August 23, 2010

Health Information Exchange:

An Operational Plan for Oregon

ONC Cooperative Agreement Award 90HT0014/01: CFDA #93.719

Oregon Health Authority and
Health Information Technology Oversight Council

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Introduction

To create a flexible and resilient health information exchange (HIE) process, Oregon's HIE planning team, with guidance from the Health Information Technology Oversight Council (HITOC) and its Strategic Workgroup, created a phased approach to implementation and operation of HIE. It begins with Phase 1, when many of the specifics of carrying out HIE in Oregon will be decided with oversight by HITOC, staffed by the Office of Health Information Technology (OHIT) and with the assistance of several subject-specific workgroups. This will lead to Phase 2, when a public/private, non-profit entity (state designated entity, or SDE) will be created, or an existing organization will be assigned to take over the operation of exchange services and offerings. Once the governance, technical design and finances of this operation are stable, the entity will transition into ongoing operation. When under way, the SDE will continue to review services, offerings and other fundamental issues of operation so it can remain open to innovation and the evolution of the marketplace. The entity's role would continue to provide ongoing support for Oregon's local health information organizations (HIOs), providers, health care organizations, consumers, neighboring states and others with an interest in improving the health of Oregonians and the state's health care system.

This operational plan outlines the specific objectives and actions to carry out HIE in Oregon. Details on the timing of these actions can be found in the project plan (Appendix B). The budget is explained in the text starting on page 3. Plans to coordinate with other agencies and organizations are highlighted in this plan, as is the timely establishment of HIE services (including the three priority areas) to help Oregon's providers reach meaningful use goals. This plan is organized further through a list of objectives that have been established to provide clear goals that can be measured, evaluated and adjusted over time.

This plan builds upon a broad foundation established in Oregon's strategic plan for health information exchange. That document and its appendices provide in-depth background on the state of HIT adoption in Oregon and its readiness for expanded health information exchange, along with the history of health care system reform that sets the stage for the successful use of health IT to improve health and health care. The strategic plan also provides a detailed explanation of Oregon's overall goals for the health of its citizens and for the improvement of its health care system and the role that health information exchange plays.

While this operational plan lays out specific objectives and actions, the strategic plan includes much background explanation about the technical and business approaches to HIE, along with governance, privacy and other legal issues and coordination with other agencies and organizations. It explains the phased approach to HIE and how consumers, providers and other stakeholders will be involved.

Timing

Oregon's operational plan will begin upon submission of its strategic and operational plans to the Office of the National Coordinator for Health Information Technology (ONC). Work on the operational components will begin in September 2010. The tasks are thereafter assigned to a given quarter over the following 18 months, with some tasks expected to take place after that period.

Several factors will decide the transition from Phase 1 to Phase 2:

- Selection and adoption of statewide HIE standards

- HIE Participant Accreditation Program is operational

- Identification of core technology and business services and initial purchase of centralized service offerings, with definition of their requirements

- Execution of interstate agreements

- Finalization of service costs and revenue plan

- Creation or designation of SDE to manage operational governance of statewide HIE

These objectives will probably be achieved at different points during Phase 1, e.g., the HIE Participant Accreditation Program will be underway before all interstate agreements have been negotiated and executed. This lag time between completion of different programs and activities will not prevent that portion of the SDE's offerings from moving to the next stage of its lifecycle. The formal transition point between Phase 1 and Phase 2 was agreed to be the creation of the non-profit state-designated entity and the transition of all contracts, staff, and activities to that entity.

The Strategic Workgroup estimates the duration of Phase 1 to be between 12 and 18 months, and the transition will be dependent on criteria including an approved sustainable finance plan and legislative approval of the transference of operational governance to an SDE.

Project Plan

The specific tasks and their timing are described in the following operational plan. More details are available in the project plan appendix (Appendix B). As additional planning occurs, the financial sustainability plan is developed and implementation begins, it is anticipated that an updated project plan will be submitted to ONC every February.

Interdependencies
Many of the tasks in this plan will depend upon other factors and activities both within the plan and outside its control. The planning process attempts to identify as many of these inter-relationships as possible, though clearly more will become apparent as implementation takes place. The project plan clearly delineates the tasks and their timing and its development required the planning team to take into account issues of interdependencies.

Coordination with ARRA-Funded Programs

Regional Extension Center (O-HITEC, division of OCHIN)
Approach: Regular communication between O-HITEC and OCHIN leadership and the HIE planning effort is critical to success. Bi-monthly meetings will continue to be held. Provider communication efforts will be closely coordinated with the Medicaid HIT planning efforts, and the Medicaid Planning-Advanced Planning Document (P-APD) project manager will participate in weekly status calls with O-HITEC staff. Communication requests for proposal through the Medicaid planning grant will require coordination with REC communication efforts. Also, strategies are being developed within the P-APD grant for HIE coordination.

Tasks: Bi-monthly program coordination meetings and weekly communications update calls to ensure that needed technical assistance for EHR adoption and implementation is available to all Oregon providers.

Oregon Health Network
Approach: Coordinate with and leverage the Oregon Health Network's (OHN's) activities and efforts to expand broadband infrastructure to underserved and rural areas. Rick Howard, vice chair of HITOC and CIO of the Department of Human Services/Oregon Health Authority, will be a member of the OHN board starting fall 2010 and will help ensure coordination.

Tasks: OHN and the State HIT Coordinator will continue in close communication. HITOC and OHN will closely coordinate tracking progress in Oregon's broadband initiative.

Workforce Development
Approach: Coordinate with and leverage federal workforce training grants awarded in Oregon through the American Recovery and Reinvestment Act (ARRA) to Oregon Health & Science University (OHSU) and Portland Community College (PCC).

Tasks: HITOC will provide an ongoing communication and convening function so that all stakeholders are aware of and can take advantage of the unique opportunities afforded by OHSU's and PCC's receipt of ARRA workforce development grant awards. A regular meeting of representatives of federal ARRA HIT/HIE funded programs will be convened by the State HIT Coordinator beginning in the fall of 2010. These meetings will be quarterly, or as needed, and include the REC (O-HITEC), OHN, OHSU, PCC, Medicaid HIT and OHIT and others as appropriate.

Medicaid

Approach: As noted in the memorandum of understanding between the state Medicaid program (Division of Medical Assistance Programs, Office of Information Services) and HITOC (Office of Health Policy and Research), the agencies will work together to identify common business and health care outcome priorities both in the context of carrying out the ONC-sponsored grant for HIE and in the Medicaid P-APD grant. Specifically, the MOU calls for the participation of Medicaid HIT Planning and subject matter experts in the Medicaid portion of this plan for HIE. It also states that the HIE plan will support Medicaid providers and connect DHS/OHA programs to providers to allow for the exchange of health-related data. The Steering Committee of this project include Carol Robinson, State HIT Coordinator and Rick Howard, vice chair of HITOC and CIO of the Department of Human Services/Oregon Health Authority. Rick is one of the executive sponsors, along with Judy Mohr Peterson, State Medicaid Director.

Tasks: Ongoing coordination.

Coordination with other states

Approach: The proposed Pacific Northwest Health Policy Consortium (Alaska, Washington, Idaho, California and Oregon) will lay the groundwork for a common approach to information exchange among the five states, and will evaluate specific near-term solutions in defined border markets as well as longer term opportunities for moving toward harmonization with national standards and the potential for a multi-state compact related to health information exchange issues.

Tasks: Continued coordination with neighboring states to explore development of a consortium including a reapplication to RTI International for an interstate planning grant.

Coordination with other organizations in Oregon:

Approach: To encourage and support the participation of as many organizations as possible in statewide HIE.

Tasks: Continue to communicate and coordinate with a variety of organizations in promoting HIE, including but not limited to Oregon's Tribes, school based health centers, long term care providers, dental associations and other provider and consumer groups throughout the HIE planning and implementation processes.

BUDGET

Overview

As part of the strategic and operational planning process, Oregon's HIE planning team has developed a full expected costs budget that reflects the full expected costs of transformative health information exchange over the four year grant period. However, the federal submission budget submitted with this plan, and all supporting documents and narrative, reflect only the federal grant portion and the required state/SDE match. The difference between the budget submitted to ONC and the full expected costs of the operational plan totals about $6 million, which represents the target sum needed from other sources within a financial sustainability plan. It is important to view all prospective actions within the strategic and operational plans as part of the full expected costs budget, which can be found on the HITOC website (www.oregon.gov/OHPPR/HITOC).

All implementation and operational activities and projected expenditures are subject to change during Phases 1 and 2. It is expected that Oregon will submit a revised budget to ONC in February 2011 that will identify additional non-federal HIE financing sources and revised estimates for certain categories of expenditures to be identified during the financial sustainability planning process.

As stated previously, the planning process yielded a projected budget for the full expected costs, which exceeds the federal funding associated with this cooperative agreement. Consequently, in addition to ONC funding, it is anticipated that several sources of potential revenue, non-federal in nature, will be identified during the financial sustainability planning process. These to-be-determined financing sources, along with the development of a sustainable business plan for the state designated entity (SDE), will be critical to the long term success and completion of the objectives identified in the strategic and operational plans.

The financial sustainability plan will include the results of the Phase 1 developmental activities to:

- Refine the statewide HIE services plan, technical architecture and expected operating costs.

- Identify the financing mechanisms for the planned statewide HIE services including:

  – start-up financing from ARRA and other sources

  – initial operations financing that is likely a blend of funding from ARRA and other non-recurring sources as well as initial operational revenues

  – ongoing operations financing that is likely a blend of operating revenues and some level of assessments among stakeholder beneficiaries.

- Identify the HIE services and costs that can support value-based pricing via fees for specific services, transactions fees and service subscriptions.

- Identify the broad-based value/utility HIE services and costs that do not lend themselves to the pricing of specific services.

- Identify options and recommendations for financing the utility HIE services including consideration of:

  – cross-subsidies generated from specific service fees, transaction fees and service subscriptions

  – voluntary contributions from various stakeholder groups such as payers, purchasers and providers

  – assessments (non-voluntary) to various stakeholder groups such as payers, purchasers and providers

  – other direct or indirect subsidy mechanisms to support the cost of HIE services.

- Assess the willingness of stakeholders to provide contributions and pay for HIE services through the governance entity and local HIOs.

- Specify the planned pricing models for statewide HIE services and the projected revenues to support a sustainable financing plan.

The federal submission budget included with the strategic and operational plans reflects the expected expenditures that should be prioritized within the full expected costs, but there is a strong recognition that the full costs of implementation of the plan will exceed federal and state match funding over the first four years of this project. The full expected costs budget spreadsheet, found on the HITOC website, provides a high-level overview of the general expenditures connected to key initiatives and programmatic activities required to develop a comprehensive statewide health information exchange in Oregon.

Both budgets were developed in accordance with the phased approach to implementation and operation of HIE. The three general budget categories are: 1) Phase 1 operational and ongoing planning costs, including limited duration state staff positions and consultants; 2) the technology infrastructure purchase; and 3) Phase 2 operational costs associated with the SDE. Phase 1 will officially begin upon submission to ONC of the strategic and operational plans. Phase 2 will begin once certain criteria, as defined in the operational plan for Phase 1, are met and a non-profit organization is designated to assume the operational governance responsibilities as the SDE. At some point during Phase 2, the project will enter into a continuous "monitor and adapt" cycle that allows the assessment and introduction of new services and offerings, as needed.

Description of Budget Expenditure Categories

The federal submission budget submitted within this plan is organized by the general set of activities for each phase as outlined in the strategic and operational plans. Provided below are brief descriptions of the various categories of projected expenditures according to the phased implementation approach. All estimates included in the project budget are based on advice from state budget analysts and independent consultant experts.

Total estimated costs for each project year include:

- Year 1 (February 2010-January 2011): $1,217,877
- Year 2 (February 2011-January 2012): $6,228,951
- Year 3 (February 2012-January 2013): $1,248,496
- Year 4 (February 2013-January 2014): $1,038,496

Total Project Budget: $9,733,820

Federal Funds: $8,586,873 (years 1-4)

State Match: $577,546 (years 2-4)

SDE Match: $203,281 (years 3-4)

In-kind Contributions: $366,120 (years 1-4)

Phase 1: Operational and Ongoing Planning

Staffing plan
Initially, the staffing plan will carry forward from the staff employed during the creation of the strategic and operational plans. The staff will be augmented with additional limited-duration state positions starting at the beginning of Phase 1, based on the needs of HITOC and its workgroups and panels and the upcoming set of tasks and deliverables.

Meetings
Part of the strategic and operational plans includes the development of the workgroup and panel structure for Phase 1 and beyond. The following workgroups and panels are anticipated: Technology Workgroup, Finance Workgroup, Legal and Policy Workgroup, HIO Executive Panel, and Consumer Advisory Panel. In addition, there will be ongoing monthly HITOC meetings as well as recurring stakeholder meetings.

Use of consultants
When and where appropriate, the HIE governance entity will continue to engage the services of subject matter experts in a consulting role to lessen the impact of incurring long term employee costs on the SDE (initially state of Oregon staff). During Phase 1, the staff and consultants will be supporting HITOC, workgroups, and panels; finalizing the scope of the services to be offered by the SDE; reviewing policy and ensuring that the tasks and deliverables to meet the Phase 1 objectives are completed in a timely and high-quality fashion. Consultants will perform work that is outside the realm of the expertise of any state staff assigned to the project. Consultants will be used based upon the following subject matter and related activities, listed below:

- Financial sustainability planning*
- Ongoing strategic and operational plan development
- Stakeholder engagement*
- Technology planning (ongoing)*
- Legal analysis and support*
- Intrastate HIE gap mitigation assessment and related planning activities*
- Communications and strategy planning and development

* Asterisk indicates ongoing expenditures for the duration of Phases 1 and 2.

Contractors and additional expenditure categories

A number of additional budget expenditures were identified during the HIE planning process. Categories of additional expenditures include:

- Development and operation of the HIE Participant Accreditation Program*

- Comprehensive evaluation*

- Quality measures pilot program *

- Development and deployment of consumer and provider education marketing materials *

- Audit/compliance contractor*

- State procurement costs for initial technology buys (Phase 1 only)

Technology acquisition: Single purchase process with phased implementation

Procurement of technical components will initally occur through existing state of Oregon-approved processes and methods. The timing of procurement will depend on the finalization of the requirements and specifications for any services to be implemented and operated by the state (with transition to the SDE). Projected costs within the **federal submission budget** are a prioritized portion of the estimated costs, based on information supplied by four prominent HIE vendors for supporting a federated Oregon HIE network. While the projected costs are less than the average of the vendors' proposals, it is assumed that additional funding sources will be identified and leveraged to meet the technology needs of the full project.

As stated, the costs of procuring and supporting technology are expected to be considerably higher than ONC funding can support. A governance entity will offer a number of core services that provide lookup, routing and trust mechanisms for information exchange between HIE participants. Technology acquisitions costs reflected in the budget are based upon the anticipated central core HIE services offered in Phases 1 and 2. In Phase 1, HITOC will also examine potential HIE services that could be offered in addition to the central core services. Such additional HIE services have not been included in the budget. Central core HIE services include:

- Push services

- HIE Registry

- Provider Registry

- Trust services

Phase 2: Operational Costs Associated with SDE

Staffing plan

Within the federal submission budget, the staffing plan for the SDE operations includes a portion of the expected personnel costs, office rental and supply expenses, travel costs and insurance-related expenses. It is anticipated that the SDE will begin operations in fourth quarter of 2011 and will continue operating through and beyond 2014. After the SDE is designated under the rules created within enabling legislation, the anticipated staffing within the full expected costs budget includes an estimated seven FTE positions; however, the federal submission budget reflects a prioritized staffing plan for about 3.75 FTE. Staffing positions include executive director, program manager, developer/analyst, customer support staff and office administration support.

Objectives

The operational plan is organized by the specific objectives for each phase as outlined in the strategic plan.
They are listed here with detailed descriptions of the tasks involved.

Objectives and Deliverables in Achieving HIE Capacity and Use

PHASE	OBJECTIVES	DELIVERABLES
One	1. Provider and HIO education programs are conducted 2. HIE services reviewed, finalized and communicated to stakeholders 3. Services requirements definition process is completed 4. Strategy for meeting the HIE needs of underserved areas is developed, reviewed, and approved 5. Sustainable business plan for SDE developed, reviewed, and approved 6. HIE Participant Accreditation Program designed, announced and implemented 7. HIE Participant Accreditation Pilot Project started 8. At least one intrastate and one interstate data usage and reciprocal sharing agreement (DURSA) are executed 9. One HIE participant exchanges information with another HIE participant 10. Legislative changes necessary to implement consent model are identified and bills drafted 11. Define and begin transition of HIE operations to SDE 12. HIE participation survey/study initiated 13. Strategic and operational plan reviews and adjustments	1. Intrastate and interstate DURSAs created, reviewed and finalized 2. List of Phase 2 business support and technology service offerings and associated sustainable finance plan created, reviewed and made final 3. Requirements documents for Phase 2 services created 4. Meaningful use criteria review process document created 5. Strategy for meeting the HIE needs of underserved areas created, reviewed, and made final 6. Sustainable business plan for SDE created, reviewed, and made final 7. Consumer, provider and HIO education programs defined and documented, including topics and timelines 8. Provider and HIO education program materials made final 9. HIE Participant Accreditation Program defined, documented and operational 10. Standards for HIE Participant Accreditation Program chosen 11. Document detailing laws pertaining to consent, including identification of the law/statute, reconciliation with consent model and necessary changes created, reviewed and made final 12. Transition plan for HITOC-to-SDE developed, reviewed and accepted 13. Measures and benchmarks for HIE participation and impact defined 14. HIE participation study/survey program parameters and deliverables defined and documented 15. Success criteria for HIE participation defined and reviewed 16. Plan to monitor and maintain a targeted degree of participation in HIE-enabled state-level technical services developed
Two and Ongoing	1. Complete transition of HIE services and programs operation to the SDE 2. Consumer education sessions have been conducted 3. Phase 2 services start 4. Success metrics for HIE participation defined	1. Consumer education program materials made final 2. Project plans for Phase 2 services created and published 3. Plan for follow-on services defined and reviewed (offerings, scope and timing) 4. Process to monitor, measure and assess gradual attainment of benchmarks identified in Phase 1 5. Process for assessing use of HIE services defined 6. List of additional services to be offered by SDE defined and reviewed including costs, timelines and financials 7. Process for reviewing costing models, utilization and budgets for additional services to be provided in continuing operation

Phase 1

Phase 1 will officially begin upon submission of strategic and operational plans to ONC, and workgroups will begin to be formed immediately.

⬜ Establishment of Workgroups and Stakeholder Engagement
Objective: Provider and HIO education programs are conducted

Stakeholder engagement process

The design, development and related follow-up for an integrated external communications strategy, plan and approach for the implementation phase of statewide health information exchange will take place early in Phase 1. This will include communications and education programs for patients/consumers, providers and HIOs. Patient education and communication will include (but not necessarily be limited to) information about the consent policy and how to opt out (or opt in for SPHI), other privacy and security issues, and personal health records. Provider communications will address such things as the Medicaid and Medicare incentive payment programs; and for both providers and HIOs communications will provide guidance regarding standards, regulations and compliance, particularly around privacy and security. All groups will also receive communications regarding ongoing state HIT planning for HITOC and any other related HIT statewide efforts.

As a first step, the communications and stakeholder engagement plan and other communication needs as identified will be presented to HITOC in fall 2010. This will include the initial announcement of the consumer, provider, and HIO education programs. Coordination with both O-HITEC (Oregon's Regional Extension Center) and local and regional HIOs will be critical to the successful implementation of both the provider and consumer outreach and education programs.

In parallel with the development of the engagement plan is the development of the workgroup and panel structure for Phase 1. The Phase 1 Workgroup Framework was presented and approved at the August 5 HITOC meeting. An application process will be announced so that workgroup members can be confirmed at the September HITOC meeting to immediately begin work. Charters for each workgroup will be written.

Phase 1 Workgroup Framework

GROUP TYPE	RESPONSIBILITY	DURATION/MEETINGS	STAFFING	SELECTION
Technology Workgroup	Phase 1 deliverables and objectives Certifications and Standards Definition of Central Services Projects-As needed	One year appointments 1X/month Task-based subcommittees 1X/month or more frequently as needed	Coordinated by State staff HITOC members encouraged to participate Subject matter experts as needed Consultants as needed	Open Application Process HITOC Subcommittee Reviews and Recommends HITOC selects
Finance Workgroup	Phase 1 deliverables and objectives Financial Sustainability Plan Projects-As needed	One year appointments 2X/month or more frequently as needed		
Legal and Policy Workgroup	Phase 1 deliverables and objectives Privacy and Consent Security Policy/Other	One year appointments 1X/month Task-based subcommittees 1X/month or more frequently as needed		

PANELS	RESPONSIBILITY	DURATION/MEETINGS	STAFFING	SELECTION
HIO Executive Panel*	Strategic input and HIO coordination and planning	One year appointments Quarterly	Coordinated by State staff HITOC members encouraged to participate	In consultation with HITOC Subcommittee each HIO shall put forth a representative Subcommittee selects
Consumer Advisory Panel	Strategic input	Quarterly	Subject matter experts as needed Consultants as needed	Open Application Process HITOC Subcommittee Reviews and Recommends HITOC selects

*Please note that the HIO Executive Panel will comprise CEO or equivalent from the HIOs.

An annual forum will be held for all groups. Each workgroup will base its work on the HITOC guiding and operating principles and have a specific charter based on the deliverables and objectives defined in the HIE Strategic Plan.

During the first half of 2011, market research will be conducted to provide foundational support for the development of the consumer communication tools and educational programs. As appropriate, this work could become a service provided to local and regional health information organizations.

Continued Refinement of HIE Approach

Objective: Strategic and operational plan reviews and adjustments

The July 13, 2010 announcement of the final rule for Stage 1 meaningful use objectives and measures has a number of impacts on Oregon's strategic and operational plans. Additionally the Program Information Notice (PIN) issued on July 6, 2010 (ONC-HIE-PIN-001) provides guidance regarding a number of elements in strategic and operational plans. These impacts affect the relative emphasis and priorities placed on some elements as well as the timing and sequence of some planned activities. As additional PINs are issued and information becomes available about the MU objectives and measures for Stages 2 and 3, Oregon's strategic and operational plans will be periodically reviewed and modified.

While some changes based on the final rule and PIN-001 have been incorporated into the strategic and operational plans, additional reviews and modifications will be required. During the first month(s) of Phase 1, a systematic review will be conducted to identify impacts that need to be addressed. The Oregon HIT environmental scan will require additional specificity in such areas as electronic transaction capabilities of laboratories, pharmacies and health plans; EHR adoption in ambulatory practices, hospitals and long term care facilities; and public health agency systems. The environmental scan updates will be conducted in close coordination with the Medicaid HIT Planning Team efforts. The impacts of the approach for core and menu sets under the Stage 1 MU Objectives and Measures will be reviewed for impacts on the scope, timing and phasing of HIE services contemplated for local HIOs and statewide HIE functionalities. The workgroups will play an active role in these reviews and recommended refinements in the Oregon strategic and operational plans.

Establishment of HIE Services Starting with Three Priority Areas

Objective: HIE services reviewed, finalized and communicated to stakeholders

Oregon is taking a federated approach to statewide HIE, building upon, bolstering, and enhancing existing efforts across the state. State HIE participants will use a common set of adopted standards for connectivity to one another, with HIE between participants facilitated by a number of central HIE services operated by the HIE governance entity (see Technical Architecture for Exchange of Health Information in the Oregon strategic plan for details on specific services). Rollout of standards and services will occur progressively, starting in Phase 1 and continuing into Phase 2.

Early in Phase 1, "push" capabilities will be the focus of statewide HIE standards and services. "Push" capabilities will be set up to rapidly and maximally enable eligible providers and hospitals to meet meaningful use objectives around receiving laboratory test results, sharing clinical summary information, and others. During the Phase 1 assessment of standards and frameworks suitable for serving as the foundation of "push," NHIN Direct will be given strong architectural consideration. Should risks materialize with NHIN Direct that prohibit or significantly hinder implementation or rollout of NHIN Direct-based "push," other options enabling similar capabilities will be employed. In addition to specific service components required for

"push" (assuming an NHIN Direct foundation – DNS, SMTP, and POP3/IMAP4), sufficient trust services will be rolled out to support policy, encryption, and non-repudiation requirements, and as Phase 1 progresses, HIE participants will have access to a central HIE Registry providing directory access to routing information for providers, hospitals, diagnostic laboratory testing companies, and other state HIE participants.

While "push" capabilities are being developed and rolled out, additional capabilities enhancing interoperability between state HIE participants will be designed. These capabilities will enable "pull" transactions between state HIE participants. Standards supporting these transactions will be selected and adopted, with NHIN Exchange, NHIN Direct, and other HHS-adopted and nationally recognized technical standards and frameworks as baselines. Any required extensions to the trust services and HIE Registry, as well as potential additional HIE services, will be designed accordingly. Rollout of "pull"-like capabilities will start in late Phase 1.

To operate the systems and infrastructure required for statewide HIE capabilities, the HIE governance entity will contract with a third party. This third party will operate as a Health Information Service Provider (HISP), and will host any extended or new central services required to support "pull" transactions. Criteria for service availability, scalability, performance, recoverability, security, and other dimensions will be set during initial Phase 1 planning, and the HISP will be contractually required to meet these requirements. The HISP will be continuously assessed against these criteria, and must correct deficiencies in a timely and agreed-upon manner. Regular monitoring along with periodic audits will ensure the HISP continues to adhere to contractual, regulatory, and other requirements. Once the state designated entity (SDE) has been contracted, operational responsibilities will transition to the SDE.

Options for providers to address three priority areas
During Phase 1, HITOC will focus on defining and implementing the services that will support the secure exchange of health information between providers and hospitals. To fulfill the requirements set forth by the final meaningful use criteria, during Phase 1, HITOC will support providers and hospitals by providing additional support in the following areas:

1. **Laboratory results**

   For providers who choose to purchase certified technology, modules or services instead of or in addition to a complete EHR solution, there are no known independent/un-tethered free or low-cost options for physicians to receive laboratory reports and results. The lowest-cost options are for a provider or hospital to use a tethered ordering and reporting solution provided by one of the major lab companies. During Phase 1 the Technology Workgroup will review the offerings available to providers directly from lab companies. The outcome of this workgroup examination will be a recommended approach for providers who choose to defer purchasing an EHR to still meet the meaningful use criteria for laboratory ordering and results delivery.

   To support providers and institutions in meeting the meaningful use criteria, during Phase 1 HITOC will focus on a service offering enabling the "push" model of HIE focused on the reporting of laboratory results to participating providers. Functionality to support the "pull" model (querying other participants for patient records) will be rolled out later in Phase 1.

2. **Electronic prescribing**

   For providers who choose to purchase certified technology, modules or services instead of or in addition to a complete EHR solution, HITOC will initially direct providers to the National e-Prescribing Patient Safety Initiative (NEPSI) and their free electronic prescribing solution in order to meet Meaningful Use criteria and qualify for meaningful use payments. During Phase 1 the Technology Workgroup will monitor the uptake usage of stand-alone or bundled e-prescribing solutions and the impact on the increase in electronic prescriptions. If these solutions do not result in an increase in e-prescribing, the Technology Workgroup will review other options to drive the increase in e-prescribing.

   At this time, HITOC does not expect a need to implement a separate service offering to support electronic prescribing and refill requests.

3. **Clinical summaries**

   During Phase 1, HITOC will roll out a service focused on the exchange of clinical and patient care summaries. This service will be available to providers, institutions, HIOs, and other HIE participants to enable the exchange of clinical summaries and discharge orders using the "push" model of HIE. Additional services supporting the "pull" model will include support for clinical summaries and discharge orders and will be employed later in Phase 1.

Process for standards selection of technical services

Following guidance from the ONC and as detailed in the strategic plan, standards for technology services to be offered by the SDE will be interoperable, either directly or by proxy, with NHIN-adopted processes and frameworks. Other technology standards that are not implemented by NHIN processes and frameworks will be selected based on nationally adopted and recognized standards.

Process for coordination with and consideration of existing and planned HIE efforts - Oregon

Upon submission of the plans, HITOC will designate several work groups and advisory panels with whom the HIE planning team will engage. These groups will represent a broad representation of HIE stakeholders in the state of Oregon, as well as specific subject matter experts. The HIE planning team will coordinate with these workgroups and panels through in-person meetings, webinars, conference calls and e-mail to communicate the progress of the planning effort, gather requirements, request feedback and generally interact with the HIE stakeholders in Oregon. These stakeholders include representatives of local and regional HIOs, state agencies that use or gather health information, health care providers, insurance plans, and the public. This is the same process by which the HIE planning team communicated with the stakeholders during the process of drafting these strategic and operational plans.

Process for coordination with and consideration of existing and planned HIE efforts - other states

HITOC is investigating actual and potential barriers to interstate exchange, and setting up a process to coordinate with neighboring states (Alaska, Washington, Idaho, and California) to develop and harmonize policies and procedures to minimize and/or remove those barriers to facilitate interstate exchange. A proposal to launch the Pacific Northwest Health Policy Consortium and receive support services, including subject matter experts, was submitted to RTI International in June. The proposal did not receive funding in the first round of applications, and the states are in discussion about whether to reapply in September. Oregon took the lead position in preparing the proposal. The proposed Pacific Northwest Health Policy Consortium will lay the groundwork for a common approach to information exchange among the five states, and will evaluate specific near-term solutions in defined border markets as well as longer term opportunities for moving toward harmonization with national standards and the potential for a multi-state compact related to health information exchange issues.

Process for coordination with and consideration of existing and planned HIE efforts - federal agencies and programs

During the process of defining and designing services to be offered by the governance entity, the HIE planning team will keep abreast of any exchange efforts within the federal government through active participation in workgroups associated with those HIE efforts; the team will attend webinars, conduct research and reach out to organizations within Oregon that interact with those federal systems to insure a consistent and coordinated approach to connecting Oregon's HIE participants with the appropriate federal programs. The HIE planning team is currently participating in the NHIN Direct Workgroup through meeting attendance and wiki participation, with the goal to expand its participation upon the completion of these strategic and operational plans. Oregon also has parties involved with connecting to the Social Security Administration via an NHIN CONNECT gateway, coordinating with the Indian Health Service through several tribal clinics and is beginning to have discussions with the Veterans Affairs Department regarding a connection to VistA. While these efforts are nascent, this early coordination between the state and federal programs will be key to reducing duplication of efforts and will result in lower costs.

Technical Aspects of HIE Services Addressed

Objective: Services requirements definition process is completed

Requirements definition of HIE Registry

Through a process of customer engagement using accepted best practices and processes, and with the input of the Technical Workgroup, OHIT staff and consultants will develop the requirements and specifications for the HIE Registry. The registry's customer base is defined as all HIE participants. With the assistance of the Technical Workgroup, OHIT staff and consultants will select a representative sample of customers from which to solicit requirements. The requirements will be developed in an iterative process, with drafts of the requirements document distributed to the customer base and feedback solicted and incorporated until the requirements document is made final. This requirements document will be used as part of the RFI/RFP process for selecting the technology solution to be implemented for the HIE Registry.

Requirements definition of trust services

Through a process of customer engagement using accepted best practices and processes, and with the input of the Technical Workgroup, OHIT staff and consultants will develop the requirements and specifications for the trust services necessary

for secure HIE. The trust services' customer base is defined as all HIE participants. With the assistance of the Technical Workgroup, OHIT staff and consultants will select a representative sample of customers from which to solicit requirements. The requirements will be developed in an iterative process, with drafts of the requirements document distributed to the customer base and feedback solicited and incorporated until the requirements document is made final. This requirements document will be used as part of the RFI/RFP process for selecting the technology solution to be implemented for trust services.

Plan to leverage current HIE capacities

As part of the definition of services to be offered by the state and transitioning to the SDE, a comprehensive analysis of the level and functionality of the services offered by state agencies and existing HIOs, and their planned services offerings will be conducted. When appropriate, the state may choose to franchise, contract or otherwise utilize existing capacities, provided that those capacities either already meet or could be expanded to meet the requirements and specifications of the services to be offered. This assessment will be ongoing so as to minimize duplication of services, enhance the development of a sustainable HIE market and to insure that Oregon is getting the most out of its investment in HIE.

Planning for ongoing services

The planning process for both the technical and non-technical services to be offered in Phase 2 will be conducted through a process of market research, customer needs assessments, additional environmental assessments of services provided by local and regional HIOs, their plans for expansion and additional offerings and an assessment of vendor offerings. Based on these factors, OHIT staff and consultants will work with stakeholders to prioritize the services to be offered. Once the services have been prioritized, the HIE governance entity staff and consultants will begin the process of gathering and defining the requirements of the services to be offered in Phase 2.

Assessment of Underserved and Unserved Areas

Objective: Strategy for meeting the HIE needs of underserved areas is developed, reviewed and approved

As part of the plan for implementing statewide HIE in Oregon, the underserved and unserved areas of the state must be addressed. During Phase 1, HITOC, OHIT staff and consultants, in partnership with the workgroups and panels designated by HITOC, will assess the number of providers not currently served by an HIO and develop a strategy to assist in getting those providers into an HIO or to connect to the SDE-offered services directly to insure that all providers who qualify for meaningful use payments are given the opportunity to receive those payments according to the MU criteria. The core services to be offered by the SDE will be open for all HIE participants to connect to directly, rather than requiring them to tie in through a hospital or local HIO. This pseudo-local HIO capability will be available starting in Phase 1 as the services are rolled out.

Establishment of Financial and Business Plan

Objective: Sustainable business plan for SDE developed, reviewed, and approved

Timeline, milestones, activities related to developing and implementing a financing plan and business model

The financing plan and business model for a sustainable HIE organization will be made final during the initial months of Phase 1 (September 2010 to February 2011). In February 2011, the Oregon Health Authority and HITOC will submit the final sustainable business model and budget for the four remaining years of the ONC grant for approval. Definition and development of the initial centralized services will begin in late 2010 and early 2011.

Description of processes, timelines, milestones for achieving operational status related to financial management

Throughout the first four months of Phase 1 of the Oregon HIE program (September 2010 through January 2011), there will be rigorous analysis and review of the services to be offered by the SDE, costs associated with implementing and operating those services and analysis of additional services to be offered. In February 2011, OHA, with guiding recommendations from HITOC, will submit the finalized budget and sustainable HIE business plan to the ONC for review and approval. Once approval is received (projected to be April 2011), the implementation phase of core HIE services to be offered in Phase 1 will begin, namely the HIE Participant Accreditation Program, HIE Registry, and trust services for HIE. This will mark the first phase of expansion of the scope of work and resources associated with the work of HITOC. Once this phase kicks off, the statewide HIE becomes operational. From a financial management perspective, controls will be put in place to track budget against services to be implemented, meetings held, compensation, capital purchases, contracts and consulting services, and any other categories deemed necessary. This level of financial tracking will be part of any designation or RFP process for the entity that will become the SDE at the end of Phase 1, moving into Phase 2.

Process for reviewing costing models, utilization, and budgets for additional services to be provided in next phase

As part of the definition of services to be provided in Phase 2, a comprehensive analysis of the costs associated with implementing, operating, and expanding the services to be offered in Phase 2 will be conducted. These analyses will be carried out using industry best practices and market rates for resources, technology, service providers and other parties that may participate in the development and operation of these services. Regardless of the source of the budget for the services (Oregon Health Authority, SDE or service provider) the budget and costs will be reviewed and analyzed by OHIT staff and consultants to insure that all costs and budget line items are accounted for.

Establishment of HIE Participant Accreditation Program
Objective: HIE Participant Accreditation Program designed, announced, and implemented

All HIOs in Oregon will be expected to implement a certain specified set of standards and policies. These standards and policies will be developed by HITOC-established workgroups, through a multi-stakeholder process, during Phase 1, and will be reviewed and approved by HITOC and the Director of the Oregon Health Authority. These standards and policies will be aligned with national standards as they evolve. Oregon-specific standards will be considered if additional standards are deemed necessary. Once these standards and policies have been determined and approved, HITOC will then implement an HIE Participant Accreditation Program, in order to ensure that any organization performing health information exchange in Oregon meets these agreed upon and nationally recognized standards. The program and process for obtaining and maintaining accreditation will also be developed and defined during Phase 1, with full implementation of the program—and at least one HIO expected to have begun the accreditation process—before the end of Phase 1.

First Use of HIE Participant Accreditation
Objective: HIE Participant Accreditation Pilot Project started

A clear message will be sent to all Oregon HIE participants that standards and accreditation will be a focus and a priority for HITOC from the beginning of statewide HIE implementation. Early in Phase 1, HITOC will develop and implement an HIE Participant Accreditation Program Pilot Project, using Electronic Healthcare Network Accreditation Commission (EHNAC) HIE accreditation criteria as a baseline standard, with the understanding that it currently represents the national standard. The primary goal of Oregon's HIE Participant Accreditation Program will be ensuring the privacy and security of protected health information, including meeting HIPAA and all other relevant federal and state legal and policy requirements. The purpose of this pilot project will be threefold: 1) to assess the appropriateness, adequacy, and feasibility of EHNAC criteria for health information organizations (HIOs) in Oregon; 2) to assess how HIOs in Oregon measure vis-à-vis these standards; and 3) to inform the development of the accreditation criteria, processes, and cost for the permanent HIE Participant Accreditation Program that will be launched later in Phase 1.

For the pilot project, HITOC will work with one to three HIOs on a voluntary basis, each of which will perform self-assessments as well as receive on-site reviews by a HITOC-appointed accreditation panel. An additional goal is to use this process as a means to get the participating HIOs up to EHNAC standards, or if this is not possible, to identify the barriers to meeting these standards, as well as identify any necessary additional standards that are not captured in the EHNAC criteria. HITOC will also incorporate any guidance or rules generated by ONC and other relevant federal regulatory bodies regarding national HIE standards into Oregon's pilot and permanent accreditation programs as they become available.

Use Agreements Created for HIE Participants
Objective: At least one intrastate and one interstate DURSA are executed

During Phase 1 of Oregon HIE implementation, the Health Information Technology Oversight Council (HITOC) will establish a Legal and Policy Workgroup that will be responsible for, among other things, coordinating a multi-stakeholder process to develop a common, uniform data use and reciprocal support agreement (DURSA) for health information exchange within Oregon, as well as one for interstate exchange, so that each participant in HIE will know the legal, business and technical rules, including privacy and security guidelines, to which each participant is bound. The resulting agreements will require the HIE participants to adhere to the rules that are adopted through this process. The State HIT Coordinator for Oregon has already engaged in discussions with the state HIT coordinators of Washington, Idaho, California and Alaska to develop a multi-state Pacific Northwest Health Policy Consortium to begin addressing issues surrounding interstate exchange. It is HITOC's aim to have these agreements developed, finalized and in use by the end of Phase 1.

Beginning of Health Information Exchange

Objective: One HIE participant exchanges information with another HIE participant

During Phase 1, OHIT staff and consultants will define and implement a set of core services necessary to conduct HIE within the state of Oregon. In order to properly scope the timeline of delivery and success of the effort, HITOC identified that success would be measured by the ability of one HIE participant to successfully exchange information with another HIE participant. These participants must be providers and institutions that do not have directly affiliated relationships. Further, these participants must be geographically and organizationally disparate providers and hospitals that will exchange health information using the "push" model of HIE, i.e. one participant sends health information about a patient to another participant without the receiving participant having generated a request for the patient's information. Successful health information exchange will be defined by a receiving participant successfully integrating health information generated by another participant's system.

Privacy and Security Issues Addressed Through Legislative and Other Changes

Objective: Legislative changes necessary to implement consent model are identified and bills drafted

During Phase 1, HITOC will establish a Legal and Policy Workgroup to closely analyze Oregon statute and administrative rules which may be obstacles to implementing an "opt-out" consent model for HIE. Several of these statutes have already been identified through Oregon's work in the Health Information Security and Privacy Collaboration (HISPC) project, such as those related to state-protected categories of specially protected health information (SPHI) including genetics, HIV status, mental health, substance abuse and the health information of a minor. To exchange any of these categories of SPHI, even for the purposes of treatment, statute dictates that explicit, written patient consent must be obtained. Therefore these categories of information cannot be exchanged via HIE under an opt-out consent framework. The Legal and Policy Workgroup will identify potential legislative changes and other solutions with the goal of maximizing the amount of patient health information that can be exchanged for the purposes of treatment under an opt-out consent model, and will work with legal counsel to draft relevant bills.

Coordination with HHS Privacy and Security Framework

The HHS Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health Information sets out eight principles to guide the actions of health care related persons and entities that participate in health information exchange. HITOC, as the oversight body for HIE in Oregon, will encourage, and as appropriate, require, adoption by all HIE participants of the eight principals outlined in the HHS Privacy and Security Framework, and will itself comply with those principles related to HITOC's role in health information exchange.

The eight principles and HITOC's corresponding policies and processes are as follows:

(1) Individual Access and (2) Correction:
The first two principles, individual access to health information and providing an individual with the ability to correct errors in the individual's information, will be guaranteed to patients and the responsibility of the individual participants in health information exchange to provide.

(3) Openness and Transparency:
HITOC is a public/private board that includes broad community representation. HITOC will establish a Legal and Policy Workgroup during Phase 1 to further analyze and determine key policy issues, and this workgroup process will be conducted in a transparent, public manner. HITOC will develop consumer educational materials for both participants in health information exchange and for individuals whose information may be the subject of disclosure of such exchange to ensure openness and transparency of policy. Education will include explanations of the right of an individual to opt out (or opt in for SPHI) of the system and the consent procedures.

(4) Individual Choice:
Health information exchange in Oregon will provide individuals with the ability to decide whether or not their information may be disclosed through an opt-out system for general (non-specially protected) health information, and opt-in for specially protected categories of health information. The governance entity will ensure that the patient's right to opt out/opt in has supporting processes and procedures to facilitate that right, including education to ensure that consent is informed. HITOC will create a Legal and Policy Workgroup at the onset of Phase 1 to create the policies and procedures to afford this right to individuals. During Phase 1, HITOC, with the assistance of its workgroups and advisory panels, will also determine the best methods to communicate this information to patients/consumers, including (but not limited to) the information being made available on the HITOC and/or Oregon Health Authority web site.

(5) Collection, Use, and Disclosure Limitation:

Participants in HIE will be required to adhere to certain policies, procedures, standards, and requirements as developed by HITOC. These requirements will include appropriate limitations, as defined by federal and Oregon state law, on the collection, use, and disclosure of protected health information.

(6) Data Quality and Integrity:

Data quality concerns the accuracy, currency, and precision of data, while integrity relates to how data maintains its conformity to rules and constraints over time. HITOC will develop standards and requirements for managing data quality and integrity according to the following guidelines:

- HITOC will define a proactive, ongoing data quality strategy during Phase 1;

- Data will be managed according to institutionalized rules, policies, constraints, and continual monitoring;

- Processes by which data are created, transformed and used will be streamlined and optimized to provide transparency and eliminate unnecessary waste;

- Disclosed information will have a demonstrable audit trail relating to the source of the data and calculations performed on it, and;

- Problems, when identified, will be rectified at the source to eliminate the underlying problem.

(7) Safeguards:

In order to protect the privacy and security of protected health information exchanged via HIE, the HITOC Legal and Policy and Technology Workgroups will develop during Phase 1, policies, procedures, and technical processes that address the following four questions:

- **Access: Who** can access the information available through HIE?

- **Authorization: Which functions** will a user be authorized to perform? (i.e. to view, contribute, and/or save data)

- **Authentication: How will the identity** of an authorized user **be verified**?

- **Audit:** What means will be in place to **monitor use** and **investigate breaches**?

For every aspect of security, Oregon HIE will follow national standards and best practices developed and tested around the country, with a focus on compliance with the HIPAA Privacy and Security Rules, which will require a wide range of activities, procedures and infrastructure, including but not limited to:

- Use of **digital certificates, including X.509, a requirement for NHIN Direct,** to authenticate the identity of an authorized organizational entity (i.e. an HIO or a provider's office).

- The highest standards for **secure encryption of data** so that it is not exposed to an unauthorized or unauthenticated user, including:

  - For data at rest, any encryption algorithm identified by the National Institute of Standards and Technology (NIST) as an approved security function in Annex A of the Federal Information Processing Standards (FIPS) Publication 140-2

  - For data in transit, any encrypted and integrity-protected communication link. A hashing algorithm with a security strength equal to or greater than SHA-1 (Secure Hash Algorithm (SHA-1) as specified by the National Institute of Standards and Technology (NIST) in FIPS PUB 180-3 (October, 2008)) must be used to verify that electronic health information has not been altered.

- Assignment of **unique usernames and passwords** within participating entities to authenticate the identity of users.

- Use of **role-based access** within participating entities to dictate access levels and authorized functions for the varying roles within their organization.

- Maintaining **Audit logs:**

  - The date, time, patient identification, and user identification must be recorded when electronic health information is created, modified, accessed, or deleted; and an indication of which action(s) occurred and by whom must also be recorded;

  - The date, time, patient identification, user identification, and a description of the disclosure must be recorded for disclosures for treatment, payment, and health care operations, as these terms are defined at 45 CFR 164.501;

  - The patient will have access to the audit logs related to their record upon request.

(8) Accountability:

HITOC, through an HIE Participant Accreditation Program, and potentially contractual subscription or funding agreements, will define the system of accountability to ensure compliance with all applicable policies, standards, and requirements, and will implement a system to monitor compliance and identify and resolve non-compliance.

☐ Ongoing HIE Governance

Objective: Define and begin transition of HIE operations to SDE

Legislation will be introduced to the 2011 Oregon Legislature to define and enable the designation of the SDE. The interaction between the board of directors for the state designated entity and Oregon Health Authority/HITOC will be defined within the enabling legislation for the designation of the SDE.. Many of the decisions around the details and processes for designating the SDE will be determined during Phase 1. At this time, it is anticipated that Phase 1 will last 12 to 18 months, and will come to a close around the end of 2011. However, the timeline depends on the ability to develop a sustainable financial plan and the passage of enabling legislation during the 2011 Legislative Session.

The process to designate an existing non-profit as the SDE or creating a new non-profit entity will be determined as part of the legislative process. The Oregon Health Authority and HITOC will maintain some oversight functions after the designation of the SDE.

Steps to implement the appropriate structure for the legal entity that will provide governance

In Phase 1, HITOC, an existing state government organization established by Oregon statute and appointed by the governor, will provide governance over statewide HIE efforts. In the transition from Phase 1 to Phase 2, a non-profit state-designated entity (SDE) will take over operational governance of statewide HIE. During Phase 1, the appropriate designation process for the SDE will be determined.

As part of the designation or chartering process, the composition of the board of directors will be determined. An existing non-profit may be required to change the composition of the board, amend its bylaws or make other oversight and governance changes as allowed by law in order to be awarded the designation by the state. A chartered organization would have its bylaws created by the chartering body. Board membership and composition would also be determined at this time. Terms, chairpersonship, voting, method and process of board expansion would all be included in the bylaws of the corporation and subject to review and approval by the chartering body.

Roles and responsibilities

- HITOC

  HITOC's role will be one of continued oversight of HIT programs for the state of Oregon. HITOC is an advisory body to the director of OHA and provides regular updates to Oregon Health Policy Board to ensure the coordination with other health reform initiatives. HITOC is staffed by OHIT, and their initial responsibilities, as described in HB2009, include:

  – Setting specific goals for the state related to HIT use, and developing a strategic plan to meet these goals;

  – Monitoring statewide progress in achieving these goals and providing oversight for the implementation of the strategic plan;

  – Maximizing the distribution of HIT resources across the state;

  – Creating and overseeing a public-private purchasing collaborative to help providers identify high-quality electronic health record products and support services and obtain more affordable rates for these products and services. This collaborative would include primary care providers, practices serving a large percent of Oregon Health Plan patients, and small and rural practices;

  – Identifying and selecting industry standards for HIT products and services promoted by the purchasing collaborative;

  – Developing strategies to leverage community resources to further expand HIT adoption;

  – Educating the public and providers about the risks and benefits of HIT investments;

  – Coordinating health care sector activities that promote adoption of HIT and achieve HIT interoperability;

  – Supporting and overseeing the implementation of a personal health records bank for Oregon Health Plan recipients and assessing its potential to serve as a building block for a statewide health information exchange, ensuring that patients' health information is available and accessible, that the exchange would apply only to patients who choose to participate, and providing meaningful remedies if security or privacy policies are violated;

- Determining a fair and appropriate method for reimbursing providers who utilize HIT; and
- Exploring the option of establishing an HIT loan program and possibly implementing such a program.

Some of HITOC's original responsibilities will be tasked to other entities, for example, Oregon's Regional Extension Center will work to create and oversee a public-private purchasing collaborative to help providers identify high-quality electronic health record products and support services and obtain more affordable rates for these products and services. Other responsibilities are evolving due to the dynamic and evolving HIE marketplace. There may be future statutory changes to clarify HITOC's responsibilities, but for now, HITOC remains responsible for the items above.

- Governance entity
  The state designated entity's role is to implement and operate the technical and non-technical services as defined by OHIT staff and consultants during Phase 1 and by it during subsequent phases. Once selected, the state designated entity will be granted operational funds from the ONC Cooperative Agreement, by OHA.

- Local HIOs
  Local and regional HIOs are expected to be members of the HIO Executive Panel, provide feedback and input to the requirements processes for services, both technical and non-technical, to be implemented and operated by the SDE, and to share information to assist in the development of the HIE marketplace in Oregon.

- Other organizations
  As necessary, other health care and consumer organizations will be called upon to participate in the development of requirements, attend workgroup meetings, and support the development of and progress toward statewide HIE in Oregon.

Description of staffing plan

Initially, the staffing plan will carry forward from the staff employed during the creation of this plan. The staff will be augmented starting at the beginning of Phase 1, slated for October 2010, based on the needs of HITOC and its workgroups and the upcoming set of tasks and deliverables.

Use of consultants

When and where appropriate, the HIE governance entity will engage the services of subject matter experts in a consulting role to lessen the impact of incurring long term employee costs on the SDE (initially state of Oregon staff). These consultants will perform work that is outside the realm of the expertise of any state staff assigned to the project. Consultants will be used on an as-needed basis.

Roles and responsibilities of staff and consultants

During Phase 1, the staff and consultants will be supporting HITOC and the workgroups, finalizing the scope of the services to be offered by the SDE, reviewing policy and insuring that the tasks and deliverables to meet the Phase 1 objectives are completed in a timely and high-quality fashion. The success metrics for measuring the performance of the team against the objectives will be defined on a case-by-case basis for each of the objectives. Staff and consultants will participate in the definition of the success criteria.

Procurement processes and timelines

Procurement of technical and support services and components will initally occur through existing state of Oregon approved processes and methods. The timing of procurement will be dependent on the finalization of the requirements and specifications for any services to be implemented and operated by the State (and eventually transitioned to the SDE).

Contracting processes and timelines

Much like the procurement processes and timelines, the contracting processes and timelines will be initially owned by the State, then transferred to the SDE, when and where appropriate.

Development and implementation of policies and standard operating procedures and participation processes

The development of operating processes and procedures for Phase 1 will be largely dependent on and leverage existing state processes and procedures. The SDE's unique processes and procedures will be determined by the management and governance bodies of the SDE, once operational. HITOC and OHA may have provisions for reviewing and approving procedures as part of the RFP or creation process for the SDE, but that will be determined once the process for designating is determined.

Success of Health Information Exchange Evaluated
Objective: HIE participation survey/study initiated

A core set of participation measures will be developed to assess and monitor the level and extent of HIE participation. This will include ongoing assessment of the provision of HIE services as well as geographic coverage or availability of HIE services and level of participation within and across Oregon communities. This initiative will be supported by the creation and initiation of a survey and then administration of an ongoing survey process that will target all identifiable entities that could potentially participate in HIE. HITOC and an independent evaluator will work to develop specific measures for assessing HIE participation, both intrastate and interstate.

The initiation of the survey process is to be completed within the first six months of Phase 1. Throughout Phases 1 and 2, the HIE governance entity will be responsible for the ongoing assessment of HIE participation among provider offices, ambulatory care centers, hospitals and integrated delivery networks, surgical centers, pharmacies, laboratories, federally qualified health centers, rural health centers, picture archiving and communication systems (PACS), long term care facilitites, local public health entities, local HIO-to-HIO exchange, HIO-to-provider exchange, local HIO-to-SDE exchange, along with other future HIE participants to be identifed in Phase 1. It is anticipated that the survey will be administered either semi-annually or annually with a final decision as to frequency made by the HIO Executive Panel and independent evaluator. The survey will identify trends around HIE participation, assess impact of standards and certification programs, monitor coverage gaps within local and/or regional communities, check connectivity to and participation with NHIN Exchange and/or Direct, and inform ongoing planning and risk mitigation strategies for HIE in Phases 1 and 2. This process will include periodic updates to Oregon's environmental scan.

HIE participation mapped to measurable goals for HIE
The evaluation section below describes in detail how HIE participation will be tracked and evaluated according to established goals.

Deliverables:

- Intrastate and interstate DURSAs created, reviewed and finalized
- List of Phase 2 business support and technology service offerings and associated fees created, reviewed and made final
- Requirements documents for Phase 2 services created
- Meaningful use criteria review process document created
- Strategy for meeting the HIE needs of underserved areas created, reviewed and made final
- Sustainable business plan for SDE created, reviewed and made final
- Consumer, provider and HIO education programs defined and documented, including topics and timelines
- Provider and HIO education program materials made final
- HIE Participant Accreditation Program defined, documented and operational
- Standards for HIE Participant Accreditation Program chosen
- Document detailing laws pertaining to consent including identification of the law/statute, reconciliation with consent model and necessary changes created, reviewed and made final
- Transition plan for HITOC-to-SDE developed, reviewed and accepted
- Measures and benchmarks for HIE participation and impact defined
- HIE participation study/survey program parameters and deliverables defined and documented
- Success criteria for statewide HIE participation defined and reviewed
- Plan to monitor and maintain a targeted degree of participation in HIE-enabled state-level technical services developed

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Exit Criteria for Phase 1
Phase 1 will be complete when a sustainable financing plan is in place and a public/private, non-profit state designated entity is established to carry out this work, with appropriate legislation approved to support it.

Phase 2

Phase 2 will begin once certain criteria as defined in Phase 1 are met and a non-profit organization is designated to assume the operational governance responsibilities as the state designated entity.

⬚ Transition of HIE Governance

Objective: Complete transition of HIE services and programs operation to the SDE

Upon the approval of the sustainable finance plan by ONC and the Director of OHA, HITOC will develop the contractual elements necessary to transfer authority of the operational governance of HIE services to a to-be-determined public or non-profit corporation. The SDE may be either an existing non-profit organization whose mission and bylaws would match the requirements within the legislation, or could be a new organization formed to meet the public need of health information exchange. Centralized services, such as an HIE registry, will be purchased, or if already purchased by Oregon Health Authority, will be transferred to the SDE for operational management. These services will be used to provide value to providers, hospitals, medical labs, pharmacies, ambulatory surgery centers, long term care facilities and state and local health departments, etc. These services will ensure that health care providers and consumers are able to have confidence in the integrity, security and privacy of patient data, and a statewide system will provide access to electronic exchange of health information across all communities in Oregon, including the rural areas where local HIE services may not be provided by a regional or local health information organization.

A state designated entity will be named under the rules created within enabling legislation. The SDE will implement policies for HIE developed by HITOC and approved by OHA, and will serve as the governing body for the operations of statewide HIE. The number of members of the board of directors of the corporation will be approximately 11 to 15 people, appointed by the Governor, including all of the following persons:

1. The Director of OHA, or his or her designee

2. The Director of DHS, or his or her designee

3. The Director of the Medical Assistance Program, or his or her designee

4. The Director of the Public Health Department, or his or her designee

5. One or more persons who represent the following, such that the representation of the public and private health sector is balanced in the board's representation: health care systems, health plans, health information organizations, employers who purchase or self–insure employee health care, health care consumers, health care providers and the state's academic medical center. Diversity of geographic, ethnic and gender representation of board members will be considered.

Review policies and procedures

Throughout Phase 1, all services and programs will be designed and managed so that the transition of those programs and services can be carried out with the least amount of operational impact. This will be accomplished by using recognized best practices, processes and tools for program management, document control, meeting processes and technology services implementation. All programs and implementations will have a dedicated program manager who is responsible for the overall schedule and budget for the program. The program manager will be supported by administrative, technical and other staff as necessary for successful implementation. As part of the designation process, HITOC will require the SDE to have mirrors of these processes and roles in order to insure a seamless and successful transition of these programs and services.

The transition of these programs and services from HITOC to the SDE will occur in a phased manner. Initially, the health and priority of each program will be assessed and each program will be individually assessed for its readiness for transition. Several criteria for assessment will be the complexity of the program, its current status, proximity to completion or rollout, number of customers/dependencies and risks associated with disruption to the program or service. Decisions on the timing of transitioning individual programs and services will be made on a case-by-case basis.

Activities to implement policies/procedures/controls to maintain compliance with generally accepted accounting principles (GAAP)

As part of the startup of HITOC as an operational entity and as necessary for the transition of operations to the SDE, GAAP processes and procedures will be used for tracking the budget and costs associated with all programs and services to be implemented and operated by OHA and then the SDE. These processes will include individual budgets and cost centers associated with each program and service, mechanisms for tracking and reconciling costs incurred during the implementation

and operation of said services and audits of these processes. Audits will be initially performed on an ad-hoc basis and once the transition of services has occurred, the SDE will submit to a full audit from a certified audit firm chosen by HITOC. Details of this audit process will be part of any designation or RFP process.

Continuation of Educational Programs

Objective: Consumer education sessions have been conducted

Continued stakeholder engagement

Consumer and HIO education programs will be refined based on feedback and shared with local and regional HIOs to help support their work in communities.

Provider education will be expanded from the initial focus on Medicaid providers through the Medicaid HIT planning, and adoption outreach will focus on other segments of providers.

Development and Rollout of Phase 2 Services

Objective: Phase 2 services start

During Phase 1, the HIE planning team, with input from appropriate stakeholders and HITOC, will begin the process of identifying HIE programs and services to be developed and offered in Phase 2. The processes, procedures and tools used in the definition and development of Phase 1 services will be continued for the Phase 2 services.

Architecture for technology services to be implemented in Phase 2 will be consistent with architecture for Phase 1 services. If, for any reason, vast departures from the Phase 1 architecture need to be considered, the HIE planning team will present to HITOC the reasons for these changes, costs associated with the changes (which may include costs of not making the change) and impact on Phase 1 services and support. The architecture must still be consistent and interoperable with the National Health Information Network architecture and technology and must not cause any currently connected HIE participants to become "disconnected" from the services, unless those HIE participants are no longer accredited by the HIE Participant Accreditation Program.

Planning for the Phase 2 services will use the same processes, tools, methods and stakeholder engagement as did planning for the Phase 1 services.

Evaluation of HIE Success

Objective: Success metrics for HIE participation defined

Assess participation in HIE-enabled state-level technical services

HITOC will develop a core set of participation measures to assess participation in HIE-enabled state-level technical services. This initiative will include an ongoing and periodic assessment to identify and monitor active particiation in HIE-enabled technical services. HITOC and an independent evaluator will work together to develop specific measures for assessing the impact and extent that state-level technical services foster and achieve desired level of HIE. The initiation of this process is to be completed within the first 12 months of Phase 1. Throughout Phase 1 and 2, HITOC and/or the SDE will be responsible for the ongoing assessment of both high and medium priority state-level technical services identified in the strategic plan.

Specifically, in both Phases 1 and 2, will be an ongoing assessment of the SDE in terms of providing central core HIE services that includes HIE and provider registry and trust mechanisms for intrastate HIE between participants in Oregon. In Phase 1, HITOC will also examine additional state-level central HIE services the SDE potentially could offer beyond the central core services. This process will be informed by assessing the level of participation in state-level HIE technical services. Another component to this strategy will be to assess the state's ability to connect to federal agencies and other parties, including: veterans, Social Security Disability recipients, tribes, public health agencies, emergency preparedness and response agencies and community health network initiatives. A detailed scope and project plan for this initiative will be completed within the first six months of Phase 1.

Analysis of barriers, resources and opportunities for overcoming low participation in information exchange

During Phase 1, HITOC will establish a Legal and Policy Workgroup to examine any state regulations, administrative rules, and policies which may impede the ability of providers to achieve meaningful use. HITOC has already contracted with researchers at Portland State University to begin examination of these issues. Once these impeding regulations, administrative rules, and policies have been identified, HITOC will explore all viable solutions, including the use of state purchasing power to incentivize and assist relevant stakeholders.

Privacy, security, and related legal and policy risks to be identified in Phase 1

During Phase 1, HITOC workgroups will conduct a thorough analysis of potential risks across all domains. The Legal and Policy Workgroup will be tasked with identifying potential privacy, security and other legal and policy risks, as well as developing related mitigation strategies.

Ombudsman for SDE-operated services, privacy and security

As part of the HIE governance structure, HITOC may appoint an ombudsman to receive and investigate complaints related to HIE services, including privacy and security issues. The ombudsman may also be tasked with making recommendations to HITOC to address and resolve these issues. The role and responsibilities of the ombudsman will also be explored in determining the governance structure of the SDE, which will be established in the transition from Phase 1 to 2 to assume responsibility for some or all aspects of HIE governance.

Steps to implement policies and protocols for how the HIE will foster compliance with applicable federal and state legal and policy requirements

HITOC will establish a Legal and Policy Workgroup during Phase 1 to ensure, with the assistance of legal counsel from the Oregon Department of Justice (DOJ), compliance with all applicable federal and state legal and policy requirements. The input of DOJ legal counsel thus far has shaped the evolving HIE policy consistent with existing laws. HITOC recognizes that the regulatory environment in which HIE operates will evolve significantly as the various amendments to the Health Insurance Portability and Accountability Act (HIPAA) and new requirements of the HITECH Act become effective.

HITOC is not only responsible for the development of legal and policy guidelines for HIE, but also for the development of enforcement policies for those guidelines. As HIE participants begin the accreditation process and use state-level HIE services, they will be held to the contracts and agreements that include the specific guideline provisions that will be created by HITOC. It has not yet been determined what the penalties will be when an entity does not adhere to the HIE Legal and Policy Guidelines. A policy that includes monitoring, reporting and penalties will be developed to ensure that the trust that is built through the guideline provisions is maintained by every participant.

Plans for privacy and security harmonization and compliance

The HITOC Legal and Policy Workgroup will continue to build on Oregon's HISPC work to inventory and analyze existing state laws in Oregon that apply to privacy and security of protected health information, and to harmonize existing policies and requirements that may be interpreted differently, are not consistent with one another and may not be uniformly applied.

It is imperative to develop widely accepted legal and business rules with uniform consent forms and procedures that will enable HIE for clinical treatment purposes while assuring confidentiality and security of the information. HITOC will work through its Legal and Policy Workgroup to ensure that statewide policy guidance and contracting requirements for participants in HIE harmonize with state law, court orders, regulations, guidelines and federal law, as well as coordinate Oregon's requirements with evolving rules at the federal level.

Additionally, HITOC will strive to harmonize disparate requirements of neighboring states to enable efficient interstate exchange. The State HIT Coordinator for Oregon has already engaged in discussions with the state HIT coordinators of Washington, Idaho, California and Alaska to develop a multi-state Pacific Northwest Health Policy Consortium to begin addressing issues surrounding interstate exchange. It is HITOC's goal to have interstate HIE agreements developed, made final and in use by the end of Phase 1.

Processes, timelines, etc. for ongoing development in response to applicable federal requirements for use and protection of health data, aligning with the state's strategy for HIE with federal care delivery organizations.

HITOC anticipates that the statewide HIE will include bidirectional exchange of health information with federal care delivery organizations. Discussions between HITOC and other HIE participants with the VA health care system are expected to begin during Phase 1 of HIE implementation, and discussions between HITOC and federal Indian Health Service clinics have already begun and will continue in Phase 1.

Implementation of legislative or consent policy changes as developed in Phase 1

HITOC and/or the SDE will work with all HIE participants to provide education and implementation support for any legislative or consent policy changes that are identified as necessary and adopted during Phase 1.

Deliverables:

- Consumer education program materials made final

- Project plans for Phase 2 services created and published

- Plan for follow-on services defined and reviewed (offerings, scope, timing)

- Process to monitor, measure and assess gradual attainment of benchmarks identified in Phase 1

- Process for assessing use of HIE services defined

- List of additional services to be offered by SDE defined and reviewed including costs, timelines and financials

- Process for reviewing costing models, utilization and budgets for additional services to be provided in continuing operation

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Evaluation

Overall Approach to HIE Evaluation

To assess the gradual achievement of the goals and objectives identified in Health Information Exchange: Strategic and Operational Plans for Oregon, a comprehensive evaluation strategy will be critically important. Key elements of the evaluation strategy are to include project milestones and benchmarks identified within the operational plan for Phases 1 and 2, as well as integrate guidance from ONC regarding evaluation and assessment of HIE implementation. The overall evaluation strategy is continuous assessment of both short and long term goals within Oregon's strategic plan for HIE. Moreover, key considerations in designing Oregon's approach to evaluation are to carefully adopt a multi-component evaluation program that includes ongoing assessment of the main goals of the project, process evaluation, and outcome measurement. This approach is important for being able to measure and determine progress during each of the phases, as well as to identify potential gaps in HIE services and geographic areas that may emerge during ongoing HIE implementation.

Comprehensive evaluation will be actively carried out throughout the entire project. The objective of the evaluation is to assess, monitor, adapt, and learn from the various HIE initiatives, and continuously gather information in order to adapt the strategic and operational plan as needed, based upon changing and/or new developments within Oregon and nationally. This will include ongoing evaluation of challenges, facilitators, and lessons learned during Phases 1 and 2. Furthermore, demonstrating the value, both in terms of quantitative (e.g. financial) and qualitative benefits (e.g. patient satisfaction), from investing in HIE infrastructure is also of critical importance for all stakeholders. The evaluation program will monitor and assess both process-oriented goals and objectives as well as long term performance measures and outcomes identified within the operational plan. The goal is to measure and monitor progress towards the specific goals set forth in the strategic plan for HIE. Potential methods for evaluation include provider and patient surveys, focus groups, quality reporting data, and other relevant types of data to be identifed during Phase 1.

Oregon will use a portion of the funding received through the State HIE Cooperative Agreement program to contract with an independent evaluation consultant. It is anticipated that the evaluation consultant and staff will be hired upon receipt of approval by ONC to develop a comprehensive evaluation framework including appropriate performance metrics, key indicators, and feasible data collection strategies and appropriate instrumentation. A contract is expected to be awarded to an independent evaluator at the start of Phase 1. In addition, we expect the evaluation period to start no later than the first quarter of 2011.

During Phase 1, each newly created workgroup will have an opportunity to develop new or modify existing measures to evaluate achievement of goals and objectives, above and beyond those required by the ONC guidance, but within the scope of each workgroup and relevant to state-specific objectives outlined below.

We anticipate that the evaluation consultant will work collaboratively with key stakeholders, including Oregon's public and private partners, in providing oversight and guidance throughout the evaluation program. The evaluation program will follow the recommendations of the Agency for Healthcare Research and Quality's National Resource Center HIE Evaluation Toolkit. Oregon also anticipates integrating and building upon technical assistance provided by ONC and its federal partners, including National Opinion Research Center (NORC). Oregon's approach to evaluation, at a minimum will include:

- Ongoing and continuous process evaluation activities, designed to inform the strategic and operational plans, with an integral continuous feedback loop to inform ongoing plan review and refinement activities

- Evaluation activities that will be coordinated with the national State HIE Cooperative Agreement program evaluation

- Evaluation and integration of performance metrics set out in the State HIE Cooperative Agreement program in addition to state specific performance metrics identified in the operational plan

- Ongoing incorporation of evaluation-related technical assistance into the overall evaluation project, with an understanding that the measures will necessarily evolve over time

Milestone Evaluation

Part of the ongoing process in assessing achievement of key strategic goals and objectives, is evaluation of project milestones. Accordingly, the State HIE Cooperative Agreement program has identified a number of key milestones. More state-specific milestones or measures will be added during the first six to 12 months of Phase 1. The initial set of state-specific objectives for Phases 1 and 2 are described in the next section.

Governance Milestones:
- What proportion of the governance entity is represented by public stakeholders?
- What proportion of the governance entity is represented by private sector stakeholders?
- Does the governance entity represent public stakeholders, private sector stakeholders, state government, public health, hospitals, employers, providers, payers and consumers?
- Has the role of Medicaid representative in HIE governance been established?
- Does the state Medicaid agency have a designated governance role in the organization?
- Are governing organization(s) holding regularly scheduled meetings, posted, open to the public and with active participation of key stakeholders?
- Do regional HIE initiatives have a designated governance role in the organization?
- Do the strategic and operational plans account for the flexibility needed to align with emerging nationwide HIE governance?
- Do the strategic and operational plans ensure the coordination, integration, and alignment of efforts with Medicaid and public health programs through efforts of the State Health IT Coordinator?
- Has the governance entity established mechanisms to provide oversight and accountability of HIE to protect the public interest?

Finance Milestones:
- Has the organization developed and implemented financial policies and procedures consistent with state and federal requirements?
- Does the organization receive revenue from public and private organizations?
- What proportion of the sources of funding to advance statewide HIE are obtained from federal assistance, state assistance, other non-federal sources and revenue from HIE operational services?
- What proportion of charitable contributions comes from health care providers, employers, health plans, and other third-party stakeholders?
- Has the governance entity developed a financial sustainability plan that includes feasible public/private financing mechanisms for ongoing information exchange?
- Does the governance entity review the budget with the oversight board on a regular basis?

- Does the recipient comply with the Single Audit requirements of the federal government's Office of Management and Budget?

- Are all financial policies, procedures and controls consistent with state and federal requirements?

- Is there a business plan that includes a sustainability plan capable of supporting HIE governance and operations beyond the ARRA funding?

- Is the financial sustainability plan endorsed by stakeholders, reviewed, and updated annually?

Technical Infrastructure Milestones:
- Is the statewide technical infrastructure for supporting HIE services developed and ready for implementation?

- Does the statewide technical infrastructure integrate with state-specific Medicaid management information systems?

- Does statewide technical infrastructure integrate with regional HIEs?

- Does the statewide technical infrastructure facilitate the creation and use of shared directories and technical services, as applicable for the state's approach for statewide HIE?

- Has RFP(s) for technical implementation been released, where applicable?

- Has the governance entity contracted with appropriate vendors for selected shared services, signed contracts, with service development underway?

- Is the technical infrastructure plan reviewed and updated annually?

Business and Technical Operations Milestones:
- Does the governance entity provide technical assistance as needed to local HIOs and others developing HIE capacity within the state?

- Is the governance entity monitoring and planning for HIE as necessary throughout the state?

- Have statewide-shared services or other related statewide technical resources been developed and implemented to address business and technical operations?

- Is there a process to document how the HIE efforts within the state are enabling meaningful use?

Legal and Policy Milestones:
- Has the governance entity developed and implemented privacy policies and procedures consistent with state and federal requirements?

- Do privacy policies, procedures, and agreements incorporate provisions allowing for public health data use?

- Do information exchange services have appropriate safeguards in place and adhere to legal and policy requirements that protect health information, thus engendering trust among intrastate and interstate HIE participants?

- Are there adequate enforcement mechanisms ensuring organizations implementing and maintaining health information exchange services have appropriate safeguards in place and adhere to legal and policy requirements that protect health information?

- Have policies and legal agreements to guide technical services prioritized by the governance entity been implemented and evaluated as a part of annual program evaluation?

Outcomes and Performance Measures

In addition to project milestones, the evaluation will monitor participation in HIE-enabled state-level technical services. As required by the State HIE Cooperative Agreement program, the independent evaluator will be responsible for evaluating identified performance measure, which include but are not limited to:

- Percentage of all healthcare providers in the state able to send electronic health information using components of the statewide HIE technical infrastructure

- Percentage of all healthcare providers in the state able to receive electronic health information using components of the statewide HIE technical infrastructure

- Percentage of all pharmacies serving people within the state actively supporting electronic prescribing and refill requests

- Percentage of all clinical laboratories serving people within the state that are actively supporting electronic ordering and results reporting

- Percentage of trust agreements covering the state's providers that have been signed

- Percentage of healthcare providers in the state that have access to broadband services

- Track progress of meaningful use by documenting how the HIE efforts within the state are enabling meaningful use

A core compoent of the evaluation will include evaluation of consumer, provider and HIO communication and education programs, During Phase 1, the independent evaluator will be responsible for developing additional evaluation metrics related to consumer engagement and vulnerable and underserved populations. It is important to assess and understand ongoing consumer engagement related to health information exchange initiatives and efforts during Phases 1 and 2, including level of engagement, participation, and satisfaction. In addition, the overall evaluation strategy requires that the independent evaluator also develop specific measures to assess impact of state efforts around HIE among vulnerable and underserved populations, particularly around level of consumer awareness, trust and engagement. Forthcoming in Phase 1 will be a detailed plan on how HIE participation will be tracked and evaluated according to established goals and objectives. All evaluation frameworks and metrics are to be developed collaboratively with key stakeholders and workgroups.

Evaluation: Phase 1

In Phase 1, OHA expects to contract with an independent evaluator to develop a robust and rigorous multi-year evaluation strategy during year one of the project. Oregon will ensure that its evaluation will inform ONC's national program evaluation initiative lead by the National Opinion Research Centers. It is anticipated that the proposed evaluation approach set forth in this plan will need further enhancements and modifications based upon technical assistance provided by NORC as well as feedback and guidance provided by the evaluation consultants. Additional work will be needed during year one of the program to define the measures and mechanisms that will be employed to assess and monitor the strategic plan and overall success for each phase.

State-specific goals and objectives: Phase 1

The operational plan is organized by the specific objectives for each phase as outlined in the strategic plan. Phase 1 officially begins upon submission of the strategic and operational plans to the ONC. Upon submission, it is anticipated that HITOC and the evaluator will work to develop additional state-specific measures. An initial set of goals and objectives for Phase 1 have been developed:

- Provider and HIO education programs are conducted

- HIE services reviewed, finalized and communicated to stakeholders

- Services requirements definition process is completed

- Strategy for meeting the HIE needs of underserved areas is developed, reviewed and approved

- Sustainable business plan for SDE developed, reviewed, and approved

- HIE Participant Accreditation Program designed, announced and implemented

- HIE Participant Accreditation Pilot Project started

- At least one intrastate and one interstate data usage and reciprocal sharing agreement (DURSA) are executed

- One HIE participant exchanges information with another HIE participant

- Legislative changes necessary to implement consent model are identified and bills drafted
- Define and begin transition of HIE operations to SDE
- HIE Participation Survey/Study initiated
- Strategic and operational plan reviews and adjustments made

Evaluation: Phase 2

Phase 2 evaluation criteria are to be developed during Phase 1. The ongoing evaluation of project milestones and key performance measures will continue throughout Phase 2, likely building upon the evaluation criteria from Phase 1, as appropriate. Ongoing data collection, aggregation of data from multiple public and private data sources, and reporting of specific performance and outcomes measures is recognized as critically important during Phase 2. The methods, techniques and tools for ongoing evaluation during Phase 2 will be developed by the evaluation contractor in conjunction with guidance from the SDE and final approval and authority of the evaluation program by HITOC.

State-specific goals and objectives for Phase 2

Phase 2 will begin once certain criteria as defined in Phase 1 are met and a non-profit organization is designated to assume the governance responsibilities as the state designated entity. An initial set of goals and objectives for Phase 2 have been developed:

- Complete transition of HIE services and programs operation to the SDE
- Consumer education sessions have been conducted
- Phase 2 services start
- Success metrics for HIE participation defined

During Phases 1 and 2, HITOC, serving as the SDE, will provide reports to the ONC that are consistent with the guidelines provided in the HIE Cooperative Agreement Program including reporting requirements or "milestones" for each of the five domains.

Continued Operation

During ongoing operation, the SDE will be functioning well technically and financially with a stable governance structure in place. There will be a continuous "monitor and adapt" cycle that allows the assessment and introduction of new services and offerings, along with the evaluation of existing services and offerings.

The continued operation of the SDE may involve provision of technical and support services that are necessary to facilitate HIE (functional gaps fulfillment), taking over the operation of HIE services that were previously provided by another organization (functional gaps fulfillment) or offsetting the loss of a local HIO (geographical gaps fulfillment).

The SDE would also focus on opportunistic revenue-generating services and activities. These might include a consumer portal/personal health record, "fraud alert" type services for consumers, and HIE services for providers in areas not served by a local HIO or for non-traditional providers such as chiropractors or naturopathic physicians.

Evaluation

Ongoing evaluation of project milestones, state specific goals and objectives, and key performance measures will continue beyond Phase 2.

List of Appendices

Appendix A: Oregon Phase 1 Risks and Mitigation Strategies

POTENTIAL RISKS	MITIGATION
Opposition, disagreement and/or confusion among participants about state and/or federal standards could also result in a potential lack of interoperability.	HITOC and Phase 1 workgroups will focus on interoperability and communication standards based on national and federal standards; assist local HIO and provider adoption of interoperability standards; monitor interoperability barriers and issues, and coordinate technical approaches within Oregon.
Lack of participation among organizations and patients.	HITOC will monitor participation by local HIOs, providers and patients in local HIOs, along with HIE services and functions with attention to barriers and issues in adoption. HITOC will work cooperatively with O-HITEC to encourage provider participation in HIE services and achievement of meaningful use.
Local HIOs are weak and or failing	HITOC will monitor the scope of local HIO services, operations, participation and financial sustainability on an ongoing basis and assist local HIOs in developing strategies for success. The governance entity may have to provide additional services to support local HIOs.
Consumer concerns about electronic health records, health information exchange and privacy/consent policies	HITOC will monitor the scope and effectiveness of the consumer engagement and communications program. The state, with input from the Consumer Advisory Panel, will implement a consumer engagement and communication plan focused on educating consumers regarding the benefits of electronic records and information exchange in improving the quality and safety of health care services.
Exclusion of specially protected health information (SPHI) in the consent model proves difficult to implement.	HITOC and Phase 1 workgroups will consider further evolution of the consent model and technologies including providing support and standardization for HIPAA/Privacy & Security approaches to facilitate exchange within and between local HIOs. The state will facilitate a consensus about what minimum data is transferred within and between HIEs, and treatment of specially-protected health information. Legislation to clarify Oregon statues may be requested.
Legal inconsistencies may prove difficult to reconcile and harmonize.	HITOC and Phase 1 workgroups will consider legal and policy issues related to widespread HIE use both interstate and intrastate, HIO organizational development. Legislation to clarify Oregon statues may be requested.
Slow provider adoption of EHRs; general intransigence to change.	HITOC will monitor provider adoption of EHRs as well as provider achievement of meaningful use including HIE functions with attention to barriers and issues in adoption. HITOC will work cooperatively with O-HITEC to encourage EHR adoption and achievement of meaningful use. O-HITEC will assist providers with implementation and change management issues.
Insufficient technical infrastructure, such as broadband connectivity.	HITOC will monitor development of provider and local HIO technical infrastructure development issues, including broadband connectivity and other infrastructure elements. HITOC will work cooperatively with the Oregon Health Network to address broadband connectivity capabilities.
Unanticipated future policy or reform initiatives may influence HIE participation and participant connectivity.	HITOC and Phase 1 workgroups will monitor the possible impacts of federal and Oregon health reform efforts on HIE functions, services and participation. HITOC will consider adapting HIE strategies to take advantage of health reform efforts to maximize HIE participation and participant connectivity.
Reluctance to change standards or move to expected standards.	HITOC and Phase 1 workgroups will consider impacts of new standard specifications on existing systems along with implementation priorities and timeframes.

Appendix A: Oregon Phase 1 Risks and Mitigation Strategies
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Appendix A: Oregon Phase 2 Risks and Mitigation Strategies

POTENTIAL RISKS	MITIGATION
Lack of compliance due to changing legal/regulatory landscape.	HITOC and the SDE will monitor the impacts of any compliance issues due to a changing legal/regulatory landscape and develop strategies and recommendations related to the provision of HIE services.
Tension between local HIOs and SDE as the SDE expands its service offerings	HITOC will monitor the evolution of services by local HIOs and the SDE and develop strategies to minimize the impacts of tensions.
Legal obstacles in Phase 1 may create delays in legal/policy domain issues (i.e. interstate exchange)	HITOC, the SDE and workgroups will monitor the possible impacts of delays in addressing legal and policy issues and develop strategies and recommendations for minimizing adverse impacts.
Unresolved legal and policy issue related obstacles in Phase 2.	HITOC, the SDE and workgroups will consider unresolved legal and policy issues related to widespread HIE use both interstate and intrastate along with HIO organizational development. Legislation to clarify Oregon statues may be requested.
Inadequate financial plan for sustainable non-profit SDE.	HITOC will monitor the scope of planned and operating SDE services, actual and projected financial performance and financial sustainability on an ongoing basis. HITOC will work with the SDE to maximize the financial and programmatic success of the SDE.
Accreditation program lacks enforcement or systems lack resources to meet standards.	HITOC and the SDE will monitor the effectiveness of the accreditation program in certifying and tracking HIO compliance with accreditationstandards including issues encountered by HIOs in meeting accreditation program standards. HITOC will consider strategies for maximizing the success of HIOs in achieving accreditation.
Early failures of HIE efforts and public support due to privacy and security breaches.	HITOC, the SDE and local HIOs are expected to make the protection of privacy and security a critical imperative in the design, implementation and operation of HIE services. The SDE and local HIOs will aggressively respond to any privacy and security breaches to maintain the trust and support of the public.
Failure to transition from "start-up" mode to on-going operation, resulting in unreliable services and unstable standards	HITOC and the SDE will closely monitor the establishment of the SDE, initial SDE operations including implementation of planned services, technical and performance standards to assure an effective transition to ongoing operations with reliable and stable services.
Consolidation in the provider markets may create changes for HIE.	HITOC and the SDE will monitor consolidations and changes in provider organization markets for possible impacts on the scope of local HIO services, operations, participation and financial sustainability and assist local HIOs in adapting strategies for success. The SDE may have to provide additional services to support local HIOs.

Appendix A: Oregon Phase 2 Risks and Mitigation Strategies
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Appendix B: Project Plan

Number	Objectives/Milestones/Tasks	Timing (Quarter)	Responsibility
0	**ONC Approval of Strategic and Operational Plan**	**Q3 2010**	**ONC**
1	## Phase 1		
1.1	**Establishment of workgroups and stakeholder engagement**		
1.1.1	*HITOC workgroups and panels created and approved*		
1.1.1a	Create workgroups and panels	Q3 2010	HITOC/OHIT staff
1.1.1b	Write workgroup and panel charters	Q3 2010	OHIT staff
1.1.1c	HITOC approves workgroup and panel members	Q3 2010	HITOC
1.1.1d	Technology Workgroup established	Q3 2010	OHIT staff/Tech WG
1.1.1e	Finance Workgroup established	Q3 2010	OHIT staff/Finance WG
1.1.1f	Legal and Policy Workgroup established	Q3 2010	OHIT staff/Legal & Policy WG
1.1.1g	Consumer Advisory Panel established	Q4 2010	OHIT staff/Consumer AdvPanel
1.1.1h	HIO Executive Panel established	Q3 2010	OHIT staff/HIO ExecPanel
1.1.2	*Ongoing coordination with other programs*	Continuous	
1.1.2a	O-HITEC - EHR adoption and MU attainment	Monthly/ Ongoing	OHIT staff/O-HITEC staff/MHIT staff
1.1.2b	Oregon Health Network - broadband deployment	Quarterly/ Ongoing	OHIT staff/OHN staff
1.1.2c	Workforce Development	Quarterly/ Ongoing	OHIT /OHSU/PCC
1.1.2d	Medicaid SMHP - planning (PAPD)	Q3/Q4 2010	OHIT staff/MHIT staff
1.1.2e	Medicaid SMHP implementation (IAPD)	Monthly/ Ongoing	OHIT staff/MHIT staff
1.1.2f	Medicaid - review Oregon application of meaningful use objectives/measures	Q3/Q4 2010	OHIT staff/MHIT staff
1.1.2g	Medicaid - incentive program policies coordination/implementation	Monthly/ Ongoing	OHIT staff/MHIT staff
1.1.2h	Local HIOs - establish coordination process with existing and planned HIO efforts	Q4 2010	OHIT staff/HIO ExecPanel/Tech WG
1.1.2i	Local HIOs - develop communications plan with local HIOs	Q3/Q4 2010	OHIT staff/HIO ExecPanel
1.1.2j	Local HIOs - ongoing process with existing and planned HIO efforts	Continuous	OHIT staff/Tech WG/HIO ExecPanel
1.1.2k	Develop plan for working with all HIOs and how they will communicate with providers on OHIT's behalf	Q4 2010	OHIT staff/MHIT staff/HIO ExecPanel
1.1.2l	State of Oregon-Public Health Division	Q4 2010	OHIT staff/MHIT staff
1.1.2m	Other data providers and data consumers	Q4 2010, ongoing	OHIT staff/MHIT staff
1.1.2n	Process for coordination with and consideration of existing and planned HIE efforts - other states	Continuous	OHIT staff/Tech WG
1.1.2o	Pacific NW Health Policy Consortium - identify and establish collaborations	Q3 2010	OHIT staff/Consortium
1.1.2p	Pacific NW Health Policy Consortium - develop plan for directly connecting to other state HIOs	Q4 2010	OHIT staff/Consortium
1.1.2q	Interstate coalitions - identify and establish collaborations	Q3 2010	OHIT staff/Consortium
1.1.2r	Interstate coalitions - develop plan for directly connecting to other state HIOs	Q3 2010	OHIT staff/Consortium
1.1.2s	Submit application for RTI funding	Q3 2010	OHIT staff/Consortium
1.1.2t	Federal Agencies - develop coordination process for state/local HIE/HIO and federal agencies/programs	Q4 2010	OHIT staff/MHIT staff/Federal contacts

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Number	Objectives/Milestones/Tasks	Timing (Quarter)	Responsibility
1.1.2u	IHS - coordination with tribal programs on HIT/HIE services	Continuous	OHIT staff/MHIT staff/Tribes
1.1.2v	VA - coordination on local/state interaction and VistA connections	Continuous	OHIT staff/VA
1.1.3	*Consumer, provider and HIO education programs defined and documented, including topics and timelines*		
1.1.3a	External communication strategy developed	Q3 2010	OHIT staff/MHIT staff
1.1.3b	Develop relationships with provider associations	Q3 2010	OHIT staff/MHIT staff
1.1.3c	Provider and HIO education program materials developed	Q4 2010	OHIT staff/MHIT staff
1.1.3d	Provider and HIO education program materials made final	Q1 2011	OHIT staff/MHIT staff
1.1.3e	Stakeholder annual forums planned and held	Q1 2011	OHIT staff/MHIT staff/HIO ExecPanel/Consumer AdvPanel
1.1.3f	Communicate various HIT/HIE program opportunities at HITOC meeting	Q3 2010, ongoing	OHIT /O-HITEC/MHIT staff/HITOC
1.1.3g	Identify consumer materials/programs to be developed	Q2 2011	OHIT staff/Consumer AdvPanel
1.1.3h	Market research to support consumer communication & education	Q2 2011	OHIT staff
1.1.3i	Consumer education program materials developed	Q3 2011	OHIT staff
1.1.4	*Objective: Provider and HIO education sessions have been conducted and programs are in review based on feedback*		
1.1.4a	Continued stakeholder engagement	ongoing	OHIT staff/MHIT staff/Consumer AdvPanel
1.1.4b	Assess stakeholder feedback, identify education program needs	Q2 2011	OHIT staff/MHIT staff
1.1.4c	Update provider materials/programs based on feedback	Q3 2011	OHIT staff/MHIT staff
1.1.4d	Consumer education program materials made final and distribute	Q4 2011	OHIT staff/SDE staff
1.1.4e	Update consumer materials/programs based on feedback	Q1 2012	OHIT staff/SDE staff
1.2	**Continued refinement of HIE Approach**		
1.2.1	*Objective: Strategic and operational plan reviews and adjustments*		
1.2.1a	Review Stage 1 meaningful use criteria and develop a strategy to adjust course as needed	Q3 2010, ongoing	OHIT staff/MHIT staff
1.3	**Establishment of HIE Services Starting with Three Priority Areas**		
1.3.1	*Objective: HIE services reviewed, finalized and communicated to stakeholders*		
1.3.1a	Plan central HIE services	Q4 2010	OHIT staff/Tech WG
1.3.1b	Select standards for central HIE technical services	Q1 2011	OHIT staff/Tech WG
1.3.1c	Communication of planned technical architecture to stakeholders	Q1 2011	OHIT staff/Tech WG/MHIT staff/HIO ExecPanel
1.3.2	*Facilitate services that support the secure exchange of health information between providers and hospitals in 3 core areas.*		
1.3.2a	Identify and contact providers and hospitals	Q1 2011	OHIT staff/MHIT staff/Tech WG
1.3.2b	Define outcomes and success metrics	Q1 2011	OHIT staff/Tech WG

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Number	Objectives/Milestones/Tasks	Timing (Quarter)	Responsibility
1.3.3	*Laboratory Reporting*		
1.3.3a	Develop marketing plan to reach out to providers not currently receiving lab reports electronically	Q4 2010	OHIT staff/Tech WG/MHIT staff
1.3.3b	Develop collateral to support providers' decision making	Q4 2010	OHIT staff/Tech WG/MHIT staff
1.3.3c	Coordinate with REC regarding messaging and communication/education	Q4 2010	OHIT staff/MHIT staff/O-HITEC staff
1.3.3d	Analyze electronic rates and monitor non-e-lab providers	Q4 2010	OHIT staff/Tech WG
1.3.3e	Develop a migration program flow (no capability->labs only->full-fledged EHR) and cost model including incentive payments and penalties	Q1 2011	OHIT staff/Tech WG
1.3.3f	Investigate push capabilities for electronic receipt of lab reports	Q1 2011	OHIT staff/Tech WG
1.3.4	*Electronic Prescribing*		
1.3.4a	Develop marketing plan to reach out to providers/pharmacies not currently supporting e-prescribing	Q4 2010	OHIT staff/Tech WG/MHIT staff
1.3.4b	Develop collateral to support providers' decision making (possibly a how-to on signing up for NEPSI)	Q4 2010	OHIT staff/Tech WG/MHIT staff
1.3.4c	Coordinate with REC regarding messaging and communication/education	Q4 2010	OHIT staff/MHIT staff/O-HITEC staff
1.3.4d	Analyze eRx rates and monitor non-e-prescribing providers and pharmacies	Q4 2010	OHIT staff/Tech WG
1.3.4e	Develop a migration program flow (no eRx->eRx only->full-fledged EHR) and cost model including incentive payments and penalties	Q1 2011	OHIT staff/Tech WG
1.3.5	*Clinical Summaries*		
1.3.5a	Develop program scope timeline	Q4 2010	OHIT staff/Tech WG
1.3.5b	Investigate push capabilities for Clinical Summaries	Q4 2010	OHIT staff/Tech WG
1.3.5c	Define and finalize parameters for clinical summaries program	Q1 2011	OHIT staff/Tech WG
1.3.5d	Enroll initial push program participants	Q2 2011	OHIT staff/Tech WG
1.3.5e	Rollout push program to initial participants	Q3 2011	OHIT staff/Tech WG
1.3.5f	Assess push program results	Q3 2011	OHIT staff/Tech WG/HIO ExecPanel
1.3.5g	Create plan to for general push program rollout	Q3 2011	OHIT staff/Tech WG/HIO ExecPanel
1.3.5h	General push program rollout	Q4 2011	OHIT staff/Tech WG/HIOs
1.3.5i	Transition services to SDE	Q2 2012	OHIT staff/Tech WG/SDE
1.4	**Technical aspects of HIE services addressed**		
1.4.1	*Objective: Service requirements definition process is completed*		
1.4.2	HIE Registry		
1.4.2a	Specifications developed	Q4 2010	OHIT staff/Tech WG
1.4.2b	Requirements definition	Q4 2010	OHIT staff/Tech WG
1.4.2c	Distribute draft requirements document to customer base	Q4 2010	OHIT staff/Tech WG/HIO ExecPanel
1.4.2d	Solicit feedback	Q1 2011	OHIT staff/Tech WG/HIO ExecPanel

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Number	Objectives/Milestones/Tasks	Timing (Quarter)	Responsibility
1.4.2e	Incorporate feedback	Q1 2011	OHIT staff
1.4.2f	Finalize requirements document	Q1 2011	OHIT staff/Tech WG/HIO ExecPanel
1.4.2g	RFI/RFP for selection of technology solution	Q1/Q2 2011	OHIT staff
1.4.2h	Purchase/implement technology solution	Q2 2011	OHIT staff/Tech WG
1.4.3	Trust Services		
1.4.3a	Specifications developed	Q4 2010	OHIT staff/Tech WG
1.4.3b	Requirements definition	Q4 2010	OHIT staff/Tech WG
1.4.3c	Distribute draft requirements document to customer base	Q4 2010	OHIT staff/Tech WG/HIO ExecPanel
1.4.3d	Solicit feedback	Q1 2011	OHIT staff/Tech WG/HIO ExecPanel
1.4.3e	Incorporate feedback	Q1 2011	OHIT staff
1.4.3f	Finalize requirements document	Q1 2011	OHIT staff/Tech WG/HIO ExecPanel
1.4.3g	RFI/RFP for selection of technology solution	Q1/Q2 2011	OHIT staff
1.4.3h	Purchase/implement technology solution	Q2 2011	OHIT staff/Tech WG
1.4.4	Push Services		
1.4.4a	Specifications developed	Q4 2010	OHIT staff/Tech WG
1.4.4b	Requirements definition	Q4 2010	OHIT staff/Tech WG
1.4.4c	Distribute draft requirements document to customer base	Q4 2010	OHIT staff/Tech WG/HIO ExecPanel
1.4.4d	Solicit feedback	Q1 2011	OHIT staff/Tech WG/HIO ExecPanel
1.4.4e	Incorporate feedback	Q1 2011	OHIT staff
1.4.4f	Finalize requirements document	Q1 2011	OHIT staff/Tech WG/HIO ExecPanel
1.4.4g	RFI/RFP for selection of technology solution	Q1/Q2 2011	OHIT staff
1.4.4h	Purchase/implement technology solution	Q2/2011	OHIT staff/Tech WG
1.4.5	Integrated Services Rollout: Registry, Trust, Push		
1.4.5a	Define and finalize program rollout parameters	Q1 2011	OHIT staff/Tech WG
1.4.5b	Enroll initial rollout program participants	Q2 2011	OHIT staff/Tech WG
1.4.5c	Rollout program to initial participants	Q3 2011	OHIT staff/Tech WG
1.4.5d	Investigate pull capabilities/requirements	Q2/Q3 2011	OHIT staff/Tech WG
1.4.5e	Assess rollout program results	Q3 2011	OHIT staff/Tech WG/HIO ExecPanel
1.4.5f	Plan for extensions of the registry, trust and push services	Q3 2011	OHIT staff/Tech WG/HIO ExecPanel
1.4.5g	Start rollout of extended trust services	Q4 2011	OHIT staff/Tech WG/HIOs
1.4.5h	Transition registry, trust, push services to SDE	Q1 2012	OHIT staff/Tech WG/SDE
1.4.6	Plan to leverage current HIE capacities		
1.4.6a	Analysis of existing HIO services carried out	Q3/Q4 2010	OHIT staff/Tech WG/HIO ExecPanel
1.4.6b	Planning for Phase 1 HIE services and offerings	Q4 2010	OHIT staff/Tech WG/HIO ExecPanel

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Number	Objectives/Milestones/Tasks	Timing (Quarter)	Responsibility
1.4.6c	Planning process for non-technical services to be offered in Phase 2	Q1 2011	OHIT staff/Tech WG/HIO ExecPanel
1.4.6d	Process for assessment of additional services to be offered in Phase 2	Q1 2011	OHIT staff/Tech WG/HIO ExecPanel
1.4.6e	Prioritization of services to be offered	Q1 2011	OHIT staff/Tech WG/HIO ExecPanel/HITOC
1.4.6f	Gather and define requirements of services to be offered in Phase 2	Q2 2011	OHIT staff/Tech WG/HIO ExecPanel
1.4.6g	Finalize and communicate services to be offered in Phase 2	Q3 2011	OHIT staff/Tech WG/HIO ExecPanel
1.5	**Assessment of Underserved and Unserved Areas**		
1.5.1	*Objective: Strategy for meeting the HIE needs of underserved areas is approved*		
1.5.1a	Identification of underserved providers	Q4 2010	OHIT staff/O-HITEC staff
1.5.1b	Prioritization of underserved providers	Q4 2010	OHIT staff/MHIT staff
1.5.1c	Review findings/prioritization and set strategy	Q4 2010	OHIT staff/HITOC/MHIT staff
1.5.1d	Communicate with and assist underserved providers to connect with HIO or SDE offered services	Q1 2011	OHIT staff/O-HITEC staff/MHIT staff
1.6	**SDE Sustainable Business Plan**		
1.6.1	*Objective: Sustainable business plan for SDE developed, reviewed and approved*		ExecPanel
1.6.1a	Identify potential SDE services and revenue opportunities	Q3/Q4 2010	OHIT staff/Tech WG/Finance WG/HIO ExecPanel
1.6.1b	Prioritization of potential SDE services	Q4 2010-Q1 2011	OHIT staff/Tech WG/Finance WG/HIO ExecPanel/HITOC
1.6.1c	Financing plan & business model made final	Q1 2011	OHIT staff/Finance WG
1.6.1d	Staffing plan developed	Q3 2010, ongoing	OHIT staff
1.6.1e	Implementation plan for core services		OHIT staff/Finance WG/Tech WG
1.6.1f	Financial tracking in place	Q4 2010	OHIT staff
1.6.1g	Analysis of costs of providing services in Phase 2	Q4 2010	OHIT staff
1.6.1h	Finalize finance and business model for sustainable HIE	Q4 2010-Q1 2011	OHIT staff/Finance WG/HIO ExecPanel
1.6.1i	HITOC and Health Policy Board Review	Q4 2010 - Q1 2011	HITOC and Health Policy Board
1.6.1j	HITOC Approval	Q1 2011	OHIT/HITOC
1.6.1k	OHA Approval	Q1 2011	OHA Director
1.6.1l	Submit final business plan to ONC	Q1 2011	OHIT staff
1.6.1m	Sustainable business plan approved	Q2 2011	ONC
1.7	**First use of HIE Participant Accreditation**		
1.7.1	*Objective: HIE Participant Accreditation Pilot Project Started*		
1.7.1a	HIE Participant Accreditation Program pilot project developed	Q4 2010	OHIT staff/work groups/HIO ExecPanel
1.7.1b	Standards and policies for pilot developed and proposed to HITOC/OHA	Q4 2010	OHIT staff/work groups/HIO ExecPanel
1.7.1c	Standards and policies approved by HITOC/OHA	Q4 2010	HITOC/OHA Director

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Number	Objectives/Milestones/Tasks	Timing (Quarter)	Responsibility
1.7.1d	Pilot sites selected	Q4 2010	OHIT staff/HIO ExecPanel/HITOC
1.7.1e	Objective: HIE Participant Accreditation Pilot project started	Q1 2011	OHIT staff/HIOs
1.7.1f	Measure-At least one HIE participant completes the pilot project	Q2 2011	OHIT staff
1.7.1g	Permanent HIE Participant Accreditation Program designed	Q2 2011	OHIT staff/work groups/HIO ExecPanel
1.7.1h	Standards and policies developed and proposed to HITOC/OHA based on pilot results	Q2 2011	OHIT staff/work groups/HIO ExecPanel
1.7.1i	Standards and policies approved by HITOC/OHA	Q2 2011	HITOC/OHA Director
1.7.1j	HIE Participant Accreditation Program announced	Q3 2011	HITOC/OHIT staff
1.7.1k	HIE Participant Accreditation Program implemented	Q4 2011	HITOC/OHIT staff
1.7.2	*Objective: At least one intrastate and one interstate DURSA are executed*		
1.7.2a	Development of DURSA	Q4 2010	OHIT staff/Legal Policy WG/HIOs
1.7.2b	Review of DURSA by involved parties' attorneys	Q1 2011	OHIT staff/Legal Counsel(s)
1.7.2c	DURSAs finalized and executed	Q2 2011	OHIT staff/Legal Counsel(s)/HIOs
1.7.3	*Objective: One HIE participant exchanges data with another HIE participant*		
1.7.3a	Measure: At least one HIE participant exchanges data with an external HIE participant within Oregon	Q1 2011	HITOC/OHIT staff
1.7.4	*Objective: At least one additional HIE participant applies for accreditation, and at least one HIE participant is accredited.*		
1.7.4a	Measure: At least one HIE participant has begun the accreditation process through the HIE Accreditation Program	Q1 2012	HITOC/OHIT staff
1.7.4b	Update Accreditation to match any federal standards changes	Continuous	OHIT staff/work groups/HIO ExecPanel
1.8	**Privacy and security issues addressed through legislative and other changes**		
1.8.1	*Objective: Legislative changes necessary to implement consent model are identified and bills drafted*		
1.8.1a	Establish Legal and Policy Workgroup	Q3 2010	HITOC
1.8.1b	Identification of legislative changes related to privacy	Q3 2010	Legal & Policy WG
1.8.1c	Examination of state barriers to meaningful use	Q3/Q4 2010	Legal & Policy WG
1.8.1d	Review of privacy, security and legal risks/mitigations	Q3/Q4 2010	Legal & Policy WG
1.8.1e	Possible creation of ombudsman position	Q4 2011	Legal & Policy WG
1.8.1f	Draft relevant bills	Q3/Q4 2010	Legal Counsel/Legal & Policy WG
1.8.1g	Assess NHIN Connect/Direct privacy/security issues	Q4 2010/Q1 2011	OHIT staff/Tech WG/Legal & Policy WG
1.8.1h	Coordination with HHS Privacy and Security Framework	Continuous	OHIT staff/Tech WG/Legal & Policy WG
1.8.2	*Objective: HIE participation survey/study initiated*		
1.8.2a	Create participation assessment criteria and plan	Q2 2011	OHIT staff/HIO ExecPanel
1.8.2b	Contract with independent evaluator	Q2 2011	OHIT staff
1.8.2c	Survey process initiated	Q3 2011	HITOC

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Number	Objectives/Milestones/Tasks	Timing (Quarter)	Responsibility
1.8.2d	Ongoing assessment of HIE participation	Continuous	HITOC/SDE
1.8.2e	Determine frequency of survey	Q4 2011	OHIT staff/HIO ExecPanel
1.8.2f	Survey Administered	TBD	OHIT staff/HIO ExecPanel
1.9	**Designation of a governance entity to carry out HIE in Phase 2**		
1.9.1	*Objective: Define and begin transition of HIE operations to SDE*		
1.9.2	*Sub-objective: Legislation enabling SDE*		
1.9.2a	Develop legislative proposals needed for HIE and SDE designation	Q3/Q4 2010	OHIT staff/HITOC/OHA
1.9.2b	Legislation consideration enabling SDE designation	Q1/Q2 2011	HITOC/OHA/Legislature
1.9.2c	Legislative approval of SDE enabling legislation	Q2/Q3 2011	HITOC/OHA/Legislature
1.9.3	*Sub-objective: Implement the SDE framework (for issues not addressed in legislation)*		
1.9.3a	Finalize type of non-profit organization	Q3 2011	OHIT staff/HITOC/OHA/legal counsel
1.9.3b	Finalize roles/responsibilities of SDE, HITOC, other entities	Q3/Q4 2011	OHIT staff/HITOC/OHA
1.9.3c	Develop policies and participation framework for SDE	Q3/Q4 2011	HITOC/OHA
1.9.3d	Develop contractual elements to transfer authority to SDE	Q2/Q3 2011	OHIT staff/HITOC
1.9.3e	Issue RFP for SDE to be named	Q3/Q4 2011	OHIT staff/HITOC
1.9.3f	Draft RFP	Q3 2011	OHIT staff
1.9.3g	Award RFP	Q3/Q4 2011	OHIT staff/HITOC/OHA
1.9.3h	Designation or creation of SDE	Q4 2011	HITOC/OHA/SDE
1.9.4	*Sub-objective: Transition Implementation to SDE for Phase 2*		
1.9.4a	Review of services/architecture during Phase 2	Q4 2011/Q1 2012	OHIT staff/SDE Staff
1.9.4b	Assessment of participation in services	Q4 2011/Q1 2012	OHIT staff/SDE Staff
1.9.4c	Transition of operational and technology services	Q4 2011/Q1 2012	OHIT staff/SDE Staff
1.10	**Evaluation of HIE success**		
1.10.1	*Objective: Success metrics for HIE participation defined*		
1.10.1a	Assess participation in HIE-enabled state-level technical services	Q4 2011	OHIT staff
1.10.1b	Process for assessing use of HIE services defined	Q4 2011	OHIT staff/Tech WG/HIO ExecPanel
1.10.1c	Analysis of barriers, resources and opportunities for overcoming low participation in HIE	Q4 2011	OHIT staff/work groups/HIO ExecPanel/HITOC
1.10.1d	Privacy, security, and related legal and policy risks to be identified in Phase 1	Q4 2011	OHIT staff/Tech WG/Legal & Policy WG
1.10.1e	Ombudsman for SDE-operated services, privacy and security possibly appointed	Q4 2011	HITOC/OHA
1.10.1f	Steps to implement policies and protocols for how the HIE will foster compliance with applicable federal and state legal and policy requirements	Q4 2011	Legal & Policy WG
1.10.1g	Plans for privacy and security harmonization and compliance drafted	Q4 2011	OHIT/Legal counsel

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Number	Objectives/Milestones/Tasks	Timing (Quarter)	Responsibility
1.10.1h	Processes, timelines, etc. for ongoing development in response to federal requirements	Q4 2011	OHIT staff/Workgroups
1.10.1i	Implementation of legislative or consent policy changes as developed in Phase 1	Q4 2011	OHIT staff
1.10.1j	Process to monitor, measure and assess gradual attainment of benchmarks identified in Phase 1	Q4 2011	OHIT staff
1.11	**Success of Health Information Exchange evaluated**		
1.11.1	*Objective: HIE participation survey/study initiated*	Q3 2010-Q4 2010	OHIT staff/Independent Evaluator
1.12	**Continued Refinement of HIE Approach**		
1.12.1	*Objective: Strategic and Operational plan reviews and adjustments*	Continuous	OHIT staff
2	**Phase 2**		
2.1	**SDE assumes HIE Governance**		
2.1.1	*Objective: Complete transition of HIE services and programs operation to the SDE*		
2.1.1a	Implement policies for HIE developed by HITOC and approved by OHA	Q4 2011/Q1 2012	SDE Staff/SDE Governance
2.1.1b	Review policies and procedures	Q4 2011/Q1 2012	SDE Staff/SDE Governance
2.1.1c	Ensure policies and procedures meet generally accepted accounting principals (GAAP)	Q4 2011/Q1 2012	SDE Staff/SDE Governance
2.2	**Continuation of educational programs**		
2.2.1	*Objective: Consumer, provider and HIO education sessions have been conducted and programs are in review bas*		SDE Staff
2.2.1a	Continued stakeholder engagement	Q4 2011-ongoing	SDE Staff
2.3	**Development and rollout of Phase 2 services**		
2.3.1	*Objective: Phase 2 services start*	Q1 2012	SDE Staff
2.4	**Evaluation of HIE success**		
2.4.1	*Evaluation of Phase 2*		
2.4.1a	Develop Phase 2 evaluation criteria	Q3/Q4 2011	HITOC/SDE Governance
2.4.1b	Develop Oregon specific Objectives for Phase 2	Q3/Q4 2011	HITOC/SDE Governance
3	**Ongoing**		
3.1	**Monitor and Adapt**		
3.1.1	Perform a set of environmental assessments across the state to determine HIE availability, HIE impact and other factors.	Q2 2012-ongoing	SDE Staff

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Number	Objectives/Milestones/Tasks	Timing (Quarter)	Responsibility
3.1.2	Develop a plan to address any areas not meeting desired thresholds defined by its governance	Q2 2012-ongoing	SDE Staff/OHIT staff/work groups/SDE Governance/HITOC
3.1.3	Initiate plan, which may involve the creation of new services and offerings that require operation	Q2 2012-ongoing	SDE Staff
3.2	*Enter a Continuous Monitor and Adapt Cycle*		SDE Staff/SDE Governance
3.2.1	Services and offerings created and/or modified to reflect the output of assessments	Q2 2012-ongoing	SDE Staff/SDE Governance
3.2.2	Services and offerings become operational	Q2 2012-ongoing	SDE Staff
3.2.3	Determine that operations of services and offerings are mature	Q2 2012-ongoing	SDE Governance
3.2.4	New assessments conducted	Q2 2012-ongoing	SDE Staff
3.2.5	New plan would be drafted and set in motion	Q2 2012-ongoing	SDE Staff/SDE Governance/HITOC
3.3	**Continued Operation**	Q2 2012-ongoing	SDE Staff/SDE Governance
3.4	**Continued Refinement of HIE Approach**		
3.4.1	*Objective: Strategic and Operational plan reviews and adjustments*	Q2 2012-ongoing	SDE Staff/OHIT staff/SDE Governance/HITOC
3.5	**Evaluation**		
3.5.1	Ongoing evaluation of project milestones, state specific goals and objectives, and key performance measures will continue beyond Phase 2	Q2 2012-ongoing	SDE Staff/OHIT staff/SDE Governance/HITOC
	NOTES		
	OHIT staff is State Staff, Contractors and Consultants as required		
	MHIT staff is State Staff, Contractors and Consultants as required		
	SDE Staff is SDE Staff, Contractors and Consultants as required		
	Where coordination with other organizations is needed, they have been named and will provide key persons		

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Number	Objectives/Milestones/Tasks	Timing (Quarter)	Q3 2010	Q4 2010	Q1 2011	Q2 2011	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012	Q4 2012	Q1 2013	
0	**ONC Approval of Strategic and Operational Plan**	**Q3 2010**	▓											
1	**Phase 1**													
1.1	**Establishment of workgroups and stakeholder engagement**													
1.1.1	*HITOC Workgroups and Panels Created and Approved*													
1.1.1a	Create workgroups and panels	Q3 2010	▓											
1.1.1b	Write workgroup and panel charters	Q3 2010	▓											
1.1.1c	HITOC approves workgroup and panel members	Q3 2010	▓											
1.1.1d	Technology Workgroup established	Q3 2010	▓											
1.1.1e	Finance Workgroup established	Q3 2010	▓											
1.1.1f	Legal and Policy Workgroup established	Q3 2010	▓											
1.1.1g	Consumer Advisory Panel established	Q4 2010		▓										
1.1.1h	HIO Executive Panel established	Q3 2010	▓											
1.1.2	*Ongoing coordination with other programs*	Continuous	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	→
1.1.2a	O-HITEC - EHR adoption and MU attainment	Monthly/ Ongoing	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	→
1.1.2b	Oregon Health Network - broadband deployment	Quarterly/ Ongoing	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	→
1.1.2c	Workforce Development	Quarterly/ Ongoing	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	→
1.1.2d	Medicaid SMHP - planning (PAPD)	Q3/Q4 2010	▓	▓										
1.1.2e	Medicaid SMHP implementation (IAPD)	Monthly/ Ongoing			▓	▓	▓	▓	▓	▓	▓	▓	▓	→
1.1.2f	Medicaid - review Oregon application of meaningful use objectives/measures	Q3/Q4 2010	▓	▓										
1.1.2g	Medicaid - incentive program policies coordination/implementation	Monthly/ Ongoing			▓	▓	▓	▓	▓	▓	▓	▓	▓	→
1.1.2h	Local HIOs - establish coordination process with existing and planned HIO efforts	Q4 2010	▓	▓										
1.1.2i	Local HIOs - develop communications plan with local HIOs	Q3/Q4 2010	▓											
1.1.2j	Local HIOs - ongoing process with existing and planned HIO efforts	Continuous			▓	▓	▓	▓	▓	▓	▓	▓	▓	→
1.1.2k	Develop plan for working with all HIOs and how they will communicate with providers on OHIT's behalf	Q4 2010		▓										
1.1.2l	State of Oregon-Public Health Division	Q4 2010, ongoing		▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	→
1.1.2m	Other data providers and data consumers	Q4 2010		▓										
1.1.2n	Process for coordination with and consideration of existing and planned HIE efforts - other states	Continuous	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	→
1.1.2o	Pacific NW Health Policy Consortium - identify and establish collaborations	Q3 2010	▓											
1.1.2p	Pacific NW Health Policy Consortium - develop plan for directly connecting to other state HIOs	Q4 2010		▓										
1.1.2q	Interstate coalitions - identify and establish collaborations	Q3 2010	▓											
1.1.2r	Interstate coalitions - develop plan for directly connecting to other state HIOs	Q3 2010	▓											
1.1.2s	Submit application for RTI funding	Q3 2010	▓											
1.1.2t	Federal Agencies - develop coordination process for state/local HIE/HIO and federal agencies/programs	Q4 2010		▓										
1.1.2u	IHS - coordination with tribal programs on HIT/HIE services	Continuous	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	→

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Number	Objectives/Milestones/Tasks	Timing (Quarter)	Q3 2010	Q4 2010	Q1 2011	Q2 2011	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012	Q4 2012	Q1 2013	
1.1.2v	VA - coordination on local/state interaction and VistA connections	Continuous	█	█	█	█	█	█	█	█	█	█	█	→
1.1.3	*Consumer, provider and HIO education programs defined and documented, including topics and timelines*													
1.1.3a	External communication strategy developed	Q3 2010	█											
1.1.3b	Develop relationships with provider associations	Q3 2010	█											
1.1.3c	Provider and HIO education program materials developed	Q4 2010		█										
1.1.3d	Provider and HIO education program materials made final	Q1 2011			█									
1.1.3e	Stakeholder annual forums planned and held	Q1 2011			█									
1.1.3f	Communicate various HIT/HIE program opportunities at HITOC meeting	Q3 2010, ongoing	█	█	█	█	█	█	█	█	█	█		→
1.1.3g	Identify consumer materials/programs to be developed	Q2 2011				█								
1.1.3h	Market research to support consumer communication & education	Q2 2011				█								
1.1.3i	Consumer education program materials developed	Q3 2011					█							
1.1.4	*Objective: Provider and HIO education sessions have been conducted and programs are in review based on feedback*													
1.1.4a	Continued stakeholder engagement	ongoing				█	█	█	█	█	█	█		→
1.1.4b	Assess stakeholder feedback, identify education program needs	Q2 2011				█								
1.1.4c	Update provider materials/programs based on feedback	Q3 2011					█							
1.1.4d	Consumer education program materials made final and distribute	Q4 2011						█						
1.1.4e	Update consumer materials/programs based on feedback	Q1 2012							█					
1.2	**Continued refinement of HIE Approach**													
1.2.1	*Objective: Strategic and operational plan reviews and adjustments*													
1.2.1a	Review Stage 1 meaningful use criteria and develop a strategy to adjust course as needed	Q3 2010, ongoing	█	█	█	█	█	█	█	█	█	█	█	→
1.3	**Establishment of HIE Services Starting with Three Priority Areas**													
1.3.1	*Objective: HIE services reviewed, finalized and communicated to stakeholders*													
1.3.1a	Plan central HIE services	Q4 2010		█										
1.3.1b	Select standards for central HIE technical services	Q1 2011			█									
1.3.1c	Communication of planned technical architecture to stakeholders	Q1 2011			█									
1.3.2	*Objective: Facilitate services that support the secure exchange of health information between providers and hospitals in 3 core areas.*													
1.3.2a	Identify and contact providers and hospitals	Q1 2011			█									
1.3.2b	Define outcomes and success metrics	Q1 2011			█									
1.3.3	*Laboratory Reporting*													
1.3.3a	Develop marketing plan to reach out to providers not currently receiving lab reports electronically	Q4 2010		█										
1.3.3b	Develop collateral to support providers' decision making	Q4 2010		█										
1.3.3c	Coordinate with REC regarding messaging and communication/education	Q4 2010		█										
1.3.3d	Analyze electronic rates and monitor non-e-lab providers	Q4 2010		█										

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Number	Objectives/Milestones/Tasks	Timing (Quarter)	Q3 2010	Q4 2010	Q1 2011	Q2 2011	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012	Q4 2012	Q1 2013
1.3.3e	Develop a migration program flow (no capability->labs only->full-fledged EHR) and cost model including incentive payments and penalties	Q1 2011			▓								
1.3.3f	Investigate push capabilities for electronic receipt of lab reports	Q1 2011			▓								
1.3.4	*Electronic Prescribing*												
1.3.4a	Develop marketing plan to reach out to providers/pharmacies not currently supporting e-prescribing	Q4 2010		▓									
1.3.4b	Develop collateral to support providers' decision making (possibly a how-to on signing up for NEPSI)	Q4 2010		▓									
1.3.4c	Coordinate with REC regarding messaging and communication/education	Q4 2010		▓									
1.3.4d	Analyze eRx rates and monitor non-e-prescribing providers and pharmacies	Q4 2010		▓									
1.3.4e	Develop a migration program flow (no eRx->eRx only->full-fledged EHR) and cost model including incentive payments and penalties	Q1 2011			▓								
1.3.5	*Clinical Summaries*												
1.3.5a	Develop program scope timeline	Q4 2010		▓									
1.3.5b	Investigate push capabilities for Clinical Summaries	Q4 2010		▓									
1.3.5c	Define and Finalize Parameters for clinical summaries program	Q1 2011			▓								
1.3.5d	Enroll initial push program participants	Q2 2011				▓							
1.3.5e	Rollout push program to initial participants	Q3 2011					▓						
1.3.5f	Assess push program results	Q3 2011					▓						
1.3.5g	Create plan to for general push program rollout	Q3 2011					▓						
1.3.5h	General push program rollout	Q4 2011						▓					
1.3.5i	Transition services to SDE	Q2 2012								▓			
1.4	**Technical aspects of HIE services addressed**												
1.4.1	*Objective: Service requirements definition process is completed*												
1.4.2	HIE Registry												
1.4.2a	Specifications developed	Q4 2010		▓									
1.4.2b	Requirements definition	Q4 2010		▓									
1.4.2c	Distribute draft requirements document to customer base	Q4 2010		▓									
1.4.2d	Solicit feedback	Q1 2011			▓								
1.4.2e	Incorporate feedback	Q1 2011			▓								
1.4.2f	Finalize requirements document	Q1 2011			▓								
1.4.2g	RFI/RFP for selection of technology solution	Q1/Q2 2011			▓	▓							
1.4.2h	Purchase/implement technology solution	Q2 2011				▓							
1.4.3	Trust Services												
1.4.3a	Specifications developed	Q4 2010		▓									
1.4.3b	Requirements definition	Q4 2010		▓									
1.4.3c	Distribute draft requirements document to customer base	Q4 2010		▓									

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1.4.3d	Solicit feedback	Q1 2011			█								
1.4.3e	Incorporate feedback	Q1 2011			█								
1.4.3f	Finalize requirements document	Q1 2011			█								
1.4.3g	RFI/RFP for selection of technology solution	Q1/Q2 2011			█	█							
1.4.3h	Purchase/implement technology solution	Q2 2011				█							
1.4.4	Push Services												
1.4.4a	Specifications developed	Q4 2010		█									
1.4.4b	Requirements definition	Q4 2010		█									
1.4.4c	Distribute draft requirements document to customer base	Q4 2010		█									
1.4.4d	Solicit feedback	Q1 2011			█								
1.4.4e	Incorporate feedback	Q1 2011			█								
1.4.4f	Finalize requirements document	Q1 2011			█								
1.4.4g	RFI/RFP for selection of technology solution	Q1/Q2 2011			█	█							
1.4.4h	Purchase/implement technology solution	Q2 2011				█							
1.4.5	Integrated Services Rollout: Registry, Trust, Push												
1.4.5a	Define and finalize program rollout parameters	Q1 2011			█								
1.4.5b	Enroll initial rollout program participants	Q2 2011				█							
1.4.5c	Rollout program to initial participants	Q3 2011					█						
1.4.5d	Investigate pull capabilities/requirements	Q2/Q3 2011				█	█						
1.4.5e	Assess rollout program results	Q3 2011					█						
1.4.5f	Plan for extensions of the registry, trust and push services	Q3 2011					█						
1.4.5g	Start rollout of extended trust services	Q4 2011						█					
1.4.5h	Transition registry, trust, push services to SDE	Q1 2012							█				
1.4.6	Plan to leverage current HIE capacities												
1.4.6a	Analysis of existing HIO services carried out	Q3/Q4 2010	█	█									
1.4.6b	Planning for Phase 1HIE services and offerings	Q4 2010		█									
1.4.6c	Planning process for non-technical services to be offered in Phase 2	Q1 2011			█								
1.4.6d	Process for assessment of additional services to be offered in Phase 2	Q1 2011			█								
1.4.6e	Prioritization of services to be offered	Q1 2011			█								
1.4.6f	Gather and define requirements of services to be offered in Phase 2	Q2 2011				█							
1.4.6g	Finalize and communicate services to be offered in Phase 2	Q3 2011					█						
1.5	**Assessment of Underserved and Unserved Areas**												
1.5.1	*Objective: Strategy for meeting the HIE needs of underserved areas is approved*												
1.5.1a	Identification of underserved providers	Q4 2010		█									
1.5.1b	Prioritization of underserved providers	Q4 2010		█									
1.5.1c	Review findings/prioritization and set strategy	Q4 2010		█									
1.5.1d	Communicate with and assist underserved providers to connect with HIO or SDE offered services	Q1 2011			█								

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Number	Objectives/Milestones/Tasks	Timing (Quarter)	Q3 2010	Q4 2010	Q1 2011	Q2 2011	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012	Q4 2012	Q1 2013
1.6	**SDE Sustainable Business Plan**												
1.6.1	*Objective: Sustainable business plan for SDE developed, reviewed and approved*												
1.6.1a	Identify potential SDE services and revenue opportunities	Q3/Q4 2010	▓										
1.6.1b	Prioritization of potential SDE services	Q4 2010-Q1 2011		▓	▓								
1.6.1c	Financing plan & business model made final	Q1 2011			▓								
1.6.1d	Staffing plan developed	Q3 2010, ongoing	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓	▓ →
1.6.1e	Implementation plan for core services												
1.6.1f	Financial tracking in place	Q4 2010		▓									
1.6.1g	Analysis of costs of providing services in Phase 2	Q4 2010		▓									
1.6.1h	Finalize finance and business model for sustainable HIE	Q4 2010-Q1 2011			▓								
1.6.1i	HITOC and Health Policy Board Review	Q4 2010 - Q1 2011		▓									
1.6.1j	HITOC Approval	Q1 2011			▓								
1.6.1k	OHA Approval	Q1 2011			▓								
1.6.1l	Submit final business plan to ONC	Q1 2011			▓								
1.6.1m	Sustainable business plan approved	Q2 2011				▓							
1.7	**First use of HIE Participant Accreditation**												
1.7.1	*Objective: HIE Participant Accreditation Pilot Project Started*												
1.7.1a	HIE Participant Accreditation Program pilot project developed	Q4 2010		▓									
1.7.1b	Standards and policies for pilot developed and proposed to HITOC/OHA	Q4 2010		▓									
1.7.1c	Standards and policies approved by HITOC/OHA	Q4 2010		▓									
1.7.1d	Pilot sites selected	Q4 2010		▓									
1.7.1e	Objective: HIE Participant Accreditation Pilot project started	Q1 2011			▓								
1.7.1f	Measure-At least one HIE participant completes the pilot project	Q2 2011				▓							
1.7.1g	Permanent HIE Participant Accreditation Program designed	Q2 2011				▓							
1.7.1h	Standards and policies developed and proposed to HITOC/OHA based on pilot results	Q2 2011				▓							
1.7.1i	Standards and policies approved by HITOC/OHA	Q2 2011				▓							
1.7.1j	HIE Participant Accreditation Program announced	Q3 2011					▓						
1.7.1k	HIE Participant Accreditation Program implemented	Q4 2011						▓					
1.7.2	*Objective: At least one intrastate and one interstate DURSA are executed*												
1.7.2a	Development of DURSA	Q4 2010		▓									
1.7.2b	Review of DURSA by involved parties' attorneys	Q1 2011			▓								
1.7.2c	DURSAs finalized and executed	Q2 2011				▓							
1.7.3	*Objective: One HIE participant exchanges data with an external HIE participant within Oregon*												
1.7.3a	Measure: At least one HIE participant exchanges data with an external HIE participant within Oregon	Q1 2011			▓								
1.7.4	*Objective: At least one additional HIE participant applies for accreditation, and at least one HIE participant is accredited.*												

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1.7.4a	Measure: At least one HIE participant has begun the accreditation process through the HIE Accreditation Program	Q1 2012							█					
1.7.4b	Update Accreditation to match any federal standards changes	Continuous						█	█			█	█	→
1.8	**Privacy and security issues addressed through legislative and other changes**													
1.8.1	*Objective: Legislative changes necessary to implement consent model are identified and bills drafted*													
1.8.1a	Establish Legal and Policy Workgroup	Q3 2010	█											
1.8.1b	Identification of legislative changes related to privacy	Q3 2010	█											
1.8.1c	Examination of state barriers to Meaningful Use	Q3/Q4 2010	█	█										
1.8.1d	Review of privacy, security and legal risks/mitigations	Q3/Q4 2010	█	█										
1.8.1e	Possible creation of ombudsman position	Q4 2011						█						
1.8.1f	Draft relevant bills	Q3/Q4 2010	█	█										
1.8.1g	Assess NHIN Connect/Direct privacy/security issues	Q4 2010/Q1 2011		█	█									
1.8.1h	Coordination with HHS Privacy and Security Framework	Continuous	█	█	█	█	█	█	█	█	█	█		→
1.8.2	*Objective: HIE participation survey/study initiated*													
1.8.2a	Create participation assessment criteria and plan	Q2 2011				█								
1.8.2b	Contract with independent evaluator	Q2 2011				█								
1.8.2c	Survey process initiated	Q3 2011					█							
1.8.2d	Ongoing assessment of HIE participation	Continuous	█	█	█	█	█	█	█	█	█	█		→
1.8.2e	Determine frequency of survey	Q4 2011						█						
1.8.2f	Survey Administered	TBD												
1.9	**Designation of a governance entity to carry out HIE in Phase 2**													
1.9.1	*Objective: Define and begin transition of HIE operations to SDE*													
1.9.2	*Sub-objective: Legislation enabling SDE*													
1.9.2a	Develop legislative proposals needed for HIE and SDE designation	Q3/Q4 2010	█	█										
1.9.2b	Legislation consideration enabling SDE designation	Q1/Q2 2011			█	█								
1.9.2c	Legislative approval of SDE enabling legislation	Q2/Q3 2011				█	█							
1.9.3	*Sub-objective: Implement the SDE framework (for issues not addressed in legislation)*													
1.9.3a	Finalize type of non-profit organization	Q3 2011					█							
1.9.3b	Finalize roles/responsibilities of SDE, HITOC, other entities	Q3/Q4 2011					█	█						
1.9.3c	Develop policies and participation framework for SDE	Q3/Q4 2011					█	█						
1.9.3d	Develop contractual elements to transfer authority to SDE	Q2/Q3 2011				█	█							
1.9.3e	Issue RFP for SDE to be named	Q3/Q4 2011					█	█						
1.9.3f	Draft RFP	Q3 2011					█							
1.9.3g	Award RFP	Q3/Q4 2011					█	█						
1.9.3h	Designation or creation of SDE	Q4 2011						█						
1.9.4	*Sub-objective: Transition Implementation to SDE for Phase 2*													
1.9.4a	Review of services/architecture during Phase 2	Q4 2011/Q1 2012						█	█					
1.9.4b	Assessment of participation in services	Q4 2011/Q1 2012						█	█					

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Number	Objectives/Milestones/Tasks	Timing (Quarter)	Q3 2010	Q4 2010	Q1 2011	Q2 2011	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012	Q4 2012	Q1 2013	
1.9.4c	Transition of operational and technology services	Q4 2011/Q1 2012						�	�					
1.10	**Evaluation of HIE success**													
1.10.1	*Objective: Success metrics for HIE participation defined*													
1.10.1a	Assess participation in HIE-enabled state-level technical services	Q4 2011						▐						
1.10.1b	Process for assessing use of HIE services defined	Q4 2011						▐						
1.10.1c	Analysis of barriers, resources and opportunities for overcoming low participation in HIE	Q4 2011						▐						
1.10.1d	Privacy, security, and related legal and policy risks to be identified in Phase 1	Q4 2011						▐						
1.10.1e	Ombudsman for SDE-operated services, privacy and security possibly appointed	Q4 2011						▐						
1.10.1f	Steps to implement policies and protocols for how the HIE will foster compliance with applicable federal and state legal and policy requirements	Q4 2011						▐						
1.10.1g	Plans for privacy and security harmonization and compliance drafted	Q4 2011						▐						
1.10.1h	Processes, timelines, etc. for ongoing development in response to federal requirements	Q4 2011						▐						
1.10.1i	Implementation of legislative or consent policy changes as developed in Phase 1	Q4 2011						▐						
1.10.1j	Process to monitor, measure and assess gradual attainment of benchmarks identified in Phase 1	Q4 2011						▐						
1.11	**Success of Health Information Exchange evaluated**													
1.11.1	*Objective: HIE participation survey/study initiated*	Q3 2010-Q4 2010	▬	▬										
1.12	**Continued Refinement of HIE Approach**													
1.12.1	*Objective: Strategic and Operational plan reviews and adjustments*	Continuous	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	▬	→
2	**Phase 2**													
2.1	**SDE assumes HIE Governance**													
2.1.1	*Objective: Complete transition of HIE services and programs operation to the SDE*													
2.1.1a	Implement policies for HIE developed by HITOC and approved by OHA	Q4 2011/Q1 2012						▐	▐					
2.1.1b	Review policies and procedures	Q4 2011/Q1 2012						▐	▐					
2.1.1c	Ensure policies and procedures meet generally accepted accounting principals (GAAP)	Q4 2011/Q1 2012						▐	▐					
2.2	**Continuation of educational programs**													
2.2.1	*Objective: Consumer, provider and HIO education sessions have been conducted and programs are in review based on feedback*													
2.2.1a	Continued stakeholder engagement	Q4 2011-ongoing						▬	▬	▬	▬	▬	▬	→
2.3	**Development and rollout of Phase 2 services**													

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Number	Objectives/Milestones/Tasks	Timing (Quarter)	Q3 2010	Q4 2010	Q1 2011	Q2 2011	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012	Q4 2012	Q1 2013	
2.3.1	*Measurable Objective: Phase 2 services start*	Q1 2012							�					
2.4	**Evaluation of HIE success**													
2.4.1	*Evaluation of Phase 2*													
2.4.1a	Develop Phase 2 evaluation criteria	Q3/Q4 2011					▓	▓						
2.4.1b	Develop Oregon specific Objectives for Phase 2	Q3/Q4 2011					▓	▓						
3	**Ongoing**													
3.1	**Monitor and Adapt**													
3.1.1	Perform a set of environmental assessments across the state to determine HIE availability, HIE impact and other factors.	Q2 2012-ongoing								▓	▓	▓	▓	→
3.1.2	Develop a plan to address any areas not meeting desired thresholds defined by its governance	Q2 2012-ongoing								▓	▓	▓	▓	→
3.1.3	Initiate plan, which may involve the creation of new services and offerings that require operation	Q2 2012-ongoing								▓	▓	▓	▓	→
3.2	*Enter a Continuous Monitor and Adapt Cycle*													
3.2.1	Services and offerings created and/or modified to reflect the output of assessments	Q2 2012-ongoing								▓	▓	▓	▓	→
3.2.2	Services and offerings become operational	Q2 2012-ongoing								▓	▓	▓	▓	→
3.2.3	Determine that operations of services and offerings are mature	Q2 2012-ongoing								▓	▓	▓	▓	→
3.2.4	New assessments conducted	Q2 2012-ongoing								▓	▓	▓	▓	→
3.2.5	New plan would be drafted and set in motion	Q2 2012-ongoing								▓	▓	▓	▓	→
3.3	**Continued Operation**	Q2 2012-ongoing								▓	▓	▓	▓	→
3.4	**Continued Refinement of HIE Approach**													
3.4.1	*Objective: Strategic and Operational plan reviews and adjustments*	Q2 2012-ongoing								▓	▓	▓	▓	→
3.5	**Evaluation**													
3.5.1	Ongoing evaluation of project milestones, state specific goals and objectives, and key performance measures will continue beyond Phase 2	Q2 2012-ongoing								▓	▓	▓	▓	→

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