



North Texas Accountable Healthcare Partnership
Health Information Exchange

Business and Operational Plan Modifications and Amendments

Submitted to:

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and
Texas Health Services Authority

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Privacy and Security Details

Patient Choice/Consent model

Participation by individuals in the Partnership HIE is governed by an opt-out policy. This means that all patients are automatically enrolled in the HIE, and no action needs to be taken for a patient who wants to allow authorized HIE providers to share non sensitive health information. Patients who do not want their health information available through the HIE must take steps to opt-out, either through the Partnership's website, by completing a paper form that can be obtained from participating providers, or by requesting a paper form by calling a toll-free number.

If a patient chooses to opt-out of the HIE, that patient's health information will not be generally available through the HIE in response to queries (i.e. specific requests by a participating provider for health information about the individual available through the HIE from other participating providers). Information normally distributed from data sources such as clinical laboratories to participating providers that can be routed through the HIE will continue to be available as to patients who opt-out, as will information available from the HIE that is required to be disclosed by applicable law. The HIE will also maintain basic demographic information necessary to record a patient's choice status. In addition, other types of information to be maintained and exchanges by the Partnership include those data elements necessary to support the use cases of the Partnership's business partners.

A patient who has opted out may opt back into the HIE at any time, and all of that patient's historical will then be made available through the HIE. A patient may not opt-out of disclosures required by law to be made by the HIE.

The Partnership is not considering exchanging protected or sensitive patient data, as defined under law, at this time. Further consideration is being given to this matter as to who's responsibility it will be to filter the data and whether this data should be made available to treating providers with additional patient consent at a later time.

NTAHP HB 300 considerations:

The NTAHP Privacy workgroup is using HB 300 as a reference when writing existing policies. Texas House Bill 300 (HB 300), is more stringent than those of the Health Insurance Portability and Accountability Act ("HIPAA").

NTAHP will incorporate the requirement that covered entities (CE) must provide customized employee training regarding the maintenance and protection of protected health information (PHI). NTAHP's policy will require CE to tailor the employee training to reflect the nature of the CE's operations and each employee's scope of employment as they relate to the maintenance and protection of PHI. NTAHP's policy will require new employees to complete the training within 60 days

of hire and all employees must complete training at least once every two years. In addition, NTAHP will require CE to maintain training attendance records for all employees.

NTAHP policy will also take into account that HB 300 requires CEs to provide patients with electronic copies of their EHR within fifteen days of the patient's written request for the records. This provision of the Texas law reduces the timeframe a covered entity has to produce EHR following a patient's request from thirty days under HIPAA. NTAHP will look to the Texas Health and Human Services Commission to establish a standard format for releasing patient EHR that is consistent with federal laws.

HB 300 also requires the Texas Attorney General (AG) to establish and maintain a website that states and explains patients' privacy rights under Texas and federal law. NTAHP will follow the lead and subsequent requirements of the AG on this matter.

NTAHP's disclosure policy will also take into account the provision that mirrors provisions of the Health Information Technology for Economic and Clinical Health Act ("HITECH"), which prohibits covered entities from selling PHI except to another covered entity for purposes of treatment, payment, health care operations, insurance functions, or any other reason not prohibited by applicable federal law. The sale cost may not exceed the cost of preparing and transmitting the data.

NTAHP's breach notification policy will also take into effect that HB 300 requires any business in Texas that handles PHI to provide notification to individuals of a breach of their personal information. This is consistent with the requirements of HITECH. The Texas law requires **any** business, covered entities, operating in Texas and handling PHI to provide notice to Texas patients upon discovery of an unlawful disclosure of their PHI. This will be reflected in the shaping of NTAHP's policies.

NTAHP realizes the new law and its requirements, which are more expansive than HIPAA or HITECH. Although the Partnership has a little over one year to work on compliance, we understand that it is prudent to commence updating policies and procedures, Notice of Privacy Practices, and employee training to ensure full compliance in advance of the deadline and our policies and procedures will reflect that.

Staffing Model

The Partnership has been operating with a two person staff, an Executive Director and a Director of Operations that provide operational and technical services. The Business and Operational plan includes the thinnest layer of staffing necessary for operational maturity to support the proposed business services. The Director of Operations will also serve as the Director of Technology. The Partnership will be looking to bring in the following full-time staff:

- Outreach / Education Manager – Immediately
- Director of Implementation – January 30, 2012
- Training and Product Manager – January 30, 2012
- Office Administrator – October 31, 2012
- Finance Director – October 31, 2012
- Director of Quality – April 30, 2012

The Outreach and Education Manager will be brought on staff immediately. This person will focus on building support and awareness of the initiative throughout the community.

The Director of Implementation will be hired when the technology vendor selection process has concluded and the Statement of Work begins to be implemented. We currently expect this to happen by January 30, 2012. Consideration for this position could be weighted based on the candidate's knowledge and interaction with the selected technology vendor.

The Training and Product Manager will be hired in January of 2012. This person will focus on provider training for the Direct model and the full query based model which will be in development during the implementation of Direct services. Because we will be standing up Direct services in January, we will hire this position to coincide with the Direct timeline.

The Director of Quality will be hired by April 30, 2012. Currently, the Partnership HIE plans to begin developing Phases 2 and 3 of implementation in 2012. This position will help develop the quality programs used during the evaluation process. It will be key to fill this position as Phases 2 and 3 are being developed to ensure that specific quality needs are met before implementation. The hire date will coincide with the development timeline.

The Partnership HIE plans to hire a Finance Manager in October 2012. At this time, we expect the need for management of income and accounts payable to be expanded based on utilization in the second year of the grant period. Currently, the Partnership HIE is contracting for these administrative services. The Partnership HIE will evaluate the need for this position and the capabilities outlined in the administrative services agreement before Q3 2012. The hire date will coincide with the need to transfer these services in house.

Timeline and Work Plan

The Partnership HIE will offer Direct services to stakeholders in January of 2012. To meet this deadline, the Partnership HIE has defined specific steps that need to be completed:

Dates	Action
November 16, 2011 - December 16, 2011	<ul style="list-style-type: none"> - Perform financial review and analysis of leading candidate technology vendor - Undergo contracting for Direct services with technology vendor - Identify Demonstration sites
November 16, 2011 - December 1, 2011	<ul style="list-style-type: none"> - Analyze timeline requirements from technology vendor to stand up Direct services for North Texas providers - Identify responsibilities and requirements from the Partnership HIE - Identify and analyze strategies to provide Direct services to the North Texas community if contracting process cannot be completed or terms agreed upon before January 2012
December 16, 2011	<ul style="list-style-type: none"> - Finalize technology vendor contract for Direct services
December 21, 2011	<ul style="list-style-type: none"> - Approval of technology vendor contract specifically pertaining to Direct services - Approval of Partnership HIE Direct Demonstration pricing structure
December 23, 2011	<ul style="list-style-type: none"> - Execute contract with technology vendor for Direct services - Technology vendor to begin work necessary to stand up Direct services
December 23, 2011	<ul style="list-style-type: none"> - Initiate payment for Direct services to technology vendor
December 23 - No End Date	<ul style="list-style-type: none"> - Implement outreach and education campaign about Partnership HIE Direct services to North Texas providers
January 16, 2012	Partnership HIE Direct Demonstration go-live date

The demonstration project will be open to any stakeholder who wants to participate. The Partnership is currently identifying early adopter demonstration sites who have expressed interest in sharing information through the Partnership HIE in January of 2012.

The Partnership HIE began the vendor selection process in July of 2011 and has narrowed down the potential vendors to a single leading candidate. Contract negotiation and a financial vetting process has begun and is expected to be completed and approved December 21, 2011. Based on conversations and negotiations with the leading candidate, the Partnership HIE expects a three to four week time period from execution of contract to implementation of Direct services.

The Partnership has identified other strategies to ensure Direct services are provided in January if the contracting or financial review processes are unsuccessful. These can be executed if agreement cannot be reached with the identified leading candidate vendor by December 21 and still meet the January 2012

goal. The Partnership HIE does not foresee a negative implication on costs if this strategy is deployed.

Identification and Mitigation of Risks (Data Integrity)

The Partnership HIE recognizes the information contained in the health information exchange must be accurate to ensure users connected to the HIE are able to make the best clinical decisions. The Partnership HIE has identified the risk that information being exchanged could be inaccurate and lead to ill informed or incorrect clinical action. To mitigate this risk, the Partnership HIE will take the following steps:

- The Partnership will work with the selected technology vendor to implement systems to verify the credentials and identity of information providers/exchangers. This, combined with the ability to view how, where and by whom information was entered will allow the receiver of information to make decisions based on what he or she feels is relevant.
- Providers accessing information will be able to add to the longitudinal patient record, however, not everyone will be able to modify the information in the record. The Partnership HIE is exploring methods that would allow only certain providers (i.e. the Primary Care Provider or the provider responsible for releasing the information to the HIE) the ability to edit and correct information. An audit logging process will be an important factor in being able to view changes made to the patient record. The Partnership HIE is also exploring methods that would allow only the addition of information and not the editing of information. A note possibly would accompany additions from the provider outlining why the information might contradict other information in the record to an extent.
- The integration of a patient portal or PHR capabilities would allow patients to have viewing rights to some or all of the information stored in the HIE. The Partnership HIE will be working with the technology vendor to identify integration methods with existing PHR systems and the technology vendor's patient portal. The Partnership HIE is exploring the capability for the patients to view and comment on the information or possibly provide additional information that would be shown to providers as "patient added" content.
- Patients will also have the right to request that certain information be removed through a process defined in the Partnership HIE's current proposed (but not yet adopted as of November 30, 2011) policies and procedures. The process outlined requires that patients make requests in writing to the provider submitting that data to the HIE. The provider receiving the request will be responsible for modifying the data as requested by the patient if reasonable.
- Partnership HIE stakeholders have expressed interest in addressing liability concerns associated with making clinical decisions based on outside information. Agreements with connecting entities will be structured based upon

common marketplace standards and standards developed by the Texas Health Services Authority and will provide guidance on accountability.

- The Partnership HIE will develop a strategy to analyze the connecting entities capabilities of implemented systems and technologies. The purpose for this will be to ensure the capabilities of the connecting entity meet the Partnership HIE's standards for data integrity. Community stakeholders are defining the standards and the Partnership HIE will work closely with the selected technology vendor to implement these standards.
- Claims data will be incorporated into the Partnership HIE in the future. Because claims data can sometimes represent inaccuracies in clinical decisions, it will be integrated in such a way as to compliment the clinical data made available to providers at the point of care. The provider will then be able to choose how to consider the information presented from claims for care purposes.
- The Partnership HIE will work continuously with the selected HIE technology vendor to identify and address weaknesses in the transfer of data from disparate systems. This includes how data is stored by EHR systems the transferred to other HER systems as well as how data is transferred to and from and stored in a central data repository when this technology is integrated into the Partnership HIE.
- Information from physician notes which cannot be integrated into discrete data elements will be able to be shared, but the receiving provider will need to consider the integrity of this information. This is analogous to how paper based exchange of patient records occurs now.

Technical Interoperability

The Partnership HIE has focused on adopting and implementing technology that meets HIE technology standards as defined throughout the industry. In addition to this, the Partnership HIE will implement technical interoperability standards defined by the THSA in the Texas HIE Interoperability Guidance to ensure that the deployment of the Partnership HIE products will integrate with other efforts across the State as we work toward the goals set for state-wide HIE plan.

The architecture implemented by the Partnership HIE will meet the needs of our local community as well as the interoperability requirements as set fourth in the Enterprise Architecture Blueprint. The Partnership HIE has discussed these needs with the leading candidate technology vendor and has ensured that the path of implementation in North Texas will successfully coincide with the two, four and six year plans for state-wide HIE technically and strategically.

The Partnership will use the Nationwide Health Information Network (NwHIN) Connect standards and protocols to facilitate communication with other HIEs, HISPs and services provided on a state-wide level. The Partnership HIE is working with the leading HIE technology vendor to develop a system that supports these standards and is capable of the level of interoperability as defined by the

Interoperability Guidance.

Based on IHE standards such as Cross Community Access (XCA) and Cross-community patient discovery (XCPD), the Partnership HIE plans to match patients and retrieve documents from other HIEs and organizations. Depending on the individual HIE integration and Direct strategies, the Partnership HIE will create trusted relationships between the existing HIEs and state-wide designated entities to ensure direct provider to provider communication across the boundary of service providers.

Through interviews and discussions with HIEs locally and nationally, the Partnership HIE will be implementing a technology lifecycle plan that will take into consideration the modification of technical standards moving forward. The EAB Lifecycle Management Plan issued by THSA will guide the successful implementation of the strategies in North Texas. Specific details will be made clear during the contracting and statement of work development process with the Partnership HIE's technology vendor.