Statewide Coordination of Federal Health Information Technology Funds

I. GOVERNANCE

State Health IT Coordinator - State Lead and Oversight

Governor Herbert appointed David N. Sundwall, MD, Executive Director, Utah Department of Health as the State HIT Coordinator for Utah. This position is required by several ARRA grants. Dr. Sundwall organized the Utah HIT Governance Consortium in March 2009 to prioritize ARRA proposals and ensure they help achieve Utah's goals for health system transformation, economic development, evidence-based assessment and collaboration to improve health for all.

Utah HIT Governance Consortium – Quarterly Coordination

The HIT Governance Consortium consists more than 20 state and community organizations, including all major ARRA grantees. Dr. Sundwall chairs the consortium meetings. Initially focusing on the ARRA grant proposals, now the Consortium will meet quarterly to oversee and coordinate the implementation of various ARRA HIT grants (See the attachment of the consortium for details).

Utah Digital Health Service Commission – Bi-monthly Updates

This is a governor-appointed statutory advisory commission chaired by Joseph Cramer, M.D., with twelve members. Its mission is to facilitate and promote the adoption of the secure, effective and efficient exchange of electronic health data and services. The commission holds six open meetings annually to address emerging issues and provide advice on Health IT to Utah Department of Health, the state of Utah and its major e-health initiatives.

Utah Chartered Value Exchange HIT Task Force – Monthly Coordination

HealthInsight, the Utah Chartered Value Exchange for Heathcare, hosts the HIT Task Force. The grant project managers from the State HIE Program, statewide clinical health information exchange (cHIE), the HIT Regional Extension Center (REC), Beacon Community, Medicaid Health IT and Incentive Program, and CHIPRA Quality Improvement Project, meet monthly to coordinate overlapping issues and project interdependency. The Task Force created a Roadmap to track progress on seven parallel initiatives (see the attachment of Taskforce's Roadmap for details).

UDOH, UHIN, HealthInsight Coordination – Bi-weekly Operational Prioritization

Grant managers from UDOH, UHIN, and HealthInsight meet every other week at UHIN to monitor progress, assess potential risks, and adjust implementation plans as needed.

Utah HIT Governance Consortium
Statewide Vision and Partnership
2010

Vision Statement:

"Utah is a place where all people can enjoy the best health possible, where all can live, grow and prosper in clean and safe communities." The application of HIT throughout our state is an essential tool to achieve our vision that, "Utah is a place where the secure and efficient use and exchange of electronic health information will result in *improved health status, better health care, lower cost* and *healthier communities*."

The provision and financing of health care are primarily accomplished by the private sector in Utah, with much of the burden for funding health insurance falling on small businesses. Governor Gary R. Herbert has made health system reform a priority with a goal that *all Utah citizens* have health insurance coverage, and in the process assist businesses in Utah to become more successful in reducing their health care costs. Utah's active community partnerships have developed a strategic statewide e-Health Architecture that utilizes:

- Utah's history of statewide cooperation and regional sharing, including urban and rural, practitioners and research partners;
- New legislation for healthcare reforms that support HIT, e-prescribing, and standards;
- A relatively high penetration of Electronic Health Records (**EHR**) and Hospital Information Management Systems (**HIMS**);
- The Utah Health Information Network (**UHIN**), our statewide Health Information Exchange infrastructure (**HIE**) which we will enhance with a Master Person Index (**MPI**) for creating virtual health records.

Statewide e-Health Architecture

In order to rapidly improve the quality and efficiency of health care in Utah through the use of the ARRA funds, we have formed the Utah Health Information Technology Governance Consortium. Utah is ready to use the economic stimulus funds to:

- **Rapidly build our infrastructure** to connect all the health care 'dots' in Utah;
- **Increase employment** in healthcare and IT sectors;
- Build a **highly qualified workforce** both in HIT and in informatics;
- Be **innovative yet fully accountable** for ARRA project outcomes;
- Add **value and strength** to Utah's economy by reducing health care costs for Utah businesses, large and small.

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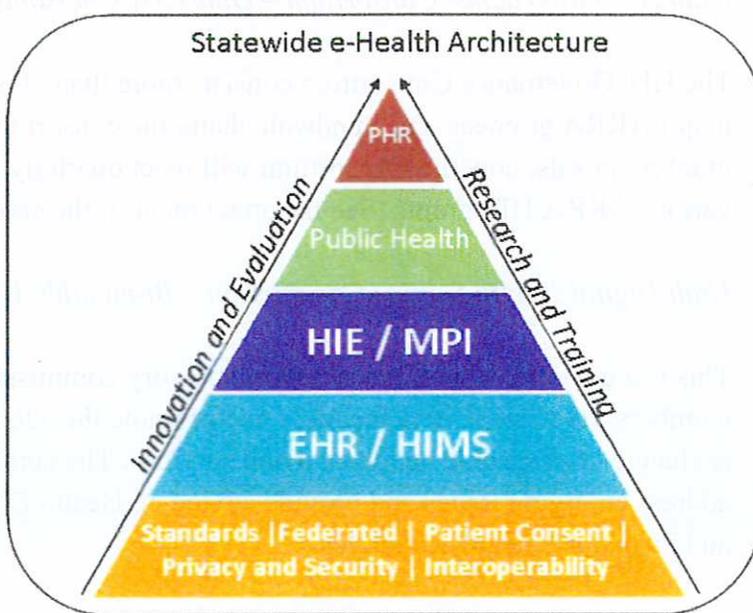
Utah HIT Governance Consortium	Liaison Organizations	
Utah Department of Health(Chair)	AARP	Utah Digital Health Services Commission
Utah Association of Local Health Officers	ARUP Laboratories	Utah Health Care Association
Utah Chartered Value Exchange at HealthInsight	Association for Utah Community	Utah Health Insurance Association
Utah Department of Insurance	Health	Utah Hospital Association
Utah Department of Technology Service	Tribal Governments/HHS	Utah Medical Association
Utah Health Information Network	Utah Association for Home	Utah Pharmacists Association
University of Utah	Health Care (UAHC)/Utah	Utah Telehealth Network
Utah State Office of Education	Hospice and Palliative Care	VA Medical Center
Utah State University	Organization (UHPCO)	

UTAH DEPARTMENT OF HEALTH

David N. Sundwall, Governor-appointed State Coordinator for Health IT, State of Utah
Report to Utah Legislature Health System Reform Task Force Committee, August 18, 2010

II. ACTIVITIES AND GRANTS

Activities (Responsible Entity)	Grant Program: Funding Agency/Amount/Timeframe
1. *Statewide Planning, Coordination, and Oversight (UDOH)* State Health Information Exchange Program − Coordinate statewide health IT efforts, staff support to the State HIT Coordinator and HIT Governance Consortium, manage the ONC HIE Program contracts with UHIN and other sub-grantees	State HIE CA Program: ONC $6,290,000 2010-2014
2. *Statewide Clinical Information Exchange (UHIN)* − Connect health care providers in the state of Utah to the cHIE to exchange clinical health information for treatment purposes at the point of care − Expand the cHIE services to include electronic prescribing, laboratory order and result delivery, and medication history to support meaningful use − Develop a sustainable governance and business model to operate the cHIE − Integrate public health data exchange with clinicians to reduce the burden on providers, increase timely and completed reporting, and protect population health	State HIE CA Program: ONC
3. *Medicaid Planning Incentive Program to Support Provider Meaningful Use of HIT* − Planning financial incentives to providers for Meaningful Use of electronic health records and clinical information exchange (UDOH Medicaid)	Medicaid Meaningful Use Planning: CMS $400,000 2010
4. *Regional Extension Center for Utah & Nevada (REC) Technical Assistance for Providers to Implement EHR & cHIE (HealthInsight)* − Provide TA to 1,500 or more clinical practices to adopt EHRs and participate in clinical information exchange	*REC:* ONC $6,700,000 2010-2012
5. *Beacon Community – Diabetes Care Improvement in SLC Metropolitan Statistical Area (Tooele & Summit Counties)* − Demonstrate health IT benefits and support health system transformation (HealthInsight)	Beacon Community: ONC $15,000,000 2010–2013
6. *Health IT Workforce Development* Regional Community College Consortium HIT Training − Salt Lake Community College (SLCC) with eight other states in Region A received $3,364,798 to develop and promote health information non-degree training opportunities for local health IT professionals.	ONC
7. *Use HIT to Coordinate Care for Children in Utah & Idaho* − Use HIT to Coordinate Care for Children in Utah & Idaho through Medical Homes and cHIE Partners: UDOH Medicaid, U of U, UHIN, Idaho Medicaid and Health Information Exchange	Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant: CMS $10,277,360 2010-2015

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Activities (Responsible Entity)	Grant Program: Funding Agency/Amount/Timeframe
8. *Public Health Clinical Information Exchange with Providers* – Utah Newborn Screening Clinical Health Information Exchange (UNS cHIE), a joint project with UDOH, UHIN, and University of Utah to collectively develop capacity to share the test results of newborn hearing and blood screenings with providers to improve short and long-term follow up care through a child's primary care Medical Home.	UNS cHIE: HRSA $1,200,000 2009-2012
9. *Improve System Quality of Clinical Information Exchange System* – Statewide Master Patient Index (MPI) for Health This is a research project. It will develop and pilot a better framework and technical capacity for a statewide MPI network to enhance the current capacity of the cHIE and better support healthcare treatment, payment, operation, research and public health uses. Partners: University of Utah, Intermountain Healthcare, UDOH, and UHIN	MPI: NIH $2,000,000 2009-2011
10. *Develop Health Information Technology and Exchange Infrastructure* – Broadband Availability Survey (DTS) The U.S. Department of Agriculture extends broadband infrastructure to places where it was not previously available and create opportunities for collaboration at a community level to use health IT and information exchange to achieve health care gains. Utah Department of Technology Service is conducting a broadband availability survey in the state of Utah.	Broadband: DoA $300,000 2010
11. *Use Health Data to Support Health System Transformation and Reduce Cost* – Utah Department of Health's All Payer Database (APD) will provide valuable information to policy makers, providers, and the market on healthcare quality and cost to support Utah's health system transformation.	

Utah's Health System Transformation ROADMAP: Using HIT, Quality Improvement and Realigned Incentives

HealthInsight — UTAH DEPARTMENT OF HEALTH

Focus	2nd Half – 2010	1st Half – 2011	2nd Half – 2011	The Vision
Consumer Communication	Public Reporting Website - go live with phase 1 data (hospitals/health plans); Public Reporting Website - develop phase 2 data (clinics); Study APD data for other consumer focused opportunities; Develop HIE consumer engagement strategy	Public Reporting Website - Go live with phase 2 data (clinics); Develop and finalize phase 3 provider data set; Develop PHR or other consumer engagement technology	Go live with phase 3 data set (expanded clinic data); Build and disseminate consumer HIE links	Credible information is available for consumers to make informed healthcare decisions
Provider Quality Data	Access APD data to begin validation process; Complete validation study and present to Reporting Task Force; Quality Reporter Requirement Development (Beacon); Finalize data for phase 2 and begin phase 3 data planning; Issue RFP for Quality Reporter (UHIN)	Develop Quality Reporter	Use Quality Reporter to track impact of care process changes	Meaningful data, with benchmarks, will be available to clinicians for QI purposes
Meaningful Use and Care Process Redesign a. Adoption/Use of EHR b. HIE connectivity c. Quality Reporting d. Best Practices	Provider communication through UMA, UHA and others; Finalized MU rules available from ONC; Target-375 MD's with signed contracts (REC); Best practices to achieve MU identified; Medicaid Provider Survey & submit SMHP/I-APD report (M'Caid); Providers incorporate MU best practices	Target-another 375 MD's with aligned contracts (REC); Additional Beacon best practices developed, including transitions in care	Target-first 300 MD's achieve MU; Providers incorporate Beacon best practices in diabetes care and public health	All clinicians will meaningfully use state of the art HIT and care process redesign to improve care
Reimbursement Transformation	Finalize Two Demonstration project plans (Maternity & Diabetes); Access APD data to establish baselines for projects; CHIPRA Payment Reform; Medical Home Care Coordinator	Telehealth Payment Policy Reform		Support innovation in healthcare reimbursement methods to reward the delivery of evidence based high quality care
cHIE Implementation	Finalize consent model for pilot; Connect major hospital systems as data sources and users; Connect Intermountain (IM) and University of Utah (UU); Implement the business model; Begin to connect 50% of non UU/non-IM primary care providers in SL MSA	Link to State MPI; Connect 25% of rural hospitals and their providers	Add functionality for intermountain patient worksheet; Connect another 25% of rural hospitals and their providers	Connect all providers to a sustainable cHIE
HIT Infrastructure	DTS T1-Line needs Assessment; FCC connections to Provider & RHC	FCC connections to hospitals and non-profit clinics	FCC work continues	All clinicians will have access to broadband internet services
Public Health HIE	Share Immunization and Rx data; Public Health Case Reporter (PHCR) requirement development (Beacon/CHIPRA); PHCR development (Beacon/CHIPRA) and outreach (HIE CA); Design POLST process; Develop M'Caid HIT Plan	Share newborn hearing screening results; Finalize PHCR and POLST	Test PHCR and POLST	Timely and accurate exchange of public health data to improve population health

Sundwall