

**Leading Practices:**  
Leveraging the Economic Stimulus Package  
for Health Information Exchange

May 2009



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## 1. Introduction

On February 17, 2009, President Obama signed the American Reinvestment and Recovery Act (ARRA). This act provides unprecedented investments in many facets of the United States economy, including health care. The Health Information Technology for Economic and Clinical Health (HITECH) Act is the section of the ARRA that specifically addresses health information technology (HIT) and health information exchange (HIE). This section of the ARRA allocates over \$17 billion to implement electronic medical records (EMRs) in healthcare provider settings and an additional \$3 billion to improve our nationwide healthcare technology infrastructure. Other sections of the ARRA provide funding for healthcare research and improvement projects.

The enactment of this bill caused a tremendous amount of activity and speculation. To gain insight into the approaches being used as states and regions carry out their planning efforts related to requesting funds, Mosaica Partners conducted a series of interviews with individuals who are involved in state or regional level HIE efforts. We spoke with over 40 individuals in 30 different states.

This briefing paper presents the findings from those interviews and describes the leading practices we identified related to states' approaches to leveraging the ARRA to advance the quality of healthcare through HIE. In this paper, we:

- Describe the method we used to acquire the information;
- Provide an overview of the information obtained;
- Describe examples of leading practices that we identified for leveraging the stimulus funds for HIE;
- Provide recommendations for states and regions to consider as they advance their planning efforts; and
- Provide a list of on-line resources that will provide additional information on the ARRA and the associated efforts around the country.

During the course of our research on this subject, some of the information contained in this paper was presented by Laura Kolkman, President of Mosaica Partners, at the Health Information and Management Systems Society (HIMSS) 2009 Annual Conference held April 4 - 8, 2009.

As you read this paper, we encourage you to think about what you and your state can be doing to leverage the stimulus funds to maximize the benefits for HIE. We also urge you to use this briefing paper to stimulate your thoughts and generate discussion with your colleagues and with your community.

## 2. The Method – How We Obtained the Information

During the period from March 6, 2009 through April 17, 2009, Mosaica Partners interviewed over 40 individuals representing 30 different states. We spoke with people in states ranging from Alaska to Florida and from California to Maine. This report is the result of that representative sampling of people around the country.<sup>1</sup>

During the interviews, we asked three primary questions:

1. What do you think the impact of the ARRA will be on HIE?
2. What was not included in the bill that you think should have been? (Asked to help us identify what concerns there may be.)
3. What is your state/organization doing, or planning to do to benefit from the ARRA?

The responses we received were both interesting and varied and were a springboard to additional dialogue with the individuals being interviewed.

In the following pages, we discuss the general responses to the questions and provide examples of what we believe to be leading practices in readying for the most effective use of the Economic Stimulus funds.

### 2.1 Leading Practices vs. Best Practices

These practices represent forward thinking approaches that will move this country in the right direction towards better, more cost effective health care.

We do not call these “best practices” as there is no evidence that these approaches will consistently lead to the desired outcomes in all cases. Nor should one assume that a practice or approach being used in one state or region would work as well, without modification, in another state or region. The practices we highlight demonstrate a rational, proactive approach with a high potential for success in their particular environment.

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<sup>1</sup> The findings in this report are based on anecdotal and interview information and should not be used for scientific research.

### 3. Overview of the Results

#### 3.1 The Impact of the ARRA on HIE

Throughout the United States there is a general sense of optimism about how the ARRA will affect HIE efforts, and everyone viewed the anticipated impact on HIE to be positive. Until the ARRA, the amount of funding available from the federal government and states for HIE was minimal – with a few notable exceptions.

Now, because of the laser-like focus on HIT and HIE within the ARRA, there are expectations that this will be the catalyst to accelerate the efforts of previous years.

During the interviews, we heard comments like:

*“Overall we are going from an HIE environment that is hard to put together and scale because of all the systems involved to one that needs to be there almost right away.”*

*“It’s great that there are incentives for quality and connectivity because without that the EHR just becomes a very expensive silo of data and is useless for coordinating care.”*

*“This fundamentally changes the way medicine is practiced.”*

Because, in the ARRA, the exchange of information is so tightly linked with “meaningful use” and improved health care quality, many see this as something that will change the expectations of what is required of HIE. Many believe that the concept of widespread exchange of health information will transform from one that is struggling for survival to one that is a catalyst for moving this country forward towards better health care.

Also, the stimulus funds are viewed as a tipping point to electronic medical record (EMR) adoption and it is thought that this too will have a positive impact on the value of HIE. In recent years, many HIE efforts were having difficulty getting off the ground. This had much to do with the “chicken and egg” effect. Healthcare providers were not in support of EMRs, primarily because of the costs involved. Because they didn’t have EMRs, they are unable to participate in HIE. As a result, it was difficult to demonstrate the value of HIEs because there was not a critical mass of data to exchange.

Now that many providers will receive financial incentives to use EMRs and exchange information, that situation is expected to turn around dramatically. As more providers implement EMRs and participate in HIE, more information will be available, so more providers will begin to see value in participating in HIE. We are poised for a positive upward spiral of activity.

We also found that the opportunity to obtain stimulus funds is changing how the states themselves are approaching HIE. The situation is changing from one where a few states were planning HIE roadmaps, to one where many states are now creating specific plans for HIE. Some states with existing HIE plans are even updating and accelerating those plans.

The ARRA, with its incentives and funding for health information exchange, has provided a very good reason for HIE to be top of mind. Referring to the dollars available one interviewee commented, *“There are now 20 billion reasons to get our attention.”*

## 3.2 Concerns

Although optimistic, the people we talked with are also concerned about how the funds will be disbursed and used. Everyone wants to make sure that each dollar spent goes towards improving health care quality.

Their concerns reflect a broad array of issues, from the competition for funding, to the potential of a “feeding frenzy” by vendors that are either unscrupulous or simply lack the knowledge or experience to effectively provide Health Information Technology (HIT)/HIE products and services.

During our interviews, we identified six categories of concerns:

- Competition
- Complexity
- Fragmentation
- Waste
- Confusion
- Workforce shortage

### Competition

Those we spoke with expressed concern that the states would be competing against each other for funding. They feared that this competition would cause the states to work independently, rather than cooperatively, as they developed their HIE plans.

## Complexity

Many we spoke to mentioned the complexity of the task that the ARRA has imposed within the limited timeframe given. Concerns were expressed that the bill, *“Severely under appreciates the complexity to deploy EMRs, knit them together, and improve care delivery.”*

## Fragmentation

There is already fragmentation throughout health care. The ARRA includes multiple funding targets, from national efforts to states, regions, sub-national organizations, loan programs, and privacy & security efforts. Thus, there is concern around the potential for the application of the funding to be fragmented as well.

## Waste

Without solid controls in place, there is a huge potential for the funds to be wasted, or at least not applied in a way that will maximize their impact. *“The money shouldn’t be spent just to spend the funds.”*

Fortunately, there is a realization on the part of many of those involved in HIE efforts that the purchase and even the installation of an EMR will not, in itself, guarantee a successful implementation. As in any business or organization, the implementation of any kind of technology must be preceded by an analysis of the providers’ workflow and go hand-in-hand with necessary organizational and process changes. *“It’s not just electrifying the data.”*

Some also expressed concern over the potential of facing unnecessary bureaucracy in applying for, spending and reporting on funds. *“Don’t make it more expensive to apply for and use the funds than not.”*

## Confusion

At the time of the interviews, there was no guidance about the interpretation of the term “meaningful use.” This led to concerns that many providers may choose not to risk an initial investment in EMRs if there was a chance that they would end up ineligible for the incentive payments. There was also confusion as to how states or other entities should apply for the funds or when the funds would be made available.

Many expressed concerns that there could be a rush to purchase EMR’s without appropriate due diligence. There are concerns that vendors, in their zeal to sell product, will promise a lot more than they can deliver and that providers may be convinced to *“buy something – anything”* in order to qualify for the incentives.

We learned that some vendors are already pushing providers to sign up for their products, *“Now, before it’s too late!”*, instilling fear that if providers do not quickly commit to purchase, they may not be able to have the product installed in time to achieve meaningful use and receive the incentives.

This rush is fed, in part, by the real concern that there will be a shortage of health informatics professionals in the workforce, as well as a shortage of those technically skilled in HIT products and training. (See below.)

### **Workforce Shortage**

Our country faces a shortage of trained health care informaticists. The demand for EMR and HIE implementation in the short time frame allotted by the ARRA will place an unprecedented strain on the existing workforce that is trained in the installation and support of these systems.

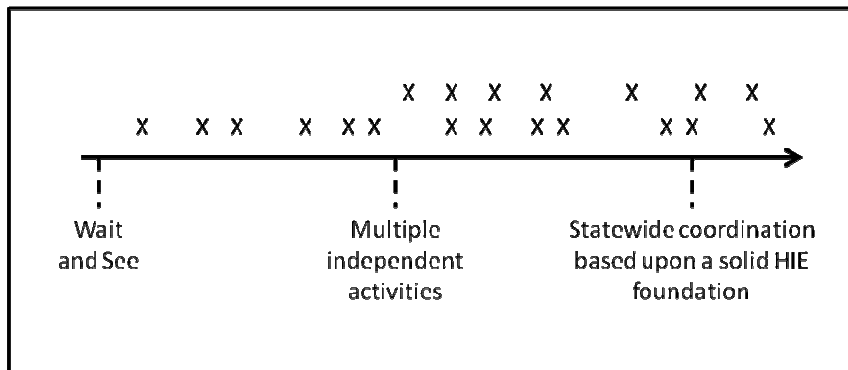
There is doubt as to whether we can train people fast enough to support not only the EMR, but the exchange of health care information as well.

### 3.3 Representative Activities and Approaches

Almost everyone is familiar with the expression, “*There are those who make things happen; there are those who watch things happen; and there are those who wonder what’s happening.*”

We found that this also describes the various levels of response and readiness preparations for the stimulus funds. The activity in preparing responses to the stimulus package ranges from a wait and see attitude, to a series of independent activities, to statewide coordination.

#### State Approaches to ARRA



A representation of the distribution of state level activity

The representative responses shown above are distributed across a continuum of activity. The good news is that the majority of those we spoke with are proactively moving forward in some manner.

States vary greatly in their level of activity and preparation along the continuum, and the activities run the gamut from waiting until more information is available to highly coordinated statewide efforts. Many states are beginning to draft or rewrite their HIT strategic plan as a first step in their approach to seeking stimulus funding. Those with a ready HIT strategy will be in a much stronger position for obtaining and using the funds.

Some states are literally doing nothing until they hear more about the regulations that will further define the ARRA – “*No sense making plans until the Regulations are out.*”

Other states believe that the best way to predict the future is to be a part of shaping it. These states are actively soliciting input from around their state, defining how they can build upon the work they have already done and coordinate all of their key institutions into building a cohesive plan. “*We want to win as much of the funding as we can.*”

In contrast to the states' situation, all of the non-governmental HIEs and other involved organizations with which we spoke are actively pulling together their stakeholders, having discussions, and beginning to create an approach to leveraging the funding. They are doing this either in coordination with their own state's efforts or, when the state leadership is lacking, are acting on their own.

## 4. Examples of Leading Practices

Through our interviews, we identified approaches to planning for the stimulus funds that incorporate proactive forward thinking, collaboration, and building on solid experience. We call these approaches “leading practices.” We have not identified them as “best practices” because there was no attempt to rank or compare the approaches and they are not directly interchangeable from one state to another.

Many of the leading practices we identified share the following attributes:

- Well thought out
- Broad, yet inclusive
- Have a good chance of leading to success
- Focused
- Well-supported
- Built on a solid foundation

A discussion of leading practices occurring in eight of the states is presented next and is in alphabetical order by state. The order does not represent any kind of ranking of the practices among the states; and neither do the examples provide a full description of all activities occurring within the states to prepare for the stimulus funds.

Each of the following descriptions of states’ leading practices contains a characterization and introduction of the leading practice(s); a brief background description of the relevant current environment; and a discussion of the relevant activities and approaches within the state related to improving healthcare through HIE.

## 4.1 Arizona

### ***“Leveraging Momentum and Knowledge”***

Arizona is leveraging the momentum and knowledge they have gained over the past few years as they have implemented their HIT Roadmap.

#### **Current Environment**

Arizona created their initial Health-e Connection Roadmap in 2006. As a result of recommendations in the roadmap, the Arizona Health-e Connection (AzHeC) was established in 2007. AzHeC is a not-for-profit organization whose mission is to lead Arizona's establishment of health information exchange, and adoption of health information technology. They function as the state's convener, coordinator, and communication vehicle around HIE and HIT.

Since the completion of the roadmap, Arizona has been actively promoting health information exchange and health information technology.

The state Medicaid program, Arizona Health Care Cost Containment System (AHCCCS), received a Medicaid transformation grant, which was used to develop AMIE, the Arizona Medical Information Exchange. AMIE enables Medicaid physicians to use a portal through which they can view patient information. This is currently operational in a pilot stage.

Other activities in the state include the progression of SAHIE, the Southern Arizona Health Information Exchange, based in Tucson, and the state providing funds for HIE planning for rural areas.

#### **Leading Practice**

Arizona is building upon its HIE / HIT strategic plans, including the Health-e Connection Roadmap as well as the Medicaid strategic plan, to pull together a plan that leverages both their current momentum in health information exchange and the hands on experience they have acquired.

This state is bringing together a wide range of stakeholders and working with universities and health care providers across the state to develop plans for using the stimulus funding. They are considering how to leverage the funding to continue broader implementation of AMIE and expand it from a pilot to statewide operation, as well as to accelerate other health information exchange within the state.

In addition, there is an opportunity to leverage the State's already robust telemedicine programs by combining funding for expansion of

telecommunications infrastructure, funding for rural health care, and funding for outcomes research at the universities.

## 4.2 Indiana

### ***“Cohesive Plan”***

Indiana is pulling together a plan, based on a unified vision that clearly sends the message, *“If we get the funding, here is what we’ll do, and how we’ll work together.”*

#### **Current Environment**

In 2005, the Indiana state legislature created the Medical Informatics Commission (MIC) to develop recommendations on how to accelerate the development and adoption of electronic data sharing initiatives in healthcare.

One important result of the commission’s recommendations was the formation, in 2007, of the Indiana Health Informatics Corporation (IHIC). IHIC is a public-private corporation created by statute to guide and promote health information exchange (HIE) in the state.

Indiana already has several mature and emerging HIEs. The Indiana Health Information Exchange (IHIE) is nationally recognized and respected as one of the few operating HIE’s with a sustainable business model. They have a long-standing relationship with the Regenstreif Institute and have been an active participant in many federal HIE initiatives including the Nationwide Health Information Network (NHIN) projects.

Indiana is also home to several highly respected universities, including Indiana University, Notre Dame, and Purdue.

#### **Leading Practice**

Indiana brought together the key stakeholders in the state and established a coalition to create a cohesive, holistic approach in applying for funds from the ARRA.

In their role as convener, IHIC serves as the focal point to bring together the key stakeholders. This group began by reviewing the overall bill and identifying specific opportunities.

Since their goal is to present a cohesive plan for consideration, they looked for opportunities where their stakeholders could collaborate on initiatives. Some of the initiatives they developed include multiple partners focused on one grant opportunity. Other initiatives bring together multiple stakeholders and may include grant requests from multiple agencies to fund a project that spans organizations. The goal in the latter approach is to present a unified vision which

prevents spending fragmentation and optimizes the use of the funds which, in the ARRA, are mandated to be managed by several different federal agencies.

For example, universities are involved both in research activities as well as with workforce development. One plan may involve funding research activities to enhance the programs and services offered by the HIEs. Another may propose to add training capacity at the universities to develop and expand a workforce that is suited for healthcare informatics, technical support, or other HIE related needs.

Indiana is developing collaborative working teams to address the multiple competitive federal and state grants. Their aim is to eliminate competing against each other and instead use their collaboration to enhance Indiana's overall chances of obtaining funds.

Indiana's approach to leveraging the stimulus funding for improved health care is to build a coalition of key stakeholders, leverage the experience they already have in HIE, identify opportunities for individual organizations or teams, prevent internal competition, and build an approach where the whole is truly much greater than the sum of the individual parts.

## 4.3 Kentucky

### ***“Research Hub”***

Kentucky’s goal is to become the health information research hub for the entire country. They plan to leverage the stimulus funding to expand research on health outcomes and the relationship to health care delivery improvement.

#### **Current Environment**

There is strong executive support at the state level for this effort and their Lt. Governor, a physician, is actively leading the way.

The Kentucky e-Health Network, established by statute in 2005 is a collaboration of the Kentucky e-Health Network Board, Kentucky e-Health Corporation, and Kentucky Healthcare Infrastructure Authority. It supports statewide adoption of health information technology and interoperable health information exchange to enhance the health of all citizens<sup>2</sup>.

Kentucky has established a research collaborative among the University of Kentucky, the University of Louisville, and Northern Kentucky University to establish health informatics departments. In addition, the University of Kentucky and the University of Louisville are actively involved in health outcomes research.

#### **Leading Practice**

Kentucky is focused on its goal of becoming a national research hub for healthcare. This goal is part of a much larger vision that includes using health outcomes research to provide the scientific evidence needed to move from our current broken health care systems to a new, research based system.

The state’s plans include leveraging:

- Their population (among the sickest in the nation)
- Cooperation among three large universities for research
- Sponsorship by Lt. Gov. Mongiardo, who is a practicing physician

Their approach for developing the research hub is built on a consortium of three large universities in the state, which will build capabilities to evaluate outcomes, address medical transformation, and implement HIE.

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<sup>2</sup> Kentucky e Health Board website. <http://ehealth.ky.gov/board/Pages/default.aspx>

The plan includes using their Medicaid transformation grant to develop an HIE utility that can be easily accessed. A variety of services will be built on this interoperable utility. In addition, Kentucky will continue their physician EMR adoption efforts, which began one year ago, and also assist hospitals in their EMR implementations. This plan is already underway and there is a current Request for Proposal out to establish their statewide HIE utility.

Kentucky is firmly focused on its goal and its planning efforts are based on a solid foundation.

## 4.4 Massachusetts

### ***“Merging Multiple Entities”***

In Massachusetts multiple HIE entities are merging into a single organization. This action will combine their experience and capabilities to optimize the improvements they can accomplish with the stimulus funding.

#### **Current Environment**

Many see Massachusetts as a leader in the implementation of HIT. There is an existing statewide plan for HIT/HIE and the State appropriated \$25m to support HIT and HIE. There are currently many HIE-related activities underway in the state.

The New England Health EDI Network (NEHEN) was formed over 10 years ago and is a consortium focused on EDI and reducing administrative costs in healthcare. MA-SHARE (Simplifying Healthcare Among Regional Entities) is a regional collaborative to promote the inter-organizational exchange of healthcare data.

Major health systems such as Beth Israel Deaconess and Partners Health Care are actively promoting EMR use, providing EMR's to their physicians and supporting the development of HIEs. In addition, the rural areas are served by The Massachusetts eHealth Collaborative (MaEHC) which was formed in 2004 as an initiative of the State's physician community to bring together Massachusetts' major healthcare stakeholders to establish an EHR system that would improve health care quality. They have received \$50M from Blue Cross of Massachusetts to implement EMRs in three cities.

#### **Leading Practice**

To maximize the opportunities for the state, Massachusetts is rewriting their statewide plan for HIT to take into consideration the components and requirements of the ARRA. They are convening stakeholders, soliciting ideas, and sharing best practices.

Something unique occurred in Massachusetts as a direct result of their planning to optimize funding from the ARRA. MA-SHARE and NEHEN merged into one not-for-profit organization in April 2009. Massachusetts will now have one healthcare exchange for all kinds of transactions, both clinical and administrative. This is collaboration in the truest sense of the word and can serve as a model for other organizations and states.

## 4.5 Minnesota

### *“Hit the Ground Running”*

Minnesota is building its approach upon its strong state HIT strategy and robust HIT/HIE programs and initiatives.

#### **Current Environment**

The Minnesota e-Health Initiative is a public-private collaborative established in 2004 to accelerate the adoption and use of health information technology.

In 2008, the Governor of Minnesota signed into law a mandate that, by January 1, 2015, all hospitals and health care providers must have an interoperable electronic health records system in place in their hospital system or clinical practice setting.

Minnesota has a state plan for the adoption and use of EMRs that closely matches the ARRA.

#### **Leading Practice**

Because of its early and aggressive focus on HIE, Minnesota was able to hit the ground running in formulating their ARRA response plans. They are taking advantage of the public-private collaboration that is already in place to develop a cohesive approach to planning for the stimulus funds.

The Governor’s office is coordinating the entire stimulus package response and has designated specific entities to lead the efforts for health care. The response to the HITECH Act section of the ARRA is being coordinated out of the Department of Health in close association with the Minnesota e-Health Initiative. Minnesota designated their Commissioner of Health with the responsibility for policy and the Department of Health was appointed the “designated state agency” to receive and monitor funds.

There is a statewide effort to communicate with providers about the EMR adoption incentives: what they are, what the plan is, and what the incentives mean to them.

There are also efforts to adapt Minnesota's current loan program so they are able to make maximum use of the stimulus funding. These efforts include policy changes such as:

- Authorization for a statewide grant and loan program
- State legislation that appropriates funding for use as matching funds for loans and grants to states
- State legislation for matching funding for Medicaid

There is also active planning occurring around regional extension centers including preliminary identification of logical partners, identifying roles, and getting organized in general so that they are ready to apply for the funds.

The universities are also an important part of the planning process and they are actively involved in efforts to develop workforce-training programs, such as creating an informatics-training program in the schools of nursing. The universities are also involved in statewide coordination of planning for applications for research funding and for regional support centers as part of the National Institutes of Standards and Technology (NIST) funding.

## 4.6 New York

### ***“Leveraging Prior HIE Investments”***

New York is leveraging their prior investments in HIE and actively working with stakeholders to build upon their existing well-funded strategy.

#### **Current Environment**

New York State, through its HEAL NY (Health Care Efficiency and Affordability Law for New Yorkers) program, has already funded over \$100M to build and support regional HIEs. The state HIT strategy was strongly influenced by the evolving national HIT strategy so New York is well positioned to align with the requirements of the ARRA.

The New York eHealth Collaborative (NYeC) was founded by health care leaders across the state, with leadership and support from the New York State Department of Health, as a public-private partnership to build consensus and collaborate on state and regional health IT implementation efforts. This group developed a process for collaboration called the Statewide Collaboration Process (SCP).

#### **Leading Practice**

New York is building upon its existing HIE/HIT strategy. They are working with their partners to ensure they're well positioned for the stimulus funds. As a state, they have already devoted a great deal of money and resources towards laying a solid foundation for HIE.

There are multiple HIE efforts already underway, which have been well funded and are well positioned to support the exchange of information. The Statewide Collaboration Process is being used to gather input from around the state to identify additional opportunities for use of the stimulus funds.

New York plans to leverage their prior investments in HIE with the stimulus funds to move into the implementation phase of a statewide HIE.

## 4.7 Ohio

### ***“Leverage Their Experience”***

Ohio plans to leverage the stimulus funds to be among the first to have truly interconnected HIEs.

#### **Current Environment**

Ohio is home to Health Bridge, one of the largest HIE infrastructures in place today, with over 5,000 participating providers. Health Bridge has participated in NHIN projects as well as having been a part of many local and statewide efforts to promote the use of EMRs.

#### **Leading Practice**

In Ohio, Health Bridge plans to leverage its experience with establishing and running a successful HIE to help other regions launch their own efforts. They believe the experience they gained through participation with NHIN and in their own operation can be replicated and leveraged for launching new HIEs and making them operational quicker than currently possible. Health Bridge has already tested this approach in a couple of small communities where, within 90 days, they were able to prepare and launch an HIE to the point of being operational and sending clinical messages for a critical mass of the healthcare community served by the new HIE.

Their approach is to avoid building new HIEs from scratch and use some of, or the entire, Health Bridge infrastructure to make new regional HIEs operational for a fraction of the cost and time it would otherwise take.

Ohio also has set aside funding in the current budget that can be used as matching funds.

## 4.8 Virginia

### ***“Focused Well-Coordinated Effort”***

Led by the Governor’s office, Virginia is building upon its existing HIE experience by implementing a broad, yet focused approach to planning.

#### **Current Environment**

Virginia has a solid HIE foundation from which to springboard its HIE planning for stimulus funds. They have two operational HIEs, MedVirginia and Care Spark, both of which have participated in NHIN projects. Virginia is in the unique position of having the first operational NHIN-connected HIE in its MedVirginia HIE.

There is strong state level support for HIE and the State requires that any EHR purchases must conform to national IT standards.

#### **Leading Practice**

Virginia’s perspective, from an HIE standpoint, is that the ARRA is enabling additional investments in programs and activities that have already been well planned. They believe that, *“Now more than ever, is the time for public private collaboration.”*

Virginia reacted quickly to the signing of the stimulus bill by setting up a Program Management Office at the governor’s level. The purpose of this office is to coordinate key initiatives at a state level and to assure that state efforts are not fragmented.

They actively requested input from around the state through a website that enabled easy submission of ideas. In addition, the state conducted several town hall meetings where they solicited input. This was, in part, to ensure that the state was well organized and able to build upon its existing HIE foundation.

There is also a concerted communication effort across the state to make sure that all hospitals and physicians will be made aware of the qualifications for “eligible provider” and “meaningful use” as it relates to the EMR incentives. The state is providing information clearing house capabilities in this area to make sure that anyone who qualifies for the incentives is well informed.

Along with the communication efforts, Virginia is focusing on interstate collaboration, policy, and best practices, including proposals for e-prescribing across state lines. They are in a good position for this, considering that

Tennessee-based CareSpark, one of the operating HIEs, serves multiple states, including Virginia.

The state is moving forward on multiple fronts – heading towards EMR adoption and HIE expansion – to leverage the stimulus funding to improve quality and efficiency. Both MedVirginia and CareSpark plan to leverage the work already done with the Office of the National Coordinator for HIT (ONC) and the Nationwide Health Information Network (NHIN) to expand their capabilities.

While focusing on getting broad input and putting together a solid plan, the approach in Virginia is tempered by the reality that there are some high-value, high-impact projects that will be ready to start before others. Their approach is, *“Don’t hold up everything as you figure out the broader approach.”*

## 5. Recommendations

Based on Mosaica Partners' existing experience and expertise in the HIE area, and coupled with the information we gained during the interviews, we have developed a set of high-level recommendations for states and regions to consider as they formulate their plans for leveraging the stimulus funding.

- **Centralize** – Form a team to centralize your state's or region's planning.
- **Build on Your Foundation** – Build plans and requests upon previously laid foundations, such as your state's HIE/HIT strategies, existing HIEs, and existing telemedicine networks.
- **Establish Partnerships** – Establish and leverage public / private partnerships.
- **Collaborate** – Encourage collaboration efforts across stakeholder categories such as: hospitals, universities, local public health, physicians, and consumers.
- **Coordinate** – Develop plans which incorporate a holistic approach to utilizing the funds. Don't scatter your efforts.
- **Communicate** – Communicate information about the ARRA and the state's plans to your stakeholders often. Use the many resources you have available to share ideas about what you plan to do.
- **Support** – Develop specific programs to assist providers to:
  - Understand the role of HIE and HIT
  - Modify and optimize their work processes
  - Choose a suitable EMR package
- **Manage** – Develop a solid approach to managing and auditing how the funds are both allocated and used. Develop clear metrics for measuring the progress of those organizations receiving funds.
- **Standards** – Assure that the existing and evolving standards for health information exchange are enforced when implementing HIT and HIE.
- **Connect** - Connect with other states to share ideas to enhance and improve your plans.

## 6. Summary

This briefing paper, based on interviews conducted in March and April 2009, provides you with a snapshot in time of the plans and activities taking place around the country to prepare for the stimulus funds. As the target date for Federal Agencies to begin releasing their competitive grants and contracts nears, the amount of activities taking place is continually increasing.

Just as it is rare to have “one right answer” or “one right approach” to any situation, the findings in this paper demonstrate that there is not just one best approach to leveraging the stimulus funding.

It’s invigorating to see how much energy and resource is being dedicated to this effort to ensure that the path to our future health care system and indeed our future is laid on a solid foundation. As part of our mission, Mosaica Partners will continue to monitor and report on the progress of this important work.

Now it’s up to you. Just as most healthcare is provided locally, planning for improving health care should also be locally grounded.

Make sure that your community, your region, and your state are moving forward in the right direction. The time to act is NOW. Realizing the dream of improving the quality of healthcare depends upon us making the right decisions now and moving forward in the right direction.

Remember:

*“Just because you can’t do everything;  
It doesn’t mean you shouldn’t do something.”*

## Appendix A – Resources

Listed below are some on-line resources you may find useful as you continue to move forward.

### **United States Official ARRA Website**

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

### **Analysis of ARRA**

[www.himss.org/EconomicStimulus](http://www.himss.org/EconomicStimulus)

### **Frequently Asked Questions**

[www.himss.org/EconomicStimulus/docs/HIMSS\\_FAQs\\_ARRA.pdf](http://www.himss.org/EconomicStimulus/docs/HIMSS_FAQs_ARRA.pdf)

### **HIMSS HIE Common Practices Survey Results White Paper**

[www.himss.org/content/files/RHIO/HIE\\_CommonPracticesWhitePaper20090330.pdf](http://www.himss.org/content/files/RHIO/HIE_CommonPracticesWhitePaper20090330.pdf)

### **HIMSS09 Sessions on ARRA**

[www.himssconference.org/education/ESPSSessions.aspx](http://www.himssconference.org/education/ESPSSessions.aspx)

### **List of State Stimulus Sites:**

[www.ncsl.org/programs/fiscal/stimulusoversight.htm](http://www.ncsl.org/programs/fiscal/stimulusoversight.htm)

### **National Governor's Association:**

[www.NGA.org](http://www.NGA.org)

### **National Conference of State Legislatures:**

[www.ncsl.org/statefed/2009economicstimulus.htm](http://www.ncsl.org/statefed/2009economicstimulus.htm)

### **State-level HIE Consensus Project**

[www.SLHIE.org](http://www.SLHIE.org)

### **Summary of ARRA**

[www.himss.org/content/files/HIMSSSummaryOfARRA.pdf](http://www.himss.org/content/files/HIMSSSummaryOfARRA.pdf)

## **Appendix B – States Interviewed**

We conducted interviews with individuals from the following states:

Alaska  
Arizona  
California  
Colorado  
Connecticut  
Florida  
Illinois  
Indiana  
Kansas  
Kentucky  
Maine  
Massachusetts  
Michigan  
Minnesota  
Nebraska  
New Mexico  
New York  
North Carolina  
Ohio  
Oregon  
Pennsylvania  
Rhode Island  
Texas  
Utah  
Vermont  
Virginia  
Washington  
Wyoming

This briefing paper was researched and prepared by Mosaica Partners, a nationally recognized health information exchange consulting firm.

Mosaica advises states and regions in the planning, development, and operation of health information exchange programs. Mosaica also provides advice to a wide range of hardware, software and service organizations considering entry into the health information arena.

Laura Kolkman, President of Mosaica Partners, is the current chair of the HIMSS Health Information Exchange (HIE) Steering Committee and is frequently sought out for her opinions and insights on HIE.

You can out find more information about Mosaica and how your organization can benefit by working with us at:

[www.MosaicaPartners.com](http://www.MosaicaPartners.com)