
The Paso del Norte Health Information Exchange (PdN HIE)

Local HIE Grant Program
Texas Health Services Authority

Business and Operational Plan

Contract Signatory Authority:



Signature

Date: October 10, 2011

Myrna Deckert, Board Chair

Name and Title

The Paso del Norte Health Information Exchange

Applicant Organization Name



P A S O D E L N O R T E
HEALTHINFORMATIONEXCHANGE

Submitted by The Paso del Norte Health Information Exchange
October 10, 2011

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COVER LETTER

October 10, 2011

Steve R. Bailey
Health and Human Services Commission

Dear Mr. Bailey:

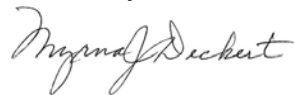
The Paso del Norte Health Information Exchange is pleased to submit this Business and Operational Plan for the Paso Del Norte Health Information Exchange. We look forward to partnering with THSA and HHSC in developing statewide capacity for health information exchange.

The Paso del Norte HIE (PdN HIE) is the Applicant organization that will enter into a written agreement with HHSC and will be responsible for the implementation phase of the Local HIE Grant Program funds. This letter certifies that:

- The PdN HIE Board of Directors authorized Myrna Deckert, Director, to submit this Business and Operational Plan
- PdN HIE will comply with all terms of the contract amendment for implementation.
- PdN HIE will comply with any new program direction based on ongoing federal policy development and direction, legislative direction, or state priorities in the areas of privacy, security, and standards.

I have been authorized to sign this letter on behalf of the Paso del Norte HIE Board of Directors. For any questions about this proposal, please contact me at mdeckert@pdnhf.org or (915) 544-7636.

Sincerely,



Myrna Deckert
Board Chair, PdN HIE
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El Paso, TX 79901
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(915) 544-7636

TAB 1: EXECUTIVE SUMMARY

Statement of Understanding

Paso del Norte HIE (PdN HIE) understands the purposes and scope of the Statewide HIE Plan and the HIO/RHIO functional requirements under the State HIE Grant Program. PdN HIE is committed to meeting these requirements and has reflected this commitment in this Business and Operational Plan.

Attestation re New HIE Capacity

PdN HIE attests that all program funds, including the local match, will only be used for the development of new HIE capacity. PdN HIE is submitting this Plan for Implementation Funding and will use these funds to implement this Business and Operational Plan in compliance with the requirements of the State's Local HIE Grant Program.

Executive Summary

PdN HIE requests funding to implement this Business and Operational Plan. These resources will enable the El Paso community to continue efforts to create and operate a health information exchange that can improve access, quality, and efficiency of medical treatment for all of its residents. The mission of the PdN HIE is to improve the quality, safety, and efficiency of El Paso County's health care services through privacy-protected exchange of health information.

Through a structured interview process and as a threshold activity for the planning stage, PdN HIE surveyed stakeholder participants to determine what specific use cases they view as valuable for their organizations. Through this process stakeholders have identified priority use cases which will add value to their organizations as well as assist in meeting meaningful use requirements. On an ongoing basis PdN HIE intends to discuss, understand and quantify how the HIE's community technology platform meets needs. PdN HIE's technology platform will be designed and implemented to ensure that the identified use cases can be implemented.

PdN HIE is currently engaged in the vendor selection process for the technology solution. The target date for final negotiations and contract signing is mid-December. PdN HIE's technology model is a hybrid, a data repository with federated capabilities complementary of providers' internal data systems.

In addition through the planning process, the PdN HIE Board has developed a sustainability model based on a membership fee approach that is aligned with service fees and tiered to the size of the provider. This approach to sustainability aligns with

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the use cases identified by stakeholders and the value they expect to achieve from exchanging data for these purposes.

In general, the value of these use cases fall into lower utilization and/or lower administrative costs. Lower utilization, in order to benefit patient care, is tied to improving quality of care and patient outcomes. Examples of lower utilization include reductions in ER utilization and hospitalization length of stay. Examples of lower administrative costs include reduced costs of record management and reduced infrastructure costs from a more efficient underlying technical infrastructure to achieve interoperability.

Fundamentally, however, the benefits of HIE are not achievable without a commitment to some level of transformation of the health care delivery system. Exchanging data alone will not achieve results. Whether and how physicians, hospitals, clinicians, and others use the data exchanged to improve care is what will ultimately make the difference in terms of cost reduction, improved quality and patient outcomes. In line with its mission, PdN HIE intends to facilitate the exchange of health information across the community that will enable providers and consumers to achieve this level of change.

Table of Required Elements

For ease of the review process, PdN HIE has attached a table cross-referencing the state's required elements for the Business and Operational Plan with the appropriate section of this Plan. *See Attachment 7: Table of Plan Required Elements.*

TAB 2: GOVERNANCE STRUCTURE

2.1 Vision, Mission, Principles

The Paso del Norte HIE (PdN HIE) was formed to benefit the citizens of the state of Texas and promote the health of the El Paso County, Texas and surrounding communities through the creation and operation of a health information exchange with the objective to increase access to care, quality of care, and efficiency in providing care, including for uninsured individuals. Members of the Paso del Norte HIE will act together as a collaborative of physicians, hospitals, health departments, clinics, mental health authorities, other providers, and consumers through the secure exchange of privacy protected health information and the sharing of best practices for the improvement of care.

The mission of the PdN HIE is to improve the quality, safety, and efficiency of El Paso County's health care services through privacy-protected exchange of health information.

2.2 HIE Infrastructure

Corporate Structure

Paso del Norte HIE is a legal nonprofit corporation under Texas law organized for 501(c)(3) tax exempt purposes. The Board has developed the Bylaws and adopted a final draft on April 4, 2011, as required by the RFA.

One of the most important activities of the governing board of a community collaborative, such as an HIE, is to create a working structure and culture that fosters the ability to work together across disparate organizational structures. This is particularly critical when sharing sensitive information about patients in a healthcare delivery system that is at times competitive for some purposes.

The PdN HIE Board has worked together over the last year to take the first step, creating a community consensus and trusting working relationship necessary to form a HIE organization. The governing body will continue to create trust and consensus on an approach for exchange of health information, provide oversight, transparency, and accountability and protect the interest of the public.

Board Composition

As stated in the Bylaws, the management of the affairs of the corporation is vested in the Board of Directors, which are appointed by the member organizations. Each Member organization or initiative appoints one representative to serve as Director on the Board of Directors at the beginning of each year for a one year term, except that the initial Directors serve for a term of two years. Membership criteria (including classes, qualifications, voting rights, election procedure, dues and others terms and conditions)

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are to be set forth on the Membership Criteria Addendum and attached and incorporated into the bylaws. The PdN HIE Board intends to continue developing the diversity of the Board and membership levels of participation and decisionmaking authority. For more background on the approach to membership levels, see Section 5.1: Approach to Sustainability.

The initial Board includes representatives of the El Paso Health Department, the El Paso Medical Society, Texas Tech University Health Sciences Center, the county’s major hospital systems (Las Palmas del Sol Healthcare, Sierra Providence Health Network, and University Medical Center of El Paso) and the Paso del Norte Health Foundation, which represents consumer interests on the Board. The Board includes representation for all of the required types of entities, as follows:

Required Representation	Member	Organization Represented, Position
Consumer	Myrna Deckert	Paso del Norte Health Foundation, President/CEO
Lab	John Harris	Sierra Providence Health Network, CEO
	Michael Hill	City of El Paso Department of Public Health, Director
Health Plan	James Valenti	El Paso First, Board Member
Hospital	Jacob Cintron	Las Palmas/Del Sol Health Network, CEO
	John Harris	Sierra Providence Health Network, CEO
	James Valenti	University Medical Center of El Paso, CEO
Pharmacy	James Valenti	University Medical Center of El Paso, CEO
Physician	J. Manuel De la Rosa	Texas Tech University, Founding Dean
	Robert Emmick	El Paso County Medical Society, Board Member

Although this Board composition is diverse and representative of key stakeholders, PdN HIE is reaching out to a number of stakeholders that are not yet participants and may be potential board members in the future, including:

- Federally qualified health centers (Centro San Vicente, Centro de Salud Familiar La Fe, Project Vida)

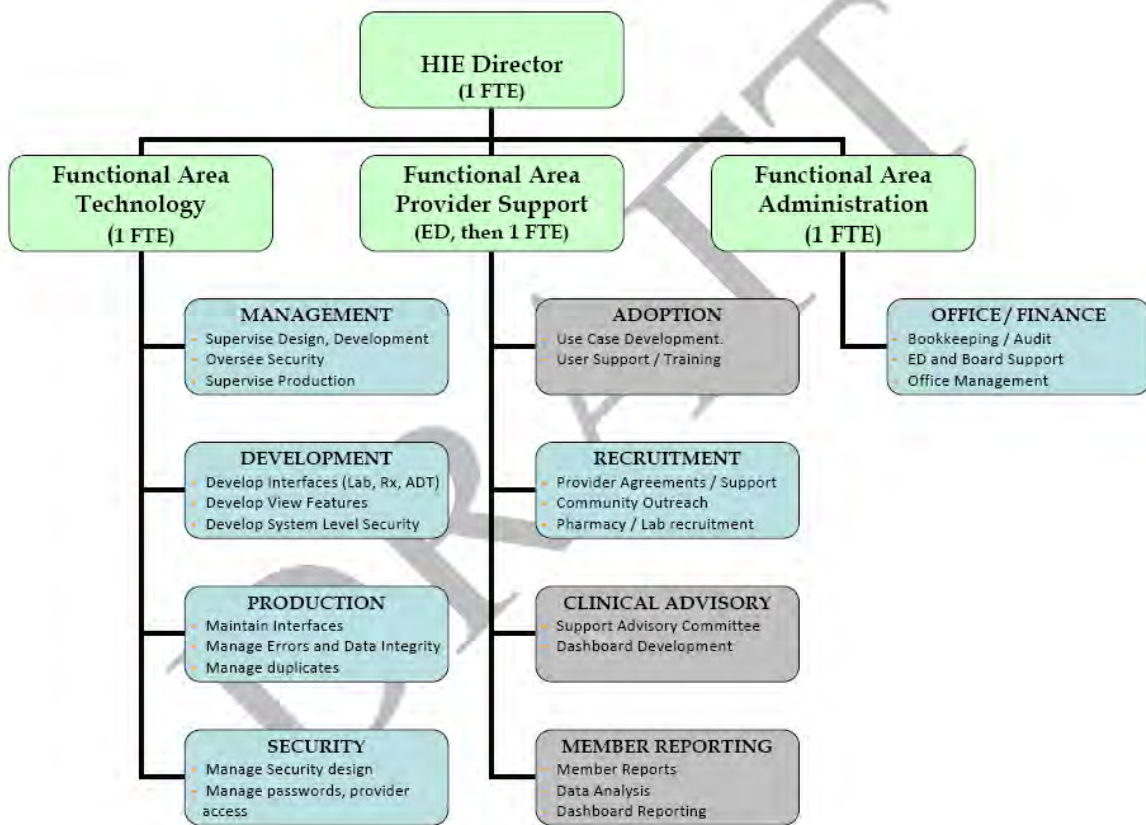
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- Department of Defense (William Beaumont Army Medical Center) and Veterans Affairs (El Paso VA Health Care System)
- El Paso MHMR
- Independent physician practices

As part of the Letter of Commitment process, PdN HIE has prioritized outreach to these stakeholders as well as others in the community, using the comprehensive description of the healthcare delivery system included in the PdN HIE Development Plan that was completed last year, as well as information gathered through the regional Blue Ribbon Committee on regional health services.

Management and Staffing

PdN HIE plans to hire 4 FTEs to include an Executive Director, Technology Director, Provider Specialist, and Administrative Staff for the implementation phase. These FTEs will perform the functions and report to management as outlined in the following functional organizational chart. PdN HIE plans to phase in activities for the Provider Specialist, with provider recruitment as the initial priority followed with adoption, clinical advisory, and member reporting functions.



2.3 Privacy

Compliance with Guidelines and Laws

PdN HIE agrees to facilitate the electronic exchange of health information consistent with privacy and security guidelines and policies adopted by the Texas Health Services Authority (THSA) in accordance with state and federal law and regulations. The PdN HIE Board agrees to participate in state level audits to ensure appropriate data security and protection of personal health information shared through the HIE. *See Attachment 1: List of Privacy and Security Policies and Procedures.*

PdN HIE will comply with state law requirements related to training, patient access, sale of personal health information, notice of disclosure, and authorization passed last session in HB 300.

- ***Patient Access*** – PdN HIE intends to comply with 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. As required by § 181.102 of the Health and Safety Code, PDN HIE intends to implement 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. PdN HIE also intends to rely on the judgment of participants whenever HIPAA provides for discretion by the provider. PdN HIE will ensure that the provider who exchanged the patient record with PdN HIE has the authority to determine whether PdN HIE makes 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.
- ***Notice of Disclosure*** –PdN HIE will provide notice to individuals that the person's Personal Health Information (PHI) is subject to electronic disclosure and explain how an HIE facilitates the exchange of data to promote patient's health, as required by § 181.154 of the Health and Safety Code. In addition to the notice that PdN HIE's providers, as covered entities, make available to their patients, primarily through their Notice of Privacy Practices, PdN HIE intends to post a notice on PdN HIE's website regarding the HIE's practices. To the extent that PDN HIE ever has direct contact with patients, then PdN HIE will provide notice in such communications with individuals through a Notice of Privacy Practices.
- ***Authorization*** –As required by Health and Safety Code §181.154, PDN HIE 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). Although PdN HIE does not anticipate making any disclosures for purposes outside of the list of exceptions,

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for any such disclosures, PdN HIE will obtain an authorization. PdN HIE intends to use the Attorney General's standard authorization form once one is adopted.

- **Covered Entity Training** – Once staff is hired, PdN HIE intends to comply with the training requirements of the Texas Health and Safety Code § 181.101 as well as the HIPAA privacy and security laws. PdN HIE will include in training on HIPAA and other federal and state laws the information that is specific to PdN HIE's business practices and the employee's scope of employment. PdN HIE will comply with the statute and ensure that each employee completes this training no later than the 60th day after employment and at least once every two years. PdN HIE will document compliance by requiring employees to sign a statement verifying attendance and will maintain that documentation in the employee's personnel file.
- **Sale of Personal Health Information** – As required by Texas Health and Safety Code § 181.153, PdN HIE 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. Although PdN HIE does not anticipate selling PHI for any purpose, before any such activity occurs the Board and the provider contributing the data would have to agree that such exchange furthered PdN HIE's mission. If PdN HIE ever does sell PHI in accordance with state law requirements, then any direct or indirect remuneration received would not exceed PdN HIE's reasonable costs of preparing or transmitting the PHI.

Description of Access, Authorization, and Authentication.

PdN HIE's goal is to create and maintain an environment of strong privacy and security protection that builds community and patient trust in the value of health information exchange. The Board considered the pros and cons for a range of authorization options, including opt-out, opt-in, and no consent and selected an option that meets these goals.

PdN HIE's Board of Directors has elected to pursue an Opt-Out Model, in which data is shared for treatment, payment, and health care operations unless a patient opts out of participation. This approach to authorizations allows patient choice while supporting data availability for treatment which is consistent with the goal of building community trust. It is anticipated that most patients will not opt-out, thus incurring only a small risk of incomplete data available for treatment purposes.

Under this Opt-Out Model, the patient does not sign a consent form to share their data in an HIE, but the patient is notified that they can request a form to sign that they do not want to share their data. A subset of the patient's data for all patients the HIE partners designate are automatically shared in the database, unless the patient signs the form to not share their data.

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The patient is notified of their ability to “opt out” through addition of language to each provider’s existing form for their “Notice of Privacy Practices”. Under this model, the administrative requirements for opting out will be simplified and managed by the HIE. PdN HIE will also develop an approach for capturing authorizations for certain limited sensitive data (e.g. substance abuse, HIV etc) as consent is required under state law.

The PdN HIE Board will review HIPAA, federal, and state requirements related to privacy and security and draft, review, and adopt all policies and procedures necessary for compliance. See *Attachment 1, List of Privacy and Security Policies and Procedures*. PdN HIE intends to adopt privacy policies and procedures as an initial step during the implementation phase.

2.4 Security

Once a vendor is selected and as part of the implementation process, PdN HIE will address the HIPAA security requirement to implement administrative, physical, and technical safeguards and will reflect the required Risk Analysis as a foundational step in ensuring security compliance. In addition, PdN HIE will address technical safeguards requirements under Section 164.312(c)(2) and (d) related to mechanisms for authentication and person or entity authentication. In addition as required under the HITECH revisions, PdN HIE will sign Business Associate agreements with all participants prior to interface development and the “go live” date for the HIE. See Attachment 1, List of Privacy and Security Policies and Procedures.

PdN HIE will conduct a risk analysis as the foundational component of technology implementation with the vendor. As required by HIPAA, this Risk Analysis will determine what specific procedures need to be adopted to reflect PdN HIE’s unique threats, vulnerabilities, level of risk and appropriate measures to address.

The Office of Civil Rights issued Guidance in July 2010 that explains the elements a risk analysis must incorporate, which will all be included in PdN HIE’s risk analysis process:

- **Scope of the Analysis.** Account for all of the HIE’s electronic protected health information
- **Data Collection.** Identify and document where the e-PHI is stored, received, or transmitted.
- **Identify and Document Potential Threats and Vulnerabilities.** Reasonably anticipated threats and vulnerabilities which could create a risk of inappropriate access to or disclosure.
- **Assess Current Security Measures.** This provision will not be applicable initially as it relates to whether security measures are already in place, and if current security measures are configured and used properly.
- **Determine the Likelihood of Threat Occurrence.** Document all threat and vulnerability combinations with associated likelihood estimates.

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- **Determine the Potential Impact of Threat Occurrence.** Use either a qualitative or quantitative method or a combination to measure the magnitude of the potential impact.
- **Determine the Level of Risk.** Assign risk levels to threats and vulnerabilities and a list of corrective actions to be performed to mitigate each risk level.
- **Finalize Documentation.** Document the risk analysis, and use as a direct input to the risk management process.
- **Periodic Review and Updates to Risk Assessment.** Perform as new technologies and business operations are planned e.g. when planning to incorporate new technology

TAB 3: HIE SERVICES

3.1 Priority Use Cases

Stakeholder Use Cases

Through a structured interview process and as a threshold activity for the planning stage, PdN HIE surveyed stakeholder participants to determine what specific use cases they view as valuable for their organizations. The questions asked of each stakeholder were:

- What data about patients do you want to have access to?
- Who in your organization needs the data?
- What purpose will you use it for?
- When and how do you need to have access to it?
- What value will you derive from exchanging this information?

PdN HIE is using the answers to these specific questions to build a system that does what each of the stakeholders needs it to do.

Through ongoing discussions with stakeholders, PdN HIE intends to discuss, understand and quantify how the HIE's community technology platform meets needs. PdN HIE's technology platform will be designed to ensure that the identified use cases can be implemented. For example, physicians have discussed how they need to access data in order for the data exchange process to be useful. Because they are busy and have little time to look up data, physicians have identified alerts tailored to specific events for specific patients as one use case of value to their ability to treat patients.

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To date, stakeholders have identified the following priority use cases which will add value to their organizations as well as assist in meeting meaningful use requirements.

- Emergency Room access to patient history
- Care management
- Reporting immunizations
- Communicable disease reporting
- Avoidance of redundant testing
- Complete medication and other data for psychiatric patients
- Alerts to physicians / medical homes re Emergency Room visits
- Patient encounter alerts to physicians
- Registration assistance
- Reports and analytics
- Personal Health Record
- Receiving referrals to medical home
- Improved integration of primary care and behavioral health
- Access to health history at point of care
- Medication management
- Disaster planning
- Biosurveillance tracking

These and other use cases have been described at a summary level in the attached chart, including description, business specifications, and stakeholder value. See *Attachment 2, Use Case Descriptions*. The business specifications, which address data elements and workflow, have been incorporated into the Business and Technical Specifications which will be used during the vendor selection process. See *Attachment 3, Business and Technical Specifications and Attachment 4, Request for Information, PdN HIE Technology Solution*

PdN HIE's use cases are in line with the health outcomes identified and under development as part of the region's planning process. El Paso is currently engaged in a planning process for a Strategic Health Framework for the entire region. The Needs Assessment phase was recently completed and the group is now moving into a prioritization phase. Business, government, educational, and medical organization leaders, including PdN HIE Board members, from El Paso, Southern New Mexico and Cd. Juarez are members of the Blue Ribbon Committee coordinating the process. It is the intent of the HIE to connect with the priorities established by this process.

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PdN HIE also identified a number of issues related to design and development that will need to be addressed to successfully implement the HIE. Those issues included the following:

- Connection costs –could be an issue for small physician practices
- Workflow issues – utility of an HIE is a product of workflow and the individual effort / time required to access data. Customized reporting could expedite access, thus reducing the individual effort required to access data.
- Patient matching is challenging, particularly in El Paso community where many have the same name.
- Data for patients who live across the border and/or access medical treatment in México also challenging
- Need system to know when to look for data. For example, link in own EMR that indicates when data exists and/or new data
- Involvement of insurance companies - could cause trust issues with physicians
- Jail health, border patrol, home health, urgent care centers, labs, pharmacies – important additional data sources to obtain full value of a community wide HIE and address issues for patients who are frequent users of the health care system.

PdN HIE recognizes that the structured interview process used to develop priority use case descriptions is only the beginning of the process. As a threshold activity during the implementation process, PdN HIE will ensure that the technology solution is aligned with the use cases identified by the stakeholders. That alignment includes the solutions capabilities from a functionality standpoint as well as the order in which functions are rolled out and stakeholder interfaces built.

In addition, PdN HIE will support the stakeholders' ongoing change management processes for provider adoption. As described in the staffing discussion, PdN HIE intends to hire a Provider Specialist whose responsibilities include adoption activities. This Specialist will further develop use cases with stakeholders, provide user support and training, and address workflow and other issues that could become barriers for a particular stakeholder in fully using the health information exchange. The internal change management required for adoption is ultimately the responsibility of each stakeholder. PdN HIE will support the stakeholders' processes by ensuring that the technology solution is responsive and the stakeholders are trained and aware of best practices for using the HIE.

The PdN HIE Provider Specialist will also support the implementation of use cases through facilitation of a Clinical Advisory Committee, member reporting, and dashboard development to address progress on adoption.

Pharmacy and Lab Use Cases

PdN HIE Board has identified the inclusion of pharmacy and lab clinical data as critical to supporting the use cases and the resulting value or ROI.

PdN HIE intends to pursue the following strategy for facilitating pharmacies and clinical labs in El Paso County using interoperable systems and engaging in exchange. PdN HIE will develop its Business and Operational Plan to include these and other appropriate strategies:

- Determine whether providers targeted for participation need access to e-prescribing and/or lab ordering through the HIE, as opposed to their own EHR systems. PdN HIE has begun working with the El Paso Medical Society to interview physicians to determine their need and interest in these and other services.

In the session hosted to date by the El Paso Medical Society, discussion focused on the fact that physicians think of reducing risk or reducing costs. In addition, El Paso physicians are very busy, so speed of accessing targeted, useful data is essential. One physician practice raised the point that offering an EMR Lite for physicians offers lower cost and lower maintenance for physicians. Further outreach and analysis is needed, however, to determine how widespread the interest in EMR Lite functionality would be.

- Determine whether pharmacies, particularly local pharmacies, need assistance from the HIE in developing e-prescribing capabilities and what types of assistance would be feasible.
- As discussed previously, medication and lab encounter and clinical data, both prescribed and/or filled, are necessary components of the data elements to be exchanged through the HIE. PdN HIE will work with the pharmacies and labs to leverage their data source as much as possible.
- PdN HIE has begun identifying pharmacies and labs in El Paso County and intends to approach them regarding their interest in participating at a governance and membership level. PdN HIE will take advantage of the resources recently made available through HHSC and THSA with regard to pharmacies. PdN HIE has identified 12 laboratory groups and 40 pharmacy companies in the El Paso area.

PdN HIE is planning an initial outreach to pharmacies through a meeting hosted by the El Paso Pharmacy Association. As with physician outreach, following this meeting PdN HIE will meet individually with pharmacies that express an interest, beginning with the largest first.

- PdN HIE listed e-prescribing and lab ordering functionality in the Technology RFP that was issued and will consider whether to include this functionality as part of the vendor selection process.

3.2 HIE Services

There is a core requirement in the Meaningful Use final rules to demonstrate the “capability to exchange key clinical information among providers of care and patient authorized entities electronically.” Examples of key information that could be exchanged include problem list, medication list, allergies, and diagnostic test results and procedures, and discharge summaries. PdN HIE has developed use cases that relate to these Meaningful Use requirements and has included them in this Business and Operational Plan.

Paso del Norte HIE agrees to support, to the extent needed, the following HIE elements to ensure providers and hospitals can achieve federal HIE Meaningful Use requirements:

- Electronic prescribing
- Electronic lab ordering and results delivery
- Clinical summary exchange

PdN HIE recognizes that e-Prescribing and lab ordering are core HIE functions and intends to determine how best to support this functionality for providers in PdN HIE’s targeted service area. These HIE core services are generally available through the EHR systems of providers in El Paso County and may not be functions provided through the HIE. However, the HIE Board intends to determine whether providers targeted for participation need access to e-prescribing and/or lab ordering through the HIE. See the discussion related to engaging pharmacies and labs, as well as the discussion regarding stakeholder use cases, under Section 3.1 above.

The Paso del Norte HIE Board has determined the HIE services to offer based on the use cases that stakeholders identify as adding value, and has reflected these use cases in the business and technology specifications. *See Attachment 3, Business and Technical Specifications*

PdN HIE intends to plan for using the NHIN Direct messaging protocols, as part of implementing the technology model described in this Business and Operational Plan.

PdN HIE also agrees to work with the THSA through the Collaboration Council and policy development task forces to identify strategies for delivering federal HIE requirements as they are defined through Stages 2 and 3 of Meaningful Use, including but not limited to the following other elements of HIE. Many of these elements are already addressed in the use cases identified by stakeholders and have been reflected in the business and technical specifications for PdN HIE’s technology solution:

- Electronic eligibility and claims transactions
- Electronic public health reporting (i.e. immunizations, notifiable laboratory results)
- Quality reporting

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- Prescription refill status and/or medication fill history

Quality Reporting and Analysis

The PdN HIE Board has identified quality reporting and analysis as a core HIE service necessary to evaluate the success of stakeholder use cases in improving the health care delivery system. The use cases identified by stakeholders and described in Attachment 2 address member reporting and data analytics. As an example, data from a clinical data repository provides the discrete data elements necessary for sophisticated, in depth analysis of delivery system trends and the outcomes of specific programs. Such data can be used to identify individuals who frequent the emergency room for preventable conditions and could benefit from care management services. Another example, such data can be used to measure cost and utilization differences in hospitalization and/or ED use by patients before and after they enroll in a case management program.

Quality reporting and analysis also encompasses strategies for ensuring the quality and integrity of the data exchanged through the HIE, either maintained in a database or exchanged through a federated approach.

PdN HIE will use an Interface Agreement attachment to the Business Associate Agreement to address data integrity issues. This attachment will require participating providers to take certain steps to ensure the integrity of the data exchanged through the HIE and include an ongoing schedule for review of interfaces by the HIE staff. In addition, the PdN HIE Board will consider developing ongoing dashboard measures, data audit, errors management, and duplicate management / merging processes as appropriate for the technology model selected.

Finally, quality reporting and analysis also encompass an Evaluation Plan to address how to evaluate progress towards implementation of HIE services, achievement of value for participating providers and community, and progress towards sustainability.

3.3 Outreach and Education

The PdN HIE Board is committed to using health information exchange to improve the health care delivery system and understands the importance of education and engagement to that effort. The Board has educated physicians and staff of current Board members over the past year through initial planning processes and now through the process of obtaining Letters of Commitment. The PdN HIE Board intends to expand this outreach to consumers and other providers.

PdN HIE intends to implement aspects of outreach and education such as the following during the implementation phase:

- Identification of stakeholder and consumer needs, in order to establish and communicate the value of HIE to the community.

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- Patient stories (de-identified or authorized) to illustrate the value of community wide data exchange.
- Opportunities for consumer participation and access to records, including Personal Health Records at some point in the future.
- Approaches to securing physician and other clinician engagement such as a Physician Advisory Committee and physician champions.
- Marketing and promotion plan to communicate the value of health information exchange to consumers and the broader community.
- Focus groups, surveys, leadership interviews to assess and engage consumer and provider interest.
- Education tools such as website, brochures, story videos and other informational materials.

PdN HIE also intends to engage in the following types of activities to facilitate a community dialogue on the value of HIE, gain the support of stakeholders, and identify community-specific HIE functionality and a community value proposition.

- Employ community dialogue methods to develop and communicate the HIE's value proposition, including community meetings, messaging and educational materials
- Identify and plan for the HIE functionality that aligns with the regional community value proposition identified through community dialogue.
- Collaborate with Blue Ribbon Committee activities to develop and implement a Regional Health Strategic Framework for the Paso del Norte region. Collaboration will prevent duplication and ensure that HIE development is an integral part of planning for health care delivery system improvements in the region.

PdN HIE is committed to ensuring that the needs of the patient are at the center of the exchange model adopted by the Board in this Business and Operational Plan. The Board intends to engage in the following activities to demonstrate this approach:

- Privacy policies and procedures address all patient rights in as easy and accessible manner possible. For example, the patient's right to access their own records includes affordable, readily accessible and understandable approaches.
- Consent forms, educational materials and other documents are in Spanish and other languages as needed.
- Plan for eventual provision of access to patient records through a patient portal and/or Personal Health Record.

TAB 4: TECHNOLOGY PLATFORM

4.1 Technical Architecture

PdN HIE is currently engaged in the vendor selection process for a technology solution. A Request for Information was published on August with responses due on September 2nd. PdN HIE received proposals from eleven (11) vendors. PdN HIE's Business Planning Committee has reviewed the responses and narrowed the selection process to four vendors. Vendor presentations have been scheduled with each of these vendors and the Business Planning Committee expects to bring a recommendation to the full Board in November. The target date for final negotiations and contract signing is mid-December. See *Attachment 4, PdN HIE RFI, Technology Solution*, *Attachment 3, Business and Technical Specifications*

PdN HIE's RFI described the technology model as a hybrid, a data repository with federated capabilities complementary of providers' internal data systems. The scope of the technology solution covers data exchange for patients seeking care in El Paso County. The RFI outlines priority use cases, key business specifications and technical functionality. The RFI requested information regarding the vendor's ability to provide a list of requested functionality as well as the vendor's experience with other successful, sustainable HIEs.

Although the RFI did not specifically address use of the "direct" approach, the functionality requested encompasses what the direct model is designed to achieve. PdN HIE intends to explore use of "direct" during the vendor presentations and as part of the vendor selection process. PdN HIE intends to either use this approach or incorporate the same functionality in another manner.

4.2 Technical Standards

PdN HIE plans to facilitate the electronic exchange of health information consistent with the technical implementation specifications adopted by the THSA in accordance with guidelines and standards adopted by the U.S. Department of Health and Human Services. PdN HIE intends to engage in HIE with other HIOs and RHIOs, and the THSA. PdN HIE plans to address, as part of the planning process, the technical architecture needed to conform to technical standards and exchange data with other HIOs / RHIOs.

4.3 Data Exchange with Other HIEs

Paso del Norte Board members are active participants in collaborative activities in El Paso and the region and will use these established relationships to include health information exchange as a collaborative activity.

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Part of the outreach for the HIE will be conducted through, what is called locally, the Blue Ribbon Committee (BRC). The BRC is a group of 32 health-interested organizations working to develop and implement a Regional Health Strategic Framework for the Paso del Norte region (which includes far western Texas, southern New Mexico, and Cd. Juárez, México). Development and implementation of the Regional Strategic Framework for Health will aid to ensure sufficient capacity to meet the expanding health care needs as the region continues to experience dramatic growth.

The PdN HIE Board agrees to collaborate with the following stakeholders:

- **Texas Health Services Authority (THSA)** – PdN HIE intends to continue to participate in ongoing state-level planning and policy development through the Collaboration Council and policy development task forces. Representatives of the PdN HIE participated in the Workgroup process that developed the State’s Strategic and Operational Plan. PdN HIE representatives also collaborated with other HIOs during this process through participation in the Texas HIE Coalition.
- **Nationwide Health Information Network** - PdN HIE plans to deploy NHIN technology standards to link to local and regional HIOs, state level HIEs, and national data sources as appropriate.
- **Texas Medicaid Program** – With a relatively high level of Medicaid patients, data exchange with Medicaid will be important to El Paso County stakeholders. Hospitals for example may serve as many as 25 to 30% of their patients through Medicaid. Also, Medicaid will play a major role in incentivizing data exchange, through the Meaningful Use incentive payments. Paso del Norte HIE stakeholders will be interested in exploring data exchange opportunities with the Medicaid program, including the medication data exchange currently being piloted with several HIEs.
- **State and Local Public Health Agencies** – PdN HIE will continue collaborating with state and local public health agencies. The Board includes a representative of the local health authority, the City of El Paso Department of Public Health, which has identified use cases and value propositions for public health.
- **Regional Extension Centers and other Health Information Technology Programs funded through ARRA** – The Regional Extension Centers will be directly or indirectly supporting community HIEs, due to their role helping primary care providers achieve Meaningful Use. Support for El Paso providers is the responsibility of the West Texas REC being led by Texas Tech. Texas Tech is represented on the Paso del Norte HIE Board. PdN HIE intends to work collaboratively with the REC to assist primary care providers in achieving Meaningful Use.

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- **White space contractors** – Paso del Norte HIE intends to engage in health information exchange with white space contractors, as with other HIOs and RHIOs.
- **Other HIOs and RHIOs** - PdN HIE is committed to engaging in health information exchange with other HIOs and RHIOs. Representatives of the PdN HIE Board have worked collaboratively with other HIO initiatives over the last year through the Texas HIE Coalition. PdN HIE has been an active participant in conference calls, workshops, and other activities designed to share best practices and facilitate the development of community HIEs throughout the state. PdN HIE intends to continue this collaborative activity.

In addition, PdN HIE will demonstrate this commitment through the adoption of policies and procedures for responding to appropriate queries for medical information in a timely way via standardized, electronic means.

PdN HIE is also committed to working with HIE development across the state in order to increase HIE functionality in El Paso and Texas. PdN is currently working with Midland College to market its HITECH Workforce Program. The El Paso Medical Society, the El Paso chapter of the Texas Nurse Practitioners Association, and an informal workgroup of private practice office managers are collaborating to ensure that the El Paso area has qualified personnel to implement and support health information technology within different settings.

Paso del Norte HIE Board also has a long-term vision for collaboration in health information exchange activities across state lines as well as with health care facilities in Mexico. The Blue Ribbon Committee will be an important avenue for this collaboration. Current referral patterns include significant cross border traffic for both New Mexico and Mexico. Healthcare seeking traffic is actually bi-directional, with El Paso citizens crossing both borders to seek health care as well as people in both New Mexico and Mexico relying on El Paso health care providers for services.

At this time, the violence in Cd. Juárez hampers collaboration with health care providers across the border. However, the long-term vision is to begin such collaborations when conditions are more favorable and the PdN HIE is more established. El Paso is the largest City in the United States that borders Mexico. Combined with its sister city, Juarez, Mexico, the El Paso metro area is home to more than 2.5 million people, making it the worlds' largest population center on an international border. Several studies have documented health seeking behavior across the border with Mexico. In general, residents of Ciudad Juarez with insurance and financial resources often cross the border seeking perceived higher quality medical attention and medications in El Paso, while El Paso residents without insurance often travel to Juarez for cheaper medications and medical care.

TAB 5: FINANCIAL MODEL

5.1 Approach to Sustainability

Sustainability Model

PdN HIE stakeholders have identified use cases for their organization and the value they expect to achieve from exchanging data for these purposes. Though identified, these use cases have not yet been quantified in terms of the dollar value anticipated or the timeframe for realizing results. In general, the value of these use cases fall into lower utilization and/or lower administrative costs. Lower utilization, in order to benefit patient care, is tied to improving quality of care and patient outcomes. Examples of lower utilization include reductions in ER utilization and hospitalization length of stay. Examples of lower administrative costs include reduced costs of record management and reduced infrastructure costs from a more efficient underlying technical infrastructure to achieve interoperability.

Fundamentally, however, the benefits of HIE are not achievable without a commitment to some level of transformation of the health care delivery system. Exchanging data alone will not achieve results. Whether and how physicians, hospitals, clinicians, and others use the data exchanged to improve care is what will ultimately make the difference in terms of cost reduction, improved quality and patient outcomes.

The PdN HIE Board also recognizes that HIE related benefits are often difficult to quantify and don't always accrue to those stakeholders that bear the brunt of HIE costs. Likewise, reduced costs for one stakeholder can result in increased costs for another, as can be the case from reduced ER visits with care in a more appropriate, clinic setting. Assessing community value and allocating costs on that basis is one of the challenges associated with HIE sustainability.

Finally, the PdN HIE Board recognizes that in the short-term most operational HIEs began by focusing on qualitative or intangible benefits as a basis for investments in sustainability. While ROI estimation remains an important exercise during the planning stage, stakeholders begin seeing a return on investment after deployment and in the longer term. Most HIE stakeholders do not expect any substantial, near term ROI from their investments and will invest as long as the longer term sustainability and value can be reasonably anticipated.

The PdN HIE Board has discussed the pros and cons of sustainability models based on membership fees, service fees, and transaction fees or a combination of these. At this point, the Board is proceeding with a membership fee approach that is aligned with service fees and tiered to the size of the provider. Under this approach the participating provider pays a fee for membership in the HIE which entitles the provider to access to all services provided by the HIE, like a service fee. The membership fee levels are graduated, based on size of the organization and payable annually or in increments during the year based on members' preferences. The fee is aligned with a

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service package which encompasses a set of functionality that provider / patient can use in multiple ways. The membership fee levels are aligned with the HIE's cost for providing the services.

The Board has not finally addressed the fee levels since the technology vendor has not yet been selected nor have development and ongoing costs been finalized. In addition, with a membership fee approach, the Board will address the extent to which governance participation is encompassed with a membership fee.

The membership fee approach has the advantage of being easy to bill and track payments, financially predictable, encompasses intangible benefits and directing services to needs with governance participation. The disadvantage to this fee approach is greater difficulty tying back directly to an organizations' ROI and stakeholders may pay for services they don't use. However, PdN HIE intends to align fee levels with services as well as organization size and expects to mitigate these disadvantages through this approach.

The membership fee approach aligns with PdN HIE's current financial model which is based on financial contributions from partners. Up to this point, the major partners have funded consulting resources for planning, use case and evaluation issues, technology models, and other business and administrative issues necessary for planning and start-up activities. The Paso del Norte Health Foundation has also provided in-kind services, both in personnel and other expenses, including: use of equipment, supplies, travel, and other indirect costs; Jon Law, one of the foundation's Program Officers, 0.35 FTE, to function as the Project Lead and to conduct all staff functions of the HIE.

Targeted Providers

The PdN HIE will cover El Paso County. The Board intends to collaborate with other HIEs to ensure coverage for West Texas counties, and is also willing to consider adding counties to the East of El Paso to the extent such coverage would be feasible and more cost effective than providing white space coverage at a state level to smaller, isolated counties in West Texas.

The PdN HIE is targeting all providers in El Paso County. According to our original proposal, we are targeting 1,119 physicians and 13 hospitals. It should be noted that these numbers are an underestimate and do not correspond to the number of licensed physicians (n = 1,181) or hospitals (n = 14) listed in the data packet recently distributed by HHSC/THSA. This count also does not include the El Paso Children's Hospital, set to open in February 2012.

Approach to Commitments

Pdn HIE has developed the following strategies for reaching out to physicians and providers to obtain Letters of Commitment

1. **Person-to-Person Contact** – PdN HIE has focused on a personal outreach strategy

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as the most trusted approach for reaching out to physician practices. PdN HIE's coordinator has developed leads and personal connections from conversations with:

- Hospital CEO's on board of directors
- Cold calls
- Referrals from physicians who have already signed letters of interest
- El Paso Medical Society meetings
- El Paso Nurse Practitioners Association meeting – working with nurse practitioners regarding contacts with the physicians in their practices
- Each hospital systems' physician recruiters – who include HIE outreach in their recruiting

PdN HIE's Coordinator typically makes a personal visit to each practice and provides materials which include a Fact Sheet and TMA article. *See Attachment 5, Provider Recruitment Materials.* Calls are made directly by hospital CEO's. In some cases, calls are made by physician champions of the HIE.

2. "Mass" Media - PdN HIE has also used mass media to reach out to physicians, including a letter in the El Paso Medical Society Journal and articles in El Paso periodicals likely to have physician readership (e.g. El Paso, Inc.)

3. Key Messages of all Outreach – PdN HIE has developed a consistent message to convey the HIE's purpose, which includes the following. *See also Attachment 5, Recruitment Materials, Fact Sheet*

- The objectives of the PdN HIE are to increase access to care, quality of care, and efficiency in providing care through the exchange of health information.
- The PdN HIE is an independent 501(c)(3) organization with a seven member board of directors, including representatives from Del Sol/Las Palmas, the City of El Paso Department of Public Health, the El Paso Medical Society, Sierra Providence, the Paso del Norte Health Foundation, Sierra Providence Health Network, University Medical Center, and Texas Tech University – Foster School of Medicine.
- One objective of the HIE is to ensure that state and federal dollars, invested in health information infrastructure, come to El Paso (versus other communities in Texas).
- Beyond Stage 1 criteria for meaningful use will "expect that the infrastructure will support greater requirements for using health information exchanges."
<http://www.cms.gov/ehrincentiveprograms/>

5.2 Budget Description

The attached budget projects revenue and expenses for the next five years, beyond the grant period, and includes all sources of revenue. See *Attachment 6, PdN HIE Budget*. The budget is a general estimate of the technology costs as the vendor selection process is not final and is based on the range of proposed costs received from vendors to date, with no negotiation or discussion with vendors. It is expected that technology solution costs will be within the ranges projected, though not guaranteed. To the extent that costs are higher than projected in this budget, additional revenue will be secured to ensure sustainability.

Source of matching funds, cash or in-kind, for 25% local match requirement.

Matching funds for 2012 and 2013 are expected to come primarily from membership fees in the form of cash and/or in-kind services.

PdN HIE Board members understand the importance of funding commitments to demonstrate accountability and community commitment and have committed to each other that they will share the matching funds costs.

Transition / Development Plan

PdN HIE intends to develop a detailed implementation plan after completing the selection and negotiation process for the technology solution. Implementation activities will largely involve rollout of the technology solution which will be dependent upon the vendor selected.

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ATTACHMENTS

Attachment 1: List of Privacy and Security Policies and Procedures

Attachment 2: Use Case Descriptions

Attachment 3: Business and Technical Specifications

Attachment 4: PdN HIE RFI, Technology Solution

Attachment 5: Provider Recruitment Materials

Attachment 6: PdN HIE Budget

Attachment 7: Table of Plan Required Elements

Paso del Norte HIE Business and Operational Plan Attachment 1: List of Privacy and Security Policies and Procedures

Privacy Policy and Procedures
P1. Notice of Privacy Practices
P2. Disclosure to Business Associates and Contractors
P3. Minimum Necessary Requirements
P4. Authorization to Use and/or Disclose Protected Health Information (PHI)
P5. Right to Request Restriction of Uses and Disclosures
P6. Right to Access Protected Health Information
P7. Right to Amend Protected Health Information (PHI)
P8. Right to an Accounting of Disclosures of Protected Health Information
P9. De-Identified Protected Health Information
P10. Personal Representative and Deceased Individuals
P11. Use and Disclosure of PHI for Marketing
P12. Use and Disclosure of PHI for Fundraising
P13. Use and Disclosure of PHI for Research, Limited Data Set

Administrative Policy and Procedures
P14 Personnel Designations
P15 Training
P16 Complaints, Whistleblower Actions
P17 Intimidating or Retaliatory Acts
P18 Retention of Records
P19 Sanctions and Disciplinary Action

Administrative Policy and Procedures
P20 Verification Requirements
P21 Electronic Mail Containing Protected Health Information (PHI)
P 22 Fax Transmittal of PHI
P23 Storage of Protected Health Information (PHI)
P24 Disposal of PHI
P25 Printing & Copying Protected Health Information (PHI)
P26 Patient Authentication

P27 Transporting Protected Health Information (PHI)
P28 Employee Access to Protected Health Information
P29 Tracking Requests Concerning PHI
P30 Integrity
P31 General Information System Security Compliance
P32 Risk Analysis and Management
P33 Information Access Management and Security – Administrative Safeguards
P34 Security Incident Reporting and Response
P35 Data Back-Up
P36 Disaster Recovery and Emergency Operations
P37 Facility Security and Access Control / Validation – Physical Safeguards
P38 Maintenance Records
P39 Work Station Use, Security
P40 Device and Media Controls
P41 Passwords
P42 Access Controls – Technical Safeguards
P43 Person or Entity Authentication

**Attachment 2: PdN HIE Business and Operational Plan
Highest Priority Stakeholder Use Cases – Description and Business Specifications**

Use Case Name	Description	Business Specifications	Stakeholder Value
Emergency Room Access to Patient History	Web based access to allergy, medication, and encounter history critical in emergency situation. Relevant information included in patient record. Often patients do not remember their medications – drug name, dosage, etc.	Data Elements Needed <ul style="list-style-type: none"> ○ Medical history ○ Medications ○ Diagnostics (lab, imaging, CT) ○ Encounter (date, place) ○ Other hospital data (most relevant for complex patients) 2. Workflow Issues <ul style="list-style-type: none"> ○ See information in their EMR ○ Ability to import and to take out 	<ul style="list-style-type: none"> • More complete information available for physician to treat patient for better outcomes • Avoid redundant testing • Avoid drug interactions • Fill out patient history one time
Care Management	Access to web-based portal with summary clinical data can be used by case managers to assist in follow up activities for case management purposes. Can use for coordinated management of high ER users e.g. Healthcare Heroes program.	Data Elements Needed <ul style="list-style-type: none"> ○ Medical history ○ Medications ○ Diagnostics (lab, imaging, CT) ○ Encounter (date, place) ○ Other hospital data, including discharge plan ○ Referrals and whether appt kept 2. Workflow Issues <ul style="list-style-type: none"> ○ PCP referrals useful if communication both directions 	<ul style="list-style-type: none"> • Case management based on population groups (e.g. homeless, foster homes) • Better manage medications by knowing if getting medications in other places • Determine follow up – did they follow discharge plan from other location • Reduce readmission rates

Highest Priority Stakeholder Use Cases (not in order) – Description and Business Specifications

Use Case Name	Description	Business Specifications	Stakeholder Value
Reporting Immunizations	Health department receives one feed from the HIE of all providers immunization encounters, then can send weekly to the state	<p>Data Elements Needed</p> <ul style="list-style-type: none"> ○ Immunizations (all reported data elements for registries) ○ Patient demographics ○ Provider name ○ Encounter (date, place) <p>2. Workflow Issues</p> <ul style="list-style-type: none"> ○ Timely data exchange 	<ul style="list-style-type: none"> • Improving immunization rates • Administrative simplification for Health Dept: avoids multiple feeds to local registry from each provider • Administrative simplification for provider: avoids having to feed both local registry and state registry
Communicable Disease Reporting	Electronic submission of communicable disease conditions required to be reported to local and state public health departments for more timely, complete data reporting from centralized HIE source.	<p>Data Elements Needed</p> <ul style="list-style-type: none"> ○ Communicable diseases (all reported data elements required for reporting) ○ Patient demographics ○ Provider name ○ Encounter (date, place) <p>2. Workflow Issues</p> <ul style="list-style-type: none"> ○ Timely data exchange ○ Ease of reporting (button in EMR) 	<ul style="list-style-type: none"> • Improving rate of reporting • Administrative simplification – easier for physicians to report • Provide data for comparative reporting so can provide information back to physicians re their disease reports
Avoidance of Redundant Testing	Hospitalist access to more complete medical history information from attending physician in order to avoid retesting for acute care. Redundant testing for chest pain an issue	<p>1. Data Elements Needed</p> <ul style="list-style-type: none"> ○ Stress testing ordered ○ MRI ordered ○ Lab / radiology tests ordered and results ○ Encounter and demographic information <p>2. Workflow Issues</p> <ul style="list-style-type: none"> ○ Timely, need most recent immediately prior to hospitalization 	<ul style="list-style-type: none"> • More complete information, currently hospitalist may only receive a discharge summary • Avoid testing without payment, since Medicare won't pay for certain redundant tests (stress tests, MRI); currently hospital doesn't know these were done at time of admission

Highest Priority Stakeholder Use Cases (not in order) – Description and Business Specifications

Use Case Name	Description	Business Specifications	Stakeholder Value
<p>Complete Medication and Other Data for Psychiatric Patients</p>	<p>Access to more complete information for psychiatric patients who come to the hospital in a compromised state. Drug seeking behavior is a major issue. Access to customized psych drug history with brief chronology</p>	<p>1. Data Elements Needed</p> <ul style="list-style-type: none"> ○ Medications ○ Encounters at another hospital ○ Encounter and demographic information <p>2. Workflow Issues</p> <ul style="list-style-type: none"> ○ Nurses don't have time to look into two different systems to access data ○ Data going back 5 years if possible 	<ul style="list-style-type: none"> ● Information from other hospitals easier to obtain. Currently can only get data from their hospitals ● Better able to identify and treat drug seeking behavior ● Identify and potentially address hospital hopping issue ● Avoid uncertainty about medications, improve outcomes and avoid drug interactions
<p>Alerts to Physicians / Medical Home re ER Visit</p>	<p>Provide alerts to physicians when one of their patients is seen in an ER, readmitted to hospital, had adverse drug reaction, or had specialist appointment. Perhaps for high dollar procedures. Alerts can push data into physician inbox and/or for display in the clinic EMR. Alternatively, a link can be visible in the clinic's EMR system. Important for high cost patients</p>	<p>1. Data Elements Needed</p> <ul style="list-style-type: none"> ○ Medications ○ Hospital encounters (ER, admissions) ○ Drug reactions ○ Specialists encounters ○ Certain high dollar procedures ○ Encounter and demographic information <p>2. Workflow Issues</p> <ul style="list-style-type: none"> ○ Easily accessible and timely ○ Ability to import data, but not change. Know data source ○ Physician can customize alerts ○ Speed critical, no time to check alerts 	<ul style="list-style-type: none"> ● More complete alerts (insurance alerts received are not complete) ● Track patients compliance with treatment plans ● Reduce ER visits and readmissions

**Attachment 3 Business and Operational Plan
Requirements and Data Elements
Paso del Norte Health Information Exchange**

Category	Requirement	Priority	Capability
Architecture	<p>The system shall support retrieval of records from stakeholder systems using the PIX/PDQ and XDS HIE profiles.</p> <p>The system shall support the storage of Continuity of Care Documents (CCD).</p> <p>The system shall support the storage of Clinical Document Architecture (CDA) documents.</p> <p>The system shall support the storage of Continuity of Care Records (CCR).</p> <p>The system shall support the storage HL7V2 A03, A08, etc. messages.</p> <p>The system shall produce a CCD document when patient data is retrieved.</p> <p>The vendor shall provide an edgserver architecture option.</p> <p>The vendor shall provide a Clinical Data Repository (CDR)</p> <p>The CDR shall store - see Data Elements Tab</p> <p>The system shall respond to PIX/PDQ and XDS queries from authorized systems and users.</p>		
CDS	<p>The system shall provide Clinical Decision Support (CDS) functionality.</p> <p>The system shall provide a tool for authoring CDS rules.</p>		
Authorization	<p>The vendor shall provide an electronic means to capture patient authorization</p> <p>The vendor shall provide a granular consent.</p> <p>The system shall log history of all patient opt-in/opt-out activity.</p> <p>The system shall provide a report that will display patient historical opt-in/opt-out activity</p> <p>The system shall allow authorized provider access to opted-out patient data during predetermined break the glass situations.</p> <p>The system shall log all break the glass situations time, user, and reason.</p> <p>The system shall capture authorization electronically in an image or PDF format.</p> <p>The system shall provide a means to view patient authorization after it has been saved by authorized personnel.</p>		
eMessaging	<p>The system shall provide provider-to-provider messaging.</p> <p>The system shall provide provider-to-patient messaging</p> <p>The system shall provide patient-to-provider messaging.</p>		
EMR Light	<p>The system shall provide an in-house or third party EMR-lite solution.</p> <p>The EMR Lite shall be CCHIT 2011 certified.</p> <p>The EMR Lite shall provide all functionality to meet Meaningful Use requirements.</p>		
eRx	<p>The system shall allow an authorized user to order prescriptions.</p> <p>The system shall perform formulary checking support.</p> <p>The system shall provide medication history - see Data Elements Tab</p>		
Interfacing	<p>The system shall have the ability to load batch files in csv, CCD, CCR, and HL7v2 formats.</p> <p>The vendor shall open source all interfacing work per the State requirements.</p> <p>The system shall use an extensible interfacing engine that is not limited to the formats specified previously.</p>		
MPI	<p>The Master Patient Index (MPI) shall provide for automated patient matching according to agreed upon algorithm (e.g.name, date of birth, address, and SSN)</p> <p>The system shall provide a tool that will allow HASA employees to perform patient record reconciliation (merging / unmerging)</p> <p>The system shall log all patient record edit events.</p>		
NHIN	<p>The system shall allow users to search for and retrieve patient records using NHIN Connect.</p> <p>The system shall allow other systems to search for and retrieve patient records using the NHIN Connect protocols.</p> <p>The system shall provide provider-to-provider messaging using the NHIN Direct standards.</p>		
Operational	<p>The vendor shall host the system.</p> <p>The vendor shall provide a disaster recovery plan.</p> <p>The vendor shall provide a failover site in case of disaster.</p> <p>The vendor shall provide a 24x7x365 help desk support.</p> <p>The vendor shall track system uptime.</p> <p>The vendor shall track the uptime of each interface.</p> <p>The vendor shall log all interface transactions for audit purposes.</p> <p>The vendor shall monitor all system components and interfaces and provide alerts when errors occur.</p>		
PHR	<p>The system shall provide CCD documents to PHR systems (eg Google Health, Microsoft Health Vault, other)</p> <p>The system shall receive and store data from PHRs (e.g. Google Health, Microsoft Health Vault, other)</p>		
Portal	<p>The system shall provide a web-based provider portal.</p> <p>The provider portal shall be capable of displaying all elements of the CCD.</p> <p>The provider portal shall support looking up patients by last name, first name, SSN, and address.</p> <p>The system shall provide customized views through the portal based upon the user's role.</p> <p>The system shall be capable of graphing all numeric data vs. time in the portal.</p>		
Referrals	<p>The system shall provide a directory of providers.</p> <p>The system shall allow providers to refer to other providers within the system.</p>		
Reporting	<p>The system shall provide a web-based reporting dashboard.</p> <p>The system shall provide a tool for creating and editing dashboard charts.</p> <p>The system shall provide SQL level access to the system reporting database.</p> <p>The system shall provide a data warehouse that is optimized for reporting.</p> <p>The data warehouse shall be updated daily to match the production system.</p> <p>The system shall support cross stakeholder queries in cases of federated connection.</p> <p>The data warehouse shall be capable of incorporating federated data.</p>		

**Attachment 3 Business and Operational Plan
Requirements and Data Elements
Paso del Norte Health Information Exchange**

The system shall be capable of producing deidentified data.
The system shall provide tools for creating new reports.
The system shall provide Meaningful Use reports.
The system shall provide UDS reports.
The system shall be able to normalize between different coding systems and versions such as ICD-9 to ICD-10.

Security

The system shall provide role-based security.
The system shall provide patient-based security.
The system shall log the time and username for all record accesses.
The system shall be able to produce the record as it was displayed at the time of record access at any time afterwards.
The system shall allow HASA users to author access rules that can take into account user, role, patient, and data fields.
The system shall provide at least the following roles; Physicians, Nurses (including school), Clinical Staff, Pharmacists, Laboratory Technicians, Public Health, and Patients or Authorized Representative.
The system shall undergo a 3rd party security audit once per year and the results shall be provided to HASA.
The system shall comply with all HIPAA requirements

**Attachment 3: Requirements and Data Elements, Business Operational Plan
Paso Del Norte Health Information Exchange**

Data Category	Data Element	Priority	Capability
Demographics	<ul style="list-style-type: none"> · First name · Last name · Middle name · Address (capture historical address data) · City · State · Home Phone · Work Phone · SSN · Medical Record Number (MRN) (capture multiples) · Driver's License · Emergency Phone · Employer · Gender · Homeless (Y/N) · Veteran (Y/N) · Insured (Y/N) · Insurance Company (support primary & secondary insurance) · Insurance Plan · Insurance member id · Insurance group id · Income level · Medicaid Number · Date of birth · Familial linkage (daughter, son, mother, father, etc...) · Family history · Race · Ethnicity 		
Authorizations	<ul style="list-style-type: none"> · Y/N field · Support for capturing higher granularity consent 		
Allergies (handle multiple)	<ul style="list-style-type: none"> · Name · Date/time reported · Still active? · Location reported at 		
Diagnosis - capture multiple, chronic conditions including MH	<ul style="list-style-type: none"> · Diagnosis date/time reported · Diagnosis code · Diagnosis related grouping (DRG) 		
Program Information	<ul style="list-style-type: none"> · Primary care provider · Program type in (diabetes, tobacco cessation, etc.) (capability to link to these program databases) · Start date in program · End date of program · Program Name · Name of Case manager and/or social worker · Telephone number for Case Manager · Document - attach or link Care Plan 		
Encounters	<ul style="list-style-type: none"> · Physician · Admission date time · Discharge date time · Location · Reason for visit · Diagnosis – primary and secondary (be able to distinguish, not just a list) · Diagnosis code and description · Type of visit (ER, clinic, etc.) · Physician notes 		

**Attachment 3: Requirements and Data Elements, Business Operational Plan
Paso Del Nort Health Information Exchange**

	<ul style="list-style-type: none">· Linkage to medications and procedures.· Document - Discharge Summary		
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**Attachment 3: Requirements and Data Elements, Business Operational Plan
Paso Del Norte Health Information Exchange**

Medications	<ul style="list-style-type: none"> · Medication prescribed · Notes to pharmacist · Quantity · Number of refills · Dosage · Script directions for taking · Prescribing Physician · Date time · Location · Distinguish between prescribed and filled · NDC code 		
Immunizations	<ul style="list-style-type: none"> · Physician · Date administered · CPT Code · Vaccine Code · Site (where on body) · Location 		
Laboratory Tests	<ul style="list-style-type: none"> · Name of test · Procedure type (blood, urine etc) · Results (allow for graphing history) · Date time · Location · Physician who ordered · Reference range high · Reference range low · Document - attach or link to lab reports 		
Radiology / Other Procedures	<ul style="list-style-type: none"> · Name · Procedure code · Date time · Location · Result · Prescribing physician · Documents - Attach or link to reports (e.g. radiology reports, EKG, MRI, etc) 		



P A S O D E L N O R T E
HEALTHINFORMATIONEXCHANGE

Request for Information

Paso del Norte Health Information Exchange Technology Solution

Submit to PdN Health Information Exchange c/o Jon Law:

**Jon Law
Administrator
Paso del Norte HIE
221 N. Kansas, Suite 1900
El Paso, TX 79901
T: 915-544-7636
jlaw@pdnhf.org**

**RESPONSES DUE
2pm Mountain Time
September 2, 2011**



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I. PURPOSE

The Paso del Norte HIE is a nonprofit corporation formed for tax exempt purposes to increase access to care, quality of care, and efficiency in providing care, including for uninsured individuals. Members of the HIE work together as a collaborative of major health care providers in El Paso County through the secure sharing of privacy protected health information about patients and the sharing of best practices for the improvement of care.

PdN HIE is in a planning and development stage and is seeking a technology solution for the secure sharing of data.

II. GENERAL REQUIREMENTS

A. Project Scope

A.1 Individuals Included. The PdN HIE intends to exchange data for patients seeking care in El Paso County, Texas.

A.2 Geography. El Paso County, Texas

A.3. Approach to Privacy. “Opt-Out” – Patient does not sign a consent form to share their data but patient is notified that they can request a form to sign that they do not want to share their data. A subset of the patient’s data for all patients the HIE partners designate are automatically shared in the database, unless patient signs form to not share their data. The patient is notified of ability to “opt out” through addition of language to existing form “Notice of Privacy Practices.” Administrative requirements for opt-out are simplified and handled by the HIE.

Technology solution will support this approach. In addition a process will be developed to support consent approach for certain limited, sensitive data for which a consent is required under state and/or federal law (e.g. substance abuse, HIV etc). It is possible that such data may not be captured in a data repository but exchanged through a federated approach.

A.4 Technology Model. Hybrid Model (data repository, with federated capabilities complementary of provider’s internal data systems)

B. Key Functionality and Business Specifications

B.1 Priority Use Cases

The PdN HIE Board recognizes the priority use cases and core functionality identified by the Texas Health Services Authority and the Office of National Coordinator and expects the proposer to address functionality to provide these. The PdN HIE Board is seeking creative solutions to addressing this functionality that recognizes the role of existing provider systems:

- Electronic prescribing
- Electronic laboratory ordering and results delivery
- Electronic exchange of clinical summaries

B.2 Business Specifications

PdN HIE stakeholders have begun discussions to identify priority use cases and associated business requirements, including data elements and workflow needs. For example, PdN HIE stakeholders have identified medication management, physician alerts, access to data in the emergency room, integration with behavioral health, data sharing with immunization registry, and public health reporting as some of the use cases. Proposer's solution should be responsive to the following key business needs, as well as business process workflow needs that Proposer has identified in their experience working with HIEs.

1. Ease of use. Ex: Consider ability to populate user's system, so don't access two systems; To place flag in user's system to indicate data present in PdN HIE database and to link to PdN system.
2. Timeliness of available data – daily important
3. Time it takes to view data and ability to customize views
4. Ability to create automated reports
5. Ability to exchange core data elements as discrete data capable of manipulation, rather than a static form (including demographics, encounter, medication, lab results data)

B.3 Key Technical Functionality

Functionality Checklist

Proposer should address whether they can provide the functionality listed below or offer alternatives to achieve the same results. PdN HIE is interested in Proposer's experience with other HIEs and encourages responses that address the functionality that Proposer has found to be useful in its experience with successful, sustainable HIEs.

Further, affordability considerations dictate leveraging other resources when available. For example, the state plans to implement a Record Locator Service. PdN HIE would like to understand whether and how access to the state's RLS would impact the necessity to provide that service. Finally, PdN HIE is interested in creative approaches to leveraging systems of members where appropriate and possible, in support of federated capabilities.

Please indicate if your response requires collaboration with or inclusion of additional partner(s), as well as if you currently have formal relationships with contemplated partner(s). We

encourage potential Proposers with component solutions to respond in partnerships that offer a complete solution, although this approach is not required.

1. Master Patient Index
2. Clinical Data Repository
3. Record Locator Service or similar application to connect with member systems in a federated or decentralized approach
4. Duplicate management solution
5. Interoperability with member EHR systems, state HIE, NHIN
6. EMR Lite functionality e.g. ePrescribing, lab ordering and reporting etc.
7. Quality and Data Reporting and Analytics
8. Compliance with HIPAA Privacy and Security standards, Certification Commission for Health Information Technology (CCHIT), and any state standards established by THSA
9. Expandability and upgradeability
10. Ability to exchange and capture discrete demographic, encounter, and clinical data elements
11. Patient portal or patient health record
12. Connection to immunization registry
13. Functionality to provide public health reporting, clinical decision support, clinical surveillance

Contractual Requirements

PdN HIE expects to sign a Service Level Agreement with the successful Proposer which will address timeliness of services and penalties for noncompliance. PdN HIE also is expecting that the Service Level Agreement will include maintaining current hardware.



III. REQUEST FOR INFORMATION PROCESS

A. Relevant Dates

The selection process timeline is as follows. All deadlines are at 2 PM Mountain Time on the deadline. Letters of Intent are not required, but appreciated and should be sent to Jon Law at jlaw@pdnhf.org. Questions should also be emailed to Jon Law.

Activity	Date
Questions and Answers Due	August 19, 2011
Letter of Intent Due	August 19, 2011
Q & A Responses Available	August 24, 2011
RFI Response Due	September 2, 2011
Finalists Selected	September 22, 2011
Finalists Presentations, Reference Checks	Week of October 10th, 2011
Vendor Selection	October 2011
Project Initiation	To Be Negotiated, January 2012 go live target

B. Response Content

Proposers should include the following information in their response. There is no page limit to the response, but the PdN HIE Board is interested in concise, brief responses that are informative and respond specifically to the points in this RFI.

Response Components:

- 1 Transmittal Letter – signed by an individual with the authority to bind the company
- 2 Executive Summary – statement of differentiators for PdN HIE in selecting your company
- 3 Description of Experience - with each of requested functionality items in Section B.3 and with other HIEs. Include description of performance standards e.g. lag times etc
- 4 Corporate Profile – financial condition, length of time in business, business objectives, ownership and subsidiaries, any legal actions against the company, list of all HIE clients.
- 5 Description of Project Team and Resumes – for individuals who will work on the project
- 6 References – description of at least 3 projects where your product is currently in use, preferably by a community-based health information exchange, and names, and contact information for references at these projects.
- 7 Narrative (no limit, but preference for 20 pages)
 - a. Approach to meet functionality requirements in Section B.3 and core MU services
 - b. Creative ideas for leveraging resources
 - c. Attach example of user friendly reports system can generate

- 8 Pricing – PdN HIE does not expect a final bid, but does expect completion of the Budget Form, Attachment A to this RFI, and a Budget Narrative. In the Budget Narrative, Proposer should discuss an approach to pricing that recognizes the need for an affordable solution and the potential for leveraging available components from the state, partnering institutions, or other sources. PdN HIE would appreciate the following information about approach to pricing, which should be reflected in the Budget Form and explained, as appropriate, in the Budget Narrative:
- a. Breakdown of pricing by licensure fees, solution costs (hardware / software), hourly rates for developing interfaces, ongoing maintenance, and hosting costs
 - b. Pricing should also indicate ongoing versus one-time costs for each item.
 - c. Approach (transaction fees? Hourly rates? Ongoing licensure fees?)
 - d. Component Costs (pricing of technical components, interface costs, etc)
 - e. Separate pricing by distinct functionality e.g. ePrescribing or EMR Lite
 - f. Quotes for any additional functionality that Proposer offers and recommends

C. Review Criteria

PdN HIE will apply the following review criteria and weighting to RFI responses:

1. Ability to Meet Requested Functionality and Creative Approach to Leveraging Existing Technology
2. Affordability
3. Experience / References
4. Reporting Capabilities
5. Ability to Expand in the Future
6. Understanding of Mission / Goals of PdN HIE

The review process is as follows and information received will be kept confidential:

1. Review responses for completeness
2. Score the responses based on criteria above
3. Presentations from selected Proposers
4. Select Finalists
5. Meetings / Negotiations / Reference checking of Finalists
6. Selection of Vendor

7. Contract negotiations and agreed upon project initiation date and timeline

D. Other Specifications

PdN HIE expressly reserves the right to:

- Reject any, all, or portions of a bid.
- Reissue a bid request.
- Extend the bid opening time and date.
- Extend the selection dates
- Procure any items by other means.
- Increase or decrease the quantity specified in the bid invitation, unless the bid specified otherwise
- Consider and accept an alternate offer when it is in the best interests of PdN HIE.

Attachment A: Budget Form

Item	Description	Year One	Year Two	Year Three	Year Four	Year Five
<i>One Time Costs:</i>						
Base HIE Set Up Cost (per product)						
<ul style="list-style-type: none"> • ePrescribing • Lab Ordering • EMR Lite • Messaging / Alerts • Data Repository • Personal Health Record • Other –any additional functionality 						
Fee per Interface						
<ul style="list-style-type: none"> • Hospital • Physician • Lab • Pharmacy • Other 						
Hourly Project Management Fee						
<i>Ongoing Costs</i>						
Annual Licensure Fee (per product)						
<ul style="list-style-type: none"> • ePrescribing • Lab Ordering • EMR Lite • Messaging / Alerts • Data Repository • Personal Health Record • Other –any additional functionality 						
Annual Hosting Fee						
Service Level Agreement Fee						
Other Annual Fees						

Notes: Explain how each fee is calculated and provide the formula. Separate out distinct products and describe what is included. EMR Lite functionality, ePrescribing, lab ordering should be separately priced. PdN HIE prefers fee based, not transaction based, pricing. Also note that PdN HIE is expecting that the Service Level Agreement fee includes maintenance of current hardware and that there are no additional fees for upgrading hardware at a later date.

The following are the estimates for participation level. Proposer should assume multi-year phasing in interfaces with all the providers and should propose a realistic timeline.

Assumptions for El Paso County:

Totals Number of patients / population	2.5 million
Number of Physicians	1,119
Number of Hospitals	13
Number of labs, pharmacies	3
Number of other providers	3



P A S O D E L N O R T E
HEALTHINFORMATIONEXCHANGE

Physician Factsheet for Health Information Exchange

What is the Paso del Norte Health Information Exchange?

The Paso del Norte HIE is a nonprofit corporation formed to increase access to care, quality of care, and efficiency in providing care, including for uninsured individuals. Members of the HIE plan to work together as a collaborative of major health care providers through the secure sharing of privacy protected health information about patients and the sharing of best practices for the improvement of care.

What is the value of sharing information about patients?

Your ability to diagnose, assess, and manage a patient can be enhanced through historical information about the treatment the patient has received at multiple other facilities such as hospital emergency rooms or other clinics. Access to information electronically may help you more quickly obtain information about new and old patients, avoid duplicating tests, and understand medication and other clinical treatment history.

How will it work?

Paso del Norte HIE is in the development phase. When available, the individual patient record in the database will be continuously updated with patient medical information from all participating providers. The data will be available through a web portal and can be embedded or linked from your Electronic Health Record (EHR) if you choose. Access to the database will be password protected, secure and limited to your designated clinic staff.

What is the financial impact to you?

Participating in the HIE is a way to meet the requirements for Meaningful Use incentives, a Medicare and Medicaid payment to assist you in converting to an EHR. There are no costs or commitments to physicians at this time to sign the attached letter of interest.

Why do I need to sign the letter of interest?

Federal and state funding is available to help our community develop and implement fully connected patient sharing technology. The state uses the letter of interest to track physician interest in specific HIE's. Since the Paso del Norte HIE is in the operational stage, the letter does not imply any commitment. It helps us to document to the state that we are communicating with local partners.

How can I take advantage of this data sharing?

Sign and return the attached letter of interest as a first step. Based on available funding the program will be operational by 2012.

Participating Partners: City of El Paso Department of Public Health; El Paso County Medical Society; Las Palmas/Del Sol Healthcare; Paso del Norte Health Foundation; Sierra Providence Health Network; Texas Tech University Health Services Center; and University Medical Center of El Paso

Paso del Norte HIE Business and Operational Plan Attachment 7: Table of Plan Requirements

Cross Reference – Required Elements and Business and Operational Plan

THSA Required Element	Section	Subsection
1. Include a statement of understanding of the Statewide HIE plan and HIO/RHIO functional requirements.	Tab 1: Executive Summary	
2. Include description of the Local HIE’s vision, mission, and principles.	Tab 2: Governance Structure	2.1 Vision, Mission, Principles
3. Include description of Local HIE’s infrastructure including the ownership model, governance structure and management and staffing.	Tab 2: Governance Structure	2.2 HIE Infrastructure
4. Include a description of Local HIE’s approach to privacy and security, including how Local HIE will facilitate the electronic exchange of health information consistent with the guidelines and policy adopted by THSA in accordance with state and federal law and regulations. The plans must also include a description of an approach to access, authorization, and authentication.	Tab 2. Governance Structure	2.3 Privacy <ul style="list-style-type: none"> • Compliance with Guidelines and Laws (SB 300) • Access • Authorization • Authentication
5. Include description of Local HIE current or planned technical architecture, including a description of its current status, technical design, and functional and technical specifications.	Tab 4. Technology Platform	4.1 Technical Architecture
6. Include description of Local HIE approach to technical standards including how Local HIE will facilitate the electronic exchange of health information consistent with the technical implementation specifications adopted by the THSA in accordance to guidelines and standards adopted by the US Department of Health and Human Services. The plans must demonstrate how Local HIE intends to engage in HIE with other HIEs, RHIOs, and the THSA.	Tab 4. Technology Platform	4.2 Technical Standards 4.3 Data Exchange with Other HIEs
7. Include a description of Local HIE’s financial model and approach to achieving sustainability after the grant period, including a proposed budget. The plan must also state the geographic region the HIO/RHIO will cover (including the list of the counties targeted	Tab 5. Financial Model	5.1 Approach to Sustainability 5.2 Budget Description

8. Include the number of providers and hospitals targeted for participation in the HIO/RHIO (broken out by county).	Tab 5. Financial Model	5.1 Approach to Sustainability <ul style="list-style-type: none"> Targeted Providers
9. Include Local HIE's approach to maintain and increase the number of commitments from hospitals and physicians during the grant period according to the schedule of proof of provider commitments outlined in Exhibit C, Implementation Funding Formula; and source of matching funds, cash or in-kind, that will be used to meet the 25% local match requirement.	5. Financial Model	5.1 Approach to Sustainability <ul style="list-style-type: none"> Approach to Commitments
10. Include a description of Local HIE's approach to providing outreach and education to consumers, providers, hospitals, pharmacies, and labs.	Tab 3. HIE Services	3.3 Outreach and Education
11. Include a gap analysis addressing the core HIE services. The plan should also include a description of Local HIE's approach to addressing any gaps in providing the core HIE services. Responders should also identify any other HIE services that will be offered during the grant period, including information on the value of these services to patients and stakeholders, timeline, cost, and revenue generating potential.	Tab 3. HIE Services	3.1 Priority Use Cases 3.2 HIE Services
12. Include a description of the Local HIE's approach to quality reporting and analysis.	Tab 3. HIE Services	3.2 HIE Services <ul style="list-style-type: none"> Quality Reporting & Analysis
13. Include a description of the Local HIE's approach to program planning and evaluation, including the development of a risk assessment and mitigation plan. This assessment and plan should include the identification of known and potential risks, and Local HIE's plan to mitigate those risks	Tab 2. Governance Structure	2.4 Security <ul style="list-style-type: none"> Risk Assessment
14. Include an attestation that all program funds, including the local match, will only be used for the development of new HIE capacity.	Tab 1. Executive Summary	Attestation Statement
15. Include a description of Local HIE's strategy for getting pharmacies and clinical labs using interoperable systems and engaging in exchange.	Tab 3. HIE Services	3.1 Priority Use Cases <ul style="list-style-type: none"> Stakeholder Use Cases Lab and Pharmacy Use Cases
16. Include Local HIE's transition/development plan to support HIE operations by January 2012.	Tab 5. Financial Model	5.2 Budget Description <ul style="list-style-type: none"> Transition Plan
17. Address all requirements in Local HIE Grant Program RFA (Exhibit A) and future and existing program guidance (Exhibit D).	Tab 2. Governance Structure	2.2 HIE Infrastructure <ul style="list-style-type: none"> Board Composition