



# Arizona Health-e Connection Roadmap



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# Roadmap Overview and Organization

Anne Winter

Steering Committee & Executive Leadership Team  
Health Care Policy Advisor, Office of the Governor



## What is the Roadmap?

- Arizona's blueprint for implementing e-health information technology
- Focuses on the “what, when, why and who”; the “how” is left to implementation



- Executive Order 2005-25 issued by Governor Janet Napolitano:
  - Convene steering committee with wide range representation
  - Develop a Roadmap within 180 days of a Call-to-Action Summit
  - Create actionable Roadmap with specific milestones for 5 year implementation



- Goals of Roadmap are **improving quality** and **reducing costs** of healthcare in Arizona by:
  - Ensuring health information is available at point-of-care
  - Reducing medical errors
  - Avoiding duplicate medical procedures
  - Improving coordination of care
  - Furthering healthcare research
  - Encouraging patient participation
  - Enhancing business environment
  - Reducing state expenditures



- Steering Committee
- Executive Leadership Team
- Task Groups
- Task Group Leadership Team
- Project Management Team



- The **Steering Committee** is charged to:
  - comprehensively review issues surrounding the creation of an e-health infrastructure in Arizona
  - develop guidance for the users of such infrastructure
  - explore funding options for creation of the infrastructure
- There are 42 members seated on the Steering Committee including (2) Co-Chairs



# Roadmap Organization – Steering Committee

- Representation on the Steering Committee is broad-based and includes membership from the following organizations / sectors:
  - Major employers
  - Health plans
  - Physician community
  - Hospitals and hospital systems
  - Healthcare foundations and organizations involved in e-health information
  - Healthcare associations
  - Arizona Health Care Cost Containment System
  - Arizona Department of Health Services
  - Arizona Department of Administration
  - Arizona Department of Insurance
  - Arizona Universities
  - Health information, privacy and security content experts



- **The Executive Leadership Team:**
  - provided day to day leadership of the project
  - consisted of five members of the Steering Committee
  - provided guidance and support for the project staff on an as-needed basis
  - provided a channel between the Governor and the Steering Committee
  - provided the Steering Committee's voice to the community
  - ensures that the Steering Committee and Task Groups have appropriate resources



- **Task Groups** were created to:
  - support the Steering Committee
  - provide specific recommendations for Steering Committee consideration
- Five Task Groups established were:
  - Clinical
  - Technical
  - Financial
  - Legal
  - Governance \*
  - \* The Governance Task Group is a sub-committee of the Steering Committee



# Roadmap Organization – Task Groups

- Inclusive approach to Task Group membership provided a vehicle for all interested individuals and organizations to be represented
- Approach proved successful and provided a rich variety of viewpoints and ideas
- Approximately 250 people signed-up for Task Group participation.



# Roadmap Organization – Task Groups

- Each Task Group was assigned a Chairperson, Facilitator and staff resource
- Chair was Arizona ‘recognized expert’
- Facilitator was national ‘recognized expert’ provided by eHealth Initiative
- Charges were identified for each Task Group



- **The Task Group Leadership team:**
  - consisted of the Chairperson, Facilitator and staff for each Task Group
  - provided a key venue to continuously align progress and direction of each individual Task Group with the direction of the overall project



- **The Project Management team:**
  - reports to the Executive Leadership Team
  - orchestrated scheduling, logistics and compilation of presentation materials for the entire process



# Roadmap Development Process

Andy Miller

Statewide Initiatives Manager

Arizona Government Information Technology Agency  
(GITA)



- Executive Order – August, '05
- Call to Action Summit - October, '05
- Convened Steering Committee - 5 meetings
- Established five task groups - 17 meetings
  - Arizona leaders chaired
  - National experts facilitated
- Inclusive, open process to participate
  - Geographic and functional representation
  - 250 people participated in Steering Committee and task groups
- Roadmap presented to Governor Napolitano April 4, 2006



- Create Achievable, Actionable and Practical Initiatives
  - Provide recommendations that reach across geographical, demographic and organizational boundaries
- Ensure that Initiatives are Consumer-Focused
- Provide Technical Basis for Health Data Exchange
- Promote Sustainability
- Increase the Quality and Performance of Healthcare in Arizona
- Assist in Health Care Research



- Roadmap development process:
  - Steering Committee set direction
  - Five task groups made recommendations
  - Steering Committee approved the recommendations
  - Recommendations synthesized under direction of the Executive Leadership by Task Group Leadership and Project Management Teams
  - Steering Committee reviewed draft Roadmap and provided input
  - Steering Committee reviews/approves final draft of Roadmap
  - Deliver the Roadmap to the Governor



- Structure ties to Governor's Executive Order
  - Clinical, Technical, Legal, Finance, Governance
- Clinical task group is linchpin
  - Identification and prioritization of key "product" types milestones
  - Drives subsequent detailed tasks of other task groups
- Specific tasks are assigned to each task group
  - Each task group has initial (general) tasks
  - Subsequent detailed tasks



- Initial Task:
  - Define criteria (such as reach, feasibility and impact) to prioritize key “product” types
  - Identify and prioritize the key “product” types
- Upon Completion of Initial Task:
  - Define use cases (‘real world examples’) that are appropriate for the first key “product” types identified
  - Identify key barriers to adoption and recommend strategies for working with the identified community to clear those barriers



- Initial Tasks:
  - Articulate the value on investment and the business case for investments
  - Examine approaches and successful examples of financial strategies to increase adoption
  - Propose long term and startup funding strategies
- Upon Completion of Initial Tasks:
  - Identify specific financial actions required to support the first key “product” types
  - Provide an estimate for total cost of implementation of the first key “product” types
  - Provide an estimate for total cost of implementation of the Arizona Health-e Connection Roadmap



- Initial Tasks:
  - Discuss and document different options / examples of technical architectures used by health information exchange initiatives and the best uses of each
  - Complete an inventory of existing Arizona state technical infrastructure resources
- Upon Completion of Initial Tasks:
  - Recommend a process to establish design guidelines for technology, including compliance with national standards
  - Create technical requirements based on business and clinical use cases required for the first key “product” types



- Initial Tasks:
  - Document real and perceived legal barriers
  - Make recommendations on whether health information with “special” protection will be included in the e-health data exchange
  - Understand consumer expectations regarding an e-health data exchange
  - Identify examples of best practices from other regions
- Upon Completion of Initial Tasks:
  - Identify specific legal actions required for the first “product” types
  - Identify practical strategies and solutions (not technical) for developing e-health data exchange that will ensure the secure and confidential transmission of medical information



- Develop a draft shared vision statement, guiding principles and operations of a statewide collaborative
- Examine successful examples of governance strategies used by working health information exchange initiatives
- Define a structure and approach that effectively attracts and retains participants and defines roles and responsibilities of a public / private collaborative
- Discuss legal barriers and/or legal incentives associated with various governance models
- Create a communication plan that conveys accurate and useful information, uses existing communication channels and creates new channels as needed, and presents information in a timely and effective manner



# Roadmap Priorities

**Bruce Bethancourt, MD, FACP**

Steering Committee Member & Clinical Task Group Chair

Regional Medical Director, Banner Arizona



- Represented payers, providers and patients
- Determined urgent priorities for the *Roadmap* development process
- Translated urgent priorities into products
- Provided direction for other task groups' activities
- Coordinated with other task groups—iterative process



- Create shared information access between professionals to:
  - Support quality systems
  - Continuity of care
  - Improve cost efficiency
  - Improve safety
- Enable patient information access and communication
- Enhance public health functions
- Enhance research and other functions



- Most clinical value of all potential initiatives
- Provides assembled view of patients most pertinent medical characteristics
- Requires infrastructure development to accomplish
- Implement a pilot “basic” patient health summary and move towards “advanced”



- Information types identified as being most urgent:
  - Basic patient demographic information
  - Prescribed medications
  - Dispensed medications
  - Allergies
  - Immunizations
  - Lab and other medical test results (and trends)
  - Other providers caring for patient
  - Cumulative medical problem list
  - Insurance / eligibility
  - Hospital and emergency department discharge care summary  
*(Available at the point-of-care)*



- Other task groups considered the urgent products from the viewpoint of feasibility
  - Were any prerequisite technical activities / projects required?
  - Importance of establishing early ‘wins’ to maintain project momentum
  - How would startup capital and sustainable funding be obtained?



- Identifies the timing of the different products/components based on urgency balanced by feasibility
  - Some urgent deliverables were more feasible the first year than others
  - As infrastructure is built and experience is gained other urgent deliverables become more feasible



# Urgency / Feasibility Matrix

	Higher Feasibility	Lower Feasibility
<b>Higher Urgency</b>	Year 1 - 2	Year 3 - 4
	Web portal (statewide)	(Enhanced) Patient Health Summary - by MTA
	Statewide (Basic) Patient Health Summary	(Additional MTAs) - results delivery, provider directory, MPI, data normalization
	MTA results delivery	Encourage HIT adoption
	MTA provider directory	Statewide patient record locator
	MTA Master Patient Index (MPI)	
	MTA data normalization	
	Secure infrastructure components	
	Secure messaging	
Encourage HIT adoption		
<b>Lower Urgency</b>	Year 3 - 4	Beyond
	Statewide personal health record	Encourage HIT adoption
	Add public health functions	Add functions for oral health and other professionals



# Key Roadmap Strategies

**Eric Dean**

Technology Task Group Chair

Chief Information Officer, Schaller Anderson



## Health Information Technology (HIT)

- Local deployments of technology to support organizational business and clinical requirements
  - Examples: Electronic Medical Records, Practice Management Systems, E-prescribing

## Health Information Exchange (HIE)

- Infrastructure to enable data sharing between organizations
  - Examples: Patient Health Summary, Web Portal, Master Patient Index, Provider Index



## HIT Roadmap Approach:

- Partner with organizations already involved with HIT adoption
- Adopt and set standards
- Provide guidance, direction and education
- Provide incentives
- Identify barriers and propose solutions



## HIE Roadmap Approach:

- Leverage existing initiatives and information sources
- Develop key centralized HIE infrastructure
- Implement HIE regionally



- A geographic location where consumers receive medical services by doctors, hospitals, labs, pharmacies and others that are working together (formally or informally)
- Example: Pima County



- Service delivers results from labs, imaging centers, pharmacies, etc to the ordering clinician in the formats they require
- Service provider (lab) maintains only one interface
- Data stream established to populate key components including:
  - Provider Index
  - Master Patient Index
  - Data transformed into information
- Enables self-sustainability
- Strategy successfully employed at other locations



- News about Health-e Connection
- Access point for strategic products (when services are developed):
  - Patient health summary
  - Provider directory
  - Secure messaging
  - Results delivery service signup
  - Patient health summary
- Centralized support services for providers (especially small and rural offices)



# Governance, Legal, Finance, Transition

Chris Muir

Strategic Projects Manager

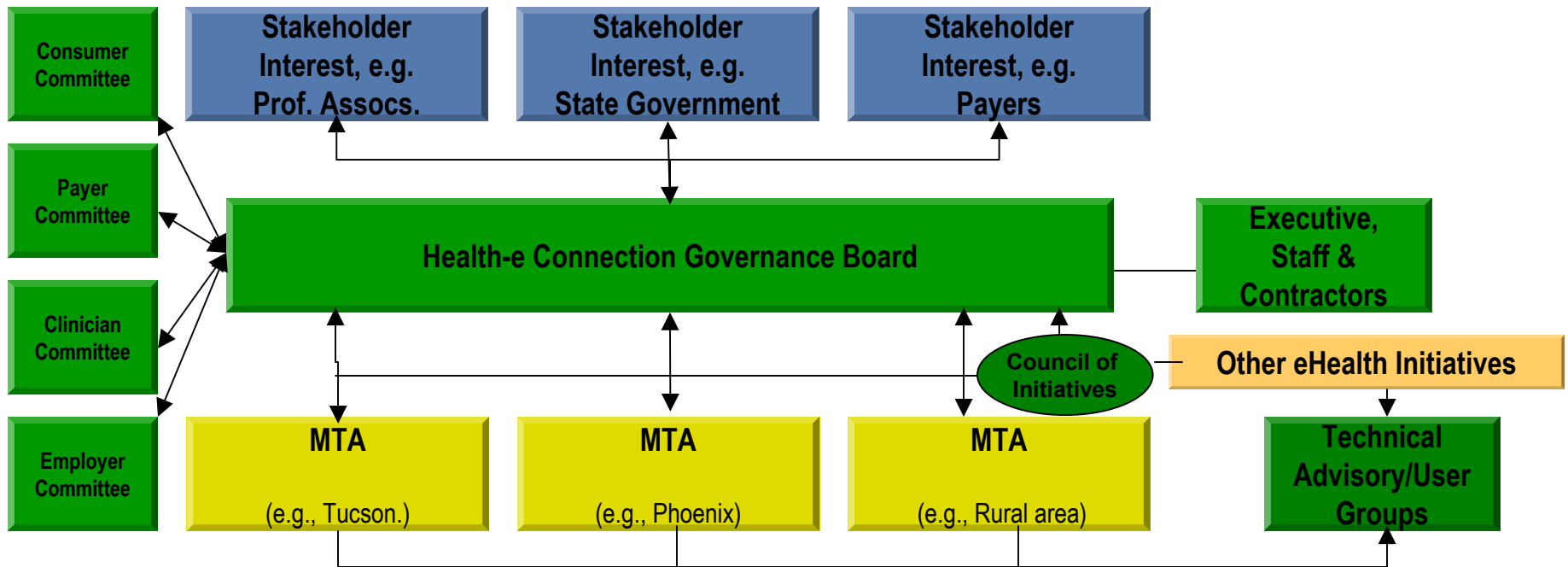
Arizona Government Information Technology  
Agency (GITA)



- Public – private partnership
- Not-for-profit
- Responsibilities include:
  - Providing leadership
  - Adopting or setting standards
  - Encouraging collaboration
  - Developing statewide technical infrastructure
  - Advocating needed policy change (if required)



# Governance Structure





# Roles & Responsibilities

Governance Role	Responsibilities
Governance Board	<ul style="list-style-type: none"> <li>• Maintain vision, strategy, and outcome metrics</li> <li>• Build trust, buy-in and participation of major stakeholders statewide</li> <li>• Assure equitable and ethical approaches</li> <li>• Develop high-level business and technical plans</li> <li>• Approve statewide policies, standards, agreements</li> <li>• Balance interests and resolve disputes</li> <li>• Raise, receive, manage and distribute state, federal, private funds</li> <li>• Prioritize and foster interoperability for statewide and sub-state initiatives</li> <li>• Implement statewide projects and facilitate local/sector projects</li> <li>• Identify and overcome obstacles</li> <li>• Financial and legal accountability, compliance, risk management</li> <li>• Educate and market</li> </ul>
Board Committees	<ul style="list-style-type: none"> <li>• Broadens stakeholder representation in governance body</li> <li>• Provides content expertise in very specific areas</li> <li>• Represents clinicians, consumers, employers and payers</li> </ul>



# Roles & Responsibilities (cont)

Governance Role	Responsibilities
Executive, Staff and Consultants	<ul style="list-style-type: none"> <li>• Execute strategic, business and technical plans</li> <li>• Coordinate day-to-day tasks and deliverables</li> <li>• Establish contracts and other relationships with local/sectoral initiatives</li> <li>• Provide industry knowledge</li> </ul>
Council of Initiatives	<ul style="list-style-type: none"> <li>• Forum for e-Health projects whose scale is more limited than MTAs</li> <li>• Shared learning and recruitment</li> <li>• Sends representatives to the “Board” to contribute expertise and advice</li> <li>• Sends representative to Technical Advisor Groups</li> </ul>
Technical Advisory and User Groups	<ul style="list-style-type: none"> <li>• Forms to develop proposed technical standards, policy and solutions</li> <li>• Openly share knowledge and solutions across Arizona’s health care community</li> </ul>



- Privacy and Security Committee provides legal guidance while implementing the Roadmap
- Four key legal challenges to be addressed:
  - Consumer control over their health information
  - Appropriate handling of ‘special’ health information that has greater confidentiality protection
  - Appropriate handling of minors’ health information
  - Identify those who will have access to e-health information in the exchange and for what purpose



- Funding obtained from a variety of sources
- Central budget would be “modest”
- Funding and justification takes place at the project level for most roadmap components
- Results delivery service should provide own long term base funding
- Providers pay for their HIT



	Startup Costs	Ongoing Costs / Year
Central Coordination Organization	\$3.0 - 4.0 M (1 year)	\$3.0 - 5.0 M *
HIE	\$1.5 - 3.0 M (2 years) per 1 million people (population)	\$2.5 - 4.0 M per 1 million people (population) **
HIT	0	\$3000 / clinician ***

\* = partially self funded (Patient Health Summary)

\*\* = self funded (Results Delivery)

\*\*\* assumes EMR-lite premium subscription



- Anticipate 12 months for transition
- Organize transition team
- Identify funding requirements and sources
- Establish the governance body



- Develop process for MTA engagement
- Implement early statewide HIE infrastructure
- Identify and coordinate with current Arizona HIT initiatives
- Develop a marketing and education plan



# Critical Success Factors for Roadmap Development

- Engaged and committed leadership
- Sense of urgency
- Full-time project management
  - Coordination
  - Communication
  - Maintain timeline
  - Provide project structure
- Camaraderie and trust within core project team
- Diverse participation from all facets of healthcare
- Mentoring from national experts
- On occasion, burning the midnight oil !



## Questions / Answers

Arizona Health-e Connection Roadmap is  
located at:

[www.azgita.gov](http://www.azgita.gov)