption of health information technology by providers.

Almost immediately after NCPC learned that its grant application was successful, the Office of HITT and GA-HITREC began working together on a regular basis in planning and strategy sessions. DCH and GA-HITREC plan to leverage their resources and achieve cross-program coordination. With those goals in mind, the Office of HITT recently hired a business analyst whose principal job function is to serve as the liaison between DCH and GA-HITREC on a daily basis.

The essential function of GA-HITREC is congruent with the goals of DCH as the state-designed entity for health information technology for Georgia. Both GA-HITREC and DCH (through its Office of HITT) seek to advance the adoption, implementation and meaningful use of health information technology among Georgia’s health care providers. Both share the same goals of improving the safety, quality, accessibility, availability and efficiency of health care for Georgians. GA-HITREC described its mission as to “use a community approach to assist Georgia’s providers with the selection, successful implementation, and meaningful use of certified Electronic Health Records (“EHR”) systems to improve clinical outcomes and quality of care provided to their patients.” This mission complements DCH’s goals. Both DCH and GA-HITREC are committed to ensuring that the state’s indigent population and those who are medically underserved receive improved continuity of health care in order to effectuate better health outcomes for Georgians.

GA-HITREC has created an outline or model providing services. This model includes partnering with a conglomerate of stakeholders throughout Georgia to administer services required for the successful implementation of EHR initiatives. To achieve its objectives, GA-HITREC is launching a “community-oriented” approach.

Currently, GA-HITREC has undertaken certain activities to increase the positive momentum of its collaborative effort with communities. These activities include (but are not limited to) the following:

- Registering physicians and physician groups;
- Working with purchasing cooperatives;
- Developing technical partnerships;
- Facilitating training sessions in the community;
- Preparing to distribute communication pieces outlining the project;
- Using its Vendor Selection Committee to negotiate group purchasing discounts;
- Participating in the OHITT Advisory Board meetings;
- Developing business partnerships within communities; and
- Co-sponsoring training and other outreach programs with DCH.

In addition to providing assistance to GA-HITREC through its DCH liaison person, DCH has also engaged a communications specialist and a training and outreach coordinator to work with GA-HITREC. It is anticipated that DCH and GA-HITREC will develop joint communications and training materials to encourage and facilitate the adoption and advancement of health information technology. Thus, the communications, training, outreach programs activities as listed above by GA-HITREC align well with efforts being undertaken by DCH in those areas.

According to GA-HITREC, its future goals include:

- Selecting HIT products that meet providers' needs;
- Providing equitable group purchasing agreements for GA's priority primary care staff;
- Continuing to build competent technical teams to obtain meaningful use of EHR;
- Continuing to work with DCH to help providers meet the meaningful use criteria;
- Providing excellent quality service to customers; and
- Co-facilitating trainings and programs with DCH to encourage the use and adoption of EHRs.

Again, DCH recognizes the high value of these future goals as espoused by GA-HITREC and DCH plans to continue to coordinate with GA-HITREC to develop ways to help advance these goals.

2.2 Workforce Development

GA-HITREC is collaborating with a wide consortium of partners spanning across the fields of academia, the health care industry and business and technology to maximize strategic efforts to provide assistance to primary care providers and to enhance the successful outcome of such providers transitioning toward the meaningful use of EHRs. GA-HITREC is forming Outreach and Education (O&E) teams to operate in the 18 public health districts in Georgia. Use of the O&E teams will enable GA-HITREC to:

- Coordinate with the HIE program objectives for meaningful use;
- Offer providers access to facilities for public forums without incurring additional costs;
- Achieve better use of each district's public health statistics for planning purposes; and
- Develop strategic plans that meet the disparate needs of specific communities.

GA-HITREC plans education and training activities in communities that will benefit providers by increasing their knowledge base and by allowing some providers to receive "preferred" status. This would potentially increase their patient base and "...open the practice to new funding pools."

The formation of O&E teams is expected to significantly impact the labor force in these communities.

GA-HITREC is also partnering with the state technical colleges to provide technical training and is hiring professionals to assist with establishing EHR programs throughout the state's 18 public health districts. These activities are expected to create jobs and expand workforce development.

Both DCH and GA-HITREC are exploring ways to use the services of the Technical College System of Georgia (TCS) to advance their agenda. The TCS is also a recipient of ARRA funding. The TCS operates Quick Start, an acclaimed workforce development program that provides training to new, expanding and existing businesses. One particularly noteworthy Quick Start project is occurring in the area of "Biotech and Health care" in which a bio-manufacturing training program was created to advance the business of bio-manufacturing in Georgia to create new jobs.

DCH supports such workforce activities not only because they create job opportunities but also because they will expand certificate and degree programs for workforce members all over Georgia. DCH recognizes the potential to use the TCS to further the expansion of the use of health information technology to improve the quality of health care in Georgia.

2.3 Broadband Access, Mapping and Expansion

As of July 2010, 20 of Georgia's 159 counties had less than 50 percent access to broadband. Broadband access is particularly problematic in some of Georgia's rural areas. (See broadband map and discussion in Section 2.5 of the Strategic Plan.) In order for the electronic exchange of health information to occur, the broadband access issue must be resolved.

Solutions to the broadband access problem are well underway. In 2006, at Governor Sonny Perdue's behest, the state began funding to expand wireless broadband access to rural areas. The OneGeorgia Authority, established in 2006, operates a program separate from Wireless Communities Georgia to assist rural communities in establishing broadband networks. The Broadband Rural Initiative to Develop Georgia's Economy (BRIDGE) is continuing to provide financial assistance including grants and loans to support the deployment of high-speed broadband in rural areas in Georgia. Eligible recipients are typically cities, counties, and multi-county authorities. Even so, BRIDGE also provides low or zero interest loans to private sector entities to encourage broadband service in underserved rural areas.

Wireless Communities Georgia (WCG) is a separate program that is providing assistance to rural communities in establishing broadband networks. Under the WCG program, local governments are responsible for proposing, planning and implementing the wireless projects in their communities. The Georgia Technology Authority is responsible for managing the awards and monitoring project implementation.

In December 2009, the Georgia Technology Authority was awarded \$2.2 million for statewide broadband mapping. In February 2010, Sanborn mapping firm was selected to perform a comprehensive mapping of broadband access throughout the state. At this point, the results have not yet been completed.

On August 4, 2010, Governor Perdue announced three new broadband projects for Georgia that will receive almost \$13 million in federal funding through ARRA. All three projects are designed to bring high-speed Internet access to underserved homes and businesses in rural communities. Financed in conjunction with private matching funds, the first of the three awards will extend Windstream Corporation's broadband network to 29,000 people, 750 businesses, and 50 community institutions in areas located in north Georgia. The second award will provide broadband services to 44,000 people, 2,000 businesses, and 120 community institutions in areas as geographically diverse as Canton, Dalton, Jasper, Irwinville, Manchester, Milledgeville, and Trion. Including these three latest awards, various broadband projects in Georgia have received more than \$109 million in ARRA funding to expand broadband services throughout the state.

The expansion of broadband access, particularly in rural and isolated communities, will help enable the success of GA-HITREC to provide assistance to small primary practices in rural areas. Similarly, the expansion of broadband access will enable eligible Medicaid and Medicare providers to participate in the respective incentive programs. DCH plans to leverage the expanded broadband connectivity to facilitate the adoption

and implementation of electronic health record technology. The expanded broadband access in rural and isolated communities will be instrumental in facilitating access to an operational statewide HIE.

Section 3. Coordination with Other States

DCH has established collegial working relationships with other states in the southeast region, especially the states that border Georgia: Florida, Tennessee, Alabama, North Carolina and South Carolina. Inasmuch as the Georgia Division of Medicaid enrolls providers within a 50 mile radius of Georgia's border, it is particularly important as a practical matter to continue to coordinate with those five neighboring states.

DCH is actively collaborating with other states in the region on a regular basis through the Medicaid Multi-state Collaborative and the Southeast Regional Collaboration on HIE-HIT (SERCH) meetings and telephone conference calls. SERCH encompasses eleven states and routinely has participants in telephone conference calls from Alabama, Arkansas, Florida, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia and, of course, Georgia. The regional membership in SERCH includes representatives from Medicaid, health information and technology state coordinators, regional extension center staffs, and health information exchange staff including technical coordinators. SERCH is a joint partnership that consists of regional partners from these eleven states and federal partners from CMS and ONC. SERCH seeks to facilitate the resolution of cross border issues between states as well as the exchange of ideas on how states can maximize their limited resources. The SERCH group conducts weekly conference calls that are typically organized around a particular topic of mutual interest or concern. The agenda is ordinarily established prior to the conference calls.

On May 26, 2010, DCH sent numerous attendees to participate in the Southeast Regional HIT-HIE Collaboration Workshop in Atlanta. The program at this all-day workshop included the presentation of reports from Kentucky on the status of its HIE; Florida on its progress on negotiations with laboratories and on e-prescribing; Tennessee's plan to maximize the use of MMIS and its difficulties in developing methodologies for attestation, patient volume verification, and auditing; and South Carolina's interaction with its regional extension center. States freely exchanged ideas and shared information with one another.

DCH recognizes the value in coordinating and collaborating with other states. DCH plans to continue to engage in the exchange of ideas, plans, and information with other states with respect to the electronic exchange of health information and the advancement of health information exchange. Through engaging in the exchange of such information, DCH hopes to leverage its limited ARRA funds to gain maximum traction while planning to coordinate its Medicaid program and to share its progress in expanding the use of health information technology with other states.

Section 4. Governance

4.1 Governance and Policy Structures

As described by ONC, governance addresses the convening of health care stakeholders to create trust and consensus on an approach for statewide HIE. Governance also addresses the provision of oversight and accountability of HIE to protect the public interest. One of the primary purposes of an HIE governance entity is to develop and maintain a multi-stakeholder process to ensure HIE among participants is in compliance with all applicable laws, regulations, and policies.

In working toward a recommendation for a governance model for the statewide HIE, the Governance and Finance workgroup of the HITT Advisory Board considered the following goals:

- Improve access to health information so health care providers and consumers can make better and more informed health care decisions;
- Advance the exchange of health information between providers to make sure patients receive well-coordinated care, thereby improving quality and cost efficiencies, no matter the setting or level of care; and
- Ensure security and privacy for consumers and health care providers, making sure a patient's confidential information is protected and shared with providers only in a secure manner.

The Governance and Finance workgroup considered three different governance models, the risks associated with each model, and the coordination of each model with the anticipated technical architecture of the HIE. After careful deliberation, this workgroup recommended that a public/private governance model be used to achieve an independent, neutral, secure, trusted, and broadly adopted statewide HIE for Georgia. More specifically, this workgroup recommended that DCH delegate the authority and financial support to form and operate the statewide HIE to an independent, non-profit, tax-exempt entity (the Governance Organization).

HIE governance recommendations from other stakeholders were consistent with the above recommendations of the Governance and Finance workgroup. For example, the Metro Atlanta Chamber of Commerce also suggested the formation of a non-profit, tax-exempt entity that represents both the public and private sectors to govern the HIE. The Georgia Health Information Exchange, Inc. also supports this governance structure and is itself a non-profit, tax-exempt entity.

Therefore, DCH intends to adopt the recommendation of the Governance and Finance workgroup (and other stakeholders) by using a non-profit, tax-exempt entity (the Governance Organization) to govern the statewide HIE. This Governance Organization will operate in accordance with Georgia law governing non-profit corporations and will qualify as a tax-exempt entity under Section 501(c)(3) of the Internal Revenue Code.

The Governance Organization will approve all policies, procedures, and agreements relating to the HIE and will institute a process for the review and revision of such policies, procedures, and agreements. Also, as described in the Strategic Plan, to ensure accountability and transparency of the Governance Organization, the Governance Organization will report regularly to the HITT Advisory Board as well as the HIE Steering Committee and its councils and sub-committees. The Governance Organization will use a centralized database to share information and work product. Meetings of the Governance Organization may be open to the public and the agenda of and meeting notes from Governance Organization meetings will be available on the internet to any member of the public. In addition, the Governance Organization will work and share information with the Georgia Regional Extension Center and other relevant organizations.

DCH believes that structuring the Governance Organization in this manner will best support a private/public governance structure and the federated hybrid data model, which represent recommendations from the HITT Advisory Board as well as other stakeholders. Furthermore, this governance structure, because it is not controlled directly by the government, will encourage private sector input and collaboration. DCH also believes that this type of Governance Organization will be able to adapt quickly to ever-changing HIE requirements, standards, and best practices. However, as noted in the Strategic Plan, the governance model for the statewide HIE continues to evolve. DCH recognizes that the type of Governance Organization described above does have potential disadvantages; if at any point DCH determines that the proposed structure of the Governance Organization isn't feasible, DCH will work with the HITT Advisory Board to develop an alternative governance model.

4.2 Evolving to Production Use of Georgia Statewide HIE

4.2.1. Organizational Structure and Staffing

As stated above, DCH intends for the Governance Organization to be a non-profit corporation formed in accordance with the Georgia non-profit corporation code. The Governance Organization will be governed by its Board of Directors. Although DCH will have one or more representatives on the Board of Directors, DCH will not control the Board of Directors. Instead, DCH intends for the Board of Directors to represent a wide variety of stakeholders, including consumers, government, public health, hospitals, employers, providers, payers, and existing service area health information exchanges.

With respect to DCH representation on the HIE Governance Organization's Board of Directors, DCH anticipates that its State HIT Coordinator (who is also its Senior Deputy General Counsel) will either be a member of the Board of Directors or have the authority to designate a DCH representative. Also, DCH believes that Georgia's Medicaid and public health programs should have input with respect to the statewide HIE. The Georgia Division of Public Health (DPH) is the state agency responsible for the health of the communities and population of the state. The Medicaid Division of DCH administers the Medicaid program. Because the Divisions of Public Health and Medicaid are

divisions of DCH, having DCH representation on the Governance Organization will ensure that the divisions are adequately represented.

The precise structure of the Governance Organization will be described in its organizational and governance documents. For example, such documents (including articles of organization, bylaws, and policies) will describe the following:

- The number, appointment or election, qualifications, terms, and voting processes of Directors;
- The election of officers and their authority;
- Membership in the Governance Organization (if any, as members are not required under Georgia law);
- Committees, which may used to provide subject matter expertise;
- Conflicts of interest and non-discrimination practices;
- The approval of financial expenditures;
- The frequency and location of meetings of the Board of Directors; and
- Staffing of the Governance Organization.

The Governance Organization will have some flexibility to alter its structure and governance, although any and all changes must be consistent with the best interests of the Georgia Statewide HIE as well as all legal requirements.

In addition, the Governance Organization's organizational and governance documents, as well as its actual operation, will support its status as charitable organization. Therefore, as soon as possible following its organization under Georgia law, the Governance Organization will file for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code. As mentioned above, any and all changes to the structure or operation of the Governance Organization must not endanger the Governance Organization's status as a tax-exempt entity.

To help ensure accountability of the Governance Organization, the Governance Organization will develop and implement conflicts of interest and non-discrimination policies that demonstrate a commitment to fairness and openness. In addition to opening meetings of the Governance Organization's Board of Directors to the public, the Governance Organization may also describe its activities in an annual activities report. In addition, because the Governance Organization will seek to qualify as a tax-exempt entity under Section 501(c)(3) of the Internal Revenue Code, the Governance Organization will file annual tax returns as required of all tax-exempt entities. Such tax

returns (often referred to as Forms 990) will provide information on the Governance Organization's revenues, expenses, etc.

4.2.2. Advisory Groups

A broad HIE Steering Committee will be formed from the stakeholder environment that the HITT Advisory Board has developed over the past three years. This HIE Steering Committee will provide advice to the Governance Organization, determine the strategic direction of the statewide HIE, and will help ensure that the Governance Organization serves the interests of the entire Georgia health care community.

At this time, it is anticipated that the HIE Steering Committee will have the following councils:

- Small providers;
- Hospitals;
- Health plans, both public and private;
- Public health agencies; and
- Employers.

At this time, it is anticipated that the HIE Steering Committee will also have four sub-committees:

- Clinical;
- Technology;
- Business; and
- Legal.

If requested, DCH may provide staff to the HIE Steering Committee and its councils and sub-committees in such a way that ensures that the perspectives of all relevant constituencies are heard.

4.2.3 Maintaining and Updating Policies

DCH anticipates that the Governance Organization will approve, adopt, review, and revise the policies and procedures of the statewide HIE. Although the initial policies and procedures of the statewide HIE may be drafted by the DCH legal team (led by DCH Senior Deputy General Counsel and including a DCH attorney, the DCH Privacy Officer, a private Georgia attorney who is conversant with the relevant federal and state laws

and regulations, and a national attorney who is conversant and experienced with the federal health care laws and regulations), DCH, as well as other stakeholders, recognize that the regulatory environment in which the HIE operates will change as new requirements of the HITECH Act section of ARRA become effective and other laws are passed, other regulations are issued, and other guidance is provided. DCH recognizes the need for on-going review and revision of HIE policies and procedures and anticipates that the statewide HIE Governance Organization will designate an officer or committee with responsibility for compliance by the HIE with ever-changing federal and state legal and policy requirements. Such officer or committee may consult with the DCH legal team or other legal advisors as may be approved by the HIE Governance Organization.

4.2.4. Oversight

The key to effective policies and procedures that maintain the trust of participants and the public is oversight, including both monitoring of compliance with, and enforcement of, such policies and procedures. The Georgia Statewide HIE governing body will build a monitoring and enforcement program that will be transparent, uniform, and vigilant to ensure compliance with applicable laws and regulations and to protect the confidentiality and security of individuals' health information. When, through the monitoring and enforcement program, the HIE governing body determines that a participant is not complying with applicable legal or contractual requirements or with the HIE policies and procedures, the HIE governing body may take action as described in the agreement between the HIE and the participant and as provided by applicable law.

Section 5. Finance

5.1 Cost Estimates and Georgia HITT Project Staffing Plan

As the recipient of ARRA seed funding, DCH recognizes and anticipates there will be program costs attributable to providing strategic planning and oversight in developing a sustainable and viable statewide health information exchange. A significant initial cost relates to internal staffing. The Staffing Plan consists of the following positions –most of which were recently phased in. The current staff consists of the State HIT Coordinator, OHITT Director (TBD), Privacy and Security Officer, Staff Attorney, Program Director, Project Officer, Data Analyst, Business Analyst, Contracts & Grants Analyst, Liaison with GA-HITREC, Business Analyst, Policy Specialist, Budget and Financial Analyst, Training and Outreach Coordinator, Program Coordinator, Communications Specialist, and two Administrative Assistants. These positions are providing the direction, leadership, and coordination toward the development of a statewide HIE. Additionally, these positions could provide the project management and technical leadership for the requisite implementation activities essential to the statewide HIE, if the Governance Organization so decides.

State HIT Coordinator: Oversees all HIT efforts, initiatives, projects, and programs that relate to Health Information Technology for the State of Georgia; provides strategic and operational direction and oversight for all of the State’s HIT efforts; ensures that the Office of HITT outreach program is coordinated with the sub-state programs and GA-HITREC located at the Morehouse School of Medicine; is the executive representative for the State’s HIT projects; and is the primary point of contact for the stakeholders and others seeking to participate in the statewide HIE.

OHITT Director: Oversees the Office of Health Information Technology and Transparency; manages the day-to-day operation of the Office of HITT; provides oversight and management of HIT programs and projects.

Privacy and Security Officer: Coordinates activities related to the establishment of security and access standards, policies, methods, and procedures; monitors, reports, tracks, and resolves security and access violations; oversees activities related to the establishment of privacy and confidentiality standards, policies, methods, and procedures; monitors, reports, tracks, and resolves privacy and confidentiality breaches.

Staff Attorney: Coordinates the alignment of the activities of the Office of HITT to ensure compliance with federal and state law; helps develop contractual agreements such as data use agreements, participation agreements, and other contracts; ensures that strong and enforceable privacy and security policies are established and enforced; and identifies and works to resolve significant legal issues expected to impact or affect the exchange of electronic health information in the statewide HIE.

Program Director: Provides departmental leadership in the administration of HIT operations including areas related to outreach and educational program development, definition and development of state and national progress reporting, and coordination

with the Office of HITT leadership in the development and delivery of stakeholder and public informational and educational programming.

Project Officer: Coordinates all service development and service implementation projects with vendors, contractors, sub-state HIEs, and the Office of HITT project managers and staff; ensures that industry recognized standards and methods are utilized to manage all projects.

Data Analyst: Manages data and information flow; researches and extracts information as needed for key decision-making; reviews and analyzes information from the environmental scan; assists in the maintenance of the Georgia HITT web site content.

Business Analyst, SME: Coordinates activities related to the identification, evaluation, and selection of services and capabilities that will be offered by Georgia Medicaid, CMO's, Managed Care Companies, and the NLR interface as related to the HITT project, technical infrastructure, technical design, data interfaces; monitors and reports stakeholder utilization of existing services and capabilities; and assists in the maintenance of the Georgia HITT web site content.

Contracts & Grants Analyst: Coordinates activities related to the identification, evaluation, and selection of grants and contracted services; monitors contract deliverables and vendors' performance relating to the HIE project.

Business Analyst/Liaison with the GA-HITREC: Coordinates health information exchange technology and EHR adoption activities with the GA-HITREC; meets regularly with Dominic Mack, M.D., the Director of the Georgia Health Information Technology Regional Extension Center, to develop communication and outreach strategies focused toward assisting primary care physicians in small practices with the adoption of certified EHR systems.

EHR Business Analyst: Coordinates activities related to the operational support of the Georgia HITT stakeholders as such activities relate to EHR services and capabilities.

Budget and Financial Analyst: Assists with planning the Medicaid reimbursement process; calculates and monitors the financial components of the various Medicaid Incentives Program tasks; studies and plans the pricing structure and sustainability model for the system; and ensures appropriate spending of funds and reporting of expenditures for transparency and accountability to federal and state authorities.

Training and Outreach Coordinator: Provides coordination of marketing and outreach activities with Georgia HITT leadership, substate HIEs, and the health care community in Georgia HITT; promotes the adoption and use of HIT, the exchange of health information through the substate HIEs and Georgia HITT; coordinates the development and distribution of marketing, educational, and promotional materials; coordinates the maintenance of the Georgia HITT web site content.

Program Coordinator: Assists with contracts and grants document management for the HIT program; conducts extensive research and compiles information for reports and

to accurately respond to questions and concerns; assists managers in organizing and executing routine activities and special projects.

Communications Specialist: Develops, coordinates, and manages the communications strategy as to key stakeholders, business partners, and the health care community including the general public; works closely with the business analyst/liaison with GA-HITREC on joint OHITT and regional extension center activities.

The funding and staffing represented by the above positions as well as the positions not described in detail are providing essential resources for planning the statewide HIE and its long-term financial sustainability. DCH expects to institute an evaluation and review process that will continually monitor and measure the appropriateness and effectiveness of the various funding mechanisms adopted by the statewide HIE to ensure the operational sustainability of the HIE beyond the federal grant funding period. DCH also expects to adjust staffing resources as needed.

Model and Financing

It is anticipated that the statewide HIE, once it has been created, will undertake the development of a business plan that supports a financial sustainability strategy and approach. In this effort the estimated operational and capital budgets developed during the Strategic and Operational Planning phase will be replaced with actual budgets. This financial and business modeling effort may be used to establish the ongoing process that will allow all factors including those listed below to be fully analyzed and periodically reviewed to ensure that the selected funding mechanisms remain aligned with sound financing strategy and guiding principles, and that they continue to produce the required sustaining revenue as needed by the statewide HIE.

The following are examples of business and financial evaluation factors that may be considered:

- The impact, appropriateness, acceptability, and timing of each of funding mechanism as it relates to each stakeholder group;
- The size and number of participants in each stakeholder group;
- The timing of the delivery of each of the identified service priorities;
- The extent to which the value of a given service can be determined and associated with one or more stakeholder groups; and
- The extent to which a given service has a directly associated ROI that can be associated with one or more stakeholder groups.

The initial and ongoing results of this business and financial modeling could be utilized by the statewide HIE to finalize its revenue targets and establish the appropriate fee

structures that will be incorporated into the stakeholder trust agreements thereby establishing the formal basis for financial support.

Additionally, this modeling activity could be used by the statewide HIE to finalize its business plan. The accounting, financial and reporting structures will reflect the financial plan and budget presented for the State Health Information Exchange Cooperative Agreement program.

The software for an accounting pack is yet to be selected. That will be a primary initial function of the statewide HIE once that entity has officially been created and is functional. The requirements for the accounting and time keeping applications will adhere to generally accepted accounting principles.

From DCH's perspective, there will also be challenges surrounding the grants management process. This will require a centralized process for grants management to assure that no money is left on the table and that an accurate understanding of administrative costs is completed. In addition, DCH will comply with OMB regulations, Circular A-122 and Circular A-133 detailing the requirement to supply certified audits and reports of DCH's accounting activities by engaging a CPA.

Achieving Operational Status

It is expected that the statewide HIE will utilize only those funding mechanisms that through an ongoing process of analysis and review achieve the following:

- Recognize that all who benefit from the values realized from the exchange of health information will equitably and proportionally participate in the financing and support of the statewide shared services network; and
- Optimize the use of the HIE by establishing a fee structure that encourages the adoption and use of HIT and the exchange of health information within and across sub-state HIEs, thus further assisting eligible providers in achieving "meaningful use," and
- Enable the extension and expansion of the capabilities, services, and benefits of the exchange of health information within the statewide HIE by ensuring that sustainable revenues are available to meet both current and future federal, state, and stakeholder service demands beyond the four years of the HITECH grant funding (2010 – 2014).

DCH expects to institute an evaluation and review processes that will continually measure the appropriateness and effectiveness of the various funding mechanisms to ensure the operational sustainability of the HIE beyond the ARRA grant funding period. The selected mechanisms will enable the equitable and proportional allocation of costs to the various stakeholders, and will ensure that the pricing structures reflect the relative value of each service and generate the required revenues. When feasible, DCH will

ensure the most cost effective acquisition of services and assets and continue to utilize its purchasing power to leverage its ARRA funding.

Section 6. Technical Infrastructure

6.1 Standards and Certifications

As previously noted, the Governance Organization, not DCH, will establish policies for technical standards. Nevertheless, DCH believes that the standards used by the statewide HIE infrastructure are expected to include but not be limited to: Health Level 7 (HL7), Digital Imaging and Communications in Medicine (DICOM), SNOMED CT, LOINC, IHE, Electronic Data Interchange X12 (EDI X12), National Council on Prescription Drug Plans (NCPDP), Standard Object Access Protocol (SOAP), electronic business Extensible Mark-up Language (ebXML), Secure Socket Layer (SSL), and Transport Layer Security (TLS). DICOM and NCPDP provide for messaging standards around imaging and medication information, respectively.

The appropriate group designated by the statewide HIE Governance Organization will define use cases that will leverage these standards. (See Section 13 of the Strategic Plan for more information on use cases.) Examples might include the delivery of image and drug information. The American National Standards Institute Accredited Standards Committee X12 (ANSI ASC X12) is a standard that will be used in the exchange of administrative health care transactions. It is anticipated that the statewide HIE will use the Continuity of Care (CCD) C32 as a document standard with the recognition that further definition and constraints within that document will need to be applied. The use of the CCD standard is built upon and reinforced by the CCHIT identifying the CCD as a document standard in its 2008 certification criteria.

Technology deployed by the statewide HIE will meet or exceed existing standards recognized by the Secretary of HHS. The approach leverages a number of HITSP endorsed IHE profiles, as well as ensuring emerging standards and interoperability specifications that have been endorsed by the appropriate oversight committee.

The statewide HIE Governance Organization will monitor the work of ONC's Health IT Policy and Standards Committees to ensure that the technical infrastructure includes at least those standards that are federally endorsed. Lessons learned regarding the technical infrastructure and other aspects of data sharing will be communicated directly with ONC and through collaboration with GA-HITREC.

The first step for provider participation in the Georgia Statewide HIE is the authentication of that individual as a health care provider. The HIE will query the existing Georgia Composite Medical Board database to authenticate the existence and status of state licensure. The Georgia Statewide HIE Governance Organization anticipates the development of authentication processes for other participants as well. Also, the Governance Organization will utilize a participation agreement that will codify the relationship with various participants. Providers (and others) interested in participating in the HIE will have the ability to review the terms and conditions of the participation agreement on the HIE's web site. The Georgia Statewide HIE Governance Organization will align the statewide participation agreement with the NHIN.

The logic behind arriving at a consistent participation agreement that is entered into by each participant without substantial or material modification is to ensure that “transitive trust” can be maintained across the entire exchange. Transitive trust is the mutual trust between HIE participants rooted in the knowledge that each participant has entered into a consistent participation agreement that defines appropriate usage and requirements for participation, thereby avoiding the participant-to-participant need to know every individual provider and employee accessing the exchange. This approach acknowledges understanding on the terms and conditions in a participation agreement for a future state, establishment of a robust electronic exchange (including any potential data types), and gaining community-wide agreement by each participant. The statewide HIE Governance Organization is expected to develop a mechanism to certify credentialing for providers participating in the HIE. A mechanism for consumer credentialing will also be provided.

With respect to consumer consent, the Governance Organization will seek to assure that the consumer consent utilized by the HIE covers the special requirements for types of health information afforded heightened protection (for example, drug and alcohol treatment information protected by 42 CFR Part 2) and will exclude certain health information for which specific consent is required and not obtained.

6.2 Technical Architecture

The Georgia Statewide HIE will embrace a SOA approach, which is necessary for the long-term viability of the HIE. The HIE infrastructure will be comprised of numerous services that will run on an enterprise service layer and enable the core functions of the HIE. By incorporating an SOA approach into the design, the HIE will ensure that the exchange takes advantage of developing and advancing services and does not rely upon a single service provider for all services. These services might include the following:

- Enterprise Master Patient Indexing (EMPI);
- Provider Identity Management Services;
- Record Locator Services (RLS);
- Repository Services;
- Authentication Services;
- Audit Services;
- Nomenclature Normalization Services;
- Consent/Authorization Management Services; and

- Network Monitoring Services.

The Georgia Statewide HIE anticipates using a hybrid federated standards-based model that supports distributed data maintained at its source facility or provider location and centralized EMPI and RLS services as well as technologies for collecting personal health data that will allow statewide availability for the secure transfer of a defined set of clinical information between appropriate participating entities.

The proposed model being considered for the HIE is a hybrid federated system is conceived of one that consists of a single core infrastructure vendor (the “vendor”) that serves as a platform for expanding functionality of the utility by adding different vendor applications to the core system. For instance, the core infrastructure selected may consist of an exchange utility with an Enterprise Master Patient Index (EMPI). The MPI in most solutions lacks the robust features necessary to support advanced matching of consumer’s to their health information. This advanced matching is accomplished by implementing an EMPI that is comprised of a database of demographic information on patients and a set of algorithms for the purpose of matching patients with their records from disparate systems. The identifying information in the EMPI serves as the key for matching the records of patients from disparate data sources to enable the creation of a longitudinal patient record.

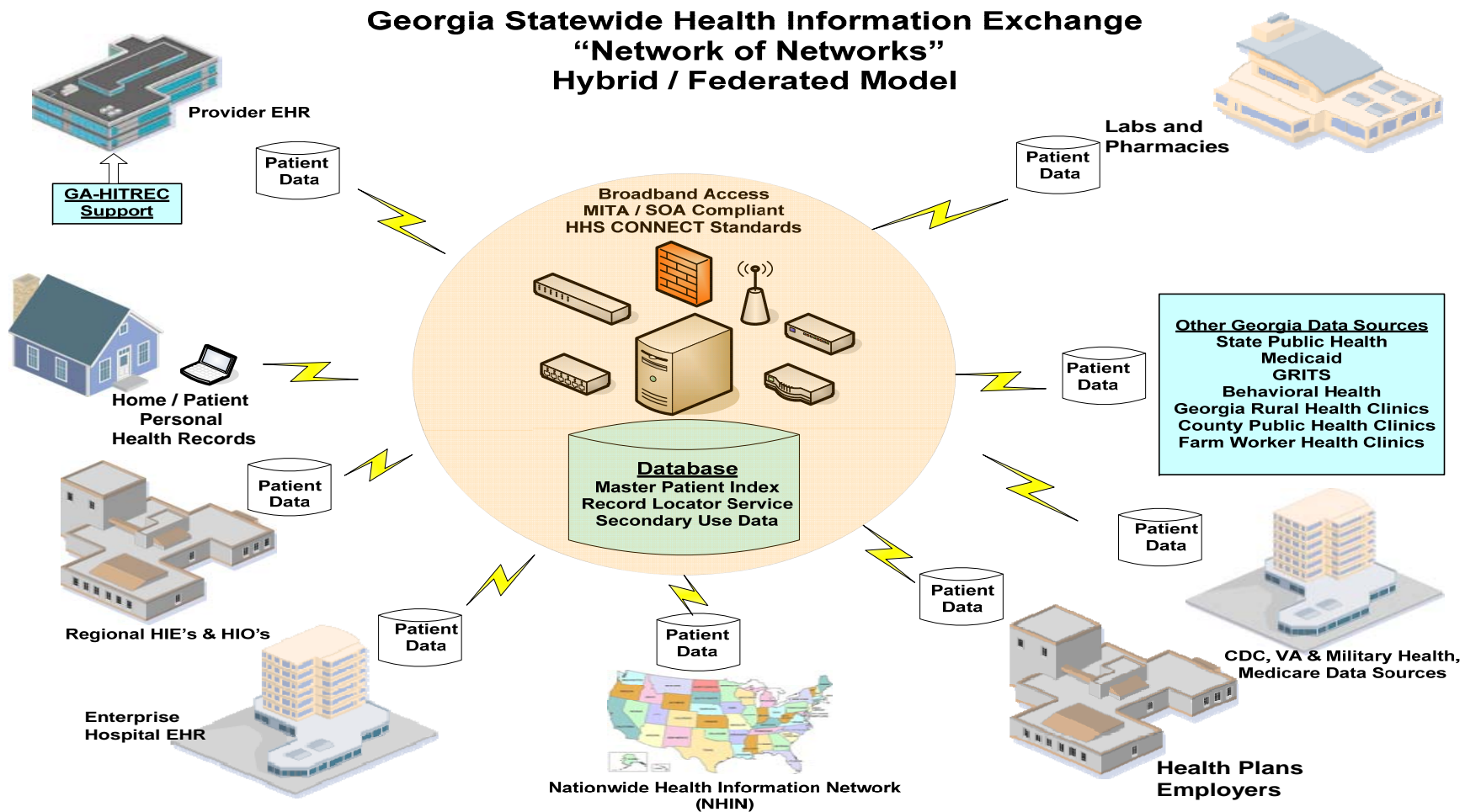
The appropriate group establish the Georgia Statewide HIE Governance Organization will establish the technical performance requirements for providers and others connecting to the HIE. The infrastructure should be flexible to allow for market development in consumer control of health information and should accommodate an EMPI and a RLS to locate records within the HIE. The RLS will capture the metadata of any information being stored locally on an edge device. The intent of the RLS is to maintain information about the location and type of documents that exist on the network. When a participant saves a document to the HIE edge device, a standard transaction is initiated to register the document and sends the necessary document identification information to the RLS.

The distributed model ensures that data is held where it is created, therefore avoiding the negative perceptions and potential privacy and security consequences of storing all patient information in a large centralized HIE repository. In some cases such as laboratory results, radiology reports, pathology reports, and medication histories, clinical data will not be held in edge servers, but rather routed from the laboratory or imaging center to the ordering provider.

Data from the HIE will be available for biosurveillance, public health and other appropriate uses of aggregate data (sometimes called secondary use). The appropriate group established by the Georgia Statewide HIE Governance Organization will deliberate on data repositories for research and public health reporting. The architecture of the HIE will be compatible with NHIN core services.

The graphic below represents the anticipated technical architecture of the statewide HIE.

Georgia Statewide Health Information Exchange "Network of Networks" Hybrid / Federated Model



6.3 Privacy and Security

A main principle of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule is to limit the use and disclosure of a patient's protected health information (or PHI) to specific uses defined by law or as designated by the patient. "A major purpose of the Privacy Rule is to define and limit the circumstances in which an individual's protected health information may be used or disclosed by covered entities. A covered entity may not use or disclose protected health information, except either: (1) as the Privacy Rule permits or requires; or (2) as the individual who is the subject of the information (or the individual's personal representative) authorizes in writing." (From <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>, General Principle for Uses and Disclosures).

The Georgia Statewide HIE should operate with the consent of the patient whose information is being exchanged. Consumers should be notified about the existence of the Georgia Statewide HIE and should have a choice to participate or not participate in the exchange as permitted by federal and state privacy law and regulations. The consumer notification will describe the statewide HIE, its purpose, and its functions. The appropriate group established by the Georgia Statewide HIE Governance Organization will establish policies and procedures with respect to consumer participation for biosurveillance, aggregate reporting, and other allowable uses of aggregate data.

In addition to security measures to block intruders from accessing the network or system (please see the discussion of network security below), privacy from unauthorized users should be provided by a commercially available user directory solution. Such a directory provides user role and user workgroup creation, configuration, and administration tools. When users access the system, configured roles and workgroups should be cross-checked against an access control database. This database defines the users that can access particular clinical database, the data that can be accessed by those users, and the actions that they can perform on that data.

PHI should be further protected by a commercial EMPI technology. Such an index can find and return patients' information based on specific items of patient information. Furthermore, patient index search engine restrictions should be highly configurable. By configuring strict search parameters that require multiple items of patient information for the return of results, the Georgia Statewide HIE could reduce the chance of providers accessing PHI for patients they are not treating and of other participants accessing PHI when not permitted.

A suitable solution must provide a robust auditing capability for all access obtained to PHI. There will always be some cases where users may make unauthorized use or disclosure of clinical data, despite hardware security and configurations in the user directory. In the case of such unauthorized use or disclosure, the vendor must provide the ability to audit users for the clinical information they have accessed, and when and from where they accessed it (please see Framework Components – EUA). As a result, an HIE may inform patients of all PHI that was compromised.

The vendor must deploy appropriate hosting and network practices for any systems related to PHI. These must include a high level of physical machine security through Tier 4 data centers that can pass the internationally recognized SAS 70-II standard requirements. They must also include physical precautions such as HVAC units, fire retardant measures, strict host and guest authentication/sign in policies, and more.

Network security must be addressed through measures such as multiple firewalls configured for high availability and minimal vulnerability and the latest versions of OS and antivirus protection. OS security and virus definition updates are performed regularly. Finally, network transfer security should be established. Secure network connections and protocols must be responsible for the transfer of PHI outside the network. Web standards such as VPN tunnels, WANs, HTTPs, and SFTP greatly reduce the threat of third party interception of sensitive data. For web services, secure network transport must be supported through components such as SAML, the X.509 token profile, XML encryption, and XML digital signature. To verify that these location and network security measures are effective, the vendor must regularly perform internal security audits and penetration testing, in addition to bringing in outside firms to perform full audits of the system.

Beneath network security lays platform and application security measures. The vendor must provide an NRPC key encryption on all data that passes through any transfer port. This encryption makes intercepted data useless to offenders for lack of an appropriate decryption key

The vendor must support flexible user authentication including more specific user role and access definitions that may be configured. These specific role configurations should allow a range of access levels to the system. Moreover, each user should only see certain views, forms, fields, and documents based on user type. In the case of users who may require access to data without prior patient authorization (e.g. emergency users), customizable consent forms may be configured for presentation to users. Although it may be easy to “click through” these forms, the confidentiality and legality warnings displayed should serve as a serious deterrent. By using these challenge forms, users are forced to question whether they are legitimately accessing PHI. If not, they are subject to audit and legal scrutiny.

The vendor must provide an exchange with all the necessary tools to add and manage system users. System administrators should be able to easily add users with a host of configuration options at their fingertips. These options should determine and limit what may be accessed, viewed, and modified by users, in addition to establishing some basic user preferences and demographic details. The various configuration options should allow a great level of detail for user access roles and privileges.

Within each configuration, users should be assigned to a specific workgroup. For a typical end user, this workgroup consists of all users in a particular practice. As such, each user shares a practice specific database, allowing providers and staff to manage

patient workflow easily and efficiently. It is important to note that practice workgroup information is cross referenced before patient summary data is displayed. In other words, patient summary data that is displayed may be practice specific unless consent has been otherwise set by the patient. For web services, authentication and authorization security should be provided by WS-security components such as SAML, the X.509 token profile, XML encryption, and XML digital signature.

The vendor should support single sign on (SSO) so that where portal integration is required, users may be able to access all systems through an SSO based portal, without the requirement of multiple authentication entries. The vendor should be agnostic with regard to portal technology; and should be able to be integrated with any portal that supports SSO.

Auditing services must be provided at a number of levels. All audit data should be easily exported for analysis and reporting. Audit logging should be configurable, all events should be auditable (login/logout, lockouts, records viewed, data accessed, web services use, etc.) and reporting tools should be configurable to easily track event trails. The vendor should be able to provide de-identified/pseudo-anonymized data to interfaced systems, such as public health population surveillance systems. If necessary, the pseudo-anonymization can include identifiers that will enable appropriate users to link back to identified patient records.

Additionally, the vendor should provide usage, performance, access, and security reporting for activity within an exchange that encompasses all data related to user web requests. As such, administrators may easily break down user activities, the time it takes the system to receive web requests, and the time it takes the system to respond. This kind of data allows for detailed analysis of overall system performance, specific component performance, specific user performance, most common user activities, and more.

Beyond system performance, tools should be provided for user audit and investigation into the misuse of PHI. Administrators with appropriately configured security roles may access restricted views, configure and run security audits, and view audit reports to determine what information was accessed by which user. This information can then be relayed for HIE staff to address appropriately. The audit tools provide the ability for users to both proactively and reactively report against audit information. If desired, audit reports may be run for up to the minute access of the system or specific data. As such, audit report data may be used to identify users who have accessed PHI.

Various system components should support a variety of log levels, and system audit tools. Custom audit rules should be easy to generate, as the reporting module for generating audit reports should be highly flexible. The vendor should provide automated alerting for audit exceptions.

The vendor should provide such capabilities as support for users to request “break the glass” one time access, for patients to set consent to share data (including what data is available when “the glass” is broken”), and for patients to give consent to disclose

records. The consent to share data component should be flexible, so it can be configured to accommodate community wide sharing, or practice/user specific sharing. The consent to disclose records component enables patients to specify which records they want to submit to the HIE, and which they do not. The way the system behaves based on known consent conditions should be configurable.

The vendor must use the NHIN to connect to standards based personal health record technologies (within a period to be proscribed) after Georgia connects to the NHIN. Some level of identity management and authentication services must be built into this connection so as to ensure any exchange of health data is assured to be by and for the patient using the PHR.

6.4 Technology Deployment

The deployment of the Georgia Statewide HIE is planned incrementally. This incremental strategy is rooted in the knowledge that moving too quickly in an environment as nascent as the HIE field could lead to unintended consequences for the HIE and its participants. However, incrementalism does not negate the HIE's ability to be progressive, forward thinking, and to produce results at a faster rate than previously observed in other efforts. Efforts to align functionality of the Georgia Statewide HIE will closely parallel the planned activity of the NHIN. It is anticipated that the HIE will begin sharing select electronic patient information with HIEs in the region as soon as this is feasible and preferably via the NHIN whenever possible. Where direct connections are needed as an interim solution, they should be migrated to the NHIN as soon as possible. This strategy is intended to avoid the need to develop and maintain costly and complex direct connections.

The appropriate group designated by the Georgia Statewide HIE Governance Organization will develop specifications and questions for technology vendors. These specifications and questions will relate to infrastructure capabilities, data and security standards, use of IHE Integration Profiles, and ability to support specific use cases. These questions will be posted on the HIE web site and sent by email directly to a group of vendors chosen based on their role in the market. These vendors will represent a spectrum of HIT companies, ranging from off-the-shelf product vendors, component vendors, to systems integrators that can meet the challenges of data sharing in the private and public sectors and enable other appropriate uses of aggregate data.

Section 7. Business and Technical Operations

DCH and its collaboration of stakeholders agree that the statewide HIE needs a Governance Organization that is both independent and widely representative. The Governance Organization has not been established, so most aspects of policy, business model, and technical operations are not yet finalized. To the extent possible, prior sections of this Strategic and Operational Plan addressed operating principles which DCH believes to be self-evident or required by regulation as a guide to the likely operational nature of the Georgia Statewide HIE.

Among the core operational principles of the HIE will be providing value to the multiple stakeholders in Georgia through a business model that aligns that value to sources of ongoing funding. Another core operational principle is the recognition that existing service area HIEs in Georgia are important assets for the Georgia Statewide HIE and must be supported and encouraged to participate in a manner that respects the investment and existing provider relationships of their sponsoring organizations.

7.1 Current HIE Capacities

Georgia currently has no statewide HIE or an HIE effort that provides information exchange beyond a specific service area (such as a large hospital system and its referring physicians, laboratories, etc.) or care delivery domain (such as Georgia's FQHCs or the network of cancer treatment facilities served by the Georgia Cancer Quality Information Exchange). We refer to these as service area HIEs or SAHIEs.

As discussed in Section 2 of the Strategic Plan, Georgia has a total of 13 active and 10 planned service area HIEs.

7.2 State Level Shared Services and Repositories

The Governance Organization will be representative of the stakeholders throughout Georgia who will be served by the HIE. Among those stakeholders is DCH, which operates both Georgia Division of Medicaid and the Georgia Division of Public Health. Among the key roles that DCH will play is helping to define the alignment of policies, both operational and technical, to ensure that Medicaid and Public Health provide valuable services as part of the HIE and utilize the HIE to meet their local, state, and federal responsibilities and requirements. DCH is also charged with developing the Medicaid Incentives Program under which providers who serve the Medicaid population may qualify for financial incentives for achieving meaningful use.

The Division of Public Health (DPH) currently maintains registries and/or other surveillance, epidemiologic, and other activities & projects for various acute and chronic diseases and for maternal and child health. DPH provides important data, information, and input into public health policy decisions through its Office of Health Indicators for Planning (OHIP) and its monthly publication, The Georgia Epidemiology Report. The DPH will work closely with the appropriate entity established by the Georgia Statewide HIE Governance Organization to define and implement the necessary edge servers or

other means to ensure that it can fully utilize the potential of the Georgia Statewide HIE to improve the accuracy, efficiency, and timeliness of these public health programs.

Biosurveillance of the population is another important responsibility for Public Health. The DPH will work closely with the appropriate entity established by the HIE Governance Organization to define and implement the necessary edge servers or other means to ensure that it can fully utilize the potential of the HIE to improve the accuracy, efficiency, and timeliness of the biosurveillance programs operated by the DPH. This will likely include the development of uniform electronic reporting mechanisms to improve the accuracy and timeliness of reporting by the over 30,000 physicians, nurses, laboratories, and public health officials in the state while, at the same time, reducing the administrative and cost burden on those reporting entities.

Section 8. Executing Strategy for Supporting Meaningful Use

The Georgia Department of Community Health (DCH) has undertaken a key role in bringing together key stakeholders in the launching of the Georgia statewide HIE. In collaboration with the HITT Advisory Board, the DCH HITT Coordinator and the Georgia Division of Medicaid have worked diligently with stakeholders to build consensus on the approach to developing a statewide HIE. These stakeholders represent the full continuum in Georgia's health care system: consumers receiving care under commercial plans and government funded programs, physicians and nurse practitioners, hospitals, dentists, pharmacies, laboratories, Georgia's Division of Medicaid, state public health departments, the State Health Benefit Plan covering state employees, teachers and retirees, commercial payers, and interested employers of all sizes. The degree of commitment of these stakeholders to the statewide HIE is evident in the amount of time and resources dedicated to the development of the HIE, including the governance design, financial sustainability and plans to ensure meaningful use. It is DCH's mission to provide leadership and direction in the formation of a statewide HIE that is valued by all stakeholders and results in improvements in the quality, efficiency and safety of health care provided to all Georgia citizens.

8.1 Meeting Meaningful Use Requirements

DCH has established some critical goals and objectives in the development of the statewide HIE. Key among those goals and objectives is meeting the federal requirements for demonstrating meaningful use. As DCH developed plans for meaningful use, DCH looked to several key stakeholders to evaluate the successes these communities or programs had in using EHR technology to improve health care and demonstrate meaningful use. The following stakeholders are just two examples of success:

- **Chatham County Safety Net Planning Council, Inc. (CCSNPC)**

CSNPC is a non-profit organization dedicated to serving the medically indigent and underserved. DCH awarded a grant to CCSNPC to improve access to and quality of health care delivery to uninsured Chatham County citizens. CCSNPC has implemented its own electronic health technology system that includes electronic medical records and e-prescribing. Today, this HIE links the J. C. Lewis Health Center and Memorial Hospital and CCSNPC is actively working to expand its HIE to provide additional network services to other providers in the Savannah area.

- **Georgia Farmworker Health Program (GFHP)**

This program is a state-based Migrant Voucher Program that began in 1990 and operates under the State Office of Rural Health (SORH) within DCH. GFHP provides services to 21 rural counties through six clinic sites in central and south Georgia. In 2007, the SORH created a technology solution to allow on-line access through an internet browser with secure authentication and provides real time reports to the individual clinics and SORH. Using this technology, a clinic can readily obtain the patient's record including office visits with diagnostic and treatment codes, and notes concerning the patient's medical history. The system also allows for billing to insurance and/or Georgia Medicaid and the individual. GFHP provides valuable reporting for health planning and trend monitoring, improves the quality of health care being offered to a broad range of users, and aligns clinics across a large geographical area to improve the quality and delivery of health care.

DCH is committed to ensuring that all eligible providers have viable options for meeting Stage 1 meaningful use requirements including the electronic exchange of e-prescribing, structured lab results and patient care summaries. DCH will provide leadership and support in the development of the operational plans to ensure that meaningful use requirements are met.

8.2 The Role of Georgia Medicaid

DCH's Division of Medicaid plays a critical role in facilitating the adoption of certified EHR technology and coordinating the funding required to enable Medicaid providers to become meaningful users and meet Stage 1 requirements. OHITT and Georgia Medicaid believe Medicaid providers are critical stakeholders in a viable and robust statewide HIE.

8.2.1 Promoting Adoption of Certified EHR Technology

DCH believes that the Medicaid EHR Incentives Program will markedly increase EHR adoption and HIE participation by Medicaid providers across the state. DCH's Division of Medicaid submitted its initial Planning-Advance Planning Document (P-APD) to CMS and obtained federal funding to develop Georgia's State Medicaid HIT Plan (SMHP) and to prepare for implementation of the Medicaid EHR Incentives Program that will provide incentive payments to meaningful users of certified EHR technology. The objective of the SMHP is to advance the meaningful use of certified EHR technology on a statewide basis by Georgia's Medicaid providers. DCH is working to submit the SMHP in late October 2010 for CMS's approval.

DCH expects to launch the Medicaid EHR incentives program in May 2011. In order to qualify for an incentive payment during the first participation year, eligible providers may attest to the adoption, implementation or upgrade (A/I/U) of certified EHR technology. In their second year, eligible providers must meet the Stage 1 requirements of meaningful use, which includes e-prescribing, receipt of structured lab results and

sharing patients' clinical data. Georgia is evaluating the four public health-related meaningful use objectives that may be submitted to CMS for approval. These objectives may include patient specific conditions for quality improvement, and providers; reporting of immunizations, notifiable diseases and syndromic surveillance.

8.2.2 Identifying Provider Gaps

Georgia Medicaid and OHITT will utilize key data to identify and fill provider gaps throughout Georgia. These gaps represent medical providers and communities across the state that are targets for EHR adoption. The data will come from the environmental scan, key provider associations, and Medicaid claims and encounter data history. In addition, DCH's collaboration with GA-HITREC will enhance efforts to maximize the adoption of certified EHR technology by Georgia's providers. These complementary efforts will help to assure greater usage of certified EHR technology, compliance with meaningful use requirements and encourage HIE participation.

8.2.2.1 Environmental Scan

Adoption, implementation or upgrading of certified EHR technology is important to the viability of the statewide HIE and meaningful use objectives. Without certified EHR technology, providers are not able to collect, maintain or exchange health care information in a meaningful manner. DCH contracted with the Enterprise Innovation Institute at the Georgia Institute of Technology to conduct a statewide environmental scan to determine the rate of EHR adoption. The environmental scan identifies opportunities across Georgia for EHR adoption or upgrading to functionality that meets the meaningful use requirements. DCH will utilize this information to target communication and outreach efforts of the Medicaid EHR incentives program.

8.2.2.2 Provider Associations

Along with the environmental scan, DCH leveraged relationships with key provider associations to survey provider members across the state on EHR technology and functionality. For example, the Georgia Hospital Association and the Georgia Academy of Family Physicians are significant supporters of EHR technology and the statewide HIE efforts. These provider associations facilitated the collection of survey data from their respective members. The survey of key provider associations and medical communities will be used to focus Georgia's efforts in targeting providers for EHR adoption, implementation or upgrade of certified EHR technology. Future provider surveys will focus on potential barriers to EHR adoption and meaningful use of EHR technology. The survey will provide continuous feedback to Georgia's EHR and HIE communication and education plans for providers across the state.

8.2.2.3 Medicaid Claims and Encounter Data History

DCH will utilize claims and encounter history to project which Medicaid providers may have sufficient patient volume to be eligible for Medicaid EHR incentives payments. An in-depth analysis of claims and encounter data will help Georgia target those eligible

providers for focused outreach and education. Using this data, Georgia intends to utilize relationships with provider associations and key providers within specific geographic communities to promote the Medicaid EHR Incentives Program and the statewide HIE formation.

8.2.2.4 The Georgia Health IT Regional Extension Center (GA-HITREC) Program

The GA-HITREC program will provide funding over the next four years to at least 5,200 primary care providers and others in Georgia in order to achieve meaningful use through certified EHR technology. DCH's collaboration with GA-HITREC will further support Georgia's efforts to conduct outreach and education with eligible professionals across the state.

8.3 Funding for Stage 1 Meaningful Use Requirements

DCH will submit its initial Implementation-Advance Planning Document (I-APD) to CMS for approval in the October 2010. In addition, DCH will use the Medicaid claims and encounter data to project the federal funding for the Medicaid EHR incentives payments to eligible providers over the six year term of the program. DCH expects to provide funding estimates for enabling Stage 1 meaningful use requirements by February 2011.

8.4 Addressing Gaps in Meeting Meaning Use Requirements

The environmental scan and information from active HIEs in Georgia have led DCH to take a collaborative approach in enabling eligible providers to have at least one option for each of the following Stage 1 meaningful use requirements:

- E-prescribing;;
- Receipt of structured lab results;
- Sharing patient care summaries across unaffiliated organizations.

DCH expects the Georgia Statewide HIE to pursue the development of a "network of networks" approach, which connects healthcare organizations in Georgia. This approach will allow the use of a Master Patient Index and Record Locator Service, as leveraged assets, to be used by HIE participants in Georgia. Further, alignment to important processes will be achievable through the use of this kind of approach. Some of these processes include:

- Alignment with State Medicaid and Public Health Programs;
- e-Prescribing processes;
- Laboratory record exchange.

DCH is aware that gaps exist today in the statewide HIE's capabilities in being able to enable all providers to have at least one option for the meaningful use requirements referenced above. To achieve the goals and objectives of the statewide HIE, DCH will leverage the processes described below. Further, DCH will provide leadership and support to all stakeholders in achieving Stage 1 meaningful use. DCH will also play an active role in collaborating with key provider associations, such as the Georgia Pharmacy Association, and encouraging clinical laboratories to participate in the statewide HIE initiative so that Georgia's providers can meet meaningful use requirements. DCH will provide a detailed work plan on strategies for filling any gaps in that may prevent eligible providers from meeting Stage 1 meaningful use requirements.

8.4.1 Alignment with State Medicaid and Public Health Processes and Adoption

To be compliant with meaningful use requirements under the Medicaid Incentives Program, eligible providers demonstrate adoption, upgrade, implementation or meaningful use of certified EHR technology. To achieve meaningful use, eligible providers must adopt new processes and workflows. The statewide HIE will become a strategic enabler for the Medicaid and Medicare Incentive Programs as it will provide the processes and system that will allow secure, private, interoperable information exchange between entities.

To align with Public Health processes, and in support of the 18 Public Health Districts, several key areas have been identified. Providers will be able to report immunization data through the Georgia Registry of Immunization Transactions and Services (GRITS), and notifiable lab results to the applicable Public Health District. According to Georgia Public Health reports, approximately 50% of physicians today report notifiable lab results via electronic technology. The goal of the Medicaid Incentives Program and the statewide HIE is to increase the electronic sharing of this lab information with public health entities. DCH expects the exchange of this data may potentially involve additional health information exchange information, integration, and workflow processes.

8.4.2 e-Prescribing Processes and Adoption

According to the Georgia Pharmacy Association, which represents pharmacy chains and independent pharmacies across the state, approximately 76% of all pharmacies in Georgia are legally authorized to use e-prescribing processes. SureScripts, one of the nation's largest e-prescription networks, reports that in 2009 approximately 17% of Georgia's physicians submitted prescriptions electronically and approximately 8% of all prescriptions for the same period were e-prescriptions.

A goal for both the Medicaid Incentives Program and the statewide HIE is to increase the e-prescribing activity throughout Georgia, including rural markets. Providers' adoption of certified EHR technology and education on e-prescribing technology and benefits will improve providers' compliance with e-prescribing for the purpose of meeting meaningful use requirements. DCH intends to collaborate with Georgia

Pharmacy Association and physician associations, such as the Georgia Academy of Family Physicians, to promote e-prescribing and to educate providers. Further, the statewide HIE intends to expand the use of e-prescribing to public health entities through the use of national interoperability standards.

8.4.3 Laboratory Record Exchange

Health information exchange between medical and public health laboratories and other collaborative partners is also a critical integration for Georgia. Plans include the potential exchange of laboratory information and integration to laboratory information systems in 2011. Extensive workflow redesign efforts may be required in support of laboratory records, in order to create patient summary records.

8.5 Project Timeline

ACTIVITY / MILESTONE	TIMELINE COMPLETION DATE
Submit SMHP and IAPD to CMS	10/1/2010
Complete planning process	12/30/2010
Develop and implement accounting and auditing application program for MIP	3/1/2011
Communication to providers	11/1/2010 – Ongoing
Develop participation agreements	12/30/2010
Develop attestation forms and processes	12/30/2010
Implement awareness and training program	10/1/2010
Testing with NLR	2/1/2011
Implement Incentive Payments	5/1/2011

8.6 Risks and Barriers

Risk Event	Probability	Risk Impact Assessment	Mitigation
Provider Participation	High	Lack of provider participation could result in limited success for improved health care outcomes and efficiency.	<ol style="list-style-type: none"> 1. Provider outreach and education 2. Provider communication about incentive program 3. Prompt payment of incentives
Provider Readiness	High	Providers may not allot sufficient time for workflow redesign and staff training which will impact readiness.	<ol style="list-style-type: none"> 1. Provider outreach and training 2. Coordinate with GA-HITREC to educate providers
Lack of audit-ready incentive program	Low	Program must be in place with appropriate controls, accounting and auditing process to achieve the goals of the Medicaid Incentives Program	Georgia DCH has contracted with an outside firm that has extensive experience with Georgia Medicaid to design this part of the Medicaid Incentives Program
Lack of sufficient technical assistance for providers to implement a certified EHR	Moderate	Providers will need extensive technical support to implement an effective EHR	GA-HITREC will be working with practices across the state to insure appropriate technical assistance is available.
NLR Readiness	Moderate	It is critical to the success of Medicaid Incentives Program that the NLR be completed in	Monitor NLR progress

Risk Event	Probability	Risk Impact Assessment	Mitigation
		a timely manner and that interfaces are appropriately tested before implementing the program.	
MMIS Readiness for Meaningful Use	Moderate	The MMIS must be able to support meaningful use in 2012.	Assist in the development of the MMIS's capability

Section 9. Risk Management

As noted in the Program Information Notice dated July 6, 2010, managing risk is an important element of successfully building HIE capacity to support meaningful use. The following table presents the current risk assessment and provides guidance for ongoing risk management.

Risk Event	Probability and Severity	Priority	Risk Impact Assessment	Mitigation
Governance				
Delay in the development of a Board structure for the Governance Organization	High probability High severity	1	Lack of an acceptable board structure would result in a delay in the development and implementation of the HIE	<ol style="list-style-type: none"> 1. Currently forming Governance Organization 2. Conferring with stakeholders across the state to consider options for Board structure
Obtaining consensus in the development and execution of Governance Organization responsibilities	High probability High severity	2	Lack of consensus with respect to Governance Organization responsibilities would delay the development and implementation of the HIE	<ol style="list-style-type: none"> 1. Maintain Governance Organization transparency 2. Development and approval of Bylaws 3. Establishment of decision-making authority 4. Empowered governance structure
Participation in Governance Organization	Low probability Medium severity		Potential liability for directors of the Governance Organization	<ol style="list-style-type: none"> 1. Provide protection in formation and governance documents to the maximum extent allowed by law 2. Develop adequate policies and

Risk Event	Probability and Severity	Priority	Risk Impact Assessment	Mitigation
				procedures and provide training
Timely procurement	Medium probability High severity		Failure by the Governance Organization to obtain needed vendors and resources would delay the development and implementation of the HIE	<ol style="list-style-type: none"> 1. Maintain adherence to board processes 2. Learn from procurement by other states
Project Management	Medium probability High severity		Inadequate project management would delay the development and implementation of the HIE	Use recognized tools and process for project management
Finance				
Start-up Funding	Medium probability High severity		Failure to obtain initial development funding would delay the development and implementation of the HIE	<ol style="list-style-type: none"> 1. Ensure communication between DCH and Governance Organization with respect to start-up funding 2. Confer with various stakeholders regarding alternate funding sources
Sustainable Financial	High probability	2	Failure to develop a	<ol style="list-style-type: none"> 1. Plan revenue structure

Risk Event	Probability and Severity	Priority	Risk Impact Assessment	Mitigation
Model	High severity		sustainable financial model would result in the failure of the HIE on an on-going basis	2. Discuss with various stakeholders
Cost Structure Development	Medium probability Medium severity		Failure to develop an equitable participation cost structure would result in some participants reluctance or refusal to participate in the HIE	1. Develop flexible and adaptable solutions 2. Develop participation policies and costs with input from various stakeholders
Marketplace changes	Medium probability Medium severity		A changing marketplace may result in decreased or increased HIE participation	1. Plan revenue structure 2. Remain aware of marketplace and environmental changes
Cost Control	High probability High severity	1	Costs exceed income from participants, resulting in a lack of funding to operate the HIE	1. Assessment of staffing requirements 2. Flexible architecture solution
PHI Breach	Medium probability	3	A major breach could result in consumer and	1. Development of secure architecture

Risk Event	Probability and Severity	Priority	Risk Impact Assessment	Mitigation
	High severity		provider loss of trust as well as financial penalties	2. Development of appropriate and enforceable privacy and security policies and procedures 3. Participant education 4. Development of appropriate audit capabilities
Business Operations				
Evolving Standards	High probability Medium severity	1	Standards are still evolving	Monitor technical and policy standards on an ongoing basis
PHI Breach	Medium probability High severity	4	A major breach could result in consumer and provider loss of trust as well as financial penalties	1. Development of secure architecture 2. Development of appropriate and enforceable privacy and security policies and procedures 3. Participant education 4. Development of appropriate audit capabilities

Risk Event	Probability and Severity	Priority	Risk Impact Assessment	Mitigation
Reliability	Medium probability Medium severity	MEDIUM	Lack of network reliability could result in diminished use by participants	1. Obtaining sufficient technical and human resources to ensure network reliability 2. Development of policies and procedures for participants that support reliability
Staffing resources	Medium probability Medium severity		Availability of people resources	1. Identify and document resource constraints 2. Encourage collaboration among stakeholders to identify additional resources
Competing Priorities	Medium probability Medium severity		High priority projects with the same pool of resources	1. Prioritize projects to the extent possible 2. Encourage collaboration among stakeholders to identify additional resources
MMIS Operational Readiness	Low probability Low severity		Delay in MMIS implementation may lead to decreased participation by Medicaid	1. Continue focusing on timely MMIS implementation 2. Develop alternatives for Medicaid participation in HIE
Participant Readiness	High probability High	2	Lack of participant readiness could result in poor participation	1. Work with GA-HITREC to assure participant readiness 2. Outreach to providers and payers

Risk Event	Probability and Severity	Priority	Risk Impact Assessment	Mitigation
	severity		and lack of funds	3. Develop policies and procedures and participation agreement with stakeholder input
Consumer awareness and participation	High probability High severity	3	Lack of consumer awareness may result in lack of trust and selection of non-participation	1. Develop major consumer awareness campaign 2. Monitor participation and identify ways to build trust
Credentialing process	Medium probability Moderate severity		Failure to properly credential may result in unauthorized access to the HIE, resulting in breach	1. Design architecture to access needed resources 2. Include audit trails in architecture
Technical				
Timely procurement	Low probability High severity		Failure by the Governance Organization to obtain needed vendors and resources would delay the development and implementation of the HIE	1. Maintain adherence to board processes 2. Learn from procurements by other states' governance organizations
Architecture	Low		Must be adaptable and	1. Implement flexible architecture solution

Risk Event	Probability and Severity	Priority	Risk Impact Assessment	Mitigation
Solution	probability Medium severity		flexible to the changing marketplace or cost will be increased	2. Monitoring changing standards and marketplace
Broadband	Medium probability High severity		Lack of adequate and affordable broadband access could result in lack of participation in certain areas of the state	Work with other federally and state funded programs to ensure broadband availability
Evolving Standards	High probability Medium severity	2	Standards are still evolving	Monitor technical and policy standards on an ongoing basis
Interoperability	Medium probability Medium severity		Lack of interoperability could result in poor participation	1. Development of interoperable architecture 2. Monitor ongoing interoperability standards
PHI Breach	Medium probability High	1	A major breach could result in consumer and provider loss of trust as well as financial	1. Development of secure architecture 2. Development of appropriate and enforceable privacy

Risk Event	Probability and Severity	Priority	Risk Impact Assessment	Mitigation
	severity		penalties	and security policies and procedures 3. Participant education
Lack of NHIN Readiness	Low probability Low severity		NHIN readiness will have a direct impact on the success of the HIE (as it impacts the ability of networks to connect with each other)	1. Georgia Tech Information and Security Center monitors NHIN development 2. Confer with existing service area HIEs about NHIN readiness
Reliability	Low probability Low severity		Lack of network reliability could result in diminished use by participants	1. Obtaining sufficient technical and human resources to ensure network reliability 2. Development of policies and procedures for participants that support reliability
Legal				
Consumer Consent	Medium probability Medium severity		Failure to understand the law and develop and appropriate consent may lead to lack of consumer participation and breaches	1. Analyze applicable law and develop appropriate consent 2. Develop outreach and education plan for consumers

Risk Event	Probability and Severity	Priority	Risk Impact Assessment	Mitigation
PHI Breach	Medium probability High severity		A major breach could result in consumer and provider loss of trust as well as financial penalties	<ol style="list-style-type: none"> 1. Development of secure architecture 2. Development of appropriate and enforceable privacy and security policies and procedures 3. Participant education 4. Development of appropriate audit capabilities
Compliance – ongoing	Low probability Low severity		Changing requirements will impact operational and technical areas	<ol style="list-style-type: none"> 1. Monitoring and auditing conducted on an ongoing basis 2. Periodic revision of policies and procedures and training programs
Credentialing process	Medium probability Moderate severity		Failure to properly credential may result in unauthorized access to the HIE, resulting in breach	<ol style="list-style-type: none"> 1. Design architecture to access needed resources 2. Include audit trails in architecture
Privacy and Security	Medium probability High severity		HIE privacy and security that does not meet national standards present a significant risk	<ol style="list-style-type: none"> 1. Development of secure architecture 2. Development of appropriate and enforceable privacy and security policies

Risk Event	Probability and Severity	Priority	Risk Impact Assessment	Mitigation
			of loss of trust by participants and consumers	and procedures 3. Monitoring of ongoing changes to privacy and security laws and regulations
Conflict of Interest	Low probability Low severity		A potential conflict of interest between the Governance Organization and relevant government agencies may lead to lack of meaningful input by relevant government agencies	1. Address conflicts of interest in Governance Organization formation and governance documents 2. Monitor applicable non-profit law

Section 10. Legal / Policy

10.1 Establish Requirements

The DCH legal team (led by DCH Senior Deputy General Counsel and including a DCH attorney, the HITT Privacy and Security Officer, a private Georgia attorney who is conversant with the relevant federal and state laws and regulations, and a national attorney who is conversant and experienced with the federal health care laws and regulations) is working to ensure that the HIE will operate in accordance with existing applicable laws and regulations addressing the privacy and security of health information.

As described in Section 14 of the Strategic Plan, DCH will develop appropriate policies, procedures, agreements, and consents relating to the privacy and security of HIE if requested by the Georgia Statewide HIE Governance Entity. In doing so, DCH will consider the following:

- The following additional recommendations of the Legal and Privacy workgroup of the HITT Advisory Board:
 - Develop template contracts and agreements, as necessary and appropriate for creation of, participation in, and operation of statewide HIE;
 - Develop a robust HIE level compliance program, including, but not limited to, criteria for best practices, checklists, providers' attestation of compliance and criteria for monitoring and auditing, in accordance with a model of a best practices compliance program to address privacy and security requirements;
 - Develop a robust HIE level policy and procedure framework, including, but not limited to, development of a "floor" document that addresses recommended standards for authorization, user access, breach (including notification), and sanctions for noncompliance;
 - Research and recommend best practices related to data sharing agreements, system development, and harmonization of multi-state laws and regulations, with a focus on practices at existing, sustainable HIEs;
 - Identify potential consequences and mechanisms, contractual or otherwise, to address noncompliance with recommended standards; and
 - Provide education to consumers and providers to support public trust in privacy and security of HIE;
- Standards and best practices developed by or on behalf of the Nationwide Health Information Network (NHIN) and the need for the statewide HIE to connect to and participate in the NHIN;

- The HHS Privacy and Security Framework for the Electronic Exchange of Individually Identifiable Health Information which established guiding principles for entities and persons participating in health information exchange: (1) individual access; (2) right to correct errors; (3) openness and transparency; (4) individual choice as to whether or not to share information; (5) collection and use; (6) disclosure limitation; (7) data quality and integrity; (8) safeguards; and (9) accountability;
- The experiences of the existing service area HIEs discussed in more detail in other sections of this Strategic and Operational Plan;
- The provision of appropriate education and outreach to build support and gain trust from various types of participants (such as health care providers and payers);
- The provision of appropriate education and outreach to engender trust on the part of individuals whose information will be available through the HIE, including education and outreach concerning the privacy and security measures taken by the HIE; and
- The need for technologies utilized by the statewide HIE to be flexible, scalable, and adaptable to future modifications, expansions, and legal and other requirements.

The initial privacy and security policies and procedures of the HIE developed by the legal team must address numerous issues, including, but not limited to, the following:

- Policies and procedures describing the structure, purpose, and functionality of the statewide HIE, which will include policies and procedures governing participant compliance and auditing of same;
- Consents from individuals whose health information will be shared through HIE, which consents must be consistent with applicable federal and state law, and the process for obtaining such consents (see Section 14 of the Strategic Plan for a more detailed discussion of individual consent);
- Agreements with HIE participants governing the use, submission, transfer, access, privacy, and security of individuals' health information available through HIE, which agreements must also address the termination of a participant's right to use or access HIE if the participant fails to comply with applicable legal or contractual requirements or HIE policies and procedures;
- Privacy and security processes, including participants' obligations to maintain secure environments supporting HIE and specifically addressing role-based access, user authentication, encryption, and audit capabilities;

- Security incident policies and procedures that comply with applicable federal and state law; and
- Business Associate Agreements that comply with HIPAA requirements and provide a mechanism for amendment as may be required from time to time.

10.1.1. Methodology for the Development of Privacy and Security Policies and Procedures

The DCH legal team is utilizing a standard methodology for the development of the policies, procedures, and agreements described above (and others that the DCH legal team determines are necessary to support the privacy and security of the statewide HIE).

First, the legal team is currently reviewing all relevant Georgia law to determine if current state laws are consistent with and support the national level requirements and standards for implementation and operation of HIE. This review of Georgia law is expected to be completed by the end of September 2010.

The next steps after the review of Georgia law will be as follows:

- Determination as to whether any existing Georgia laws require modification or if new laws need to be enacted in order to support the statewide HIE, at which point the HIE legal team will draft any necessary modifications to existing laws and any new laws for submission to the Georgia General Assembly for the next legislative session in January 2011;
- Determination of the HIE privacy and security policies needed and the development of those HIE privacy and security policies to meet national privacy and security standards, expected to be completed in the first quarter of 2011;
- Approval and adoption of privacy and security policies by the HIE governing body, expected to be completed early in the second quarter of 2011; and
- To promote transparency, publication of privacy and security policies to HIE participants and the public via the HIE web site, expected to be completed in the second quarter of 2011.

Statewide harmonization of policies will be completed in accordance with national policies for privacy and security.

After development of the required privacy and security policies, privacy and security procedures will be developed to provide an effective vehicle for policy compliance. When developing procedures, it is important to ensure that the procedures support effective privacy and security and harmonize with other operational procedures for the

statewide HIE. The steps for the development of privacy and security procedures will include:

- A determination of the privacy and security procedures needed;
- An evaluation of current procedures being used and a comparison against best practice standards;
- The harmonization of current procedures and the development of HIE procedures to meet all privacy and security requirements and best practice standards, which is expected to be completed in the third quarter of 2011; and
- To promote transparency, the publication of privacy and security procedures to HIE participants and the public via the HIE web site, expected to be completed in the fourth quarter of 2011;

10.1.2. Monitoring and Enforcement of Privacy and Security Policies and Procedures

The key to effective privacy and security policies and procedures that maintain the trust of participants and the public is oversight (i.e., monitoring of compliance with, and enforcement of, such policies and procedures). The Georgia statewide HIE will build a monitoring and enforcement program that will be transparent, uniform, and vigilant to protect the confidentiality and security of individuals' health information. DCH anticipates that the Georgia statewide HIE's monitoring and enforcement program regarding privacy and security will include the following:

- Automated auditing processes through use of appropriate auditing technology;
- Documentation and process audits;
- Clearly defined and transparent incident reporting available to both participants and the public;
- Incident response procedures;
- Breach notification procedures;
- Mitigation procedures; and
- Publication of procedures for participants and the public.

When, through the monitoring and enforcement program, the statewide HIE determines that a participant is not complying with applicable legal or contractual requirements or with the HIE policies and procedures, the HIE may take action as described in the agreement between the HIE and the participant and as provided by applicable law.

The Georgia statewide HIE's monitoring and enforcement program is expected to be completed and published early in the fourth quarter of 2011.

10.1.3. Technology Supporting Privacy and Security Policies and Procedures

The statewide HIE will use technology to support privacy and security that meets or exceeds federal standards established by NHIN and NIST. The technology will include appropriate tools for encryption, access control, authorization, deployed in a manner that will support data availability and integrity. For additional information on security technology refer to the Technical Infrastructure section.

10.1.4. Updating Privacy and Security Policies and Procedures

DCH, as well as other stakeholders, recognize that the regulatory environment in which the HIE operates will change as new requirements of the HITECH Act section of ARRA become effective and other laws are passed, other regulations are issued, and other guidance is provided. DCH recognizes the need for on-going review and revision of HIE policies and procedures and anticipates that the statewide HIE will designate an officer or committee with responsibility for compliance by the HIE with ever-changing federal and state legal and policy requirements. Such officer or committee may consult with the DCH legal team or other legal advisors as may be approved by the HIE governing body.

10.2 Privacy and Security Harmonization

The legal team will work to harmonize privacy and security requirements across Georgia. As described above, the first step involved in such harmonization is the identification by the legal team of significant legal issues expected to impact and control the exchange of electronic health information in the statewide HIE. Like many states, Georgia has state laws that result in heightened protections for certain types of health information, such as information relating to mental health, substance abuse, rape victims, sexually transmitted diseases, and AIDS/HIV information. DCH expects its legal team to complete a detailed analysis of state law, perform a thorough assessment to examine any state law legal barriers to the exchange of health information, and determine whether any changes to state law will be needed. Although the review of existing state laws is not yet complete, the preliminary review has not discovered state law issues affecting the exchange of health information that will be likely to pose formidable barriers to such an exchange.

After the review of existing state laws is complete, the legal team will develop privacy and security policies that harmonize not only the varying state laws but also all applicable federal laws. The privacy and security policies of the statewide HIE will require each participant in the HIE to execute a specific participation agreement (likely modeled on the federal Data Use and Reciprocal Support Agreement (DURSA)). Participants will also be required to comply with other privacy and security policies and procedures of the HIE. Because the policies and procedures of the HIE will require participants themselves to comply with applicable privacy and security laws, DCH expects that the HIE will in fact cause participants throughout the state to refocus on

their privacy and security efforts. In addition, DCH expects that through education and outreach, the individuals whose information will be shared through HIE will encourage participants to take all necessary steps to appropriately protect information within the HIE. Therefore, the privacy and security practices of participants in the HIE will likely become more standardized, leading to greater privacy and security protections for patients and beneficiaries throughout Georgia.

Finally, as the statewide HIE is established, the HIE governing entity will also examine privacy and security issues associated with the sharing of health information across state borders. DCH currently participates in calls and meetings with neighboring states to discuss HIE in general, and DCH understands that Georgia's neighboring states are interested in addressing cross-border issues.

10.3 Federal Requirements

The Georgia statewide HIE anticipates exchanging health information with federal health care facilities in Georgia (and perhaps in other states as well) and is currently examining the relevant legal issues associated with the exchange of such information. For example, the legal team has identified three VA Medical Centers in Augusta, Decatur, and Dublin, Georgia, and numerous VA outpatient clinics throughout the state whose patients could likely benefit from the use of HIE. In addition, Georgia is home to numerous military bases. DCH anticipates that military personnel and their families living in Georgia may want to participate in the Georgia Statewide HIE. These federal facilities are discussed in more detail in Section 8 of the Strategic Plan.

APPENDICES

Appendix A: Abbreviations and Glossary of Terms

ABBREVIATIONS

CCSNPC: Chatham County Safety Net Planning Council, Inc.

DCH: The [Georgia] Department of Community Health

GAPHC: Georgia Association for Primary Health Care

GA-HITREC: The Georgia Health Information Technology Regional Extension Center located at the Morehouse School of Medicine

GARHIO: Georgia Regional Health Information Organization

GFHP: Georgia Farmworker Health Program

GRITS: Georgia Registry of Immunization Transactions and Services

GSLP: Georgia Strategic Local Implementation

HITT Advisory Board: Health Information Technology and Transparency Advisory Board

NNPC: National Center for Primary Care at the Morehouse School of Medicine

OHITT: Office of Health Information Technology & Transparency

SAHIE: Service Area Health Information Exchange

SMHP: State Medicaid Health Information Technology Plan

SORH: State Office of Rural Health

GLOSSARY

American Recovery and Reinvestment Act of 2009 (ARRA): A \$787.2 billion stimulus measure, enacted into law in February 2009, that provides financial assistance to states and cities, funding for infrastructure projects and the expansion of Medicaid and health information technology among other provisions.

American National Standards Institute (ANSI): The U.S. standards organization that establishes procedures for the development and coordination of voluntary national standards.

Architecture: Term that refers to the structure of an information system and how its pieces communicate and work together.

Clinical Data Repository (CDR): A real-time database that consolidates data from a variety of clinical sources to present a unified view of a single patient.

Data Warehouse (DW): Data warehouse is a repository of an organization's electronically stored data. It is designed to facilitate reporting and analysis.

Electronic Health Record (EHR): As defined in ARRA, means an electronic health record of an individual's health-related information that includes patient demographics and clinical health information, such as medical history and problem lists; and has the capacity to provide clinical decision support; to support physician order entry; to capture and query information relating to health care quality; to exchange health information; and to integrate such information from other sources.

Encryption: Translation of data into a code in order to keep the information secure from anyone but the intended recipient.

Enterprise Architecture: A strategic resource that aligns business and technology, leverages shared assets, builds internal and external partnerships, and optimizes the value of information technology services.

Enterprise Master Patient Index (EMPI): Is an index that includes all patients whose records are maintained in the enterprise record system.

e-Prescribing (eRX): Computer technology in which physicians use handheld or personal computer devices to review drug and formulary coverage and transmit prescriptions to a pharmacy, electronic health record system or printer.

Federally Qualified Health Center (FQHC): A type of provider organization as defined by Medicare and Medicaid that provides health care to the medically underserved; generally includes community health centers, migrant health centers, and other similar entities.

Health Alert Network (HAN): The CDC's network that provides information about urgent health events to state and local public health practitioners, clinicians, and public health laboratories.

Health Data Intermediary (HDI): An entity that provides the infrastructure to connect computer systems or other electronic devices used by health care providers, laboratories, pharmacies, health plans, third-party administrators or pharmacy benefit managers to facilitate the secure transmission of health information, including

pharmaceutical electronic data intermediaries. Term does not include health care providers engaged in direct health information exchange.

Health Information Exchange (HIE): The electronic transmission of health-related information across organizations according to nationally recognized standards.

Health Information Organization (HIO): An organization that oversees, governs, and facilitates the exchange of health-related information among organizations according to nationally recognized standards.

Health Information Technology (HIT): The combination of technology and connectivity required to meaningfully use and exchange electronic health information, including EHRs.

Health Information Technology for Economic and Clinical Health (HITECH) Act: It is a section in ARRA (“an act within an act”) that provides approximately \$34 billion in federal funding aimed at promoting the adoption and use of health information technology and furthering the electronic exchange of health information across health systems.

Health Information Portability and Accountability Act of 1996 (HIPAA): A federal law intended to improve portability of health insurance and simplify health care administration; HIPAA sets standards for the electronic exchange of claims-related information and for ensuring the security and privacy of all individually identifiable health information.

Health Record Bank: A community organization that provides a safe, secure location to automatically store health records where the patient is in charge of all personal, private health information.

Interface: A means of interaction between two devices or systems that handle data.

Interoperability: The ability of two or more systems or components to exchange information and to use the information that has been exchanged. Typically, interoperability is understood to have three components: technical, semantic, and process.

Master Patient Index (MPI): A central index of patient records used for the purpose of matching records from different sources and accurately relating that data to the same patient. An MPI usually does not have medical data contained with it and may or may not point to medical data found elsewhere.

Meaningful Use: Under the HITECH Act, an eligible professional or eligible hospital is considered a meaningful EHR user if the EP or EH uses certified EHR technology in a

manner consistent with criteria established by federal rules, including e-prescribing through an EHR, and the exchange of information for the purposes of quality improvement, such as care coordination.

Medicaid Information Technology Architecture (MITA): A national framework to support systems development and health care management for the Medicaid enterprise.

Medicaid Management Information System (MMIS): MMIS consists of an integrated group of procedures and computer processing operations (subsystems) developed at the general design level to meet principal objectives, including Medicaid program control and administrative costs; service to recipients, providers, and inquiries; operations of claims control and computer capabilities; and management reporting for planning and control.

National Level Repository (NLR): A nationwide data repository maintained by CMS to provide support for the electronic administration of incentive disbursements to eligible providers and eligible hospitals under the Medicaid and Medicare incentive programs.

National Provider Identifier (NPI): A 10-digit, intelligence free numeric identifier that replaces all other health care provider identifiers.

Nationwide Health Information Network (NHIN): Technologies, standards, laws, policies, programs and practices that enable health information to be shared among health decision makers, including consumers and patients, to promote improvements in health and health care.

Office of the National Coordinator for Health Information Technology (ONC): An agency within HHS that oversees and encourages the development of a national, interoperable health information technology system to improve the quality and efficiency of health care.

Open Source: Practices in production and development of software that promote access to the end product's source code. Open source products are usually developed collaboratively with the software freely distributed to anyone willing to abide by the rules of its use and distribution.

Participating Providers: For the purposes of this document are providers who have signed all required agreements to participate in the Georgia statewide HIE.

Participation Agreements: For the purposes of this document are those agreements that the governance entity for the statewide HIE determines are required as a condition for participation by providers.

Patient Record Locator: The electronic means by which patient files are located to assist patients and clinicians to find test results, medical history, prescription data, and other health information.

Personal Health Record (PHR): An electronic application through which individuals can maintain and manage their health information (and that of others for whom they are authorized) in a private, secure, and confidential manner.

Practice Management System (PMS): That portion of the medical office record which contains financial, demographic and non-medical information about patients.

Provider Portal: For the purposes of this document, it is the point of access for all participating providers in the statewide HIE.

Record Locator Service (RLS): An index containing patient demographic information and the location of a patient's medical records. It generally does not contain clinical information. Participating entities decide whether or not to put record locations into the RLS. Designed to take a query in the form of demographic details and return only the location of the matching records.

Regional Extension Center (REC): As a recipient of ARRA funding, each REC is required to serve a geographically defined area and is supposed to provide on-site technical assistance in the selection of certified EHRs, to enhance clinical and administrative workflow, and to comply with privacy and security requirements. Each REC is required to focus its efforts on individual or small group practices and providers in public and critical access hospitals, community health centers, and other safety net providers.

Regional Health Information Organization (RHIO): A multi-stakeholder organization that enables the exchange and use of health information in a secure manner for the purpose of promoting the improvement of health quality, safety and efficiency.

Scalability: The ability to add users and increase the capabilities of an application without having to make significant changes to the application software or the system on which it runs.

Service Level Agreement: A contract between a service provider and a user that specifies the level of service expected during a contract term. Service level agreements determine how performance will be measured and, in the event of underperformance, how the penalties will be calculated and paid.

Service Oriented Architecture (SOA): A building-block approach to application development which emphasizes the reuse of software components that are built to

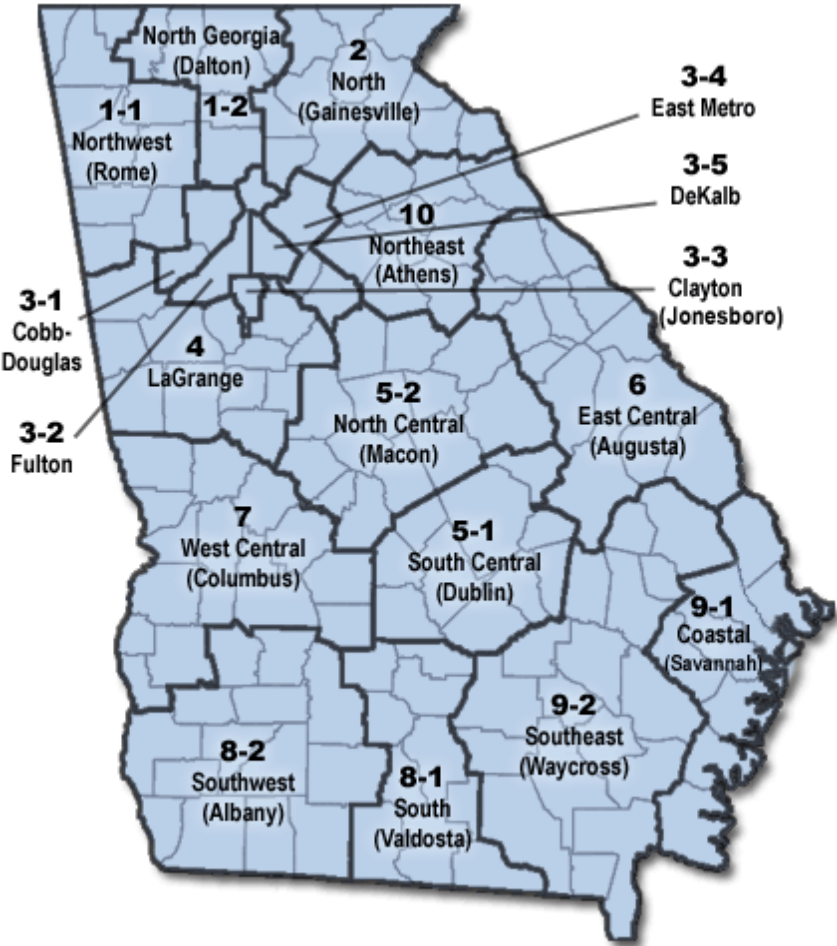
perform individual functions and which interact with each other through clearly-defined interfaces.

Shared Directory: A service that enables the searching and matching of data to facilitate the routing of information to providers, patients, and locations.

State Designated Entity (SDE): A not-for-profit organization with broad stakeholder representation on its governing board designated by the state as eligible to receive awards under the Cooperative Agreement.

Workforce Development: Funding to develop programs and curricula to prepare a skilled workforce for the deployment of HIT and statewide HIE.

Appendix B: Georgia's Public Health Districts



Appendix C: Letters of Support

[Attached]

August 25, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

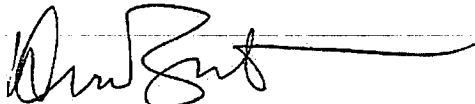
It is a pleasure for me to announce my support for the Georgia Statewide Health Information Exchange. As Director of the Satcher Health Leadership Institute at the Morehouse School of Medicine, it is a privilege to be a part of this outstanding project.

The goals and objectives of the project are aligned with those of my organization. We share the same vision of improved health care outcomes, improved process efficiency, and strategic access to health care information.

We support the collaborative relationships that emerge as a result of this innovative effort. New positive relationships will be developed with critical stakeholder organizations as well. In addition, we anticipate improved meaningful use possibilities that will converge through participation in this innovative process.

We look forward to our associated partnership with the private, secure, interoperable "network of networks" – and the synergy and countless possibilities that will certainly be enabled by this outstanding effort.

Sincerely,



David Satcher, MD, PhD
Director, The Satcher Health Leadership Institute
Morehouse School of Medicine
16th Surgeon General of the United States of America



August 17, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

As a Provider of Public Health Programs and Services, it is with great excitement that I announce our support for the Georgia Statewide Health Information Exchange. As a service provider, we recognize the value of promoting the exchange of clinical data reporting, both statewide and nationally, receiving and sharing lab results with providers and hospitals, reporting syndromic surveillance data, and sharing immunization data. These health information exchanges remain critical to our unwavering pursuit of positively changing health outcomes.

We truly value the opportunity to more easily connect with other health care entities in the State of Georgia -- and the nation -- through the Nationwide Health Information Network (NHIN). We share a common passion for the innovative vision and goals of this strategic initiative, which includes secure, private, and interoperable health information exchange.

We embrace this collaborative effort and look forward to working with you and other health information exchange organizations through a seamless and efficient process integration.

Sincerely,

M. Rony Francois, MD, MSPH, PhD

Division of Public Health

M. Rony Francois, MD, MSPH, PhD, Director of Public Health and State Health Officer ♦ Phone: 404-657-2700 ♦ Fax: 404-657-2715



August 17, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

I am pleased to document my support for the Georgia Statewide Health Information Exchange. As the State Medicaid Agency, we look forward to creating the infrastructure that will allow the exchange of health information that is vitally important to the delivery of cost-effective and clinically appropriate care for our members. Additionally, this initiative will place Georgia in an excellent position to promote the adoption and meaningful use of electronic health records.

The Medicaid Agency stands ready to support the efforts of this very important initiative. We look forward to working with your team as we make this important next step in the health information technology arena.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerry Dubberly".

Jerry Dubberly,
State Medicaid Director



MOREHOUSE
SCHOOL OF MEDICINE
National Center for Primary Care

August 11, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

It is a pleasure for me to announce my support for the Georgia Statewide Health Information Exchange. As the Georgia Health Information Technology Regional Extension Center (GA-HITREC), it is indeed a privilege to be in partnership with the Georgia Department of Community Health on this outstanding project.

The goals and objectives of the HIE project are aligned with those of GA-HITREC. Our organization shares the same vision of improved health care outcomes, improved process efficiency, and strategic access to health care information.

It is our intention to closely coordinate the proposed GA-HITREC services with the HIE initiative where we can together promote the adoption and meaningful use of EHRs and leverage each other's efforts.

We are looking forward to the synergy and countless possibilities that will certainly unfold by this outstanding effort.

Sincerely,

Dominic H. Mack MD, MBA
Deputy Director/Assistant Professor, National Center for Primary Care
Project Director, GA-HITREC



August 9, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

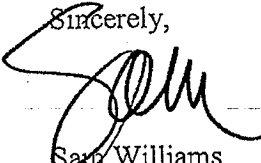
Ruth

The Metro Atlanta Chamber on behalf of the Georgia HIE Consortium, acknowledge our support for the Statewide Health Information Exchange Project at the Georgia Department of Community Health, in Atlanta, Georgia. The collaborative private, public partnership will be a value-added entity that can bring positive benefits for the economic and business community in Georgia.

We support the project goals and objectives, which involve collaborative efforts with stakeholders and citizens of State of Georgia. We too support the collaborative partnership environment – and the focus on improved patient outcomes, improved process efficiency and strategic access to healthcare information.

We look forward to our partnership in the private, secure, interoperable “network of networks” – and the synergy and countless possibilities that will certainly be enabled by this outstanding effort.

Sincerely,



Sara Williams

President, Metro Atlanta Chamber

Bringing the best together to help Atlanta thrive.

235 Andrew Young International Blvd., NW | Atlanta, Georgia 30303 | 404.880.9000 | MetroAtlantaChamber.com

COLLABORATIVE TRANSFORMATIONS, LLC

August 5, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms Carr:

It is a pleasure for me to confirm my strong support for the Georgia Statewide Health Information Exchange. For over 31 years I served as a physician and health IT leader in the U.S. Department of Veterans Affairs and the U.S. Department of Health and Human Services. As a consultant working with government and non-profit organizations, it is a privilege to be a part of this outstanding project.

I share your vision of improved health and health care outcomes, improved process efficiency, and strategic access to health care information. The goals and objectives of the project are aligned with those that I worked for during my years of federal service.

I have great expectations for the collaborative relationships that will emerge as a result of this innovative effort. New positive relationships will be developed with critical local and national stakeholder organizations. In addition, Georgia residents will experience better health and health care as a result of improved meaningful use possibilities that will emerge for Georgia health care providers as a result of this innovative process.

I look forward to my associated partnership with this private, secure, interoperable "network of networks" – and the synergy and countless possibilities that will certainly be enabled by this outstanding effort.

Sincerely,



Robert M. Kolodner, MD
President
Collaborative Transformations, LLC

6115 Dry Leaf Path
Columbia, MD 21044



August 5, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

It is with great optimism that we announce our support for the Georgia Statewide Health Information Exchange efforts. The critical stakeholder relationship that exists today between the Georgia Department of Community Health and WellStar will most assuredly become more important and the enhanced collaborative spirit will produce beneficial outcomes for both organizations.

We have looked forward to an opportunity to participate in a Statewide Health Information Exchange Project for many years. The creativity, innovation, and leading-edge systems and processes that will become a part of the new architecture will provide new opportunities for data sharing, health care research, and myriads of other critical factors that will positively impact patient outcomes and reduce health care costs.

We value the partnership that is associated with this endeavor and look forward to many years of collaborative shared services. The emerging "network of networks" will enable an infinite set of possibilities. We look forward to this very positive journey and to enhanced opportunities that will emerge that enable positive outcomes for the citizens of Georgia.

In Partnership,

Ron Strachan
Senior Vice President and Chief Information Officer
WellStar Health System

Georgia Health Information Exchange

business, government and healthcare working together for better health outcomes and value

August 9, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

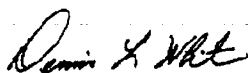
As an organization whose mission is to facilitate a health information exchange to improve public health, quality of care, and the efficiency of health services through the more effective use of automated personal health information, it is with optimism that we announce our support for the Georgia Statewide Health Information Exchange. Georgia Health Information Exchange is a broad coalition of healthcare stakeholders representing such organizations as the Cobb County Community Services Board, Georgia Health Care Association, Georgia Hospital Association, Georgia Medical Care Foundation, Georgia Pharmacy Association as well as representatives from the physician and vendor community. The collaborative private, public partnership of the Georgia Statewide Health Information Exchange will be a value-added entity that can bring positive benefits for the economic and business community in Georgia.

We value the opportunity to more easily connect with other health care entities in the State of Georgia -- and the nation -- through the Nationwide Health Information Network (NHIN). The goal and vision of this strategic initiative, which includes secure, private, interoperable health information exchange is indeed a goal that we have in common.


We value the relationship and look forward to working with you and other health information exchange organizations through seamless, efficient process integration.

We also value the possibilities that can emerge through this relationship -- and look forward to working with citizens and stakeholders across the State of Georgia.

Sincerely yours,



Dennis L. White
President & CEO
GMCF
Chairman GHIE
dwhite@gmcf.com



Glenn E. Pearson FACHE
Executive Vice President
GHA
Officer, GHIE
gpearson@gha.org



OPEN HEALTH TOOLS

August 5, 2010

National Organizations & Providers

Canada Health Infoway
Hartford Hospital
Indian Health Service
Mayo Clinic
National Cancer Institute
National Health Service
(NHS, U.K.)
National eHealth Transition
Authority (NEHTA, Australia)
Veterans Health
Administration (VHA, U.S.).

Standards & Open

Source Organizations

Eclipse
Health Level 7 (HL7)
Health Services Specification
Project (HSSP)
International Health
Terminology (IHTSDO)
Object Management
Group (OMG)

Organizations Supplying: products, services, education & research

B2International
Black Duck
BT Health
BXI
Cambio Healthcare Systems
Carnac
Collaborative Software Initiative
Collaborative Transformations
CollabNet
DSS
Georgia Tech
Global Center for Medical Innovation
Discovery machine
IBM
Incremental Technology Group
Innoopract
Inpriva
International Technology Group
J P Systems
Linkoping University
Misys
Mohawk College
MyCare Team
Oregon State University
NexJ Systems
Ocean Informatics
Oracle
Red Hat
Sage
TBS
Tolven
Vangent
Vigent
Visumpoint
YouMed
5am Solutions

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms Carr:

Open Health Tools is a global community of open-source developers and health professionals dedicated to the development of a worldwide health information exchange system that will improve patient safety and patient care while improving health administrative efficiencies. Our membership includes national health agencies for several countries, clinical standards groups, end users, clinicians, software / technology vendors, and service companies. We envision the day when all people have the health information they need whenever and wherever they desire to improve their health and well-being.

As a global supplier of technology and clinical expertise, we support the Georgia Statewide Health Information Exchange Project at the Georgia Department of Community Health, in Atlanta, Georgia. We support the collaborative goals and objectives between the diversified stakeholders and the citizens of State of Georgia. We look forward to deliver improved patient outcomes, improved process efficiency, and strategic access to healthcare information.

We value the relationship we currently have with Georgia Tech, and look forward to working with you and other health information exchange organizations.

Sincerely,

Skip McGaughey
Open Health Tools, Inc.
Executive Director

www.OpenHealthTool.org



August 9, 2010

Ruth Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW – 40th Floor
Atlanta, Georgia 30303

Dear Ms. Carr:

The Georgia Medical Care Foundation (GMCF) is the 501(c) 3 Medicare Quality Improvement Organization (QIO) for Georgia and is submitting this letter of support for the Georgia Statewide Health Information Exchange Project at the Georgia Department of Community Health. GMCF supports the project goals and objectives, which involve collaborative efforts with stakeholders and citizens of the State of Georgia.

GMCF has worked with Georgia stakeholders and providers in all settings for over 38 years to improve the health care delivery system and as the QIO have recent extensive experience in working with providers on the adoption, implementation, and use of Health Information Technology. Additionally, GMCF is a HHS designated "Community Leader for Value Driven Health Care" and has been a member of HL7 since 1998. Our organization shares the same vision of improved health care outcomes, improved process efficiency, and strategic access to health care information.

We value the partnership and synergy that is enabled by this innovative endeavor and look forward to a continued relationship that will produce countless positive outcomes through coordination and continuity of care and better health care services.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis L. White".

Dennis L. White
Chief Executive Officer

1455 Lincoln Pkwy.
Suite 800
Atlanta, GA 30346
404 982-0411
800 982-0411
fax 404 982-7591
www.gmcf.org



August 11, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

It is with optimism that I announce my support for the Georgia Statewide Health Information Exchange. As an academic institution, we look forward to creating new opportunities for economic revitalization and workforce development in Georgia.

The services that will be enabled through the strategic, secure, interoperable "network of networks" – throughout the State of Georgia – will empower the economy and make life better for Georgia stakeholders and citizens.

We value the partnership and synergy that is enabled by this innovative endeavor and look forward to a continued relationship that will produce countless positive outcomes through coordination and continuity of care and better health care services.

We look forward to this exciting journey.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Fleming". The signature is written in a cursive style and is positioned above the typed name.

Stephen Fleming, Vice President
Enterprise Innovation Institute

Enterprise Innovation Institute
innovate.gatech.edu

A Unit of the University System of Georgia An Equal Education and Employment Opportunity Institution



August 10, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

Georgia Hospital Association (GHA) is the statewide organization that represents approximately 170 member hospitals and 34 health systems. We are pleased to announce our support for the Georgia Statewide Health Information Exchange. GHA has been working on health information exchange issues for many years and is very pleased with the opportunity to collaborate with other stakeholders to further this emerging aspect of healthcare delivery.

The Georgia Department of Community Health has undertaken an extensive and inclusive process for developing the statewide health information exchange plan. The resulting approach outlined in the plan will help to further interoperable communication among Georgia's providers, payers, and other stakeholders. Ultimately, the health status of our population will increase as crucial information becomes available at the critical point of patient care.

We value the partnership that is associated with this endeavor and look forward to many years of collaborative shared services. The emerging "network of networks" will enable many possibilities. We look forward to this very positive journey and to enhanced opportunities that will emerge that enable positive outcomes for the citizens of Georgia.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph A. Parker".

Joseph A. Parker
President

Georgia Hospital Association

1675 Terrell Mill Road, Marietta, Georgia 30067 | Phone: 770-249-4500 | Fax: 770-955-5801 | www.gha.org



GEORGIA ACADEMY OF
FAMILY PHYSICIANS
SPECIALIZING IN ALL OF YOU

Northlake Commons
3760 Lavista Road ~ Suite 100 ~ Tucker, GA 30084-5641
Phone: 404.321.7445 Fax: 404.321.7450 Toll Free: 800.392.3841
www.gafp.org

Leonard D. Reeves, MD, FAAFP
President

August 10, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

It is with pleasure that the Georgia Academy of Family Physicians (GAFP) announces its support for the Georgia Statewide Health Information Exchange (HIE). As healthcare providers, it is a privilege to be a part of this outstanding project.

The GAFP represents 93 percent of all board certified/board eligible family physicians in the state of Georgia and believes it is imperative that we support initiatives for our members that foster communication about burgeoning technology. Our organization shares the HIE's vision of improved health care outcomes, improved process efficiency, and strategic access to health care information, and supports the collaborative relationships that emerge as a result of this innovative effort.

We look forward to our associated partnership with the private, secure, interoperable "network of networks" – and the synergy and countless possibilities that will certainly be enabled by this outstanding effort.

Please let me know if the GAFP can be of further assistance as we move towards improved meaningful use possibilities.

Sincerely,

Leonard D. Reeves, MD, FAAFP
President
Georgia Academy of Family Physicians



Georgia Health Care Association
Serving Georgia's Elderly Since 1953

Jon S. Howell
President & CEO

August 10, 2010

GHCA Officers

Mark Todd
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Debbie Meade
Vice Chair

Lucy M. Rogers
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Treasurer

Jim Gilliam
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Neil Pruitt, Jr.
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George T. Hunt, III

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Davis King, Jr.

Joshua Leonard

Laura Amos Lines

Barbara Mitchell

Norma Jean Morgan

Pat Osterhout

Suzanne Stanley

Gary Westbury

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

It is a pleasure for me to announce my support for the Georgia Statewide Health Information Exchange. As a health care association serving members in 158 of Georgia's 159 counties, it is a privilege to be a part of this outstanding project.

The goals and objectives of the project are aligned with my organization. The Georgia Health Care Association (GHCA) shares the same vision of improved health care outcomes, improved process efficiency, and strategic access to health care information.

GHCA supports the collaborative relationships that emerge as a result of this innovative effort. I am sure that new positive relationships will be developed with critical stakeholder organizations. In addition, I look forward to improved meaningful use possibilities that will converge as I participate within this innovative process.

I look forward our associated partnership with the private, secure, interoperable "network of networks" – and the synergy and countless possibilities that will certainly be enabled by this outstanding effort.

Sincerely,

Jon S. Howell



August 11, 2010

Robyn Garrett-Gunnoe
Georgia Association of Community Service Boards
201 17th Street, Suite 300
Atlanta, GA 30363

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

As a Georgia Healthcare Stakeholder, we acknowledge our support for the Statewide Health Information Exchange Project at the Georgia Department of Community Health, in Atlanta, Georgia.

The GACSB supports the project goals and objectives, which involve collaborative efforts with stakeholders and citizens of the State of Georgia. Too, we support the collaborative partnership environment – and the focus on improved patient outcomes, improved process efficiency, and strategic access to healthcare information.

We look forward to our partnership in the private, secure, interoperable “network of networks” – and the synergy and countless possibilities that will certainly be enabled by this outstanding effort.

Sincerely,

Robyn Garrett-Gunnoe
Director



**Cobb County Community Services Board
Douglas County Community Services Board**

Tod Citron, Executive Director

Administration Building
3830 South Cobb Drive, Suite 300
Smyrna, GA 30080
Phone: 770-429-5000 Fax: 770-438-5136
www.cobbcbsb.com

August 10, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW – 40th floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr,

Please accept this letter of support for the Georgia Statewide Health Information Exchange. As we approach the future, the importance of electronic health information exchange is critically important. As a public provider of community based behavioral healthcare services and as an organization that has utilized EMR technology since 2001, we know firsthand how health information exchange can lead to improved patient health outcomes. I congratulate the Department of Community Health (DCH) for engaging this important and necessary challenge.

As a provider of safety-net healthcare services, we value the services that will be enabled through secure and interoperable networks throughout Georgia. The collaborative partnerships to be garnered by this innovative endeavor will help fuel its success. Our agency has had an active interest in electronic health information exchange for a long time now. We stand prepared to participate and to be an active partner.

Please feel free to contact me should the need arise. We look forward to this exciting and important journey.

Sincerely,

Tod Citron
Executive Director/CEO



P.O. Box 5706
Sandersville, GA 31082
478.553.2497 phone
478.553.2499 fax

August 10, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

The East Georgia Health Cooperative enthusiastically supports the Georgia Statewide Health Information Exchange initiative. The goals and objectives of the project are aligned with our organization. The initiative shares the same vision of improved health care outcomes, improved process efficiency, and strategic access to health care information.

The East Georgia Health Cooperative is a rural health network composed of hospitals, rural health clinics and Federally Qualified Health Centers in eighteen rural counties in east central Georgia – Bulloch, Candler, Emanuel, Glascock, Hancock, Jefferson, Jenkins, Johnson, Laurens, Montgomery, Taliaferro, Tattnall, Toombs, Treutlen, Twiggs, Warren, Washington, and Wilkinson. As a network, we work to support efforts that enhance the access, scope and viability of our Members. Due to the strong relationship with our Members, we are fully aware and supportive of the need to exchange health information in a meaningful way. We understand this will involve multiple stakeholders in the region and are fully committed to participate in any manner we can given the constraints of the current economic environment and other factors.

We look forward to an opportunity to participate in a Statewide Health Information Exchange Project. The creativity, innovation, and leading-edge systems and processes that will become a part of the new architecture will provide new opportunities for data sharing, health care research, and myriads of other critical factors that will positively impact patient outcomes and reduce health care costs.

We value the partnership that is associated with this endeavor and look forward to many years of collaborative shared services. The emerging “network of networks” will enable an infinite set of possibilities. We look forward to this very positive journey and to enhanced opportunities that will emerge that enable positive outcomes for the citizens of Georgia.

The East Georgia Health Cooperative supports the collaborative relationships that emerge as a result of this innovative effort. I am sure that new positive relationships will be developed with critical stakeholder organizations. In addition, I look forward to improved meaningful use possibilities that will converge as I participate within this innovative process.

Tara Cramer

Tara Cramer, Executive Director
East Georgia Health Cooperative



**The Georgia Association
For Primary Health Care**

August 11, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

I am pleased to announce my support for the Georgia Statewide Health Information Exchange. The collaborative relationship that exists today between the Georgia Department of Community Health and the Georgia Association for Primary Health Care will most assuredly become more important and the enhanced collaborative spirit will produce beneficial outcomes for both organizations.

We value the opportunity to more easily connect with other health care entities in the State of Georgia and the nation through the Nationwide Health Information Network (NHIN). The goal and vision of this strategic initiative, which includes secure, private, interoperable health information exchange is indeed a goal that we have in common. The creativity, innovation, and leading-edge systems and processes that will become a part of the new architecture will provide new opportunities for data sharing, health care research, and myriads of other critical factors that will positively impact patient outcomes and reduce health care costs.

We value the partnership that is associated with this endeavor and look forward to many years of collaborative shared services. The emerging "network of networks" will enable an infinite set of possibilities. We look forward to this very positive journey and to enhanced opportunities that will emerge that enable positive outcomes for the citizens of Georgia.

Sincerely,

Duane Kavka
Executive Director
Georgia Association for Primary Health Care



Center for Telehealth
Office of the Director

August 13, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

I am pleased to attest my support for the Georgia Statewide Health Information Exchange with enthusiasm and optimism. The critical stakeholder relationship that exists today between the Georgia Department of Community Health and my institution, through my work in the Medical College of Georgia Center for Telehealth, will undoubtedly become more important as your efforts progress. The visibly enhanced collaborative spirit evidenced in recent meetings can only increase the likelihood of beneficial outcomes for both organizations.

I personally, and my Center for Telehealth, have looked forward to the opportunity to participate in a Statewide Health Information Exchange Project for many years. The creativity, innovation, and leading-edge systems, processes and policies that are promised by the new architecture will provide new opportunities for data sharing, health care research, and myriads of other critical contributory elements that should positively impact both patient outcomes and reduce health care costs.

I value the potential for partnership that is associated with this endeavor and look forward to many years of collaboration. The emerging "network of networks" should enable meaningful real statewide benefits while preserving local relevance and priorities. I look forward to the opportunity to both participate in and serve the needs of this journey. I also look forward to the enhanced opportunities to enable and promote positive outcomes for the citizens of Georgia that should emerge.

In Anticipation,

Max E. Stachura, MD
Director, Center for Telehealth
Professor, Schools of Medicine
Nursing & Graduate Studies
Medical College of Georgia

Georgia Research Alliance
Eminent Scholar in Telemedicine



David C. Epstein, MD, MBA
Senior Market Medical Executive



CIGNA HealthCare

Two Securities Centre
3500 Piedmont Road
Suite 200
Atlanta, GA 30305
Telephone 404.443.8800

August 16, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

As a Georgia Healthcare Stakeholder, I acknowledge my support for the Statewide Health Information Exchange Project at the Georgia Department of Community Health, in Atlanta, Georgia.

I support the project goals and objectives, which involve collaborative efforts with stakeholders and citizens of State of Georgia. Too, I support the collaborative partnership environment – and the focus on improved patient outcomes, improved process efficiency, and strategic access to healthcare information.

I look forward to our partnership in the private, secure, interoperable “network of networks” – and the synergy and countless possibilities that will certainly be enabled by this outstanding effort.

Sincerely,

David C. Epstein, MD, MBA
Senior Market Medical Executive



GEORGIA PHARMACY ASSOCIATION, INC.
50 Lenox Pointe NE • Atlanta, Georgia 30324
404-231-5074 phone • www.GPhA.org

August 13, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

It is a pleasure for me to announce my support for the Georgia Statewide Health Information Exchange. As a healthcare provider, it is a privilege to be a part of this outstanding project.

The goals and objectives of the project are aligned with my organization. My organization shares the same vision of improved health care outcomes, improved process efficiency, and strategic access to health care information.

My organization supports the collaborative relationships that emerge as a result of this innovative effort. I am sure that new positive relationships will be developed with critical stakeholder organizations. In addition, I look forward to improved meaningful use possibilities that will converge as I participate within this innovative process.

I look forward our associated partnership with the private, secure, interoperable "network of networks" -- and the synergy and countless possibilities that will certainly be enabled by this outstanding effort.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. R. Bracewell', with a long, sweeping horizontal line extending to the right.

James R. Bracewell
Executive Vice President & CEO



August 19, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

It is with optimism that I announce my support for the Georgia Statewide Health Information Exchange. As Medical Director for the Georgia Department of Juvenile Justice, we look forward to creating new opportunities for economic revitalization and workforce development in Georgia.

The services that will be enabled through the strategic, secure, interoperable "network of networks" – throughout the State of Georgia – will empower the economy and make life better for Georgia stakeholders and citizens.

We value the partnership and synergy that is enabled by this innovative endeavor and look forward to a continued relationship that will produce countless positive outcomes through coordination and continuity of care and better health care services.

We look forward to this exciting journey.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Staples-Horne". The signature is fluid and cursive.

Michelle Staples-Horne, MD, MPH
Medical Director
Department of Juvenile Justice



Children's[®]
Healthcare of Atlanta

1639 Tullie Circle NE
Atlanta, Georgia 30329
www.chao.org

Praveen Chopra
Children's Healthcare of Atlanta
1639 Tullie Circle, NE
Atlanta, GA 30329

August 20, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

It is a pleasure to share our support for the Georgia Statewide Health Information Exchange. As the largest provider of pediatric services in the state of Georgia, this initiative is of the utmost importance to our organization. The goals and objectives of this initiative are aligned with those of our organization, relating to overall HITT issues. In addition, the vision for improved health care outcomes, improved process efficiency, and strategic access to health care information seems consistent between our organizations.

It is our hope that the services that will be enabled through the strategic, secure, interoperable "network of networks" – throughout the State of Georgia – will empower the economy and make life better for Georgia stakeholders and citizens. In addition, we see tremendous value in the creation of the collaborative relationships that will emerge as a result of this innovative effort.

We value the relationship and look forward to working with you and other health information exchange organizations through seamless, efficient process integration.

Sincerely,

Praveen Chopra
Chief Information Officer

EMORY HEALTHCARE

INFORMATION SERVICES

August 24, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

As a Health Information Exchange Organization, it is with optimism that I announce our support for the Georgia Statewide Health Information Exchange. The collaborative private, public partnership will be a value-added entity that can bring positive benefits for the economic and business community in Georgia.

We value the opportunity to more easily connect with other health care entities in the State of Georgia -- and the nation -- through the Nationwide Health Information Network (NHIN). The goal and vision of this strategic initiative, which includes secure, private, interoperable health information exchange is indeed a goal that we have in common.

We value the relationship and look forward to working with you and other health information exchange organizations through seamless, efficient process integration.

We also value the possibilities that can emerge through this relationship -- and look forward to working with citizens and stakeholders across the State of Georgia.

Sincerely,



Dedra L. Cantrell, R.N.
Chief Information Officer
Emory Healthcare, Inc.



GEORGIA DENTAL ASSOCIATION

Suite 200 • Building 17 • 7000 Peachtree Dunwoody Road N.E. • Atlanta, Georgia 30328-1655
(404) 636-7553 • (800) 432-4357 • Fax (404) 633-3943

August 24, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

It is a pleasure for me to announce the support of the Georgia Dental Association (GDA) for the Georgia Statewide Health Information Exchange. The critical stakeholder relationship that exists today between the Georgia Department of Community Health and the GDA will most assuredly become more important and the enhanced collaborative spirit will produce beneficial outcomes for both our organizations.

Dentistry is especially supportive of the use of electronic health records and the electronic exchange of patient records that are an important component of the state's plan for Health Information Exchange. The creativity, innovation, leading-edge systems and processes that will become a part of the new architecture will provide new opportunities for data sharing, health care research, and a myriad of other critical factors that will positively impact patient outcomes and reduce health care costs.

We support the collaborative relationships that will emerge among all healthcare providers as a result of this innovative effort and the "network of networks" that will enable an infinite set of possibilities and enhancements for healthcare in Georgia. We look forward to this very positive journey and to improved opportunities that will emerge to enable positive health outcomes for the citizens of Georgia.

Sincerely,

John F. Harrington, Jr. D.D.S.
President, Georgia Dental Association

Patrick J. Counihan
Vice President
Health Care Systems

Merck
351 N Sumneytown Pike
UG3A-86
North Wales, PA 19454-2505
T 267 305 2410
F 215 616 2804
patrick.counihan@merck.com



August 16, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

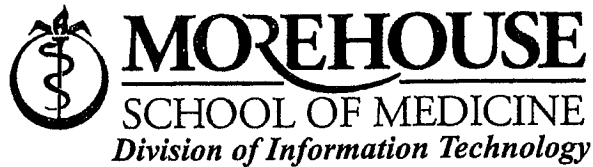
Merck is pleased that Georgia is developing the Statewide Health Information Exchange Project at the Georgia Department of Community Health, in Atlanta, Georgia. As you know, Merck is a pharmaceutical company and our fundamental responsibility is discovering, developing and delivering innovative medicines and vaccines that can make a difference in people's lives and create a healthier future. Merck appreciates the state's efforts to implement an initiative to better the health of Georgians through the increased use of health technology.

Merck supports the project goals and objectives, which involve collaborative efforts with stakeholders and the citizens of Georgia. Additionally, we welcome the partnership environment including the focus on improved patient outcomes, improved process efficiency, and strategic access to healthcare information.

Merck looks forward to the partnership that is associated with this endeavor and to the coming years of collaboration with the Georgia Department of Community Health. The emerging "network of networks" will enable an expanding set of possibilities to enable positive outcomes for the citizens of Georgia.

Sincerely,

A handwritten signature in black ink that reads "Patrick J. Counihan".



August 25, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

It is a pleasure for me to announce my support for the Georgia Statewide Health Information Exchange. As a school of medicine responsible for training physicians and scientists, conducting community focused research, and providing healthcare services, it is a privilege to be a part of this outstanding project.

The goals and objectives of the project are aligned with my organization. Morehouse School of Medicine (MSM) shares the same vision of improved health care outcomes, improved process efficiency, and strategic access to health care information.

MSM supports the collaborative relationships that emerge as a result of this innovative effort. I am sure that new positive relationships will be developed with critical stakeholder organizations. In addition, I look forward to improved meaningful use possibilities that will converge as I participate within this innovative process.

I look forward to our associated partnership with the private, secure, interoperable "network of networks" – and the synergy and countless possibilities that will certainly be enabled by this outstanding effort.

Sincerely,

Cigdem Delano
Chief Information Officer
Morehouse School of Medicine

Memorial

H E A L T H

August 15, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159


Dear Ms. Carr:

As a member of a Health Information Exchange Organization, it is with optimism that I announce our support for the Georgia Statewide Health Information Exchange. The collaborative private, public partnership will be a value-added entity that can bring positive benefits for the economic and business community in Georgia.

We value the opportunity to more easily connect with other health care entities in the State of Georgia, and the nation, through the Nationwide Health Information Network (NHIN). The goal and vision of this strategic initiative, which includes secure, private, interoperable health information exchange, is indeed a goal that we have in common. ChathamHealthLink, the Health Information Exchange for The Chatham County SafetyNet Planning Council, will be an enthusiastic supporter of your vision and goals.

We value the relationship and look forward to working with you and other health information exchange organizations through seamless, efficient process integration.

We also value the possibilities that can emerge through this relationship, and look forward to working with citizens and stakeholders across the State of Georgia.

Sincerely,

Patricia A. Lavelly
Sr. Vice President and CIO
Chair, ChathamHealthLink IT Consortium



SAINT JOSEPH'S

5665 Peachtree Dunwoody Rd. • Atlanta, GA 30342
www.saintjosephsatlanta.org

A member of Catholic Health East, sponsored by the Sisters of Mercy

August 26, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

It is a pleasure for me to announce Saint Joseph's Health System's support for the Georgia Statewide Health Information Exchange (GSHIE). As a leading healthcare provider, it is a privilege to be a part of this outstanding project. The goals and objectives of the project are aligned with Saint Joseph's. We share the same vision of improved health care outcomes, improved process efficiency, and strategic access to health care information.

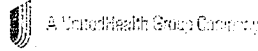
Saint Joseph's supports the collaborative relationships that will emerge as a result of this innovative effort. We are sure that new positive relationships will be developed with critical stakeholder organizations. In addition, we look forward to improved "meaningful use" possibilities that will converge as Saint Joseph's and our 850 doctors participate within GSHIE.

We look forward to many HIE related partnership, including that with DCH, toward the private, secure, interoperable "network of networks" – and the synergy and countless possibilities that will certainly be enabled by this outstanding effort.

Sincerely,

Kirk G Wilson, FACHE
President/CEO
Saint Joseph's Health System
Saint Joseph's Hospital, Atlanta
Saint Joseph's East Georgia, Greensboro, GA

UnitedHealthcare®



Richard A. Elliott
3720 DaVinci Ct. Suite 300
Norcross GA 30092
Tel: 770 613 4798 Fax: 577 940 1965

August 26, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

On behalf of UnitedHealthcare (UHC), I am pleased to support Georgia's planning for statewide Health Information Exchange. UnitedHealthcare looks forward to building on the critical stakeholder relationship that exists today with the Georgia Department of Community Health and to enhancing our existing collaboration to produce beneficial outcomes for both our organizations.

UnitedHealth Group has a strong history of engaging with market-based health information exchange collaboratives through UnitedHealthcare, our commercial insurance company. These engagements include existing health information exchange projects of UnitedHealthcare such as CareSpark (Southeastern Tennessee and Western Virginia), Indiana Health Information Exchange, CORHIO, as well as planning underway in many other states. Nationally, we are working on many levels to develop and implement standard data sets and interoperable information systems to speed adoption of health information exchange, as well as standard measures to objectively determine long term impact on quality and value. We use our experience thoughtfully to advance projects that have the possibility of improving and reducing the cost of care.

We have looked forward to an opportunity to help develop the Statewide Health Information Exchange Project in Georgia. The creativity, innovation, and leading-edge systems and processes that will become a part of the new architecture will provide new opportunities for data sharing, health care research, and myriads of other critical factors that will positively impact patient outcomes and reduce health care costs.

We value the partnership that is associated with this endeavor. The emerging "network of networks" will enable an infinite set of possibilities. We look forward to this very positive journey and to enhanced opportunities that will emerge that enable positive outcomes for the citizens of Georgia.

In Partnership,

A handwritten signature in black ink, appearing to read 'Richard A. Elliott', written over a white background.

Richard A. Elliott
President & CEO
UnitedHealthcare of Georgia



GEORGIA DEPARTMENT OF CORRECTIONS

OFFICE OF HEALTH SERVICES

2 MARTIN LUTHER KING JR. DR., S.E.

SUITE 952 EAST TOWER

ATLANTA, GEORGIA 30334-4900

PHONE: 404/656-6538

FAX: 404/463-1861

Sonny Perdue
Governor

Brian Owens
Commissioner

August 25, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

Dear Ms. Carr:

As a Health Information Exchange Organization, it is with optimism that I announce our support for the Georgia Statewide Health Information Exchange. The collaborative private, public partnership will be a value-added entity that can bring positive benefits for the economic and business community in Georgia.

We value the opportunity to more easily connect with other health care entities in the State of Georgia -- and the nation -- through the Nationwide Health Information Network (NHIN). The goal and vision of this strategic initiative, which includes secure, private, interoperable health information exchange is indeed a goal that we have in common.

We value the relationship and look forward to working with you and other health information exchange organizations through seamless, efficient process integration.

We also value the possibilities that can emerge through this relationship -- and look forward to working with citizens and stakeholders across the State of Georgia.

Sincerely,

A handwritten signature in black ink that reads "Wesley O. Landers".

Wesley O. Landers
Healthcare Administrator
GDC Office of Health Services

Praveen Chopra
Children's Healthcare of Atlanta
1639 Tullie Circle, NE
Atlanta, GA 30329

August 20, 2010

Ruth A. Carr
Senior Deputy General Counsel
State Health Information Technology Coordinator
Georgia Department of Community Health
2 Peachtree Street, NW - 40th Floor
Atlanta, Georgia 30303-3159

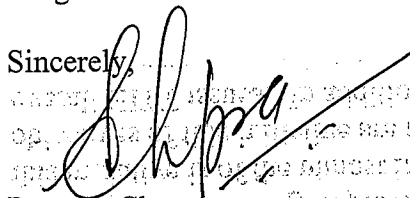
Dear Ms. Carr:

It is a pleasure to share our support for the Georgia Statewide Health Information Exchange. As the largest provider of pediatric services in the state of Georgia, this initiative is of the utmost importance to our organization. The goals and objectives of this initiative are aligned with those of our organization, relating to overall HITT issues. In addition, the vision for improved health care outcomes, improved process efficiency, and strategic access to health care information seems consistent between our organizations.

It is our hope that the services that will be enabled through the strategic, secure, interoperable "network of networks" – throughout the State of Georgia – will empower the economy and make life better for Georgia stakeholders and citizens. In addition, we see tremendous value in the creation of the collaborative relationships that will emerge as a result of this innovative effort.

We value the relationship and look forward to working with you and other health information exchange organizations through seamless, efficient process integration.

Sincerely,



Praveen Chopra
Chief Information Officer



1639 Tullie Circle NE
Atlanta, Georgia 30329
www.choa.org

Appendix D: Georgia's HIT Landscape

The Georgia statewide HIE will benefit from, and contribute to, a business environment in Georgia that is particularly focused on HIT. The leaders of the Georgia statewide HIE look forward to working with HIT industry leaders for the benefit of the HIE and believe that, as demonstrated below, Georgia is in a position to become the HIT capitol of the United States.

Impact of economic clusters

“Geographic concentration of interconnected businesses, suppliers, and associated institutions in a particular field, such as healthcare information technology are considered to increase the productivity with which companies can compete, nationally and globally. Clusters typically impact competition within a given market in the following ways...”¹

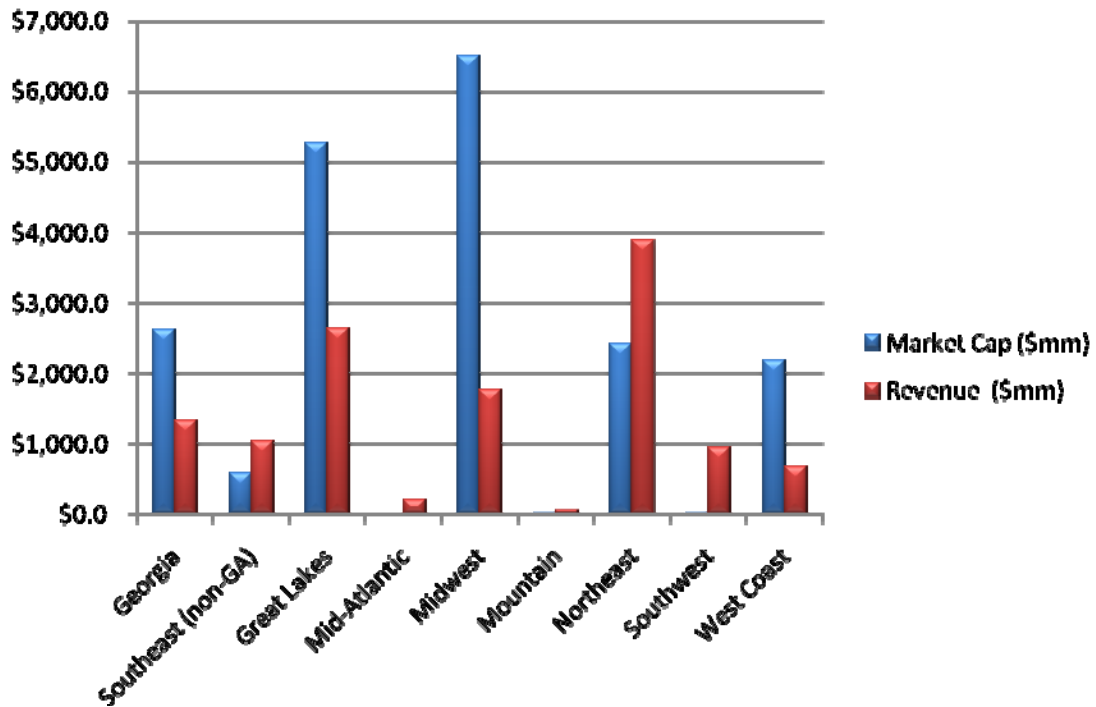
- Increasing productivity of companies involved
- Driving innovation within industry / sector
- Stimulates new businesses within the field

Geographical / Regional clusters emerge when ...

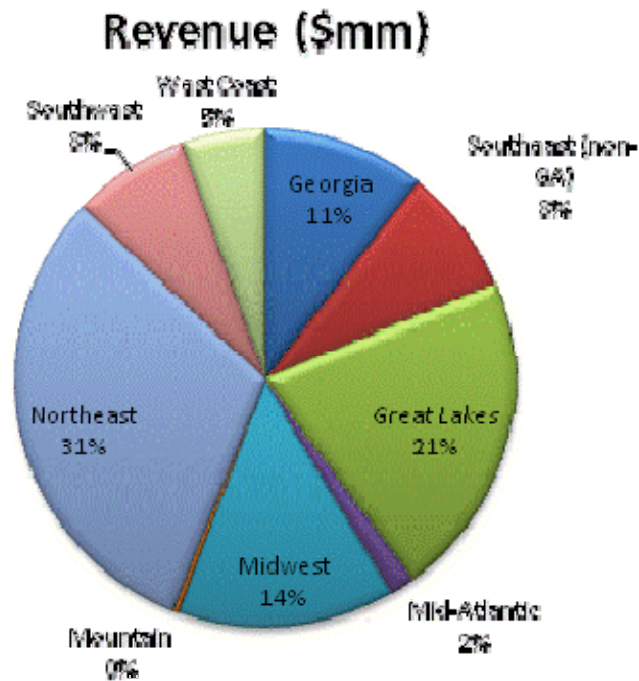
- There are enough resources and competences amassed to reach a critical threshold;
- The cluster represents a key position in a given economic branch of activity;
- There is a decisive sustainable competitive advantage over other places, or even a world supremacy in that field.

¹Michael Porter (*The Competitive Advantage of Nations*, 1990).

The value of Georgia's HIT industry compared with entire regions:



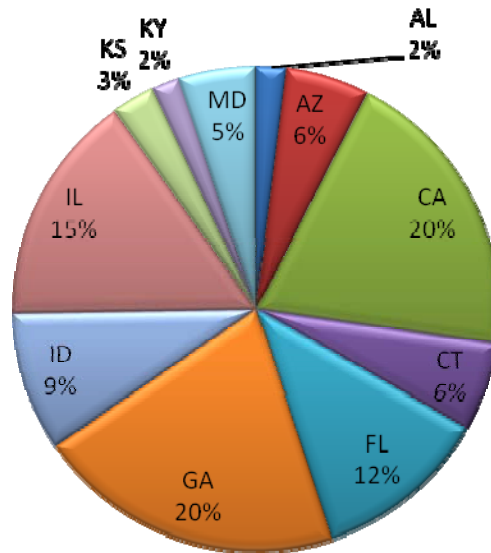
Georgia represents the largest concentration of revenues from HIT companies:



Making the Case for HIT in Georgia

Twenty percent of the largest publicly-traded HIT firms are based in Georgia:

Revenues (largest representation)



As a region, Georgia ranks 3rd in terms of market cap and 4th in revenues. As a state, Georgia comprises the most market cap and revenues among US-based HIT companies. None of these data points account for or include those companies with headquarters outside of Georgia but with significant operations (and revenues) in the State. This also does not include smaller growth companies, startups, incubation-stage companies, academic and government affiliated entities.

Market Cap	Rank
Midwest	1
Great Lakes	2
Georgia	3
Northeast	4
West Coast	5
Southeast (non-GA)	6
Southwest	7
Mountain	8
Mid-Atlantic	9

Revenue	Rank
Northeast	1
Great Lakes	2
Midwest	3
Georgia	4
Southeast (non-GA)	5
Southwest	6
West Coast	7
Mid-Atlantic	8
Mountain	9

Over \$25 billion market cap concentrated in Georgia. Over \$35 billion in revenues allocated to HIT in Metro Atlanta area. Approx. 18-25% of HIT revenues and over 80% of all healthcare industry revenues

By these measures, Georgia is the HIT capital of the U.S. Georgia ranks as the No. 1 for health care IT company revenues according to the HCI-100. Headquarters for four of

the top 25 HCI-100 companies are in Georgia . The Healthcare Information and Management Systems Society (HIMSS), the world's largest Health care IT organization, originated in Atlanta at Georgia Tech. Leading universities – Georgia Tech, Emory University, Georgia State University, Morehouse School of Medicine and nearby University of Georgia are among the nations leaders in bioinformatics. A recent research study he results showed that the Georgia-based HIT sector employs some 10,000 people in the state, a statistic calculated by Brani Vidakovic, Professor in the School of Biomedical Engineering at Georgia Tech. They also revealed that the sector's primary businesses are growing at a 40 percent rate; 57 percent of the firms anticipate expanding over the next two years, with 75 percent expecting to add Georgia-based employees. More than a dozen enterprises have been acquired by larger firms in recent years.

Appendix E: An Epicenter for Health Information Technology

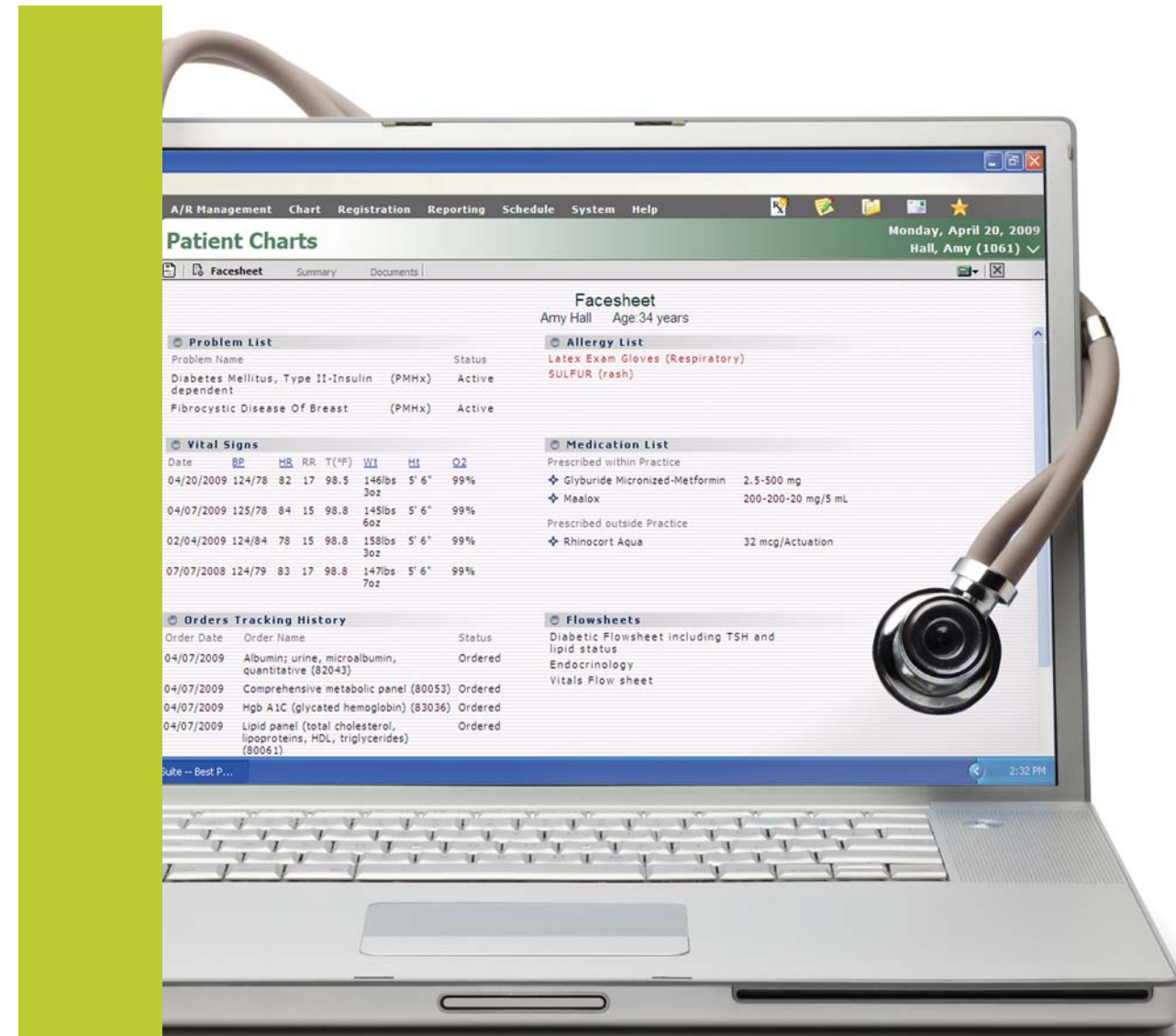
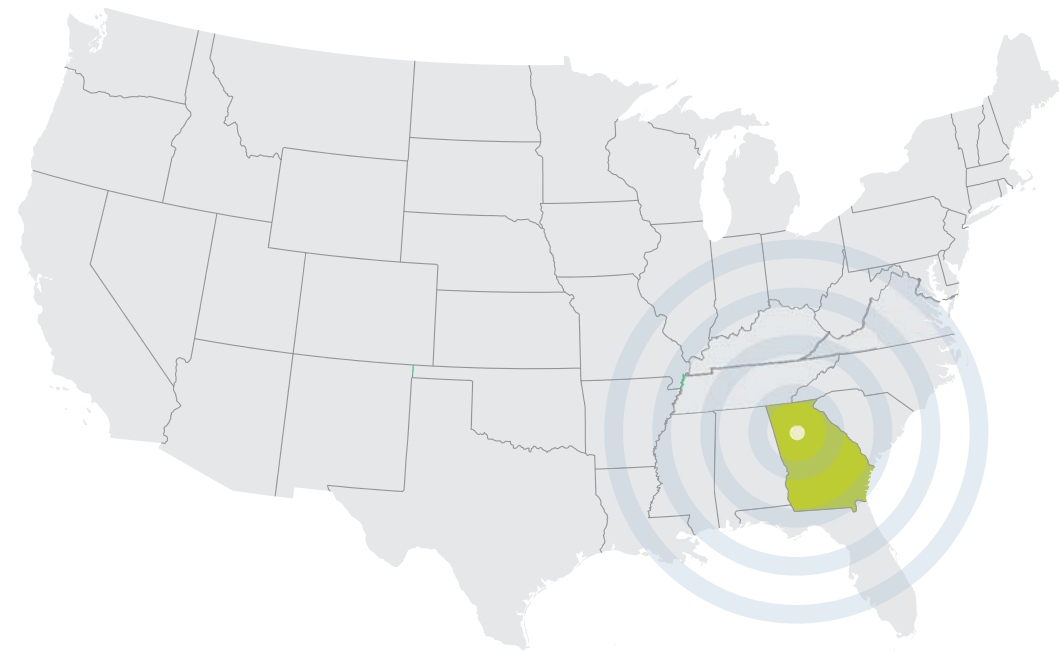
[Attached]

why atlanta ?

Atlanta is among the fastest growing high technology metro areas in the nation, with 13,000 technology companies employing nearly 200,000 technology workers. And the potential for new growth is stellar. With a solid base of software, Internet, biotechnology and telecommunication companies and more than 20 incubators, Atlanta is a hotbed for innovation and a hatchery for new high-tech startups.

The city's bioscience community is equally active, and has grown substantially since being ranked #6 nationwide by Ernst & Young in 2006. Atlanta benefits from the presence of the Centers for Disease Control and Prevention (CDC), American Cancer Society, the Arthritis Foundation and many other national organizations. With strengths in pharmaceuticals, medical devices and agri-bio, Atlanta has been ranked nationally in nanomedicine and has the world's foremost imminent scholar in vaccine development.

- Ranks as the number 1 city for health care IT company revenues according to the HCI-100
- Four of the top 25 HCI-100 companies are headquartered in Atlanta
- More than 100 health care IT companies in the state
- Industry employs more than 10,000 workers according to Georgia Tech survey
- HIMSS originated in Atlanta at Georgia Tech



ATLANTA

the epicenter for health
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ATLANTA: the epicenter for health information technology

When the Health Information and Management Systems Society (HIMSS) descended on Atlanta for the organization's 2010 annual conference it was, in a very real sense, a homecoming. The society was founded at Georgia Tech as the Hospital Management Systems Society nearly a half century ago. Its goal then had a decided back-to-the-future ring—improving patient services and reducing health care costs.

Harold E. Smalley, a Georgia Institute of Technology faculty member and co-author of *Hospital Industrial Engineering*, served as the group's first executive director. According to the HIMSS web site, the 1950s saw increasing management engineering activity in health care, and many of these early efforts served as a foundation for HIMSS. For several years Georgia Tech was headquarters for the organization before it moved to Chicago.

Since 1961 HIMSS has grown from fewer than 50 members, representing hospital administrators and management engineers, consultants and academics, to more than 23,000 individual members – most working in patient-care delivery systems – plus 380 corporate members and 30 not-for-profit organizations. It now has offices in Chicago, Washington, D.C., Brussels and Singapore.

Atlanta was fertile ground for the health information technology (HIT) industry itself as home, in the mid-70s, to three large pioneering firms in the field: Technicon Data Systems, Gerber Alley and Huff, Barrington & Owens (HBOC). These industry leaders eventually were transformed into McKesson and Eclipsys, both acknowledged industry leaders.

Walter Huff, founder of HBOC and now the retired chairman and CEO, recalls, "HBOC was founded in 1974 in Peoria, IL. In the years immediately following our founding and successful work with Third Order Regular of St. Francis we enjoyed tremendous growth. Peoria is a great city but was limiting in our need to attract top information technology talent. In 1977 or so we set out to find a city to locate our headquarters in anticipation of becoming a national company and going public. We set two key criteria – access to talent and transportation – and great climate and quality of life didn't hurt!

"In 1979 we chose Atlanta. The decision proved to be, and continues to be, the right one. Atlanta's talent base, including recruits from Georgia Tech, University of Georgia, Emory, Duke and others was clearly instrumental to our success as well as the success of the many companies that spawned from our early leadership team."

measuring georgia's strength

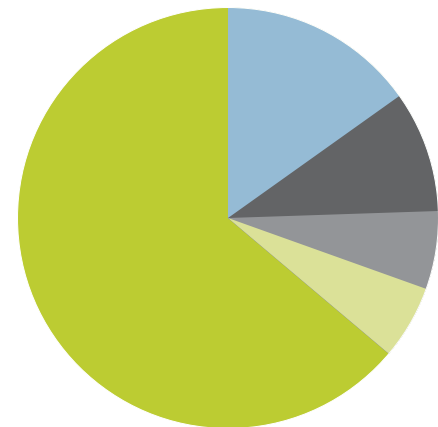
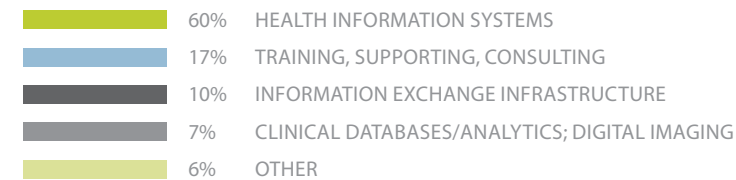
More recently, Georgia Tech's Mark Braunstein, Professor of the Practice in the School of Interactive Computing and Associate Director of the Health Systems Institute, with help from Steve Rushing, Director of the newly formed health@ei2 group, and others in Georgia Tech's Enterprise Innovation Institute, wanted to gauge the scale of the HIT industry in Georgia. Using the Internet and industry contacts they identified 105 companies and surveyed them to learn more about their activities and characteristics.

The results showed that the Georgia-based HIT sector employs some 10,000 people in the state, a statistic calculated by Brani Vidakovic, Professor in the School of Biomedical Engineering. They also revealed that the sector's primary businesses are growing at a 40 percent rate; 57 percent of the firms anticipate expanding over the next two years, with 75 percent expecting to add Georgia-based employees. More than a dozen enterprises have been acquired by larger firms.

Eclipsys is one of the state's major HIT companies; company President and Chief Executive Officer Philip M. Pead says of Atlanta: "Health care IT is unique. We are building products that help save lives. This requires uniquely talented individuals. Recruiting and retaining these unique people requires access to a highly educated, entrepreneurial talent pool who seek a high quality of life. Atlanta is home to some of the largest health care IT companies. That makes Atlanta unique."

Could Atlanta be termed an HIT hub, perhaps the HIT capital? In terms of revenues, it certainly appears to be the case because Georgia companies have the highest cumulative revenues of any state in the nation according to the *Healthcare Informatics* HCI 100 list.

The Atlanta metro area claims scores of small and medium-sized product and services companies, many tracing their heritage to the early industry pioneers that invested in and grew their firms in the Atlanta high-tech community. As the sector grows, its workforce will as well. The history and talent are here. And so is Georgia Tech.



“universal adoption of electronic medical records by hospitals, physicians and other health care professionals is vital to our country's health care delivery system”

georgia tech, a leader in HIT

Georgia Tech's involvement in HIT transcends the founding of HIMSS. Alumni have established several HIT-related firms and served in the management of others. The university has a long-running master's program in health systems, and its numerous colleges, schools and centers boast unsurpassed experience in multidisciplinary research that is now being increasingly targeted at the problems of health services delivery.

The Enterprise Innovation Institute's Healthcare Performance Group has helped improve productivity in hospitals and medical centers from Athens to Valdosta. The Health Systems Institute, created in 2005, involves research, education and outreach to transform health care delivery. These initiatives span scientific and translational research, deployment and commercialization.

Over the past decade Georgia Tech has become a leader in biomedical engineering, partnering with Emory medical faculty on numerous academic and research projects. The institute works with diverse industries undergoing transformation, and sees the opportunity to apply new concepts and lessons learned to health care transformation, which is critically important to Atlanta's economic development and competitiveness as well as that of the nation.

The university is now targeting broader issues of health services delivery where, by using HIT to eliminate unnecessary care, reduce errors and improve efficiency, thousands of lives and billions of dollars could be saved. The American delivery system has been described by industry experts as overly expensive, unequally accessible, rife with quality problems, and often unsafe. The use of HIT to achieve chronic condition management and continuity of care could impact of many of these problems, particularly in rural and underserved areas of our state and the country. Moreover, health is an economic competitiveness issue for Georgia since health quality and cost are often cited as among the top issues business executives consider when making decisions about locating facilities.

A major component of the American Recovery and Reinvestment (Stimulus) Act is a \$49 billion investment in HIT which funds a goal of nationwide adoption. To achieve this, the country must address a 50,000-worker shortfall in HIT. Independent and neutral, Georgia Tech is convening the necessary research, practice, industry and nonprofit partners to conduct a successful research and training agenda while positively affecting health services delivery in Georgia by moving ideas from labs to communities.

For more than a century, Georgia Tech has been a resource for the state, and these efforts continue that tradition.

"Universal adoption of electronic medical records by hospitals, physicians and other health care professionals is vital to our country's health care delivery system," said Dr. G.P. "Bud" Peterson, president of the Georgia Institute of Technology. "Georgia Tech has centers conducting transdisciplinary research in key areas such as health privacy and security, human centered computing and logistics. We're committed to partnering with Georgia's Health IT companies to design solutions that will improve lives, grow the industry, and make Georgia and our nation more economically competitive in a global economy," he said.

Atlanta is at the forefront of the HIT field and is often referred to as the health care IT capital of the U.S. There are more than 100 health care IT companies in Georgia and that number continues to rapidly rise.

Atlanta-based companies include McKesson Technology Solutions, ranked as the world's largest by *Healthcare Informatics* in their annual HCI-100 List. According to the magazine's survey, Atlanta companies have the highest cumulative revenues of any state in the nation, totaling over \$4 billion.

THE HCI 100 LIST

rank	company
1	McKesson Technology Solutions
12	Eclipsys
21	MedAssets
25	HealthPort, Inc.
76	Navicure
86	The Coker Group
91	Anodyne Health

DR. G.P. "BUD" PETERSON

PRESIDENT OF THE GEORGIA INSTITUTE OF TECHNOLOGY

Appendix F: Georgia Farmworker Health Program

1. Overview of GFHP

The Georgia Farmworker Health Program (GFHP) is a state based Migrant Voucher Program that was established in 1990 to improve the lives, health and health status of Georgia's migrant and seasonal farmworkers by providing cost effective, culturally appropriate primary health care services. The GFHP is in its 19th year of providing health care services to Georgia's MSFW population. The GFHP is housed within the Georgia Department of Community Health, State Office of Rural Health (DCH/SORH). Being a Migrant Voucher Program the **GFHP is not a typical community health center model**, it is comprised of various health care agencies that utilize a combination of a nurse practitioner model and a voucher program model to provide direct primary health care and preventive health services through six project sites in Central and South Georgia covering 21 rural counties. **The six (6) clinic sites consist of two health department based clinics; one hospital based rural health clinic, two community health centers, and one freestanding migrant clinic.**

Migrant and Seasonal Farmworkers (MSFWs) face significant barriers to accessing primary health care services. This often leads to crisis management of health conditions and costly trips to the emergency room. GFHP is committed to breaking down those barriers. GFHP strives to insure that Georgia's MSFW population continues to have affordable and culturally appropriate access to health care services by employing bilingual staff, providing hours of service convenient to them and by arranging for other levels of health care through collaboration and advocacy to workers and their families.

The Uniform Data System (UDS) Report for 2008 shows GFHP registered 20,145 MSFW patients into the program, administered care to 13,630 medical users with 19,537 medical encounters, 852 dental encounters and 22,470 enabling encounters. The 2008 UDS Trend data shows that the GFHP continues to be the most cost effective Voucher Program when compared to the other twenty (20) Migrant Voucher Programs in the US in that the average cost per medical user is \$194.00.

2. GFHP Tracking System – A Creative and Resourceful Foundation

The Georgia Department of Community Health/State Office of Rural Health (DCH/SORH) prepares annual Uniform Data Systems (UDS) reports to measure delivery and monitor health trends. In order to generate the reports, the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care provided an application written in Microsoft Access. Most Farmworker Health Programs across the nation have a single location. GHFP has six locations spread across a large geographic region. Prior to the development and implementation of the Access Database program maintenance of data was a manual process where each clinic created a CD on a weekly basis of activity in their location. The clinics shipped the CD to the Office of Rural Health where the six databases were synchronized into a single local database.

In 2007, the SORH created a solution that allows **on-line access through an internet browser with secure authentication**. SORH owns the code for the application and therefore has **no on-going licensing costs**. SORH has been using the system for approximately two and a half years. The staff members at the clinics and the SORH have been very pleased with the ease of use and simplicity of the application. The state has saved time and money by eliminating the cumbersome manual process of updating the database weekly. Real time reports are available to the individual clinics and the Office of Rural Health.

When an individual arrives at any of the six clinics, the registration process determines if the individual has been a patient in the system. If the individual has been a patient in the system, the clinic can easily obtain a record of the history of visits including International Classification of Diseases 9th edition (ICD-9) clinical modification codes, Current Procedural Technology (CPT) codes, and notes regarding the patient's history. The system allows for **billing to insurance and/or Medicaid and the individual**.

The system can easily generate various UDS reports for reporting and analysis. Reports may be generated by individual clinics for the services provided at that clinic or by the SORH for services provided at all locations.

Users of the system **require no specialized software or hardware** outside of an internet browser and access to the internet. Security is maintained by unique user id with password. The unique user id is assigned to groups which determine the level of access.

3. Alignment with ONC Principles and 2011 Objectives

The July 6, 2010 Office of the National Coordinator for Health Information Technology (ONC) Program Information Notice (ONC-HIE-PIN-001 – Page 2) pointed out that ONC, “will work with states to be **creative and resourceful**, identifying ways to use these critical but scarce resources to fill gaps in a thoughtful and reality-based way..... We encourage states to focus on targeted actions to **ensure that all eligible providers have options to meet meaningful use information exchange requirements.**”

ONC further outlined six principles for work in health information exchange:

- Support privacy and security
- Focus on desired outcomes, especially meaningful use of EHRs.
- 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 and achievable, building on what is already working
- Remain vigilant and adapt to emerging trends and developments
- Foster innovation

The GFHP Tracking System is in alignment with these six principles. It operates through secure log-in. It focuses on desired outcomes in that it not only provides health

information available for patients at **clinics across a large geographical region**, but it also provides valuable UDS reports to allow **health planning and trend monitoring**. It supports adoption for relevant stakeholder organizations across a **broad range of users including county health departments, regional hospitals, community health centers, rural health clinics and free standing clinics**. It is operationally feasible based on the proven track record of over two years of success and high utilization by SORH and diverse users in the GFHP. The fact that SORH took the initiative to develop the GFHP Tracking System is evidence of the commitment of SORH to **remain vigilant, adapt to emerging trends, and foster innovation**.

4. Strategy to Meet Meaningful Use

The GFHP is in a unique position to meet strategic goals toward meaningful use. It already coordinates the exchange of health information across unaffiliated organizations. The tracking system is utilized by two county health departments and could easily be expanded beyond the current uses for GFHP to include tracking and exchanging:

- Data on immunizations and other services provided by public health departments
- Lab results from public and private laboratories
- E-prescribing
- Expanded UDS reports to assist in health planning, notifiable diseases, and syndromic surveillance reporting

The expansion of the GFHP Tracking System is a sustainable and worthwhile partnership in the investment of funds under the State Health Information Exchange Cooperative Agreement Program. The system would meet the needs of not only the GFHP but also County Public Health Departments, rural health centers, community clinics, and small health providers in the public and private sector. The expanded system would provide an affordable alternative and meet the goal of assuring that **“all eligible providers have options to meet meaningful use information exchange requirements.”** (ONC-HIE-PIN-001 – Page 2).