

The Paso del Norte Health Information Exchange (PdN HIE)

Local HIE Grant Program

Texas Health Services Authority

Business and Operational Plan, Plan Amendment

HHSC Contract No. 529-11-0062-00001A

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The Paso del Norte Health Information Exchange



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

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TAB 2: GOVERNANCE STRUCTURE

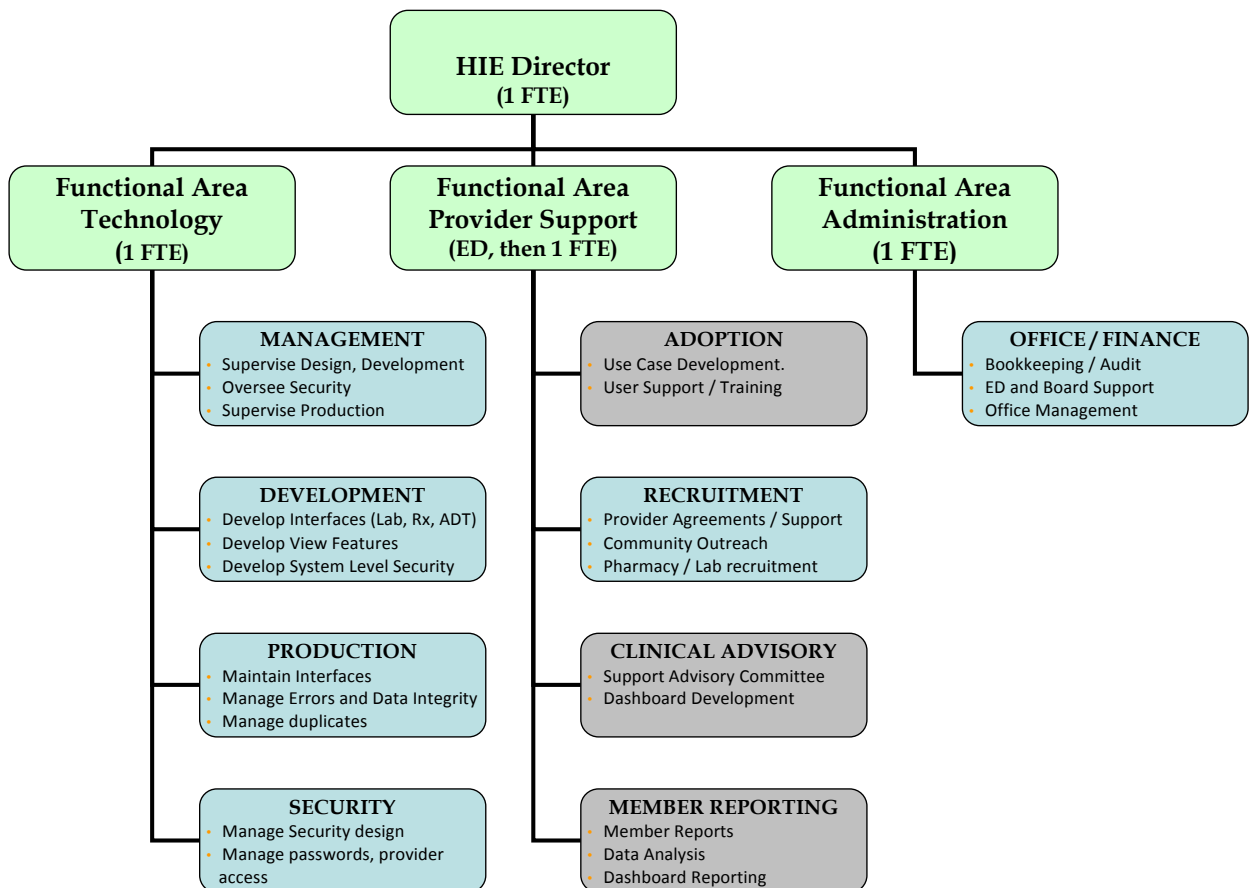
2.2 HIE Infrastructure

Management and Staffing

Revise the Management and Staffing graphic on page 8 of the Business and Operational Plan to improve readability.

See Management and Staffing graphic below.

PdN HIE Organization and Functions Chart



2.3 Privacy

Review consent policy considering how to accommodate sensitive information that requires consent, then revise policy or explain in more detail how consent policy is adequate.

As described in the Business and Operational Plan, 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.

Also as described in the Business and Operational Plan, PDN HIE will obtain separate authorizations from individuals or their authorized representatives before making any disclosure that does not fall within state or federal exceptions to required authorizations and/or where authorization is required by law.

The PdN HIE Board is currently exploring an approach to exchanging certain sensitive information in an opt-out environment and understands that certain federal and state laws require signed authorizations before some categories of PHI can be exchanged. As previously stated, PdN HIE intends to comply with all state and federal laws with regard to the exchange of sensitive health information and will not exchange sensitive data until the appropriate authorization process is in place.

The PdN HIE Board will first identify which sensitive information is necessary to exchange in light of participant's use cases and then determine the appropriate process for obtaining necessary authorizations. The following chart lists the highest priority use cases identified to date, the sensitive information necessary to support these use cases, applicable authorization requirements, and options related to exchanging this type of information. *For list of highest priority use cases, see Attachment 2, PdN HIE Business and Operational Plan, Highest Priority Stakeholder Use Cases – Description and Business Specifications*

PdN HIE Table of Priority Use Cases and Sensitive Information

Applicable Use Case	Description / Sensitive Data	Requirements / Options
<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>Data Elements Needed</p> <ul style="list-style-type: none"> o Medications o Encounters at another hospital o Encounter and demographic information 	<p>Sensitive Data: Psychiatric drugs, substance abuse history, MH provider encounters, MH diagnosis and/or MH patient</p> <p>Consent to share records related to mental health conditions, including substance abuse, is required by state and federal law. Options include masking MH data in CDR unless authorization obtained.</p>
<p>Emergency Room Access to Patient History</p>	<p>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.</p> <p>Data Elements Needed</p> <ul style="list-style-type: none"> o Medical history o Medications o Diagnostics (lab, imaging, CT) o Encounter (date, place) o Other hospital data (most relevant for complex patients) 	<p>Sensitive Data: Psychiatric drugs, psychiatrist or mental health provider contact info, substance abuse history</p> <p>Consent to share records related to mental health conditions, including substance abuse, is required by state and federal law. Options include masking MH data in CDR except in emergency Break the Glass situations unless authorization obtained.</p>
<p>Care Management</p>	<p>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.</p> <p>Data Elements Needed</p> <ul style="list-style-type: none"> o Medical history o Medications o Diagnostics (lab, imaging, CT) o Encounter (date, place) o Other hospital data, including discharge plan o Referrals and whether appt kept 	<p>Sensitive Data: Psychiatric drugs, MH provider encounters, MH diagnosis and/or MH patient, case manager contact info, MH provider contact info, psychiatric hospitalizations, substance abuse history</p> <p>Consent to share records related to mental health conditions, including substance abuse, is required by state and federal law. Options include masking MH data in CDR unless authorization obtained.</p>

Medications, substance abuse history, and mental health encounters are the highest priority for exchange and PdN HIE understands that authorization will be required in certain instances. PdN HIE will work with THSA's Privacy Task Force, with the Texas HIE Coalition, and with the technology vendor to discuss and develop best practices for capturing authorizations for sensitive information as well as methods for role based masking of discrete sensitive data elements in the Clinical Data Repository.

PdN HIE does not anticipate exchanging certain sensitive information not central to facilitating members' use cases, which requires further discussion but may include the following:

- **Psychotherapy Notes** – A patient's authorization for disclosure of psychotherapy notes is subject to detailed requirements contained in HIPAA regulations at 45C.F.R. § 164.508(a)(2). Psychotherapy notes typically contained more detailed information than is necessary for physical health providers in the emergency room, for primary care providers, and for case managers to provide services.
- **Sexual Assault** – State law prohibits disclosure of the identify of an alleged sexual assault survivor and an advocate except under certain circumstances or with consent. See *Texas Government Code* § 420.071(c), 420.072, 420.073. Although this information could be helpful in a care management use case or for a mental health provider for treatment purposes, this type of information is generally not immediately necessary for treatment at the point of care or for data analytics.
- **HIV/AIDS** – HIV test results are confidential under state law with certain exceptions or with authorization. See *Texas Health & Safety Code* § 81.104(d)(2). This information could be helpful for emergency room other providers at the point of care.

TAB 3: HIE SERVICES

3.1 Priority Use Cases

Pharmacy and Lab Use Cases

Describe specific strategies to get pharmacies and labs using interoperable systems and engaging in exchange.

As described in the Business and Operational Plan, 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 in January 2012. 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 will develop specific use cases for pharmacies based on the outcomes of these meetings.

- 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

Quality Reporting and Analysis

Describe approach to evaluation and assessment including specific targets.

The PdN HIE Board intends to develop a detailed Evaluation Plan which will address Goals, Activities and Strategies, Outcomes, Measures / Indicators of Success, and Methods for Collecting Data as part of the implementation phase. This Evaluation Plan will address the approach to measuring ROI and achievement of priority use cases. The Executive Director will be responsible for developing initial measures of success by the end of the grant period such as the following process based measures:

Goals	Activities/ Strategies	Outcomes	Measure / Indicator of Success	Data Collection Measures
Exchange and store filled and prescribed medication history from all available data sources	<ul style="list-style-type: none"> -Identify and prioritize data elements and data sources -Go Live on technology solution to share data -Build interfaces to share data -Train end users on accessing data 	<ul style="list-style-type: none"> • Medication history data available in CDR, through Direct and/or HUB • Supports priority use cases for Emergency Room Access to Patient History, Care Management 	<ul style="list-style-type: none"> • Data available from all locations by end of 2012 • 3 hospitals adopt business process for data access by end of 2012 • 25% of physicians look up data by end of 2012 	<ul style="list-style-type: none"> -Hospitals share business process documentation -CDR captures number of look ups by patient record and physician -Survey of physicians re use
Adoption by case managers in at least one program	<ul style="list-style-type: none"> -Identify and prioritize patient population, data elements and data sources -Go Live on technology solution to share data -Build interfaces to collect identified data for population -Train end users on accessing data 	<ul style="list-style-type: none"> • Case managers use HIE to obtain data for coordinated management of high ER users • Supports priority use case for Care Management 	<ul style="list-style-type: none"> • Identified data available for population by end of 2012 • All case managers in one program adopt use of HIE for all their clients 	<ul style="list-style-type: none"> -Case managers share business process documentation -CDR captures number of look-ups by patient record for identified population -Survey of case managers re use

TAB 4: TECHNOLOGY PLATFORM

4.1 Technical Architecture

Revise Business and Technical Specifications attachment

See Attachment 3, Business and Technical Specifications Data Element and Reqs documents.

**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 information in discrete data elements- 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 be capable of providing an electronic means to capture patient authorization and/or opt-out</p> <p>The vendor shall have the capability to 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 have the capability to 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 have the capability to provide an EMR-lite solution.</p> <p>The EMR Lite option shall be CCHIT 2011 certified.</p> <p>The EMR Lite option shall have the option to provide all functionality to meet Meaningful Use requirements.</p>		
eRx	<p>The system shall have an option to allow an authorized user to order prescriptions.</p> <p>The system shall have an option to 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 the HIEs 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> <p>The system shall be capable of producing deidentified data.</p> <p>The system shall provide tools for creating new reports.</p>		

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

Category	Requirement	Priority	Capability
	<p>The system shall provide Meaningful Use reports.</p> <p>The system shall provide UDS reports.</p> <p>The system shall be able to normalize between different coding systems and versions such as ICD-9 to ICD-10.</p>		
Security / Privacy	<p>The system shall provide role-based security.</p> <p>The system shall provide patient-based security.</p> <p>The system shall log the time and username for all record accesses.</p> <p>The system shall be able to produce the record as it was displayed at the time of record access at any time afterwards.</p> <p>The system shall allow the HIE's users to author access rules that can take into account user, role, patient, and data fields.</p> <p>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.</p> <p>The system shall undergo a 3rd party security audit once per year and the results shall be provided to HASA.</p> <p>The system shall comply with all HIPAA privacy and security requirements</p>		

Provide detail on the technical approach that HIE will use to support Direct.

As discussed in the Business and Operational Plan, the functionality requested through the technology vendor selection process encompasses what the Direct model is designed to achieve. PdN HIE actively explored use of “Direct” during the vendor presentations and continues to discuss this functionality as part of the ongoing vendor selection process. PdN HIE intends to either use this approach or incorporate the same functionality in another manner.

PdN HIE will provide a detailed schematic of the technical architecture of “Direct” as well as the entire system solution once the technology vendor is selected. The vendor finalists have provided technical schematics which are confidential at this stage of the vendor selection process.

TAB 5: FINANCIAL MODEL

5.1 Approach to Sustainability

Provide more detail on approach to sustainability.

As discussed in the Business and Operational Plan, the PdN HIE Board has considered the pros and cons of sustainability models based on membership fees, service fees, and transaction fees or a combination of these. The Board has adopted a membership fee approach that is scaled based on size as measured by number of patients in the database. See the budget discussion below regarding membership fee levels.

5.2 Budget Description

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

Provide additional detail describing the source of match including anticipated income amounts and pricing. Since program income is not guaranteed, this risk should be addressed.

As discussed in the Business and Operational Plan, 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.

The budget submitted as part of the Business and Operational Plan identifies membership fees as a committed revenue source from participants and is not dependent on program income. The PdN HIE is considering a schedule of annual membership fees that are scaled based on size as measured by number of patients in

the database, with a sufficient commitment from initial members to sustain the projected budget submitted with the Business and Operational Plan. Although not final, membership fees are anticipated to range from \$100,000 to \$25,000 for institutional providers and \$200 for physicians.

Transition / Development Plan

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

If there is a chance that services will not be available by January 2012, identify interim connectivity options.

As explained in the Business and Operational 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. PdN HIE plans to begin providing Direct Services in January with rollout of additional information exchange functionality by March of 2012. This timeline is being addressed as part of the vendor selection and negotiation process.

The following project plan outlines a high level timeline for essential activities related to start-up of the HIE, to be supplemented by a detailed technology solution implementation schedule upon completion of vendor selection.

KEY ACTIVITY	MILESTONE AND DUE DATE	DESCRIPTION	PERSON(S) RESPONSIBLE
Timeline and Workplan - Year 2011			
Administer Governance Structure	Board Meetings Ongoing Monthly	The monthly Board meetings will be held for the duration of the grant period.	Executive Director
Hires and Appointments	Executive Director hired January 2011	Search for and secure an HIE Executive Director	Board of Directors Jon Law, Project Lead
Technology Solution	Technology vendor selected, contract negotiated December 2011	Complete vendor selection and contract negotiation; arrange for Direct Services	Board of Directors Management Com. Jon Law, Project Lead
Privacy and Security	Privacy Policies adopted; BAA Template adopted December 2011	Complete adoption of privacy policies	Board of Directors Jon Law, Project Lead Consultant
Developmental Funding	Development funding received Nov 21, 2011 Feb 20, 2012 May 21, 2012	Secure the operational funding from state	Executive Director
Timeline and Workplan - Year 2012			
Provider Commitments	Meeting with pharmacies January 2012	Initial outreach to 40 independent pharmacies through El Paso Pharmacy Assn	Executive Director Jon Law, Project Lead
Provider Commitments	Provider Engagement Worksheet / LOCs Jan 13, 2012 April 13, 2012 July 13, 2012 Oct. 12, 2012	Submit proof of commitments at a level of at least 50% by area providers; and then 60%, then 70%; then 80%	Executive Director Jon Law, Project Lead Provider Specialist
Privacy and Security	BAAs and Interface Agreement signed Jan 2012	Signed Business Associate and Interface Agreement attachment from Participants	Executive Director Jon Law, Project Lead Provider Specialist
Technology Solution	Technology Implementation Plan complete Jan 2012	Develop detailed workplan and timeline for implementation of technology solution	Executive Director Jon Law, Project Lead Technology Vendor
Hires and Appointments	Complete staff hiring and training March 2012	Search for and hire Technology Director, Provider Specialist, and Administrative Assistant.	Executive Director

KEY ACTIVITY	MILESTONE AND DUE DATE	DESCRIPTION	PERSON(S) RESPONSIBLE
		Complete state and HIPAA required training.	
Date of the First Day of HIE Operations "Go Live"	First Message Exchanged Jan 2012 March 2012	January 2012 is the proposed "Go Live" date for the Direct Services; Go Live for remaining services to be negotiated with vendor	Executive Director Technology Director
Security	Risk Analysis complete, security policies adopted February 2012	Complete HIPAA required Risk Analysis, use to develop security policies	Board of Directors Executive Director Technology Director
Privacy and Security	Privacy Policy adopted for sensitive data March 2012	Finalize approach to sharing sensitive data which requires authorizations	Executive Director
HIE Services	Pharmacy Use Cases developed March 2012	Develop pharmacy use cases	Executive Director Provider Specialist
HIE Services	Clinical Advisory Committee meeting March to May 2012	Initiate advisory committee, physician adoption process, and further use case development	Executive Director Provider Specialist Technology Director
Transition to Sustainability	ROI and Analytics Plan March 2012	Develop approach to measuring ROI and analytics reporting	Executive Director Provider Specialist
Submit Quarterly Progress Report to THSA	Quarterly Status Report #3, #4, #5, and #6 Jan 26, 2012 April 26, 2012 July 26, 2012 Oct. 26, 2012	Submit progress reports updating on key activities and milestones achieved, identifying changes to our timeline, and submitting new provider commitments.	Executive Director
Transition to Sustainability	Collect member contributions Jan 2012 through December 2013	Implement the sustainability model, transition to member funding only in 2013	Executive Director Board of Directors
Operational Funding	Operational funding received Aug 20, 2012 Nov 19, 2012 Feb 18, 2013	Secure the operational funding from state	Executive Director
Timeline and Workplan - Year 2013			
Provider Engagement	Engagement Worksheet Jan 11, 2013 April 12, 2013	Submit worksheet documenting provider engagement activities	Executive Director Provider Specialist

KEY ACTIVITY	MILESTONE AND DUE DATE	DESCRIPTION	PERSON(S) RESPONSIBLE
Evaluation Funding	Evaluation funding received May 17, 2013	Secure the evaluation funding from state	Executive Director
Evaluation	Evaluation Document May 2013	Prepare and submit the evaluation, which will identify program outcomes and performance measures.	Executive Director
Submit Quarterly Progress Report to THSA	Quarterly Status Reports #7, Jan 25, 2013	Submit progress reports updating on key activities and milestones achieved, identifying changes to our timeline, and submitting new provider commitments.	Executive Director
Anticipated Grant End Date	Sept 2013	Anticipated End of Grant Period	Executive Director

Identify potential risks and provide a risk and mitigation plan.

As discussed in the Business and Operational Plan, 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 that address the risk of security and privacy breaches. 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. PdN HIE will conduct the HIPAA required 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.

PdN HIE's Board also recognizes that operational or business risks are inherent in any new start-up organization. Paso del Norte HIE, as a nonprofit community organization engaged in a transformational activity must address business risks primarily related to workplace adoption and financial sustainability. In addition, PdN HIE must ensure that activities do not place the public's trust at risk.

The financial risk is largely a question of sustainability – whether the participants will pay for the services provided which is a function of technology costs versus the value or ROI of centralized exchange of electronic health information. Physicians have been slow to adopt electronic health records in El Paso which may contribute to slower adoption of HIE services and potentially slower establishment of the community value of the HIE.

PdN HIE's risk and mitigation plan encompasses the following activities:

- **Implement “Best Practice” Security and Privacy Policies** - In addition to a technology contract that addresses HIPAA compliance, PdN HIE will ensure secure, accountable, operational practices including timely and thorough staff training, ongoing evaluation of practices, and stakeholder contract provisions emphasizing accountability for privacy and security. PdN HIE will design and implement the technology solution in line with a thorough HIPAA Risk Analysis. These activities will mitigate the risk of privacy and security breach and address any risks related to public trust.
- **Employ Accountable, Prudent Financial Management** – PdN HIE’s infrastructure will be limited to the staffing necessary to effectively and efficiently offer services. PdN HIE will hire a highly qualified Executive Director and provide that staff person with the Board guidance and resources necessary to be effective. Combined with the most cost effective technology possible, highly qualified and limited staffing will keep the ongoing run rate as low as possible and help mitigate financial risk.
- **Prioritize Use Cases and Obtain Feedback** – PdN HIE will continually prioritize the deployment of technology services to facilitate use cases that will provide the most value to participants, thus ensuring continuous buy-in from community providers. PdN HIE will establish an open and continuous feedback mechanism through the Clinical Advisory Committee and other approaches to ensure that services are perceived as providing value. This approach will help mitigate financial sustainability and adoption risks.
- **Maintain Community Trust** – Community trust and provider collaboration is a necessary component of a sustainability HIE. The PdN HIE Board has worked together over several years to create a community consensus and trusting working relationship necessary to form a HIE organization and mitigate provider competition issues. 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. Maintenance of this provider collaboration will be necessary to mitigate financial sustainability and adoption risks.

**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 (and/or opt out 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 · Linkage to medications and procedures. · Document - Discharge Summary 		

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

Data Category	Data Element	Priority	Capability
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) 		