



Governance Work Group Meeting Agenda

Meeting Date:	December 15, 2009	Teleconference #:	1-888-394-8197 Passcode 931255
Place:	2209 University Park Drive, Okemos, MI	Facilitators:	John Evans Sue Frechette
Time:	2:30-4:30		

- Topic 1: Introductions (15 min)
- Topic 2: Work Group Update:
 - Technical (5 min)
 - Business Operations (5 min)
 - Finance (5 min)
- Topic 3: Items to approve:
 - Governance Work Group Charter
 - Vision
 - Goals/Objectives
 - Guiding Principles (10 min)
 - Work Group Mission
 - Leadership/Voting WG Members
 - Meetings/Rules of Engagement (10 min)
 - HIGH LEVEL plan - critical path and decisions to be made by Gov WG (10 min)
- Topic 4: Items to review
 - ONC Work Group Report Requirements (10 min)
 - Long-term Governance Model development (30 min)
- Topic 5: Next Steps (5 min)
- Topic 5: Public Comment (15 min)

DISCUSSION			
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE	
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Note to Governance Work Group members

Welcome!

The MiHIN Governance Work Group Charter is intended to serve as the reference document to guide all of the project work to be completed by the Work Group. Toward that end, the first activity of the Governance Work Group will be to approve this charter.

Please review this document to familiarize yourself with the content prior to the initial Governance Work Group meeting on December 15, 2009. Note that most of the sections are based on information that was developed and agreed upon by a large group of stakeholders during the development of the Conduit to Care report in 2006. As a result, major changes to these sections are not expected.

However, there are three sections of this charter that will be reviewed and discussed at the initial meeting:

- Guiding Principles – the initial 4 Guiding Principles are from the Conduit to Care. As we move forward with the MiHIN, are there any other Guiding Principles that should be considered? Others commonly use in HIE are included for your comments.
- Rules of Engagement – these will be reviewed for questions and clarity.
- Critical Path – this will also be reviewed for questions and clarity.

The agenda timeframes are aggressive. Please be prepared with your questions.

Thank you.

MiHIN Governance Work Group Charter

DRAFT
December 2009

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MiHIN Vision (*Conduit to Care, 2006*)

The MiHIN will foster development of HIE that will reduce the overall cost of care while at the same time increasing the quality of care and patient safety.

MiHIN Goals (*Conduit to Care, 2006*)

1. Improve the quality and efficiency of health care delivery for Michigan citizens by accelerating the adoption and use of a collaborative model including health information technology (HIT) and health information exchange (HIE).
 - Minimize redundant data capture and storage, inappropriate care, incomplete information and administrative, billing and data collection costs.
2. Promote evidence-based medical care to improve patient safety and quality.
3. Encourage patient-centered care: Connect health care providers – clinicians and facilities – to ensure continuity of care for every patient.
 - Increase patient understanding and involvement in their care.
 - Enhance communication between patients, health care organizations and clinicians.
4. Promote national standards to guide the sharing of information and electronic data interoperability.
5. Safeguard privacy and security of personal health information.
6. Leverage existing health information systems.
7. Create a business model that balances cost and risk.
 - Implementing organizations must see sufficient value to justify their investment.
 - Regional HIEs need to be self-sustaining.

MiHIN Project Goals (*MiHIN Kick-off, 2009*)

- Support the implementation of the ONC priorities for health information exchange including NHIN connection
- Establish Long-term Governance Structure
- Establish a Financial Sustainability Plan
- Develop a statewide infrastructure for the secure exchange of health information
- Create an incremental plan for implementing HIE over the next four years across Michigan
- Ensure interoperability of disparate systems by developing and implementing technical standards that address privacy and security
- Develop measures for success

MiHIN Guiding Principles (*Conduit to Care, 2006*)

Guiding Principle 1: Consumer privacy, security and confidentiality are paramount.

Without consumer trust and acceptance of the process, no matter how well the system or network is designed and executed, it will fail. While there is public support for health information exchange, it is also recognized that Michigan citizens have a strong concern for the privacy and security of their medical health records.

Guiding Principle 2: Clinical data will only be utilized for the clinical care process.

Health care information disclosed for one purpose may not be used for another purpose without informed consent, unless otherwise permitted by law. Patients understand their personal health data is being used for diagnosis, treatment, and operational activities as defined in the Health Insurance Portability and Accountability Act (HIPAA) regulations. This specific Guiding Principle will facilitate the early adoption of HIE and build trust. Clinical data must only be utilized for clinical care processes during the formative stages of HIE development in MI. As HIE in the State of Michigan evolves, this decision and Guiding Principle may be revisited.

Guiding Principle 3: The delivery of health care is local; therefore, health information initiatives at the regional level are critical.

By adopting this view of the health care system it is a natural extension that data be shared amongst a naturally occurring and commerce-defined community of providers. Patients seek services on a regionalized basis therefore the model of greatest economical efficiency is one where a patient's data is available throughout the region to participating entities.

Guiding Principle 4: Multi-stakeholder collaboration is needed to implement achievable and measurable initiatives in order to show early progress and value.

Cooperation and collaboration on the implementation of Health Information Exchange will drive innovation and change within regional HIE efforts as well as across the various stakeholders in the state. It is on this front in a local health care market where the average citizen will see the greatest administrative relief and impact. Multi-stakeholder involvement is needed to ensure the patient's health information is robust and to foster the sustainability and financial solvency of regional HIE efforts.

Others to consider:

- Leverage existing and planned information technology investments – regions, SOM systems, other non-region HIE's
- The Strategic Plan and Operational Plan will conform to ONC guidance (Meaningful Use, Standards, NHIN, etc.)
- Those that benefit should participate in the investment
- Adoption and use of the MiHIN is critical to success

Governance Work Group Mission

Broad stakeholder involvement is critical to the success of the MiHIN. Toward that end, the initial Governance Work Group is tasked with the following:

- Develop a long term Governance Model through engagement with stakeholders, national research, and best practices from other statewide health information networks
- Develop a plan to transition to that model within six months of funding
- Secure stakeholder support and commitment to collaborate on the development of the MiHIN
- Approve all products and strategies developed by other work groups, considering the implications for stakeholders throughout Michigan
- Develop a Performance Measurement subgroup and oversee the production of all reports requested by the ONC
- Develop a Finance subgroup responsible for developing a strategy for financial matching by stakeholders across the state (as well as a business plan and model for long-term financial sustainability for the MiHIN pending approval from SOM)

Governance Work Group

The Governance Work Group was developed with an intent to provide broad stakeholder representation in the decision making for the MiHIN project as well as to align with ONC guidelines. The Work Group will be led by 2 co-chairs, 1 public, 1 private, who are appointed by the State of Michigan. Co-chairs of the Business Operations and Technical Work Groups as well as chairs of the Finance, Measurement and Privacy and Security Sub Groups will serve as members of Governance Work Group. Initial terms will run November 10, 2009 through April 15, 2010

Work Group Leadership

- Janet D. Olszewski, Co-chair
- Larry Wagenknecht, Co-chair

Roles and Responsibilities

- Work with project facilitators to lead the successful completion of WG deliverables as defined in the project plan within the specified timeframe
- Assign workgroup members to specific tasks/deliverables
- Assure balance of input from stakeholders to gather broad representation so that no one sector unduly influences the deliverables
- Appoint another representative from a similar stakeholder group (meeting minimum requirements) to fill a vacancy that occurs during the initial term
- Assure input from outside experts and advisors as needed to complete deliverables
- Serve as a full member of the WG

Voting Work Group Members

All interested stakeholders are invited to participate in Governance Work Group Meetings. However, only voting Work Group Members will be asked to develop consensus around key decision, voting if needed. Through a broad, open and transparent nomination and voting process that was begun at the MiHIN Kick-off meeting on November 10, 2009 and concluded November 24, 2009, the initial Governance Voting Work Group members through April 15, 2009:

Existing HIE Initiatives

Paula Johnson - Upper Peninsula Health Care Network

Helen Hill - Southeast Michigan Health Information Exchange

Health System Executives

Patrick O'Hare - Spectrum Health

Jocelyn Dewitt - University of Michigan Health System

Michigan Employer

Denise Holmes - Michigan State University (Uncontested)

Provider Trade Associations

Jim Lee - Michigan Health & Hospital Association

Kim Sibilsky - Michigan Primary Care Association

Rural healthcare provider/clinic/hospital.

John Barnas - MI Center for Rural Health

Insurer/Health Plan.

Richard Murdock - Michigan Association of Health Plans (Uncontested)

NOTE: The Governance Workgroup may choose to appoint two more representatives:

Health Care Consumer

Physician (with a business or employer)

NOTE: In addition to these members of the Governance Workgroup, all co-chairs will be a voting member of the Governance Workgroup, which include:

Ken Theis: Co-Chair of Technical

Rick Warren: Co-Chair of Technical

Sue Moran: Co-Chair of Business Operations

Bob Brown: Co-Chair of Business Operations

Roles and Responsibilities

- Provide broad stakeholder input in the successful completion of Work Group deliverables as defined in the project plan within the specified timeframe
- Represent other similar stakeholders across the State in the development of Work Group deliverables and serve as a conduit to these similar stakeholders
- Support guidance provided by the Office of the National Coordinator in developing the Strategic and Operational plans

Work Group Meetings Rules of Engagement

It is the intent of the State of Michigan to use an open and transparent process and to facilitate collaborative decision-making among broad stakeholders for key components of the MiHIN project. Toward this end, meetings will be conducted as follows:

Open Meetings

- All meetings conducted by the Work Groups will be open to all interested stakeholders
 - Voting Work Group Members as well as interested stakeholders will review and discuss items to be refined prior to vote.
 - A public comment period will be included at the end of each agenda and will be offered after each vote.
 - When possible, discussion of a decision and the vote on a decision will take place one meeting apart.
 - Agendas and documentation to be reviewed at each meeting will be posted to the MiHIN website and emailed to all workgroup members at least 2 days before each meeting
 - Approved meeting minutes will be posted within 1 week after each meeting.
 - All workgroups will begin meeting face-to-face and will decide on alternative options like web-conference and teleconference for subsequent meetings.

Meeting Approach

- Agenda items fall into three categories:
 - Review only – enable Work Group members to become familiar with information, to ask and/or respond to questions to guide the development of future deliverables
 - Review and refine – provides the opportunity for the Work Group members to review a draft, comment, question, and direct iterations by other Work Groups, as necessary, before approving the final deliverable at a subsequent meeting
 - Review and approve – aims for a decision (consensus or vote) on deliverables that either likely require minimal discussion or have already been reviewed and refined by the Work Group

Decision Making

When a vote is called, the following process will be followed:

- Only Voting Work Group Members are allowed to vote
- A quorum of Voting Work Group Members must be present in order to vote
- A majority vote rules

When possible, items that require a vote will be clearly noted on the agenda.

Attachments

Critical Path

Governance Model

	November	December (#1)	Jan (#2)	Jan (#3)	Feb (#4)	Feb (#5)	Mar (#6)	Mar (#7)	Apr (#8)	Apr (#9)
Deliverable										
Governance model	Review and select voting WG members, meeting schedule, meeting format, etc.	Approve voting WG members, meeting schedule, voting format	Review stakeholder feedback from interviews	Review governance models						
Governance Model		Provide high level understanding of what is to be governed based on services, value, cost, etc.	Develop success criteria	Review approaches taken by other states based on 'scope of governance' and evaluate success/pitfalls based on this experience	Determine options based on what is to be governed (priorities, use cases, value proposition, tech architecture, cost of implementation and operations, etc.) and propose direction					
Governance Model						Review and refine proposed long term governance model (MAY NEED ITERATION WITH GOV, FIN, TECH AND BIZ OPS)				
Governance Model								Approve long term governance model		
Governance Model								Review and refine transition plan for long term HIE Governance	Approve transition plan for long term HIE Governance	
Governance Model										Begin transition

	Key Decisions
	Key Iteration Points
	Key Activities

Strategic and Operational Plans

Deliverable	November	December (#1)	Jan (#2)	Jan (#3)	Feb (#4)	Feb (#5)	Mar (#6)	Mar (#7)	Apr (#8)	Apr (#9)
Infrastructure Solution				Approve vendor list						
Infrastructure Solution				Review and approve RFP requirements overview (1/15)						
Infrastructure Solution				Review and approve RFP requirements overview						
Privacy and security									Approve a statewide approach to privacy and security policies for Strategic Plan (4/1)	
Business Operations				Review and approve use cases aligned with priorities (1/12)						
Finance					Review and refine concept for statewide financial match					
Finance							Approve plan for statewide funding match strategy			
Finance									Approve final budget (4/1)	
Strategic Plan				Review and approve sections of Strategic Plan						
Strategic Plan								Approve final draft Strategic Plan		
Operational Plan				Review and approve sections of Operational Plan						
Operational Plan									Approve final draft of Operational Plan	

- Key Decisions
- Key Iteration Points
- Key Activities

Making technology work

MiHIN Governance Work Group

- December 15, 2009



Today's Agenda

- Introductions (15 min)
- Work Group Updates (10 min)
- Review and approve Governance WG Charter (30 min)
 - Discuss Guiding Principles
 - Review Rules of Engagement
 - Review Critical Path
- Long-term Governance Model Development (45 min)
- Next Steps (5 min)
- Public Comment (15 min)



Today's Objectives

- Approve Governance WG Charter
- Understand two key roles of Governance WG
- Begin development of long-term Governance Model



Work Group and Project Structure

Federal
Administrative Office
of the State HIE
Cooperative
Agreement Program

Office of the National
Coordinator for HIT

Applicant

Governance Work Group

HIT Coordinator
MDCH & MDIT

Business
Operations
WG

Technical
WG

Program
Office

HIT
Commission

Finance
Sub Group

Measures
Sub Group

Privacy and
Security Sub
Group

Project Control
Office

Support Structure

Stakeholder Input Structure



Governance Work Group Charter

- The MiHIN Governance Work Group Charter is intended to serve as the reference document to guide all of the project work to be completed by the Work Group.
- Three sections to review and discuss:
 - Guiding Principles – the initial 4 Guiding Principles are from the Conduit to Care. Other guiding principles are listed for consideration.
 - Rules of Engagement
 - Critical Path



Guiding Principles (Conduit to Care, 2006)

- *Guiding Principle 1: Consumer privacy, security and confidentiality are paramount.*
- *Guiding Principle 2: Clinical data will only be utilized for the clinical care process.*
- *Guiding Principle 3: The delivery of health care is local; therefore, health information initiatives at the regional level are critical.*
- *Guiding Principle 4: Multi-stakeholder collaboration is needed to implement achievable and measurable initiatives in order to show early progress and value.*



Guiding Principles (Conduit to Care, 2006)

Other guiding principles to consider:

- Leverage existing and planned information technology investments – regions, SOM systems, other non-region HIE's
- The Strategic Plan and Operational Plan will conform to ONC guidance (Meaningful Use, Standards, NHIN, etc.)
- Those that benefit should participate in the investment
- Adoption and use of the MiHIN is critical to success
- Others?



Rules of Engagement - Open Meetings

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Rules of Engagement - Meeting Approach

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Rules of Engagement - Decision Making

When a vote is called, the following process will be followed:

- Only Voting Work Group Members are allowed to vote
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- A majority vote rules

When possible, items that require a vote will be clearly noted on the agenda.

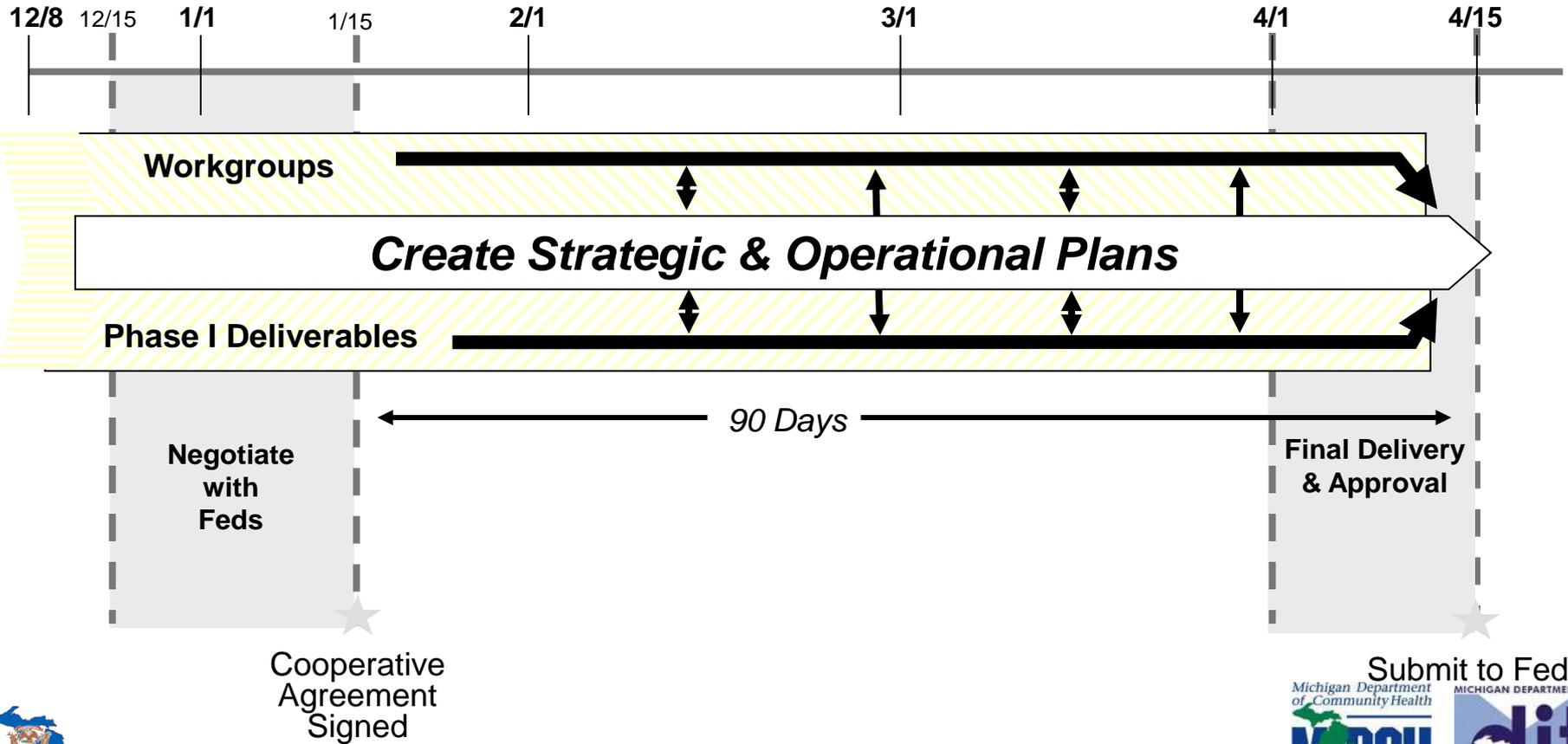


Current MiHIN Strategy

Goal

4/15/10 - Submit Strategic & Operational Plans to Feds

Current Approach & Schedule



Critical Path – Long Term Governance Model

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Governance model	Review and select voting WG members, meeting schedule, meeting format, etc.	Approve voting WG members, meeting schedule, voting format	Review approaches taken by other states based on 'scope of governance' and evaluate success/pitfalls based on this experience	Determine options based on what is to be governed (priorities, use cases, value proposition, tech architecture, cost of implementation and operations, etc.) and propose direction						
Governance Model		Provide high level understanding of what is to be governed based on services, value, cost, etc)	Develop success criteria							
Governance Model		Review governance models	Review stakeholder feedback from interviews							
Governance Model					Review and refine proposed long term governance model after iteration with recommendations from other WGs	Iterate long term governance model	Approve long term governance model			
Governance Model							Review and refine transition plan for long term HIE Governance	Approve transition plan for long term HIE Governance		
Governance Model									Begin transition	

Key Decisions
 Key Iteration Points
 Key Activities



Critical Path – Strategic and Operational Plans

Deliverable	November	December (#1)	Jan (#2)	Jan (#3)	Feb (#4)	Feb (#5)	Mar (#6)	Mar (#7)	Apr (#8)	Apr (#9)
Infrastructure Solution				Review and approve Technical Architecture						
Privacy and security									Approve a statewide approach to privacy and security policies for Strategic Plan (4/1)	
Business Operations				Review and approve business/clinical priorities (1/12)						
Finance					Review and refine concept for statewide financial match					
Finance							Approve plan for statewide funding match strategy			
Finance							Approve business plan that enables financial sustainability			
Finance									Approve final budget (4/1)	
Measurement								Approve performance measurement plan		
Strategic Plan				Review and approve sections of Strategic Plan						
Strategic Plan								Approve final draft Strategic Plan		
Operational Plan					Review and approve sections of Operational Plan					
Operational Plan									Approve final draft of Operational Plan	

 Key Decisions
 Key Iteration Points
 Key Activities



Overview of getting to a Governance Model

1. High level understanding of 'what is to be governed' (meeting #1):
 - services to be provided
 - value to stakeholders
 - implementation: cost; timeline; deliverables; communication; privacy and security
 - cost of on-going operations



Overview of getting to a Governance Model

2. Review governance models (meeting #1)
3. Review stakeholder feedback from interviews (meeting #2)
4. Develop governance model success criteria (meeting #2)
5. Review approaches taken by other states based on 'scope of governance' (meeting #2)
6. Evaluate success/pitfalls based on other State experience with their respective models (meeting #2)



Overview of getting to a Governance Model

7. Develop a **detailed** understanding of what is to be governed (meeting #3):
 - Review priorities for exchange and use cases developed by Business Operations workgroup
 - Review Finance WG value propositions from stakeholder perspective:
 - Services
 - Medicare/Medicaid EHR incentive programs
 - Meaningful Use
 - Review technical architecture developed by Technical WG
 - Based on technical solutions understand total cost of implementing and total cost of on-going operations
 - Review and approve approach to Privacy and Security



Overview of getting to a Governance Model

8. Apply all the above, develop and iterate governance model (meetings #4, 5)
9. Finalize the best approach to long term governance for Michigan (meeting #6)



“What is to be governed?”

- HIE services to be provided:
 - the ‘highway’ for organizations to exchange health information across the state
 - the connection to other states through the National Health Information Network (NHIIN)
 - specific major technical services (pending validation by Technical WG):
 - master patient index (MPI)
 - record locator service (RLS)
 - query for documents
 - specific clinical services (pending validation by Business Operations WG):
 - laboratory test ordering and results reporting
 - Electronic Public Health Reporting (immunizations, notifiable diseases)
- Value of HIE to stakeholders
 - a standards based ‘backbone’ that can incrementally be expanded
 - immediate availability of technical services for HIE organizations that are technologically prepared ‘to connect’
 - pilot testing of clinical services to validate use and value of the MiHIN
 - supports requirements for HIE interoperability needed for physicians and hospitals to receive Medicare and Medicaid EHR incentive payments
 - supports current Meaningful Use criteria (TBD based on further ONC guidance)



“What is to be governed?”

- HIE implementation

- vendor deployment of hardware and software solutions
- activities needed to integrate with SOM systems, as applicable
- cost of project control office – oversight of vendor implementation activities/deliverables
- cost of pilot site connectivity
- privacy and security policies/guidelines/laws: trust agreements (data sharing, data use, reciprocal support); consent; opt-in vs opt-out
- establishing measurements of project success and value of HIE: clinical; technical and financial

- Cost of on-going HIE operations

- maintenance and support of implemented technology
- implementation of additional phases
- stand-alone business expenses: personnel, space, etc..
- collecting and analyzing data: usage; clinical effectiveness/impact on care; cost savings (reduced utilization or duplicate testing); satisfaction (providers and patients)
- consumer education/communications particularly on privacy and security
- customer marketing



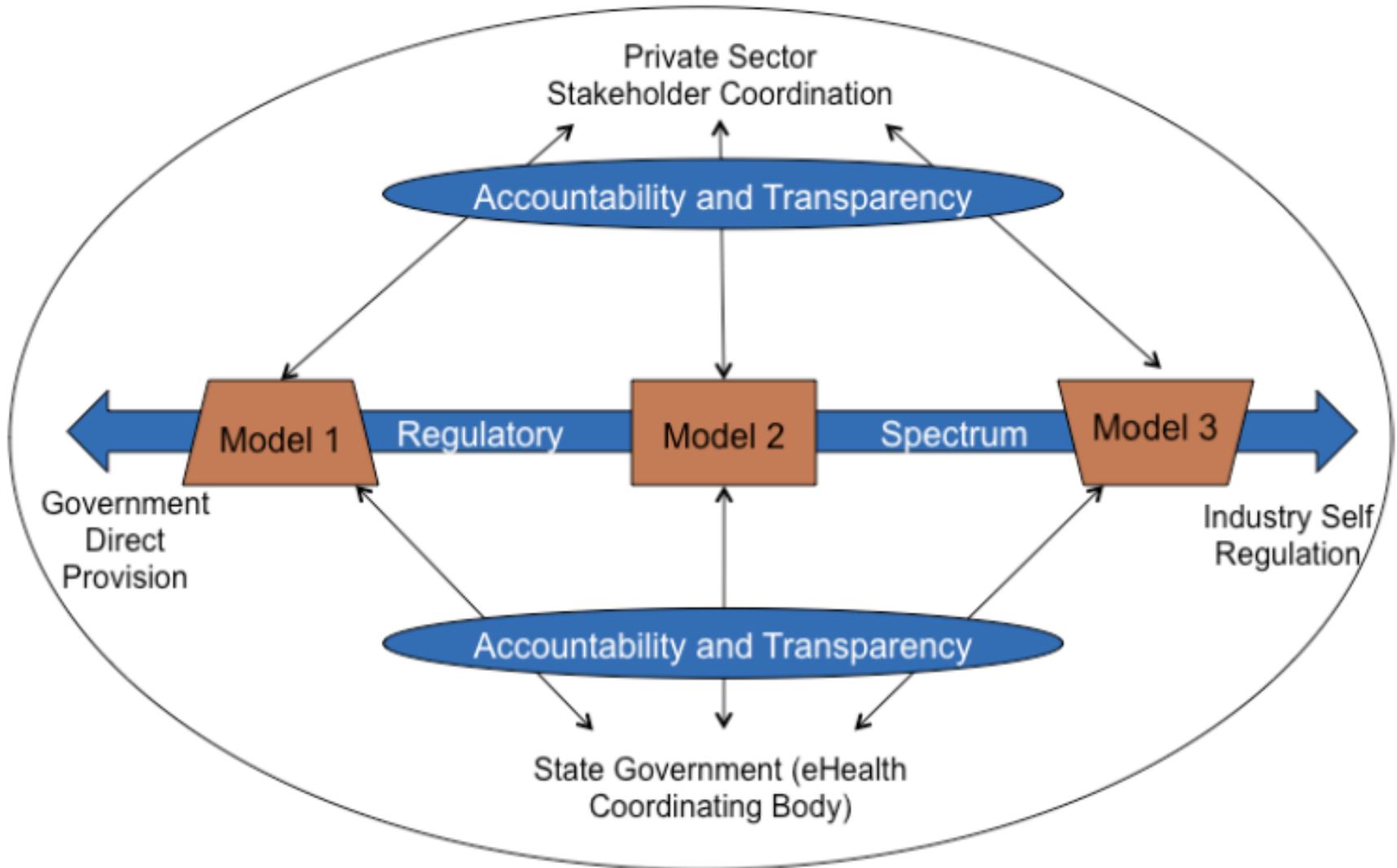
State Alliance for e-Health - Recommendations

- **Three Public Governance Models for Sustainable HIE:**
 1. **Government-Led Electronic HIE:** Direct Government Provision of the Electronic HIE Infrastructure and Oversight of its Use.
 2. **Electronic HIE Public Utility with Strong Government Oversight:** Public Sector Serves an Oversight Role and Regulates Private-Sector Provision of Electronic HIE.
 3. **Private-Sector-Led Electronic HIE with Government Collaboration:** Government Collaborates and Advises as a Stakeholder in the Private-Sector Provision of Electronic HIE.

From the Report to the State Alliance for e-Health: Public Governance Models for a Sustainable Health Information Exchange Industry, 2009



State Alliance for e-Health - Recommendations



- **Elements of Success Across all models:**

1. Engagement of key public and private healthcare stakeholders.
2. A formal organizational governance structure that is representative of stakeholders.
3. A technical architecture that facilitates electronic HIE.
4. Identified data sources, transaction types, and standards for exchange, security, and privacy.
5. Financing to support development and operations of electronic HIE.



• **Model 1: Government-Led Electronic HIE:**

○ **Proposed government tasks:**

- Convene stakeholders, build trust and consensus
- Define and design an appropriate technical architecture
- Determine and implement appropriate electronic HIE services and transactions
- Define and designate specific standards for electronic HIE
- Create data agreements
- Financing operations



- **Model 1: Government-Led Electronic HIE:**
 - **Legal Structure (three possibilities):**
 - Public Authority: Legislation needed, Subject to constitutional requirements, Delaware and Pennsylvania are models
 - Government controlled corporation: Legislation needed, Create separate non-profit, Not subject to regular government procurement and regulation issues, State maintains control of operations and oversight
 - Existing State Agency: Challenging oversight model for most, Lack or perceived neutrality from stakeholders, Example, Washington Health Care Authority (Health Record Bank)



• **Model 1: Government-Led Electronic HIE:**

○ **Considerations for Financing:**

- State appropriated “start-up” funds
- Need government investments, membership, transaction, program, and service fee charges for ongoing support
- Medicaid and Medicare considerations
- Significant time in creating business model

○ **Considerations for System Development:**

- Significant strategic planning required
- Expertise of existing staff and ability to hire
- Costs associated with building a system that can be interoperable statewide
- Capacity for the state system to grow with demand
- Accounting for the depreciation of the system



• **Model 1: Government-Led Electronic HIE:**

○ **Considerations for Accountability:**

- Additional legislation may be required beyond HIPPA to protect medical information
- Specific legislation may not be flexible enough to adapt to the rapidly changing electronic HIE environment
- Contract documents will play a crucial role
- Executive orders may also prove to be useful



- **Model 2 – Electronic HIE Public utility with strong government oversight**

- **State government would be responsible for the following tasks:**
 - Convene stakeholders and build consensus
 - Define appropriate statewide technical and policy standards
 - Define and oversee specific standards and policies for electronic HIE
 - Support the development of appropriate data agreements
 - Support the development of appropriate business models for electronic HIE and rates for electronic HIE transactions
 - Monitor and create incentives



• **Model 2 – Electronic HIE Public utility with strong government oversight**

○ **Legal Structure (two options)**

- Public Authority
 - Separate governmental authority specifically to oversee and regulate the electronic HIE industry
 - Legislation or Executive Order
 - Private industry would have seats on the governing board
- Existing State Agency
 - Many believe that it would be difficult for existing public utility commissions to take on this role due to the complexity of the electronic HIE and the healthcare marketplace
 - May work for some though, Rhode Island Department of Health used as example



• **Model 2 – Electronic HIE Public utility with strong government oversight**

○ **Financing Considerations:**

- State appropriations
- Revenue bonds
- Fees may be assessed to electronic HIE providers
- State government may be engaged in rate setting for electronic HIE transactions
- No examples of states setting rates to date

○ **Accountability Considerations:**

- Legislation will need to layout specific accountability measures
- Accreditation and certifications may be needed
- Must guard against monopolistic practices by private electronic HIE vendors



State Alliance for e-Health - Recommendations

• **Model 3 – Private-Sector-Led Electronic HIE with Government Collaboration**

- **State government would be responsible for the following tasks:**
 - Participate in and support the collaborative oversight/governance of private-sector electronic HIE efforts
 - Support and participate in the development and use of appropriate electronic HIE standards that align with intrastate, interstate, and federal standards
 - Support the development of appropriate data agreements
 - Create incentives and/or provide direct financial assistance to support electronic HIE adoption
 - Ensure that public programs and public healthcare delivery systems are appropriately represented and included in electronic HIE implementation
 - Monitor the electronic HIE industry to ensure that consumers are being protected and the industry is developing in a fair and equitable manner
 - Develop intervention strategies and regulatory options to address market failures should they occur



• **Model 3 – Private-Sector-Led Electronic HIE with Government Collaboration**

- **Private sector will also have the responsibility for the following actions:**
 - Mutually beneficial relationship for HIO members
 - Good representation from public and private participants and consumers
 - Cost efficiency compared with gov't-imposed regulations as proposed in Models 1 and 2
 - Transparent and accountable oversight/governance demonstrating independence from the electronic HIE marketplace, including an independent board of directors
 - Transparent and flexible policy and rulemaking powers
 - Effective surveillance, supervision, and enforcement powers over stakeholder
 - Sufficient budgetary funding



• **Model 3 – Private-Sector-Led Electronic HIE with Government Collaboration**

○ **Legal structure:**

- Formalize the states relationship with e-HIE providers through legislation or e.o.
- Participate on the board of an existing private-public HIO through invitation
- Create a separate corporate entity to represent the states oversight/governance positions

○ **Financing Considerations:**

- Financing may be tied with monitoring and transparency initiatives
- Provision of direct fiscal support of electronic HIE and HIT initiatives through grants and contract
- Indirect support through financial incentives targeted at stakeholders



• **Model 3 – Private-Sector-Led Electronic HIE with Government Collaboration**

○ **Accountability Considerations:**

- Essential for private sector to develop industry-wide framework of principles and practice
- State may exert some control through contractual mechanisms
- Multiple organizations are currently working on accreditation and certification programs across the nation
- Who will pay for such programs is still big question, no great business models to date



Scope/role of a Statewide HIE Governing Body

- Provide leadership, encourage collaboration/cooperation
- Commitment to success of the effort
- Ensure equitable and ethical approach to HIE
- Ensure uniform approach to HIE -> standards
- Negotiate standards for interoperability between regional HIEs
- Support local community HIT/HIE efforts
- Collect, distribute and advocate for funding/align financial incentives
- Make policy recommendations, particularly for Security and Privacy
- Seek implementation of state-wide HIE initiatives and/or provide requisite infra-structure
- Develop marketing/communications plan



Governance Structure Options

•Options for Governance Structures

- Non-Profit Corporation Model: 501(c)3, 4, 6
- For Profit Corporation Model
- Limited Liability Company Model
- Government Authority/ Quasi-Government Model
- Virtual Model
- Academic Institution Model (No example of this yet)



26 HIE Initiatives Considered

Non-Profit Corporation Model

1. Arizona
2. California
3. Colorado
4. Connecticut
5. Hawaii
6. Illinois
7. Indiana (IHEI)
8. Maine
9. Maryland
10. Minnesota
11. Nebraska
12. North Carolina
13. Ohio (Cincinnati)
14. Tennessee
15. Vermont
16. Wisconsin
17. Wyoming

Government or Quasi-government Model

1. Delaware (Public instrumentality)
2. Florida (Developing a nonprofit)
3. Utah (Nonprofit company)

Virtual Model

1. Massachusetts eHealth Collaborative
2. Indiana Network for Patient Care (INPC)
3. Rhode Island Health Improvement Initiative

Academic Institution Model

For Profit Corporation Model

1. Connecticut ChimeNet

Limited Liability Company Model

1. Michiana Health Information Network (MHIN)
2. Massachusetts (MA-SHARE)



Community Experiences

•eHI has observed the following characteristics that are common to most successful HIE organizations:

- They are governed by a diverse and broad set of stakeholders within the region or community.
- They develop and assure adherence to a common set of principles and standards for the technical and policy aspects of information sharing - addressing the needs of every stakeholder
- They develop and maintain a model for sustainability that aligns the costs with the benefits of HIE; and
- They use metrics to measure performance from the perspective of: patient care, public health, provider value, and economic value.

