Ohio's Road to Health Information Exchange

What is OHIP's Strategy and How can we help you?

Executive Brief

2010

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EXECUTIVE SUMMARY OF OHIP'S HEALTH INFORMATION EXCHANGE (HIE) STATE PLAN

On July 26, 2010, the Ohio Health Information Partnership (OHIP) formally submitted their HIE State Plan to the Office of the National Coordinator (ONC) as required under the *State Grant to Promote Health Information Technology Planning and Implementation* to obtain additional funding for HIE development. Developed collaboratively with OHIP's board, staff, HIE Committee Members and privacy and security experts, the plan contains critical information regarding OHIP's strategic and operational efforts for Ohio's statewide HIE. The document will be made publicly available upon approval by ONC, which is expected in early 2011.

- This paper outlines key points contained in OHIP's HIE State Plan and is intended to address the fundamental questions succinctly:
  - What is OHIP's HIE strategy?
  - How can it help Ohio?

WHAT IS A HEALTH INFORMATION EXCHANGE (HIE)?

An HIE moves patient information electronically among physician offices, hospitals and other parties directly involved in a patient's care. If you were to think of patient health information as mail and OHIP as the post office, the network of zip codes and designated mail routes is the HIE . Also like a post office, OHIP will use minimal, demographic information to ensure that patient data is sent to the correct, authorized recipients.

- OHIP's state HIE will allow clinical data to travel among health care systems that would otherwise not be connected. The OHIP HIE will allow all providers' and stakeholders' efficiency and cost savings through their core services and begin implementation with healthcare providers in the summer of 2011.

OHIP will concentrate on offering services that are most logical to be provided at a state level. Listed below are the services that will enable providers and other stakeholders to achieve efficiencies and cost savings and, most importantly, meaningful use.

Services to allow the discovery of patient information from trusted sources easily – Pre Phase Core Support

- Master Patient Index (MPI)
- Master Provider/Entity Index
- Record Locator Services
- Trust Enablement

Services to achieve Meaningful Use – Phase 1

- e-Prescription
- Structured lab results
- Patient care summaries
- Quality measures, Registry and surveillance data
- Integration with OHIP's preferred EHR vendors

Services to achieve administrative efficiencies – Phase II

- Advanced insurance eligibility verification and connectivity
- Coordination of benefits(COB) including Rx
- Pre-authorization and referral routing
- Advanced claim status and remittance coordination
- Payor/Employer treatment cost and screening information

Services to achieve enhanced integration – Phase III

- Advanced data aggregation and reporting
- National Health Information Network connectivity
- Consumer integration and support
- Community web portals
- Address verification eligibility

➢ A detailed overview of the services and a timeline for service delivery is found in Appendix A

WHAT IS DRIVING OHIP'S HIE STRATEGY?

MEANINGFUL USE

Providers and hospitals are both incentivized and dis-incentivized to achieve meaningful use. There are over 11 objectives contained in the Electronic Health Record (EHR) Incentive Program Final Rule requiring providers to exchange health data electronically to receive incentive funding.

As the state-designated entity, OHIP is required to offer HIE services that support meaningful use objectives to every provider in Ohio, including hospitals, physicians, specialists, labs, pharmacies, health plans, nursing homes and other care providers. ONC requires that every state HIE focus on three specific priorities in Stage 1 of Meaningful Use. These three priorities are e-Prescription, the exchange of lab results using structured integration with EHRs and patient care summary exchange across unaffiliated organizations.

- Many of you are exchanging data regionally or within your hospital networks. OHIP does not intend to replace your existing exchange service providers or capabilities, but rather connect them, creating a more robust network that will support meaningful use across the state and among a larger range of providers.

OHIP can efficiently and cost effectively assist providers in attesting HIE capabilities as required to achieve Stage 1 Meaningful Use to apply for Medicare and Medicaid incentive payments.

For more information about meaningful use, see www.ohiponline.org/Pages/MU.aspx.

BALANCING CORE SERVICES WITH REGIONAL FLEXIBILITY

While the delivery of healthcare is local, the data needed to deliver quality care can be located locally, regionally and nationally. As a result, it is important to provide a core infrastructure that facilitates a broad exchange, as well as engage stakeholders at a local level to cultivate community exchange.

This principle tenet of OHIP's state HIE strategy is exemplified through OHIP's Regional Extension Center (REC) program and approach to provider outreach. OHIP's REC program consists of seven regional RECs that are a collaboration of local entities that work together to assist providers with the adoption of EHRs. Each REC is comprised of hospital systems, physician groups, quality improvement organizations, universities, and community colleges, professional associations, consultants and operational HIEs.

The primary focus of OHIP's REC program is to provide educational and technical EHR support to providers, in both urban and rural areas. The relationships that the regional RECs will cultivate with the local hospitals and physicians through the REC program, will situate these RECs be in a unique position to coordinate health IT adoption efforts through close alignment of EHR and HIE adoption strategies.

The map below shows how each REC is divided within Ohio. The area in grey is serviced by the regional health information organization (RHIO), HealthBridge.

Figure 1- OHIP

Central Ohio Health Information Exchange

Northwest Ohio Regional Extension Center

Dayton West Central Ohio Regional Extension Center

Case Western Reserve University Regional Extension

NorthEast Central Ohio Regional Extension Center

NEO Health Connect

Ohio University/Appalachian Health information Exchange

OHIP marketing and outreach efforts will be coordinated through RECs and will be used to encourage awareness and adoption of the state HIE, as well as identify issues at the community level. As the state designated entity, OHIP can deploy HIE outreach education across the state in an organized, efficient manner leveraging the expertise, communication channels, market knowledge and stakeholder relationships of the RECs. These partnerships will allow OHIP to receive direct feedback regarding adoption barriers and local concerns.

- OHIP will also provide support for regional HIE programs and communities that do not have established HIEs. These programs will provide a virtual exchange that may be branded for that region and supported by the state HIE. These virtual exchanges will also be able to leverage all the services that the state HIE offers.

SUSTAINABILITY

HIEs across the country have had to deal with the inherent dilemma between the party that pays for the service and whether or not they are paying enough to sustain it.

- OHIP's strategy addresses this dilemma through plans to offer additional services beyond those required to support meaningful use and leverage Ohio's economies of scale to offer significant opportunities for cost reduction. Ultimately providers and other stakeholders only pay for those services they determine add value and in which they participate.

OHIP's financial strategy is discussed in more detail on p.11

NATIONAL STANDARDS DEVELOPMENT

National Health Information Network (NHIN). NHIN Exchange. NHIN Direct. National Information Exchange Model.

These terms refer to efforts at the national level to harmonize standards used to exchange data to allow for easier adoption of standards among providers, payors, labs, pharmacies and others on a local, statewide and national level. This is a worthy cause, but a technology team knows this is no easy task. IT experts refer to the seven layers of interconnectivity and national efforts address only a portion of those layers.

As the state-designated entity for Ohio, OHIP intends to facilitate exchange across state borders by supporting the service layers necessary to exchange data using NHIN protocols. One example is the development of statewide discovery and location services to help providers find information from trusted sources that are interested in data exchange using the NHIN framework. Our plans include establishing an NHIN Workgroup under our HIE Committee to facilitate this development and address cross-border issues.

WHO CAN PARTICIPATE?

Unlike the limitations on eligibility for Medicare and Medicaid incentive payments, all primary care providers, specialty providers and hospitals will be eligible to participate in OHIP's state HIE. In addition, OHIP plans to connect existing RHIOs, labs, pharmacies, long-term care organizations, health plans and other important organizations involved in a patient's continuity of care. The state HIE will also interact with the state Medicaid program, Ohio Department of Health and other state and federal agencies to create additional efficiencies. Most important, OHIP intends to provide future integration options for consumers.

- Consistent with meaningful use, providers are advised to implement or upgrade to HHS-certified EHR applications to ensure robust integration with OHIP's HIE. The OHIP REC program can provide the assistance necessary to achieve certification.

WHAT CAN OHIP DO FOR OHIO?

SERVICES TO ALLOW YOU TO EASILY FIND PATIENT INFORMATION FROM TRUSTED SOURCES

Master Patient Index (MPI)

The MPI is the foundation that all HIE services will be based upon. The MPI must be capable of pulling the data from multiple entities into one longitudinal record. The primary function of the MPI will be to utilize demographic data to identify patients accurately. As the state HIE collects updated demographic data through subsequent medical encounters, the MPI validates information to maintain a current profile.

Ohio has over 11 million residents. Many integrated delivery networks pull patients from Ohio's bordering states. Additionally, Ohio providers and other stakeholders offer virtual services that obtain patients from not all over the United States, but the world. Ohio is a diverse state with many different ethnicities and OHIP's MPI must accommodate the idiosyncrasies and other name variations (i.e., maiden names, aliases, etc.). Due to the high volume of patients from other states, OHIP's MPI must be able to accommodate three to four times the number of patients, exceeding the number of residents of Ohio.

- A high volume MPI tool is expensive. OHIP brings the ability to offer this tool at a much lower price point than an organization would be able to purchase individually. Facilities that want to consolidate disparate clinical data will be able to leverage the OHIP MPI for internal use to improve services for their patients.

Master Entity Index

The primary function of the master entity index will be to store relevant information about providers, hospitals, labs and any other entities necessary to facilitate exchange with trusted sources. Organization information related to these entities changes frequently, thus difficult to keep up to date and organized. The master entity index will allow any entity within the exchange to discover and locate other providers who may have information about their patients. The effective use and maintenance of this index will ensure that contributors to the state HIE as well as the consumers of this information are more efficient.

- One specific example of this inability to maintain proper entity information is the limitations of health plans to perform electronic funds transfers because they are not able to collect and maintain accurate banking information for low claim volume providers. A centralized index would allow health plans to subscribe to this service to obtain complete and accurate information.

Record Locator Service (RLS)

The MPI contains algorithms that assign a unique identifier for each patient. The unique identifier is then used by the Record Locator Service (RLS) to identify the location of multiple records that match that patient's unique identifier. The RLS can indicate all of the different locations where medical information resides for the specified patient. The RLS only stores information identifying the type of record and its location, not the actual record with the patient's medical information.

- When an HIE allows medical information to be held locally with the creator (provider or lab) or remotely by a third party data center, the HIE model is called a "Hybrid" model.

Trust Enablement

Trust enablement consists of the technology solutions necessary to validate and support privacy policies required by state and federal law. The weakest link to security involves manual processes. Ensuring that manual processes are used to collect the proper authorization from the patient is the important part of the trust enablement. The technology just indicates if the manual processes have been properly executed.

- It is extremely important that all members of the HIE use the same processes and documents for trust authorization. Consistent process and execution ensure that medical data on a patient is only released when the patient authorizes the release of the data. Extending the HIPAA privacy rules from the administrative data to the clinical data will require everyone involved to ensure that the desires of the patient are maintained.

SERVICES TO ACHIEVE MEANINGFUL USE

ePrescribing

The ability for a physician to send an accurate, error free and understandable prescription to a pharmacy is integral to optimum patient care. In Ohio, the Ohio Board of Pharmacy must certify ePrescribing components before they can be used. OHIP will create an ePrescribing Task Force to address this and other barriers to adoption and will include representatives from the Board of Pharmacy, retail chain and independent pharmacies, hospitals, physicians and the Ohio Pharmacists Association. The charge of this task force will be to improve the ease of e-Prescription use, align software certification requirements with those on a national level and demonstrate quality improvements such as avoidance/decrease of adverse drug events.

OHIP's preferred EHR vendors must support ePrescribing and meet the requirements of the Ohio Board of Pharmacy. The use of these preferred EHR vendor solutions will make the transition to ePrescribing that much easier for providers.

Structured lab results

When sharing information between clinical laboratories and EHR system, standardized formatting and coding of the information must take place to provide a common language for the patients' health information. If the systems between a lab and provider are interoperable, the need to manually enter the data or scan reports is eliminated. Timely access, along with the ability to analyze the data effectively and the opportunity to use intelligent design to trigger treatment protocols is also achievable. This functionality will help office staff maximize their time by automating what is frequently a tedious process.

Patient care summaries

Sharing patient care summaries across EHRs is a service that will ultimately lead to better patient outcomes. Stage 1 Meaningful Use only requires that these summaries be exchanged, in human readable format (i.e., PDF). OHIP intends to offer clinical summaries in both human readable and structured formats so the information contained in the summaries can integrate with an EHR. Much of the data that needs to be shared exists today; however, it is not necessarily in a consistent data vocabulary or accessible format. OHIP sees opportunities in offering the initial exchange of human readable information and data management services that could normalize and aggregate the data until widespread adoption of interoperability standards among providers is achieved.

Quality Measures, Registry and Other Surveillance Data

The OHIP state HIE will provide the primary interface for public health reporting, reducing the need for separate interfaces to individually connect reporting agencies. The HIE will allow for state level integration of registries for public health assessment, newborn screenings, vital statistics, cancer and other priority disease, injury or adverse health

conditions. This will help streamline processes that can be highly labor intensive and dramatically increase the quantity and quality of public health information available.

Cancer Surveillance is one example of a process that would be drastically improved with the implementation of a state HIE. In order to assess the prevalence of cancer in Ohio, state law requires the reporting of all new cancer cases diagnosed among Ohio residents to Ohio's Cancer Incident Surveillance System (OCISS). Any practitioner that diagnoses and/or treats cancer is required to report the incident within six months to OCISS. As OHIP combines state HIE services with the ability to transmit cancer data, providers will be able to simplify their reporting processes.

OHIP's state HIE can also streamline the process of surveillance to detect and track health events such as pandemic influenza, bioterrorism, outbreaks, seasonal illnesses, injuries and environmental exposures by monitoring and analyzing the health behavior of Ohio's population in real-time. Instead of having a data feed from each health care provider to the Ohio Department of Health, the HIE will allow for one data feed from RHIOs and other exchanges, reducing the amount of technical work necessary to maintain the connections. It will also allow physician offices and outpatient clinics to submit syndromic surveillance information to the Ohio Department of Health, something that is currently limited to hospital emergency departments and urgent care centers. The additional data types will enhance Ohio's situational awareness and event detection capabilities.

INTEGRATION WITH HEALTH INFORMATION TECHNOLOGY VENDORS

OHIP preferred vendors

EHR vendors selected as part of OHIP's preferred vendor program, have agreed to become certified to ensure interoperability with the state HIE. The Board of Pharmacy has approved each of the preferred vendors to perform ePrescribing. The OHIP HIE can capitalize on the RECs work with the preferred vendors. The RECs will be able to communicate the benefits of linking to the HIE via the preferred vendors to their clients.

OHIP Preferred Vendors

Sage
NextGen
eClinicalWorks
AllScripts
eMDs

Market Leaders in Ohio

OHIP's strategy is to not compete with the work already being done in Ohio, but capitalize on that work. As with the OHIP Preferred Vendor program the concept is to bring other key players to the table and work with them to maximize investments already made by providers in Ohio. This would include the important market leaders in the hospital and ambulatory health information technology space, the e-prescription networks and lab companies. Creating strategic partnerships with these entities will allow the OHIP HIE to connect rapidly to the majority of Ohio providers.

SERVICES TO ACHIEVE ADMINISTRATIVE EFFICIENCY

Eligibility & Address Verification

OHIP will provide a centralized service for providers to verify patient insurance eligibility. The eligibility service will meet HIPAA's requirements for version 5010 and the operational rules established by the Patient Protection and Affordable Care Act (PPACA). This centralized system will conversely provide payors a single place to provide services to the entire healthcare community in Ohio.

Since OHIP's MPI requires validated demographic data for patients, the burden of validating the data is lifted from the entities utilizing the HIE.

Claims

In addition to the regulations for Meaningful Use, there are additional changes in the PPACA. This requires health plans to publish their validation rules. In addition to eligibility verified claims, claims can be validated for administrative rules as defined in HIPAA through the WEDI SNIP 1-7 rules as well as the clinical coding rules. Applying these three rules consistently across the state would increase the payment propensity of a physician's claim from 95% to 99%.

Performing these rules on a consistent basis across the state, would improve the quality of the data that payors receive. Payors would be able to increase automation with a data verified quality claim. A high quality claim would allow payors to provide adjudicated claim information quickly to the provider and drastically reduce provider relation interfacing.

Coordination of Benefits (COB)

Coordination of Benefits (COB) was very prevalent in the 90s with as high as 15% of patients having more than one source of coverage. At the time, secondary and tertiary coverage was common, but over the past 10 years secondary coverage has dropped as low as 5%. Now, with the advent of HSAs that are affecting coverage levels and lower contributions, there is an increase in the dual coverage concept again.

The application of these rules to COB processing has caused numerous problems for providers to file claims properly. The MPI systems have capabilities to store multiple ids that allow for the tracking of multiple coverage information. The provider can inquire to the MPI to find multiple sources of coverage for a patient. This discovery process will allow providers to bill payors properly, as well as collect all unclaimed funds.

IS THE TECHNOLOGY READY?

The industry of clinical data exchange has drastically improved over the last two years. The basic information for lab results has been established along with basic information for a discharge summary or office visit. Some of the more complicated data conditions still need to be improved. The standards for the data are in good working condition, but there is still a lot of information in clinical conditions that are not codified well in messages exchanged.

The issue that the industry still has to deal with is what clinical information is relevant? One example that illustrates this issue today is that of a diabetic. Would a physician really want the last 10 A1C results or would the last three be enough for a care decision? As the industry implements the technology to find and assimilate a medical record for a patient, OHIP will be able to organize, filter and present the data to providers in a manner useful for making care decisions.

The industry has come a long way in the past 10 years with respect to EHRs clinical exchange; however, there is still more to learn and implement. This industry will only move forward and improve if every stakeholder is networked together.

CAN PRIVACY AND SECURITY BE ACHIEVED?

Individually, this issue is being address through avenues of legal, technical and operational expertise. There is a common understanding of the complex nature of this challenge and the additional barrier of a more restrictive set of state laws then those of HIPAA. Where stakeholders tend to differ is their interpretation of these laws and their execution.

- OHIP provides a unique opportunity for all stakeholders to agree to a common understanding and interpretation of privacy and security requirements in Ohio necessary to exchange data to achieve consistency and confidence among Ohio's consumers.

To address this important issue, OHIP has comprised a highly experienced team of legal experts to clarify, harmonize and execute legal actions necessary to facilitate statewide and cross-border exchange. Many of these experts participated in the Health Information Privacy and Security Collaboration (HISPC) effort concluded in July 2009 and identified barriers and opportunities for facilitating exchange in Ohio. They concur that action will be needed on multiple levels from education and awareness to provider policy, HIE policy and technical infrastructure. The OHIP Privacy and Security Committee will keep the following principles in mind as they work through issues regarding consent, trust agreements and general policies and procedures for the HIE.

- Privacy and Security standards should protect patient rights while encouraging high participation in the HIE
- Policies created should be technically achievable and actionable
- Policies created should be operationally achievable and actionable
- Policies created will be in compliance of Ohio and federal law

One major privacy issue the committee will work through is what type of consent is needed for a patient's information to be entered into the HIE. Every state is different and has different state law regarding the consent that must be given before medical information is shared in any fashion, whether it is phone, fax or an electronic method. The OHIP Privacy and Security Committee will provide clear direction for HIE participants regarding what consent is required to transfer patient information through an HIE consistent with Ohio law.

The ultimate success of the HIE will depend on consumer confidence in its privacy and security. OHIP will follow the framework outlined on the next page that is endorsed by the National Health Information Policy Committee for Privacy and Security and adopted by the Department of Health and Human Services Office of the National Coordinator as the HIE is developed.

Privacy and Security for the HIE

- **Individual Access** – Individuals should be provided with a simple and timely means to access and obtain their individually identifiable health information in a readable form and format.
- **Correction** – Individuals should be provided with a timely means to dispute the accuracy or integrity of their individually identifiable health information, and to have erroneous information corrected or to have a dispute documented if their requests are denied.
- **Openness and Transparency** – There should be openness and transparency about policies, procedures and technologies that directly affect individuals and/or their individually identifiable health information.
- **Individual Choice** – Individuals should be provided a reasonable opportunity and capability to make informed decisions about the collection, use and disclosure of their individually identifiable health information.
- **Collection, Use and Disclosure Limitation** – Individually identifiable health information should be collected, used, and/or disclosed only to the extent necessary to accomplish a specified purpose(s) and never to discriminate inappropriately.
- **Data Quality and Integrity** – Persons and entities should take reasonable steps to ensure that individually identifiable health information is complete, accurate, and up-to-date to the extent necessary for the person's or entity's intended purposes and has not been altered or destroyed in an unauthorized manner.
- **Safeguards** – Individually identifiable health information should be protected with reasonable administrative, technical and physical safeguards to ensure its confidentiality, integrity and availability and to prevent unauthorized or inappropriate access, use or disclosure.

WHO PAYS FOR IT?

The notion of how to sustain a statewide HIE beyond core ARRA funding has been the single most vetted topic through the OHIP stakeholder engagement process. The good news is OHIP and its stakeholders wholeheartedly concur that the statewide HIE's ability to add value to the existing HIE environment in Ohio is a critical consideration in establishing the priorities of OHIP. Below outlines OHIP's strategies for sustaining the HIE over time.

OHIP'S SUSTAINABILITY OBJECTIVES

OHIP's sustainability strategy is based on three core objectives:

- Leverage OHIP REC's EHR adoption goals to assist the HIE with first year services;
  - e-Prescribing
  - Exchange of structured lab results
  - Sharing of patient care summaries across unaffiliated organizations
- Offer HIE core and basic clinical data exchange services at competitive prices
- Developing additional value added services

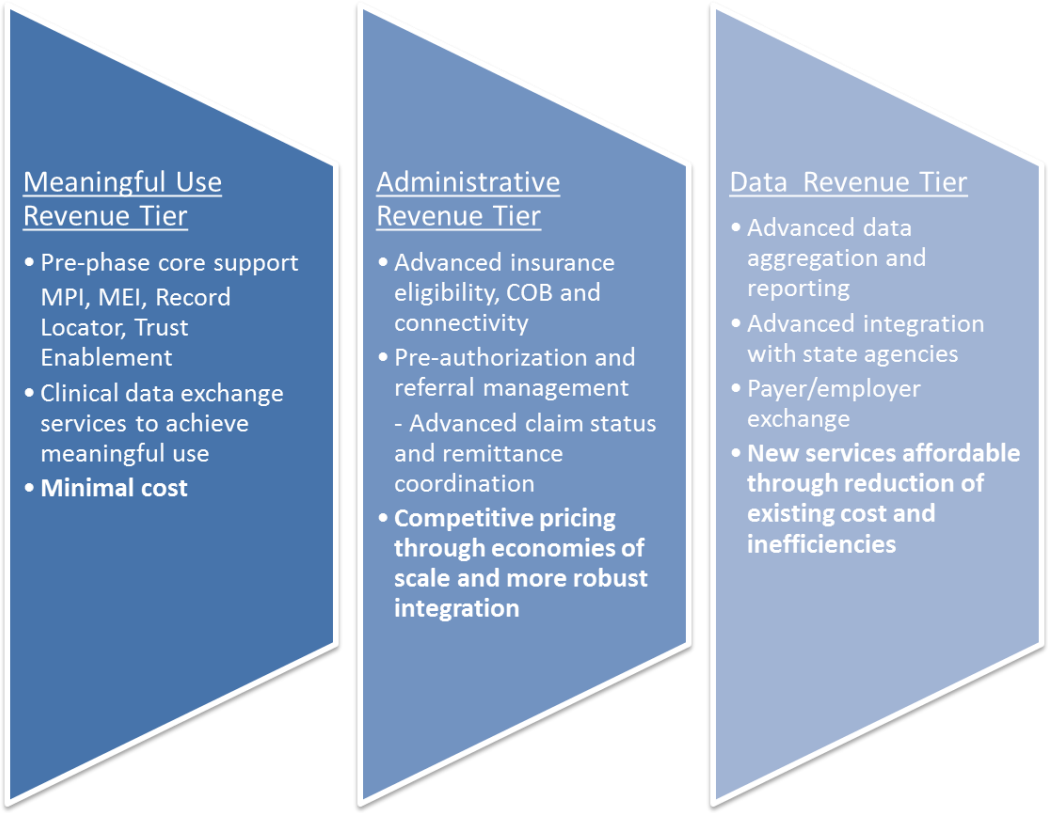
These three objectives will help create a sustainable HIE that will assist direct participants (*e.g.,* providers, payors, labs and pharmacies) in achieving meaningful use while providing potential revenue streams from current secondary data users (*e.g.,* government agencies, payors, accreditation bodies and researchers). As EHR adoption wanes with a growing number of PPCPs attaining meaningful use, the data value of the HIE will increase. This enhances the capabilities for revenue to be generated from participation in the HIE services provided by OHIP. Through the progressive development of an effective and comprehensive HIE, greater value for providers, researchers, payors and others will be realized, encouraging further stakeholder buy-in and more opportunities for no*n*-traditional revenue streams. With the expansion of the clinical exchange creating an ever-increasing provider base, the integration of administrative functions will help improve health care quality and curtail costs through improving operational efficiencies.

OHIP'S SUSTAINABILITY STRATEGY

OHIP will leverage federal grant money to offset the initial build-out and core services of the statewide HIE to encourage stakeholder participation. Concurrently, OHIP will utilize its REC to expand provider EHR adoption, directly increasing the possible user base of the HIE. As the HIE attains a critical mass of users, additional services will be phased-in to offer value-added, services that can be purchased by current users and secondary data users who may not require bi-directional functionality.

OHIP has identified that sustainability is best achieved through multiple revenue streams that do not simply rely on the exchange of clinical data. This multi-revenue stream model will leverage the buy-in of all types of stakeholders, using a variety of services to capture their individual desires for operational efficiency and cost reduction. Similar to OHIP's phased implementation approach, revenue from HIE services is projected to fall into one of three tiers.

Figure 1 OHIP Revenue Chart



TIMELINE

OHIP began an extensive procurement effort in January 2010 by issuing a Request for Information (RFI) to identify full service HIE vendors with the "breadth, depth and width' to support a substantially-sized statewide HIE. Following review of responses, OHIP selected eight vendors to participate in a Request for Proposal (RFP) issued in September 2010 following completion of OHIP's HIE State Plan in July 2010.

The remaining timeline for selection and implementation of HIE services is noted in Table 1.

Table 1 OHIP HIE

Month/Year	Key Action
September 2010	Request for Proposal (RFP) issued to 8 vendors selected to participate in RFP process
October 2010	Vendors submit proposals to OHIP
October-December 2010	OHIP conducts five-stage vendor evaluation process
January 2011	OHIP finalizes negotiations with HIE vendor and awards contract
January- June 2011	OHIP works with Ohio stakeholders to prepare for HIE launch

	○ During this time the implementation plan is created with the vendor, the system is designed, developed and tested.
June 2011	OHIP's core support services begin ○ See next page for detailed plan for a phased implementation
August 2011	HIE service phase I begins (meaningful use)
December 2011	HIE service phase II begins (administrative efficiency)
June 2012	HIE service phase III begins (enhanced administrative efficiency and integration)

WHO WILL LEAD THE PROJECT? WHAT IS THE GOVERNANCE MODEL?

OHIP was created in 2009 with the help of key healthcare stakeholders. These stakeholders represent statewide interests and structured OHIP in a manner that would ensure continued alignment with stakeholder priorities.

At the highest level, OHIP's fifteen-member board provides strategic, staff, fiduciary and community direction. Comprised of industry leaders representing hospital, physician, payor, state agency, consumer and behavioral health organizations located throughout the State, the Board provides active and valuable insight into Ohio's dynamic healthcare system.

- To learn more about OHIP's Board, go to www.ohiponline.org/Pages/Leadership.aspx.

OHIP LEADERSHIP STAFF

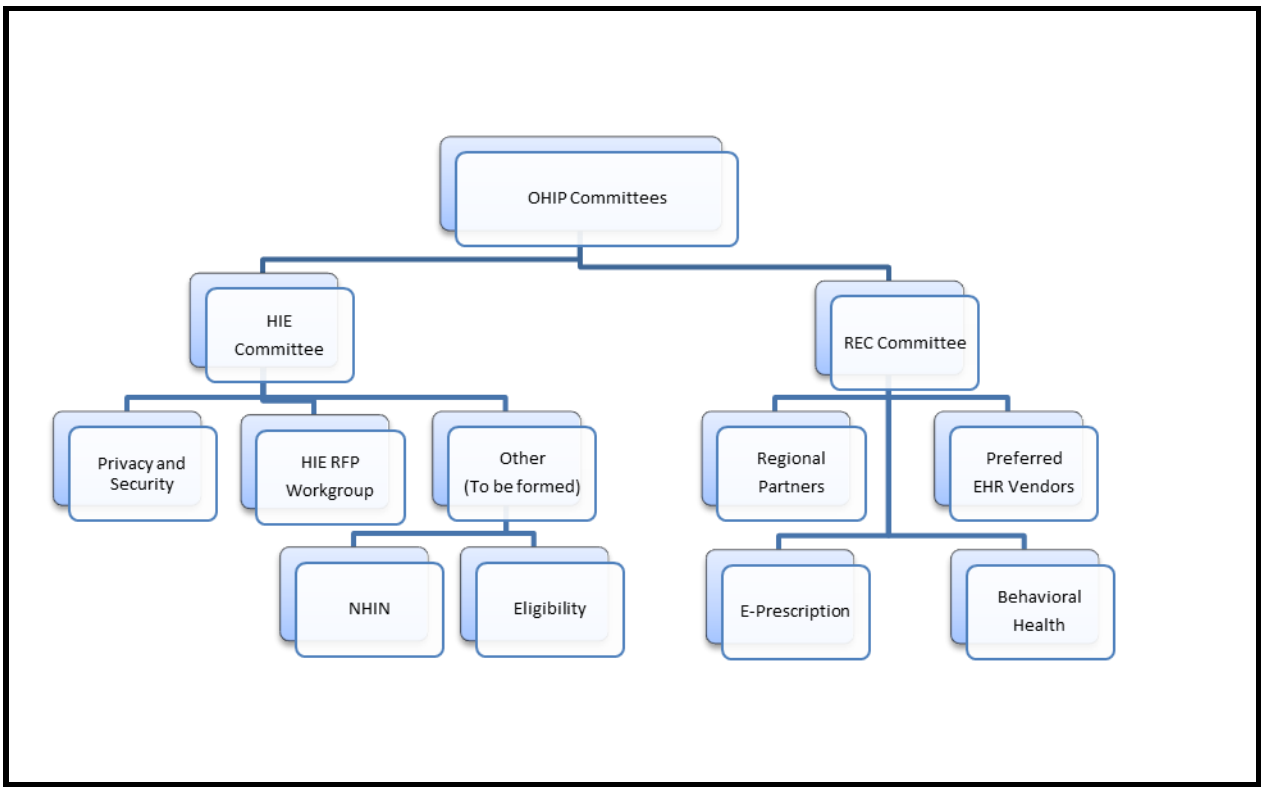
The Executive Committee is a subset of the Board and oversees the staff and daily operation. OHIP is a flat organization with few layers of management to best facilitate teamwork and collaboration between the HIE staff and Regional Extension Center (REC) staff under the oversight of the Executive Board. REC staff works to assist providers in converting their record management to electronic systems with additional federal funding OHIP has secured. This REC staff provides trusted unbiased support to providers making this often challenging transition and will help to assist the same providers if they choose to join the HIE.

- OHIP's leadership team is comprised of seasoned health technology experts from Ohio who have extensive new organization development, legal, government and health IT experience. They understand the value of HIE and are passionately committed to delivering services which will *add value and efficiency* to Ohio's healthcare system. To view staff bios, see www.ohiponline.org/Pages/Staff.aspx

OHIP STAKEHOLDER ENGAGEMENT

OHIP is fortunate to have many interested and active stakeholders engaged in committee work. As a lean organization, OHIP engages stakeholders through two primary committees that serve in a strategic advisory role: the HIE and REC Committee. Underneath these committees, ad hoc workgroups are regularly formed to address specific issues or provide defined deliverables as noted in Figure 2.

Figure 2 OHIP Committees



The Executive Committee reviews the recommendations made by the committees. Once the recommendations by the committees are approved, the staff of OHIP will put the recommendations into action.

To keep the process manageable, only a few workgroups are active at the same time, which does limit the number of positions for participation; however, that does not mean OHIP is not interested in future engagement with individuals who express interest.

- As new OHIP workgroups are formed, stakeholders are considered for participation based on their interest, availability and expertise. To indicate interest in participation, please see ohiponline.org/Pages/CommitteeInterestForm.aspx to share information about your expertise that will help us in selecting future committee or workgroup members.

STATE GOVERNMENT COLLABORATION

OHIP's Board Chair, Amy Andres, is the federally designated State Health IT Coordinator as well as Chief of Staff the Ohio Department of Insurance, the state agency with primary authority for health reform initiatives. Amy's unique experience and cross-agency authority positions her well to move critical stakeholders and the state's administration to achieve the necessary legislative and agency collaboration for OHIP to be successful.

OHIP also closely aligns its strategic direction with the Governor's Health Care Coverage and Quality Council (HCCQC) and the State Interagency Council (SIC). The HCCQC represents a broad range of stakeholders from nursing homes to dentistry and is focused on improving the coverage, cost and quality of Ohio's health insurance and health care system through payment reform, medical home concepts, consumer engagement and health IT.

- As the state-designated entity for HIE in Ohio, OHIP is well positioned to effect change at the state and federal level necessary to achieve true integration and administrative efficiency.

OHIP WAS CREATED TO HELP OHIO

- For more information about OHIP please visit www.ohiponline.org

APPENDIX A- HIE PHASES

HIE Service	Benefits	Phase
Services to allow you to easily find patient information from trusted sources		
• **Master Patient Index (MPI)** • **Master Provider/Entity Index** • **Record Locator Services** • **Trust Enablement**	• Eliminate interfaces you currently support to connect disparate MPIs • OHIP will validate the data so end users do not have to • OHIP can validate the source is trusted and has agreed to exchange terms even if across state borders • One consistent interpretation of HIPAA and Ohio Law	Pre-Phase Core Support June 2011 (Target)
Services to achieve meaningful use		
• **e-Prescription** • **Structured lab results** • **Patient care summaries** • **Quality measures** • **Registry and surveillance data** • **Integration with OHIP preferred EHR vendors**	• OHIP maintains interfaces with EHR vendor so end users do not have to • Exchange data with public health, labs, pharmacies, nursing homes and others without adding more interfaces • Eliminate Board of Pharmacy approval process by using pre-approved preferred vendors	Service Phase I August 2011 (Target)
Services to achieve administrative efficiency		
• **Advanced insurance eligibility verification and connectivity** • **Coordination of benefits including Rx** • **Pre-authorization and referral routing** • **Advance claim status and remittance coordination** • **payor /Employer treatment cost and screening information**	• Maintain one interface to payor information instead of several • Achieve consensus among payors on the quality and consistency of data exchanged • Integrate with employers to improve accuracy of benefit coverage • Replace slow and paper-based pre-authorization and referral processes with automation • Use claim/payor data to project reimbursement under ICD-10 • Deliver to physicians the estimated cost of treatment at the point of service	Service Phase II and III Dec 2011 and June 2012 (Target)
Enhanced Integration		
• **Advance data aggregation and reporting** • **NHIN connectivity** • **Consumer integration and support**	• Scalable services to meet providers capability (web , secure email, structured integration) • Significantly reduce population reporting requirements through streamlined integration with state agencies	Service Phase III June 2012 (Target)

• **Community web portals** • **Address verification capability**	• Exchange data across state borders using NHIN protocols without having to maintain them (OHIP will) • Access consumer preferences and deliver information without having to maintain individual interfaces to PHRs or data banks • Mine de-identified data to monitor clinical trends	