

Healthcare Access San Antonio

Business and Operational Plan Plan Amendment

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HASA

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Meeting Patient and Provider Needs for Health Information Exchange



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TAB 2: GOVERNANCE STRUCTURE

Governance - Explain how the governing structure will be expanded to include the required participants (e.g., pharmacy, lab, payer, and consumer.), and on what timeline.

2.3. HASA Infrastructure

2.3.2 Governance Structure

As explained in the Business and Operational Plan, HASA’s Board has approved expansion of its Board composition to include pharmacy, physician, payor, and behavioral health representation and has now implemented this expansion.

Founding Members	Elected Members
Baptist Health System (hospital)	San Antonio Metropolitan Health Dept (public health)
Methodist Healthcare System (hospital)	Southwest Texas Network (FQHC)
CHRISTUS Santa Rosa (hospital)	HEB Pharmacy (pharmacy)
University Health System (hospital / clinics)	Community First Health Plan (payor)
Methodist Healthcare Ministries (consumer/clinic)	UT Medicine (physician)
Communicare San Antonio (FQHC clinics)	Clarity Child Guidance (behavioral)
Centromed (FQHC clinics)	Guadalupe Healthcare Network (physician)
Daughters of Charity San Antonio (clinic)	

Methodist Healthcare Ministries is a founding member of the Board and represents consumer interests. The HASA Board and Executive Director are in the process of identifying additional consumer representation and expect to include another consumer representative by the October Board meeting. HASA has representation of lab interests from the provider Board members that operate labs within their facilities, but will continue to work with the state and other HIEs to identify the best way to engage lab providers, including representation on the Board of Directors. HASA expects to include a lab representative by the October Board meeting.

TAB 3: PRIVACY AND SECURITY

Describe patient consent model, types of information to be maintained by the HIE, and plan to address key elements of House Bill 300 (82nd Regular Legislative Session) (e.g., covered entity staff training; patient access; sale of personal health information; notice of disclosure, authorization; etc).

HASA describes its approach to privacy and security policies specifically in response to the additional questions received from THSA, included above. This section does not repeat (but references) information already included in the Business and Operational Plan and should be read in conjunction with that plan.

3.1. Compliance with State and Federal Laws, THSA Guidance

HASA policies are consistent with recently passed legislation, HB 300 as follows:

- ***Covered Entity Training*** – HASA policies and procedures reflect the requirements of HB 300 related to training, reflected in Section 181.101 of the Health and Safety Code. *See HASA Policy and Procedure AO20 Administrative Requirements – Training.* HASA also complies with the training requirements of the HIPAA privacy and security laws. HASA provides training programs for employees regarding HIPAA and other federal and state laws regarding privacy and confidentiality and includes in that training information specific to HASA’s business practices and the employee’s scope of employment. As required by Section 181.101(b) each employee is required to complete this training no later than the 60th day after employment and received training at least once every two years. HASA documents compliance by requiring employees to sign a statement verifying attendance and maintains that documentation in the employee’s personnel file.
- ***Patient Access*** – HASA policies and procedures reflect the requirements of HB 300 related to consumer access to electronic health record, as well as the requirements of HIPAA as amended by the HITECH Act and related regulations. *See HASA Policy and Procedure AO13 Patient Access to Protected Health Information.* HASA has the capability to provide records in an electronic format when requested by the patient and will do so within fifteen (15) business days of a written request unless the person agrees to accept the records in another form, as required by Section 181.102 of the Health and Safety Code. HASA’s policies and procedures state that the provider that exchanged the patient record with HASA has the authority to determine whether HASA shall make the requested data available in cases where the person requests data that is excepted from access or to which access may be denied under 45 C.F.R. Section 164.524.
- ***Sale of Personal Health Information*** – HASA policies and procedures reflect the requirements of HB 300 related to prohibitions on the sale of protected health information. *See HASA Policy and Procedure AO34 Use and Disclosure of PHI for Marketing.* As required by Health and Safety Code Section 181.153, HASA will not disclose PHI to any other person in exchange for direct or indirect remuneration, except to another covered entity for treatment, payment, health care operations, an insurance or HMO function, or as otherwise required by state or federal law. HASA does not anticipate selling PHI for any purpose and would only engage in this activity when the Board and the provider contributing the data agreed that such exchange furthered HASA’s mission. HASA may consider selling limited data sets for research purposes at some point in the future, but that would not be PHI and would be in accordance with requirements related to research. If HASA ever does sell PHI in accordance with state law requirements, then any direct or indirect remuneration received would not exceed HASA’s reasonable costs of preparing or transmitting the PHI.

- **Notice of Disclosure** – HASA policies and procedures reflect the requirements of HB 300 related to notice of disclosure. *See HASA Policy and Procedure AO2 Notice of Privacy Practices.* As required by Section 181.154 of the Health and Safety Code, HASA will provide notice to individuals that the person’s PHI is subject to electronic disclosure and explain how an HIE facilitates the exchange of data to promote patient’s health. HASA is a covered entity under state law as are HASA’s provider participants. In addition to the notice that these providers make available to their patients, primarily through their Notice of Privacy Practices, HASA intends to post a notice on HASA’s website. To the extent that HASA has direct contact with patients in the future through offering a Personal Health Record, then HASA will provide notice in communications with individuals through a Notice of Privacy Practices.
- **Authorization** – HASA policies and procedures reflect the requirements of HB 300 related to authorizations. *See HASA Policy and Procedure AO5 Authorization to Use and/or Disclose Protected Health Information (PHI).* As required by Section 181.154 of the Health and Safety Code, HASA will obtain separate authorizations from individuals or their authorized representatives before making any disclosure that does not fall within the statute’s exceptions (treatment, payment, health care operations, insurance or HMO function, and as otherwise authorized or required by state or federal law). HASA does not anticipate making any disclosures for purposes outside of the list of exceptions. If HASA were to make such a disclosure, an authorization will be obtained. HASA intends to use the Attorney General’s standard authorization form once one is adopted. See the next section for a more detailed discussion of HASA’s procedures for obtaining authorization.

3.2. Approach to Privacy

3.2.2 Authorization

As referenced in Section 3.2.2 Authorization, of the Business and Operational Plan, HASA’s patient consent model is an opt-in model.

HASA deploys an opt-in patient authorization process for viewing data using an electronic signature application process. Data is viewable only if there is a patient authorization on file or the patient provides authorization at the point of contact. HASA intends to deploy Break the Glass functionality in the enhanced system. Under this functionality, a provider will be able to view the data in emergency circumstances, regardless of whether an authorization has been signed. These exception events would be documented separately. The current authorization form does not provide options for segmented approval, for example, exclusion of sensitive diagnoses such as mental health conditions. This model and the steps in the authorization model are described in the Business and Operational Plan and reflected in HASA Privacy Policy A05, Authorization to Use and Disclose Protected Health Information.

The types of information to be maintained by HASA in its database include those data elements necessary to support the use cases of HASA’s business partners. See the data elements matrix included with the Business and Operational Plan, Attachment 5.1: Technical Specifications and Data Elements Matrix.

TAB 4: HIE SERVICES

Pharmacy and Lab Connectivity –Describe strategies to get pharmacies and clinical labs (other than the large commercial labs) using interoperable systems and engaging in exchange

4.2 Strategy for Engaging Pharmacies and Clinical Labs

As discussed in the Business and Operational Plan, HASA has pursued a number of strategies to engage local pharmacies and labs in health information exchange. In addition to the activities discussed in the Plan, HASA intends to pursue the following:

- Schedule and invite local pharmacies to a luncheon to discuss the HASALite Service Line. Initially the HASALite option will be made available to independent pharmacies at a minimal fee. Potential use cases will be discussed at the luncheon including: the value of reviewing patient history in a pharmacy setting for identification of potential ‘drug seekers’, verification of a diagnosis in case of certain medications and DME prescriptions, and an ability to ensure coverage for certain pharmacy orders.
- Conduct another site visit at NeHii (Omaha NE) to obtain more detailed information regarding use cases relevant to local pharmacies and labs. In addition, HASA will explore inviting NeHii stakeholders to present information to HASA area pharmacies and labs via webinars and/or participation in the luncheon meeting.

TAB 5: TECHNOLOGY PLATFORM

Direct – Describe how the HIE will communicate with Health Information Service Providers using the Direct transport protocols.

5.1 Technical Architecture

Description of NHIN Direct Services – HASA intends to communication with providers using the NHIN Direct transport protocols, as follows:

- Vendor's Platform is used as the Entity Node in the exchange. The platform implements the Message Services needed to interact with the Provider Directory, and acts as the client to connect users, EMRs, and HIEs to the exchange via downloadable apps to address the required use cases.
- The Vendor Messaging Framework implements an asynchronous infrastructure that:
 1. Leverages industry standard protocols including NHIN Direct
 2. Allows client applications to interact with the Provider Directory Service via a programmatic API
 3. Enables providers to securely send and receive health information over the Internet
 4. Supports the transactions required to achieve Meaningful Use

- The Vendor Provider Directory is a software service that allows healthcare providers to be searched for and maintained (added, updated, and made inactive) by both people and automated systems. (A "provider" in this context refers to both human personnel as well as organizations related to those providers.) The directory contains four categories of related information:
 - 1) A provider index that includes licensed medical professionals including basic information such as specialty, Direct address, physical address.
 - 2) An entity index that includes health related organizations such as hospitals, clinics, laboratories, imaging centers, health plans, state health agencies, etc.
 - 3) A service index which describes the electronic interface(s) available for provider or entity.
 - 4) A security attribute which contains provider's public x.509 "certificates".

The Provider Directory shall make available an electronic web service interface which is compliant with applicable NHIN or ONC authorized standards (these standards are currently in development). Vendor will provide an end user application to the provider directory. The security information for Direct health email addresses will be maintained in this directory allowing for automation of Direct security management for those providers using the HASA Vendor solution.

5.1.3 Migration Plan, Current to Future State

Timeline and Work Plan – Include a detailed project plan outlining the timeline for essential activities that specifies how services will be available by January 2012.

In addition to the summary timeline and workstep table included in the Business and Operational Plan, HASA has developed a detailed workplan for implementation of the technology solution. *See Attachment 1: HASA Master Project Schedule.* The WorkPlan outlines the timeline for the essential activities that must occur in order for services to become available by January 2012. HASA intends to submit a more detailed plan addressing development of the MyHASA service line at a later date. The primary focus of this initial plan is connecting providers.

5.4. Data Quality and Integrity Oversight

Identification and mitigation of risks - Describe operational risks and identify mitigation strategies.

Operational Risk and Mitigation Strategies: Operational risks are real as health information exchange is a largely unproven healthcare business proposition in most communities, with long term success stories limited to a relatively few places around the nation.

Risks exist in the financial, adoption and marketing area, as well as data security. The financial risk is largely a question of sustainability – whether the market will pay for the services provided which is a function of technology costs versus the value or ROI of centralized, community-wide data exchange. The risk of slow market adoption will likely be reduced over time, but still exists in a market where providers are not used to accessing data electronically and must change their workflow practices. Marketing risk is related to earning community understanding and the risk

that the public will be slow to trust data exchange organizations with their private and personal health information.

HASA will address operational risk mitigation in the following fashion:

- ***Operate Lean*** - HASA intends to supplement and support existing community health related services by providing information and provider support rather than replicating services. Consequently, HASA's infrastructure will be limited and flexible with regard to staffing resources. This approach, combined with the most cost effective technology possible, will help mitigate financial risk.
- ***Prioritize Use Cases*** - scope creep is likely in an emerging market place. HASA will continually focus on the deployment of its four service lines to facilitate prioritized use cases that will provide value to its customers, thus ensuring continuous buy-in from community providers and residents. This approach will help mitigate financial and adoption risks.
- ***Maintain Service Line Flexibility*** - HASA's pro-forma is designed to track revenue and expense for each service line based on rate of adoption and pricing elasticity for each. This approach provides for adjustments in rolling out timing, depending on HASA's financial status. Consequently, service line investment and staffing can be adjusted accordingly. This approach will help mitigate financial and adoption risks.
- ***Offer Complementary Functionality*** - HASA has worked closely with its stakeholders to create a complementary functionality in the market rather than a service that replicates and/or competes with providers' integrated delivery networks. Previous collaborative work developing Beacon RFP responses has established relationships with community-based providers which will help ensure minimal overlap of services in the HASA service area. This approach will help mitigate financial and adoption risks, as well as earn the provider community's trust.
- ***Employ Optimum Security and Privacy Practices*** - HASA's technology solution uses a hosting environment with a KLAS top-ranked technology vendor. In addition to addressing security and privacy considerations in the vendor contract, HASA has adopted and will ensure secure, accountable, operational practices including timely and thorough staff training, ongoing evaluation of practices, and stakeholder contract provisions emphasizing accountability for privacy and security. This approach will help mitigate the risk of privacy and security breach and address marketing risks related to public trust.

Evaluation plan details - Describe approach to evaluation and assessment.

Approach to Evaluation and Assessment: HASA will implement an evaluation plan in the first quarter of 2013 addressing various aspects of HASA's business, including the following. The information will be used to inform HASA's board and pursue operational improvements.

- ***Adoption of Four HASA Service Lines (vertical and horizontal)*** - The objective is to collect and analyze qualitative and quantitative measures of adoption of the HASA service line offerings. HASA will develop and implement a dashboard of performance indicators regarding system use in the aggregate and by service line. This score card will be dashboard driven and include the following:
 - Count of new and existing subscribers
 - Attrition rates for subscribers
 - Community penetration and outreach (types of providers, percentages, geography)
 - Annual satisfaction ratings from subscribers
 - Counts of patient records accessed
 - Analyze of types of patients for which records accessed
 - Counts of data elements accessed (to extent specific data accessed can be identified)
 - Self reported information regarding use of data and perceived value (aligned with use cases)
 - Other measures

- ***Meeting Community Health Goals*** – The goal of health information exchange is improved access, quality and outcomes combined with slowed growth of healthcare costs. In order to encourage adoption and integrate the exchange of data into the healthcare delivery workflow, HASA will focus on facilitating data exchange for the following priority use cases:
 - Identification and triaging of non-traumatic emergency room users to medical homes and/or urgent care centers.
 - Identification and management of patients’ chronic disease (diabetes and CHF) by primary care providers and case managers in order to reduce hospitalization and emergency room use and improve outcomes.
 - Self management of health by patients to achieve improvements in health status through using information available from a personal health record portal.

- ***Operational Security and Privacy Compliance*** - Provide trending reports on system use, technical risk assessment results and corrective actions taken, uptime, and breach reporting with corrective action.

- ***Financial*** - HASAFacts will assist customers in cost savings and ROI analyses through specific projects, including calculating the financial impact of employing the use cases identified above to achieve health goals. Additionally, HASA’s monthly financial reporting will trend the path to sustainability and will allow for annual forecasting and budgeting.

- ***Other*** – As specified by THSA guidance.

TAB 6: FINANCIAL MODEL

Budget – Provide additional detail describing the source of match beyond 2011.

6.2. Financial Model

6.2.2 Description of Projected Revenues

Source of Matching Funds - Methodist Healthcare Ministries has supported the development of HASA for over 3 years. As described in the Business and Operational Plan, in 2011 HASA has again received financial support for general operations from Methodist Healthcare Ministries (MHM), a non-profit faith-based organization, whose mission is to provide medical, dental and health-related human services to low-income families and uninsured individuals in South Texas. Different from a typical foundation, MHM supports organizations through a development phase to self-sustainability, or –if sustainability is not viable- through an organization’s life cycle, or until the issue associated with the funding has been resolved. HASA received \$210,000 for FY 2011 and has applied for \$220,500 for FY2012 with an expected confirmation date of December 2011. In aggregate, MHM’s contribution to HASA will account for 21% of matching funding.

The additional 4% of funding (\$81,000) is expected to be generated from operational revenues in the latter stage of 2012 and first quarter of 2013. HASA stakeholders will pay for services, which will function as the member contributions mentioned in the Business and Operational Plan.

TAB 7: OUTREACH AND EDUCATION

Community value details – Describe approach to facilitate ongoing community dialogue on the value of HIE (i.e., How will HASA engage key stakeholders, particularly labs, pharmacies, and payers to ensure existing and future services offer value?). Describe local health care goals being pursued.

7.1.3 Marketing Plan

HASA provided a Marketing Plan in the Business and Operational Plan which outlined key worksteps and timeline for community engagement. These activities focused on providing information to the public through various means, as well as actively engaging physicians in adoption activities. These physician engagement activities provide a mechanism for ongoing dialogue through the Medical Advisory Committee.

HASA’s approach to physician engagement through the Medical Advisory Committee is the central strategy to engaging key stakeholders and ensuring that the services offered meet their needs and establish the value of health information exchange. As previously discussed in this document under “Evaluation”, HASA intends to monitor adoption to ensure that the goals of engaging physicians and other key providers are being met.

Also as previously discussed under Section 5.4 Evaluation, HASA has identified the key community health care goals to initially target. HASA intends to maintain ongoing dialogue with a broad spectrum of community leaders to ensure that HASA activities remain focused on community goals. Finally HASA has already begun a branding campaign and taken the first step in revising the HASA website.

ATTACHMENTS

ATTACHMENT 1: HASA MASTER PROJECT SCHEDULE