

Request for Capabilities
Submitted 11/12/2003

HealthLink Miami Valley
Fiscal Agent: Wright State University
Center for Healthy Communities
140 E. Monument Ave.
Dayton Ohio 45402
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(DISTRIBUTION COPY)
CONNECTING
COMMUNITIES
FOR BETTER HEALTH

Submitted to

Foundation for e-health initiative

November 12, 2003

This information was submitted into an electronic application and has been replicated as a word document. Standard forms and fiscal information submitted with this application are omitted from this copy. A complete original is on file at the Center for Healthy Communities and can be accessed by contacting Katherine Cauley, Ph.D. at the above listed address.

Connecting Communities for Better Health

BACKGROUND INFORMATION

Funding Category: approx. \$200,000-\$400,000 to support 4-16 HIE projects with focused needs.

Project Name: HealthLink Miami Valley

Applicant Agency: Wright State University, Center for Healthy Communities

Primary Contact:

Katherine L. Cauley, Ph.D.
140 E. Monument Ave.
Dayton, OH 45402
Phone Number: 937-775-1114
Email Address: katherine.cauley@wright.edu

Geographic Area or Community: Montgomery County, Ohio

How many of each participating organization listed below, out of how many in the community are a part of the HIE?

1. Hospitals
 - a) ED: 6 out of 6
 - b) Inpatient: 0 out of 6
 - c) Outpatient: 6 out of 6
2. Primary care physicians: 240 out of 597
3. Specialty care physicians: 90 out of 1018
4. Independent laboratories: 1 out of 8
5. Independent radiology centers: 0
6. Local public health department: 1 out of 1
7. State public health department: 0
8. Industry (e.g., pharmaceutical developers): 0
9. Consumer/patient groups: 3 out of 4
10. Payers: 3 out of 6
11. Employers: representative for 40,000 employees
12. Federal Government (e.g. FDA): 0
13. Pharmacies/PBMs: 1 out of 1 public programs
14. Community/neighborhood health clinics: 100%
15. Regulators (e.g. JCAHO): 0
16. School based clinics/nurses: 38 out of 57

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Describe the proposed target population served by the HIE:

HealthLink Miami Valley (HLMV) works with health uninsured and underinsured living in Montgomery County, (Dayton area) Ohio. Of the 559,000 residents of the county, at least 85,000 have no health insurance. Estimates are that close to 30% are eligible for existing programs like Medicaid.

Percentage of physicians (public vs. private organizations) and patients (publicly vs. privately insured) covered by the HIE:

<u>Public</u>		<u>Private</u>	
Physicians	100	Physicians	0
Patients	100	Patients	0

Describe the history of the HIE:

The Center for Healthy Communities (CHC) at Wright State University School of Medicine is a community academic partnership committed to improving the health of the community by increasing access to health and human services. Four years ago the CHC convened representatives from all public health stakeholder groups to establish HealthLink Miami Valley (HLMV) in order to reduce the number of health uninsured and better integrate and coordinate resources. CHC was the successful applicant for a CAP grant from HRSA in 2001 to support HLMV which has focused on outreach-identifying health uninsured, MIS-establishing a central electronic repository of demographic and services utilization data for the health uninsured, and services expansion-developing a primary care health plan for health uninsured earning up to 200% of FPG. All work and activities of the project are posted on the public website: www.med.wright.edu/healthlink/.

Have there been past attempts at achieving health information exchange and, if so, what was the result?

Several local community driven attempts have been made to integrate existing data systems; none have yet succeeded due to technological obsolescence and inadequate funding. These delays in fulfilling a commonly agreed upon critical need have been frustrating. As HLMV has gone through the process of establishing consensus, purchasing a server to house the Health Uninsured Registry Data System (HURDS), we have been careful to clarify what we can deliver and to establish reasonable time frames. Now in the beta test phase with demographic data, HLMV has identified a need to add an outpatient electronic medical record. The vision is to include standards from the inception of the system, to pilot it in public health safety net providers with broad clinical review. HLMV has learned from past attempts the importance of consensus building, public discussion, and differentiating reality from potentiality.

GOALS AND FUNCTIONALITY

Describe the type of HIE:

HURDS is an HIE limited to health/human services safety net providers including free, homeless, public health, and hospital outpatient clinics and emergency departments, social service organizations and public school health clinics. HURDS focuses on health uninsured and underinsured and seeks to maximize utilization of existing resources. Data exchange is currently limited to the primary elements of PHI (protected health information), demographic information, specific disease management data, and limited service utilization.

Describe what problem the HIE is trying to solve:

The problems arising from collaboration have not been an issue for HURDS. The HLMV Network has worked together for several years to identify how to best work with the health uninsured population. The primary challenge is to provide effective high quality health services for all community residents in an environment where resources are shrinking, need is growing and HIPAA privacy and security regulations require significant additional fiscal resources. HURDS provides a HIPAA compliant electronic infrastructure at relatively low cost for safety net providers which meets immediate data needs, supports better access to, coordination and integration of clinical care, and provides data related to services utilization patterns of health uninsured to use in planning and future resource allocation.

Describe the HIE's years 1, 2 and 3 goals, and include what metrics would be used to evaluate the goals:

Year 1

Complete coding and debugging of the HURDS for identification of health uninsured, referral to outreach services and monitoring of services utilization capabilities. Insure VPN connections are functional, personnel are trained and routine report generation is accurate across identified partner organizations. Metrics: success at meeting deadlines for implementation of system operations phases; amount of system down time; emergency back up capabilities; numbers of safety net providers participating and trained to use HURDS and to what extent; user satisfaction with functionality and user friendliness; extent of structure established for assessing improvements in clinical outcomes using HURDS; extent and nature of system's fiscal self sustainability; quality of ongoing HLMV partnership which supports HURDS.

Year 2

Add standardized outpatient medical record to the referral and demographic information, integrating from the beginning SNOMED as the data standard. Train personnel in the capabilities of the expanded system. Metrics: success at meeting deadlines for implementation of system operations phases; amount of system down time; emergency back up capabilities; numbers of safety net providers participating and trained to use HURDS and to what extent; user satisfaction with functionality and user friendliness; extent of structure established for assessing improvements in clinical outcomes using HURDS; extent and nature of system's fiscal self sustainability; quality of ongoing HLMV partnership which supports HURDS.

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Year 3

Insure that expanded HURDS is implemented across safety net providers including free, homeless, public health, and hospital outpatient clinics and emergency departments, social service organizations and public school health clinics. Identify ongoing funding for HURDS expansion. Metrics: success at meeting deadlines for implementation of system operations phases; amount of system down time; emergency back up capabilities; numbers of safety net providers participating and trained to use HURDS and to what extent; user satisfaction with functionality and user friendliness; extent of structure established for assessing improvements in clinical outcomes using HURDS; extent and nature of system's fiscal self sustainability; quality of ongoing HLMV partnership which supports HURDS.

Describe how the HIE's goals will achieve clinical improvement, including the impact on safety and quality outcomes recognizing that these goals may not be measured during the Program funding period:

Within the public health safety net coordination of care and services is critical to the provision of safe and quality health and supportive care for health uninsured. Uninsured individuals seldom seek preventative or primary care, accessing instead episodic emergent care in response to actual or perceived acute manifestation of disease and injury. This results in poor quality, expensive care. A web-based standardized electronic infrastructure with the capacity to identify health uninsured and monitor services utilization will impact clinical outcomes in three ways: 1) the patient registry of health uninsured with outreach follow-up and referral functions of HURDS will facilitate health uninsured being identified and enrolled in existing public health primary care and prevention services resulting in better management of chronic disease and less inappropriate use of emergent care services; 2) provider access through HURDS to a comprehensive data set of health uninsured PHI and services utilization including for example information such as drug allergies, chronic health conditions, and mental health status will enhance coordination and integration of service; and 3) based on aggregate data monitoring services utilization of the health uninsured, the public health and human services sectors can more accurately plan for distribution and use of resources. Cost savings in administration and delivery of services will result, and improved clinical outcomes will result from earlier more comprehensive care as well as better coordination and integration of care for health uninsured.

What is the functionality of the information tools proposed by the HIE?

Repository, public health surveillance (case management), disease management/reminders, EMR (data capture in the physician's office), and enrollment/eligibility.

What data will be exchanged by the HIE?

Outpatient episodes, ED episodes, Laboratory, cardiology (disease management for hypertension), pulmonary (disease management childhood asthma), enrollment/eligibility, and outpatient prescriptions.

TECHNICAL APPROACH

Describe the proposed technical model of the HIE - architecture and application:

HURDS VPN Portal is a multi-tier, distributed health care data tracking system built using Microsoft® ASP.NET, characterized by modular design, caching, XML object serializing, Microsoft Windows-based authentication, and role-based security. Windows authentication uses Microsoft Active Directory® Services. Role-based security is employed to control user access to portal content. The application has been deployed on a dual machine, in a physical three-tier (Web, application, database) configuration. Additional security is provided by a Cisco VPN Server that isolates the application server domain from the Internet. The logical architecture is based on Microsoft n-tier guidelines and consists of the following layers: Presentation, Business Logic, and Data. *Presentation:* ASP.NET, User control, Server controls pages constructed from dynamically loaded user controls, and configurable output caching of page regions. *Business Logic:* implemented in both Microsoft Visual Basic® .NET and Microsoft Visual C#™. *Data access (included in business classes):* Microsoft ADO.NET.Data Sets using SQL provider. *Data:* Microsoft SQL Server™ database using stored procedures.

Connection to HURDS (HLWEB) for purpose of user interface to data server.

Connection to HURDS (HLSQL) for purpose of data entry, data editing and data reporting.

Wright State University School of Medicine Network Services (SOMNS) hosts HLSQL database server and HLWEB web application server in Dayton, Ohio.

All client identifiable data will be stored on the HURDS through *encrypted* Cisco VPN client-server connection. Cisco firewalls and VPN; Microsoft Windows authentication; Microsoft Windows 2000 Server security; Microsoft SQL Server 2000; Microsoft .Net 2003 Framework; Role-based access, audit logs, password expiration features; 168-bit 3-DES encryption of user names/passwords and all data passing to and from the database; HIPPA compliant (security and privacy). Connecting agencies will have access to the data entered by their own agency users. Through Agency Agreements, connecting agencies specify with which agencies they will share data and which data sections will be shared. Data in client records can be marked “open”, “closed” or “read-only” to other connecting agencies. With appropriate client authorization, agencies will designate the Profile section of a client record “open.” Client authorization will determine level of access allowed to other connecting agencies. Client data access will be tracked and reportable upon request by client. No identifiable client data will be entered into the HURDS without written client consent, and no identifiable client data will be shared outside of the limits of that written consent.

Connectivity Requirements:

Agency’s own hardware and connection to Internet via MS-IE 5.5 or better.

Minimum: 166+MHz processor and 56.6 Kbps Internet Connection

Preferred: 350+ MHz processor, MS-IE 6.0 and an ISDN/DSL Internet connection

Ability to establish Cisco VPN client connection

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Describe how the HIE application is integrated into the user workflow (from a user perspective):

In the initial phase HURDS will provide hosting for patient demographic data (PHI) and electronic outpatient medical records for public health safety net providers including free, homeless, public health, and hospital outpatient clinics and emergency departments, social service organizations and public school health clinics. HURDS will be used as a stand alone MIS for these systems (with the exceptions of the hospitals) with the ability to export data to other systems through the XML schema and will provide the capability for real time reports of individual patient and aggregate data. All work stations at participating organizations and partnering agencies will be connected by Cisco VPN client to HURDS and modules will be developed for each participating organization to reflect customization of data elements and GUI familiar to the end users. IT consulting by HURDS staff will focus on assuring that redundant user databases are imported as legacy data accessible by organization staff. Additionally, relevant, verified client data will be integrated into the shared data functions of HURDS. Each participating clinic will have a registration screen for intake, a nursing screen, a physician screen, dental screen, pharmaceutical screen, counseling and social history screens. Demographic data available with appropriate role security will automatically populate these screens. HIPAA audit provisions will be accomplished because any changes in records are recorded as new entries, thus history is clearly identified and with VPN "signature", the identity of the viewing entity will be recorded with time and date. Dictation for physicians will be the responsibility of each organization or subcontractor for such services. HURDS staff will provide security audits at each site annually. Administrative staff from each organization will work with HURDS specified standards for quality assurance audits of data.

Describe the approach for community-wide patient identity matching:

The primary basis for patient matching lies in the privacy policies for the HURDS system. Privacy notices will clearly articulate that all members of the HURDS system will share identified patient data for treatment, payment and operations. This will provide an open system for data viewing with appropriate role security, unless patients have specifically limited access with HIPAA compliant procedures. The privacy policy will clearly articulate the consequences of exclusionary data practices. IT solutions for identifying potential matches will use an algorithm of name, address, social security and birth date. IT personnel will monitor federal standards as they are developed for use as identifiers.

What standards will be used for messaging? HL7

What standards will be used for data? SNOMED

If applicable, describe the migration plan to use standards as part of the HIE:

N/A This is a new database being created.

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Describe how the HIE will address data quality and validity:

Sampling of data will be performed semi-annually to assure accuracy and validity of data entry. Patients, as a part of the HIPAA privacy notice, will be encouraged to review the contents of their records for accuracy (completeness and validity) and methods to address inaccuracies will be specified in the policies for patients as well as users.

ORGANIZATION AND SUSTAINABILITY

Describe the HIE staffing plan and the roles and responsibilities of each participating organization:

The HIE now employs an executive director and a clinical director each at 20% effort, an MIS analyst, a site development coordinator, and a secretary, each at 100% effort. This management team will remain in place and with the proposed expanded HURDS add a second MIS Analyst at 100% effort. As a state university based project legal and accountancy staffing is provided in house, and counsel will work collaboratively with appropriate representatives from partner organizations. Participating organizations agree to continue to provide in-kind administrative support from management ranging between 5% and 10% FTE, IT personnel ranging between 10% and 25% FTE, clinical personnel at 10% FTE, and other professional staff as needed at 10% FTE, and to continue established work groups in the areas of MIS, Outreach and Evaluation/Outcomes. Administrative and professional staff at each organization will be responsible for assisting with design and customization for their organization's needs, setting user roles and security provisions, for assistance in training end users, quality control and troubleshooting within their organization. IT personnel at each participating organization will be responsible for working with the HIE MIS Analysts to import any legacy data, to establish VPN connectivity, address any firewall issues and troubleshoot any technological problems in the organization.

Describe the participation of payers and purchasers in the HIE:

Payers and purchasers are all identified as partners and have specified roles as defined in HIE staffing plan above. Additionally, once the outpatient electronic medical record has been successfully installed in the selected clinics identified in phase one, additional marketing will be initiated to increase enrollment in HURDS. Additional payers and purchasers will also be responsible for providing hardware, connectivity, and system administration for their organization (user roles, authorization, security, quality control, troubleshooting). A condition of enrollment for new partners once phase one is complete will be staff participation in a user group for the initial two years to ensure quality control, user satisfaction, functionality, future design needs, ongoing review of technology and standards development, and privacy and security requirements.

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Describe the business model for the HIE:

Launched with support for development costs and with the ongoing support and infrastructure of the university environment, the HURDS is designed to be a self-sustaining community rated service. HURDS is based upon a subscription model for user interface and a utility model for legacy data and customization. A one time start up fee will be assessed all HURDS participant organizations, and an annual subscription fee will be charged to support general administrative, upgrading and development costs. Basic functionalities are the responsibility of HURDS MIS staff and are included in subscription costs. All systems programming will be done by HURDS staff with the assistance of IT staff from participating organizations. Participating organizations will be charged at cost for HURDS staff time related to any customized programming done specifically for their organization, inclusion of legacy data or any special needs. The pricing structure will reflect 100% support for staff and system maintenance and provide a small reserve. Market satisfaction will be assessed on a regular basis. Market development plans include expansion to physician provider offices. As HURDS develops functionalities and expertise in electronic medical records, staff will advertise to provide training, technical assistance and replication of the system in other communities. Charges for those services will use the same formulary as described above. One of the primary customers anticipated for the HURDS system is the HealthLink Health Plan (HHP). Basic administrative expenses will be supported by HHP until there is adequate subscription support to assure sustainability.

Describe the process and methods by which the financial contributions of stakeholders are defined and how this definition is facilitated:

Current stakeholders are defined as members of the HealthLink Miami Valley Network as delineated in Background Information question 2. To date financial contributions have involved in kind contributions of time, meeting space, materials, staff resources, marketing assistance, and technical assistance. Current funding does not stipulate monitoring of such contributions, however over \$560,000 annually can be documented in in-kind financial contributions currently defined as follows: professional staff time contributed is calculated at \$50.00/hour-over 5000 hours annually or \$250,000; direct service staff collecting data regarding health uninsured status as an expanded part of intake at health and human services organization calculated at \$20.00/hour, assuming fifteen minutes per client/patient and approximately 6,000 patients/year--\$30,000; staff education in preliminary stages of HURDS utilization calculated at \$20.00/hour and an average of two hours each for 1500 staff--\$60,000; meeting space, materials, marketing and additional technical assistance calculated roughly at about \$100,000; and facilities and administration through Wright State University calculated at 28% of \$440,000= \$123,200. Moving forward with the expanded HURDS and increased system enrollment, these same kinds of stakeholders will be involved and similar calculations can be completed. Wright State University as the administrative home of HLMV is subject to OMB Circular A-133 and would use A-21 forms to document in-kind contributions.

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What are the sources of up front/existing funding for the HIE?

1. Federal Government - \$458,000
2. State of Local Government -\$250,000
3. Other: In Kind - \$540,000

What are the proposed revenue sources for financial viability and sustainability of the HIE?

1. Subscriber fees – 60%
2. State or local government – 28%
3. Other: Consulting – 12%

HIE Budget: Include a total budget for each year for 3 years and submit as an attachment.

Highlight the areas in which the project funds will be used and include a distinction between in-kind vs. direct cash amounts for the total budget.)

1. Year 1 total, including % of proposed contract funds: \$536,990
2. Year 2 total, including % of proposed contract funds: \$518,885
3. Year 3 total, including % of proposed contract funds: \$526,904
4. Years 1-3 total, including % of proposed contract funds: \$1,582,779

Describe how the proposed HIE will be continued after Connecting Communities Program funds are expended:

After Connecting Communities funds are expended the HURDS, as described above, is designed to be a self-sustaining community rated service. In addition to the anticipated support from health and human services organizations using HURDS instead of developing their own HIPAA compliant systems, HURDS will serve as the primary database for the HealthLink Health Plan (HHP) currently under development to provide a basic primary care package for health uninsured in Montgomery County, Ohio. Anticipated funding for HHP will include 2-year reserves against anticipated expenses. Funding is expected to be established by spring 2005. Program participation and expenditures will grow slowly over the first two years toward a goal of 10,000 participants. During that period HURDS will be adding functionalities and modules to be in a position to market services beyond the original participating agencies.

Describe how the HIE is organized and governed:

Collaborative formally established during the first year of HRSA funding (2001) as part of the grant agreement.

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What, if any, operational experience does the HIE organization have:

Beta testing

Describe the HIE organization structure, including voting rights:

HealthLink Miami Valley is a collaborative of 26 organizations that meet monthly as a Network. Decisions can only be finalized through unanimous consent effectively giving each member organizational veto power for all decisions. Wright State University is the administrative unit for HLMV and administers all funds for the collaborative.

ROLE OF CLINICIANS

Describe the role of clinicians in the HIE:

1. Organization
 - a. The HIE is largely organized by other organization types e.g., hospital, public health agencies
 - b. Other clinician-based organization role in HIE - Wright State University School of Medicine

2. Leadership
 - a. Clinicians participate in Advisory Committees to drive HIE strategy and implementation
 - b. Clinicians drive adoption and usability requirements for HIE application(s)
 - c. Other clinician role: Clinicians representing pediatric, family and internal medicine, psychology, social work and nursing are an integral part of the HealthLink Miami Valley organization and leadership. For example, the co-project directors are an internal medicine physician and a psychologist. The overall facilitator of the HLMV Network is an internal medicine physician. A pediatrician and a master's prepared nurse chair the Evaluation and Outcomes Task Force. An internal medicine physician chairs the MIS Task Force. A work group of physicians determined appropriate codes and standards to be adopted for the HURDS, and clinicians make up the predominant membership of the HLMV Management Team.

How will you drive technology adoption in clinician offices?

The clinical offices proposed for the initial roll out of HURDS are free, homeless, public health, and hospital outpatient clinics and emergency departments, social service organizations and public school health clinics. These offices are currently devoid of electronic patient medical records. The School of Medicine (SOM) has a long history of technological innovation with physicians and through the Network Services Department supports 12 University Medical Services clinics. Staff has become adept in working with physicians on technological issues. Initial meetings with clinic medical and administrative staff will be held to discuss both the perceived need for an outpatient electronic medical record and the interest of the clinic in being an early test site. SOM Network Services staff will conduct an MIS audit of connectivity and

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hardware at each clinic. The HLMV Network will review this data and recommend a plan for testing site(s). HLMV Network physicians will accompany staff on visits to these clinics to initiate physicians in adopting the system. We anticipate resistance to change and will work to team clinic physician with HLMV physicians and other SOM physician partners to encourage and mentor. Clinic physicians will be encouraged to provide input and program staff will respond to the physician's recommendations. Adoption of suggestions will be articulated on the HURDS home website. The functionalities of the web site include posting by all users and piloting users will be encouraged to post comments. HURDS currently has functionalities that include real time reporting of statistical information, the ability to post documents, on line documentation, policy manuals, help messaging, and customization potential. Evaluation of the HURDS outpatient electronic medical record will focus on clinical utility. Local physician volunteers will review de-identified records for content to assess robustness of the system. Are practitioners using the full capabilities of the system? Is the data rich enough that another physician could evaluate the encounter? HURDS will also offer CME's through the School of Medicine in the adoption and use of the outpatient electronic medical record. The primary driver of any MIS is the ability to improve workflow, volume and basic task functioning. Once the physicians at these clinics have adapted to and adopted the system, their expertise will be used to help market the outpatient module to other physician practices.

Describe the HIE's clinician adoption plans and a forecast of adoption targets:

Physicians in our area who are knowledgeable in information technology hold the belief that an electronic MIS for physician offices is extremely expensive and will not occur for five to seven years. Clinic directors believe that hospitals will implement in-patient electronic medical records well ahead of any outpatient development. This vacuum in development of an outpatient electronic medical record provides opportunity that we have built into the adoption plan. The HURDS adoption plan will use the unique resources of the Medical School and the community. The critical first step is to develop the application, then to test and pilot it in a variety of clinical settings. Based on best practices as reviewed in Connecting for Health background paper "Clinical Data Exchange Efforts in the United States: An Overview" the five key clinical data elements to be included in a record are: problem lists/diagnoses, laboratory results, medications, allergies and immunizations. Physicians from the HLMV Network will work with HURDS staff and clinicians at free, homeless, public health, and hospital outpatient clinics and emergency departments, and public school health clinics in reviewing SNOMED standards and visioning the outpatient electronic medical record. Professional staff at HLMV will review available resources, contact the programs referenced in the Connecting for Health paper and present a template for discussion with physicians, nurses and laboratory personnel. As we have done with the HLMV project, staff will provide presentations to various practitioner groups (for CME's as appropriate) to build interest and intellectual investment in the system. We anticipate early identification of a clinical champion to promote this system. In tandem with this development an elective will be offered in the Medical School as an elective multi-professions course on e-health and SNOMED. As a part of instruction the students will develop a training data set of "typical patients" for demonstration and further development. Students will provide an initial evaluation of the beta test of the outpatient module. One clinic will be selected to do a field test and once the program is completely debugged it will be deployed in pilot test mode. Once the scalability, transferability and utility of the system are well documented full-scale marketing will begin.

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Physician practices who now provide, or who are willing to provide uncompensated care for the uninsured will be the first market target. It is anticipated that the first private practice installation will occur in winter of 2005 and that by 2007 30% of all physician offices in the area will be involved in the system.

PATIENT INVOLVEMENT

Describe the patient or consumer involvement in the HIE, including any specific participation in HIE governance:

Consumer/patient/client involvement in the planning, implementation and evaluation of the HLMV initiative and the HURDS system is extensive. The HLMV Network, which serves as the Board of Directors for the project, has one regular consumer member. Each hospital has a consumer council, as do each of the community health centers in the public health department, and the Medicaid managed care HLMV Network member organization has a consumer advocacy group. Finally, the Center for Healthy Communities Community Advisory Board membership is primarily consumers. All of these groups have had regular input into the planning and implementation processes of the HLMV project and the HURDS system. CHC employs indigenous health workers called Community Health Advocates who live and work in their own neighborhoods, and have had numerous town hall meetings, focus groups and feedback sessions with community members related to the work of HLMV and the developing HURDS. Community Health Advocates were the first set of end users to pilot the HURDS system and helped define some of the user friendly functions now a part of the system.

How will patient privacy be addressed in the HIE?

As indicated earlier HURDS will organize as an affiliated covered entity under HIPAA for the purpose of sharing data among providers. The Notice of Privacy Practices of all participants will reflect the standard language stipulated in the HIPAA privacy rule. Security provisions of HIPAA will be addressed through the policies and procedures and there will be a security audit conducted annually at each participating organization.

What role do patients have in determining the policies and procedures around authorizations required for data use and disclosure? How will these policies be maintained over time?

As with standard HIPAA provisions, the data housed in HURDS will not be used for any purpose except treatment, payment and operations, unless patients specifically authorize that use. These policies will be reflected in the documentation.

ADDITIONAL QUESTIONS

Describe the biggest barrier for the HIE and how this Program will help overcome it:

The public health safety net providers and organizations are distressed to the point of inaction regarding HIPAA and its consequences and provisions. Ironically at a time when the technological capacity is available to support the data needs, the protections enacted with

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HIPAA are not being viewed as the resources they can be in setting up structures for improved health care outcomes. HealthLink Miami Valley, housed in the relative neutral ground of the university through the Center for Healthy Communities, has provided enhanced credibility for the HURDS system, and HLMV staff have taken the lead in providing both an educational forum and an information exchange and training function about HIPAA, web based databases, the electronic medical record and the impact on quality and efficiency in service delivery and financing.

What is the single strongest argument being raised AGAINST the HIE and FOR it?

Against: It will never work correctly. The community has worked for the past 15 years to roll out a central database for safety net organizations and it hasn't happened yet.

For: Organizations see that money can be saved by sharing resources including information technology resources. The University is seen as a sustainable organization with neutrality and expertise. CHC has an excellent reputation of building and operating sustained and significant collaborations for long periods of time.

APPENDIX A

List other organizations, including their size, participating in the HIE. Include contact information for the lead representative at each organization.

Representing physician and clinician groups:

Wright State University, School of Medicine: Center for Healthy Communities, Dept. of Pediatrics, Division of Health Systems Management, University Medical Services Association

Kate Cauley, Ph.D.
Center for Healthy Communities
140 E. Monument Ave.
Dayton, OH 45402
937-775-1114
katherine.cauley@wright.edu

Arthur Pickoff, MD
Chair of Pediatrics
arthur.pickoff@wright.edu

Richard Schuster, MD
Chair Health Systems Management
richard.Schuster@wright.edu

Wright State is a non profit educational institution (Public University), and instrumentality of the State of Ohio with 16,000 students and 2,658 employees

Gem City Medical, Dental, and Pharmaceutical Association
Alonzo Patterson, III
210 Medical Sciences Bldg
3640 Colonel Glenn Highway
Dayton, OH 45435
937-775-2934
alonzo.patterson@wright.edu

Gem City Medical, Dental, and Pharmaceutical Association is a professional association of minority health care providers

The Samaritan: a Healthcare Clinic for the Homeless
Judith K. Dunlap Barr
41 Catherine St. Dayton, OH 45402
937-461-1376
jbarr@shp-dayton.org

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The Samaritan is a federally qualified health center operated by Good Samaritan Hospital and serving the homeless population

Alcohol, Drug Addiction, and Mental Health Services (ADAMHS)
Robert Mullins
409 E. Monument Ave.
Dayton, OH 45402
937-443-0416
bmullins@adamhs.co.montgomery.oh.us

ADAMHS is a non-profit board governing expenditure of all public mental health monies.

Dayton Public Schools
Marianne Urban, RN
2013 W. Third St.
Dayton, OH 17
937-542-3405
murban@dps.k12.oh.us

Public K-12 school system providing mobile clinic services

Representing public health departments:

Combined Health District of Montgomery County
William Bines
117 S. Main St.
Dayton, OH 45422
937-641-3277
wbines@chdmc.org

Combined Health District of Dayton and Montgomery County is a public health department and public sector health care provider. County population is 559,000.

Representing health plans and payers:

Tri-River Employers Healthcare Coalition
Thomas J. Hickey
32 N. Main St.; Ste. 1434
Dayton, OH 45402
937-228-1035
thickey@trhi.org

Tri-River Employers Healthcare Coalition is a non-profit health plan.

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CareSource
Pamela Morris
1 S. Main St.
Dayton, OH 45402
937-641-2021
Pamela.morris@caresource.com

CareSource is a Medicaid managed care organization serving 13 counties in Ohio

Montgomery County Department of Jobs and Family Services
Dannetta Graves
1111 S. Edwin C. Moses Blvd.
Dayton, OH 45422
937-225-4762
graved@odjfs.state.oh.us

Montgomery County Department of Jobs and Family Services is a county government-social services agency that determines eligibility for Medicaid for Montgomery County.

Representing hospitals:

Kettering Medical Center Network (Kettering Medical Center, Grandview and Southview Hospitals)
Roy Chew
405 W. Grand Ave.
Dayton, OH 45405
937-226-3200
roy.chew@kmcnetwork.org

Kettering Medical Center Network is a private hospital network of 3 county based hospitals with a total of 922 beds.

Children's Medical Center
Beth Fredette
One Children's Plaza
Dayton, OH 45404
937-641-3000
fredetteb@childrensdayton.org

The Children's Medical Center is a private hospital, the only children's hospital in the county with 155 beds.

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Premier Health Partners (Miami Valley Hospital and Good Samaritan Hospital)
Richard Wyderski, M.D.
1 Wyoming St.
Dayton, OH 45409
937-208-3955
rjwyderski@mvh.org

Premier Health Partners is a private hospital system of 2 county-based hospitals with 1371 beds.

Greater Dayton Area Hospital Association
Vern Erickson
32 N. Main St. Ste 1441
Dayton, OH 45402
verickson@gdahin.org

Greater Dayton Area Hospital Association represents 18 area hospitals.

Representing pharmaceutical programs:

Unified Health Solutions
John North
184 Salem Ave.
Dayton, OH 45406
937-220-6600
jnorth@uhs-dayton.org

Unified Health Solutions is a non profit community based social service organization providing prescription assistance and purchasing programs.

Representing consumers of health care:

Ombudsman's Office
Diane Wellborn
15 E. 4th St. Ste. 208
Dayton, OH 45402
937-223-4613
ombudsman@dayton-ombudsman.org

The Ombudsman's Office is a local government advocacy agency.

Reach Out Montgomery County
Sharon Sherlock
1344 Woodman Dr. Ste 510
Dayton, OH 45432
937-258-2000
reachout@mis.net

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*Reach Out provides free clinics for the medically uninsured (*no fees are collected from any source; medically insured are ineligible for services.).*

Miami Valley Health Improvement Council

Rudolph Arnold, M.D.

5383 Intrastate Dr. Suite C

Fairborn, OH 45324

937-754-9520

rudy@mvhic.org

Miami Valley Health Improvement Council is a non-profit health advocacy organization.

Representing employers:

Dayton Area Chamber of Commerce

Amy Schrimpf

1 Chamber Plaza

Dayton, OH 45402

937-226-1444

ajs@dacc.org

Representing potential investors:

The Dayton Foundation

Heather Bailey

40 N. Main St.

Dayton, OH 45423

937-225-2974

hbailey@daytonfoundation.org

The Dayton Foundation is a community foundation.

Montgomery County Family and Children First Council

Tom Kelley

117 S. Main St.

Dayton, OH 45422

937-225-4686

kelleyt@mcoho.org

Montgomery County Family and Children First Council is a local government board responsible for disbursement of the human services levy.

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Representing safety net organizations:

Emergency Food Bank
Burma Rai
427 Washington St.
Dayton, OH 45402
937-461-7060
brai@dac.redcross.org

Emergency Food Bank is a community based social service organization providing a special diets food pantry.

Shelter Policy Board
Kathleen Shanahan
184 Salem Ave.
Dayton, OH 45406
937-220-6600
kathleens@dayton-unitedway.org

Shelter Policy Board is a homeless shelter policy board serving 5,000 homeless persons annually.

Sunrise Center
Joanne M. Hale
1320 E. Fifth St.
Dayton, OH 45402
937-224-5437
joanneh@sunrise.montco.org

Sunrise Center is a community based multi-service center housing health clinics

United Way Helplink
Sandy Williams
184 Salem Ave.
Dayton, OH 45406
937-225-3000
sandyw@dayton-unitedway.org

United Way Helplink is a community wide information and referral to health and social services.

Goodwill Industries
Todd Dukate
111 W. First St.
Dayton, OH 45402
937-225-4128
tdukate@odjfs.state.oh.us

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Goodwill Industries is a non-profit organization providing case management services for Medicaid applicants.

Sinclair Community College
Marilyn Rodney
444 W. Third St.
Dayton, OH 45402
937-512-2040
marilyn.Rodney@sinclair.edu

Sinclair Community College houses the Community Health Advocates who work with the health uninsured.