



Presentation to the Information Technology Committee

April 4, 2012

Harvest Room, State Capitol



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Statewide Longitudinal Data System

Statewide Longitudinal Data System

- K-12 project
- Workforce project
- Higher Ed project
- Overall project

K-12 Project

- \$5 m project – Federal funds
- 44% under budget, 2% behind schedule
- Completed in the last quarter
 - ACT 2008-2011 data and reports
 - 2010-11 Growth model data and reports
 - 2008-2010 ND State Assessment data & reports

K-12 Project – in progress

- Portal design
- Additional reports
- Immunization reports/ extracts
- Modifying Nashville reports to fit ND
- Integrating new PowerSchool districts
- Assessments – need data sharing agreements
- Studying finance reports

Workforce project

- \$1 million Federal grant – Workforce Data Quality Initiative – WDQI
- Approved project plan - March 28, 2012
- Data sets include workforce data (UI wage, UI employer, WIA youth, and Workforce 20/20)
- Scheduled completion by 11/30/2013

Higher Ed Project

- Data warehouse for Campus Solutions
 - Doesn't adversely effect performance
 - Better access to data
 - Better reporting capabilities
- Applied for \$1 m grant
 - Develop automated data extracts to SLDS
 - Identify data sets for SLDS needs

Overall SLDS project

- \$2 m project
- 85% under budget, 12% behind schedule
- Completed last quarter
 - Hess grant reports
 - Vital records system modified
 - Remediation data received from higher ed
 - Portal expanded to include REAs

Overall SLDS project

- In Progress
 - Student ID now being assigned at birth
 - Master person index
 - Determine higher ed data needed
 - e-Transcripts pilot begins in May
 - Training begins April 10th

Health Information Technology



North Dakota Health Information Technology

Quality Healthcare for all North Dakotans - Anywhere, Anytime

MISSION

Advance the adoption and use of technology to exchange health information and improve healthcare quality, patient safety and overall efficiency of healthcare and public health services in North Dakota.

VISION

*Quality Healthcare for all
North Dakotans – Anywhere, Anytime.*

Website: www.healthit.nd.gov

HITECH: Catalyst for Transformation

Paper records



Pre 2009

A system plagued by inefficiencies. 2004-Exec. Order Calling for everyone to have an EHR by 2014.

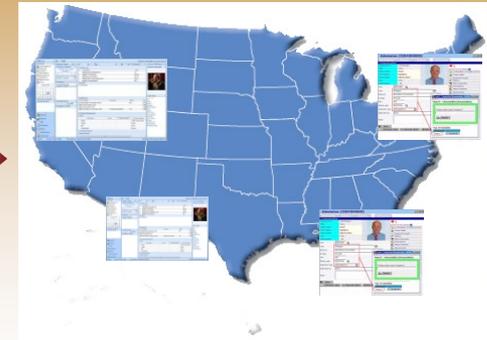
HITECH Act



2009

EHR Incentive Program, State HIEs developed, Regional Extension Centers, HIT Workforce Education and Training

EHRs & HIE



2014

Widespread adoption and meaningful use of EHRs

2011 HIT Legislation

- Funding for 3 FTE for state HIT Office within ITD (HIN Technical Manager, HIN Trainer and HIN technical/security/privacy)
- Renew – (\$5 million) State Loan Program plus an additional \$5 million
- Continue – (\$8 million) for required federal match and operating the HIE
- Changes to HITAC



State HIE Cooperative Agreement

- Establish a Statewide Health Information Exchange
 - Governance, policies & network services
 - Improve the Coordination, Efficiency and Quality of Care
 - Ability to Connect to the National Health Information Network (NHIN)
- Status of Project
 - Four Year Grant - ND - \$5,343,733
 - Planning – 10%
 - Intrastate Implementation – 55%
 - Interstate Implementation – 35%
 - Award Announcement – March 15, 2010
 - Project Start Date – March 15, 2010
 - Match Required by Federal Fiscal Year (10/1 to 9/30)
 - Year 1 0 for each Federal Dollar
 - Year 2 1 for each 10 Federal Dollars
 - Year 3 1 for each 7 Federal Dollars
 - Year 4 1 for each 3 Federal Dollars



Powering 11 states
and over 25 regions —
touching the lives of
70 million patients

Optum™ Health Information Exchange (HIE)



Phased Implementation

- Phase 1
 - Implement Direct
- Phase 2
 - Implement more robust exchange of data in a test environment
- Phase 3
 - Rollout data exchange statewide

Direct Overview

- Many states are leveraging Direct to rapidly enable directed health information exchange to support Meaningful Use
- The Direct Project is a transport solution, not a content solution
- It specifies a set of **standards** and services, that with a policy framework, enable **simple, directed, routed, scalable** transport over the Internet to be used for **secure** and meaningful exchange between known participants

Defining the Direct Project

Secure

- Direct uses industry-standard Public Key Infrastructure to ensure the security of the information being transported

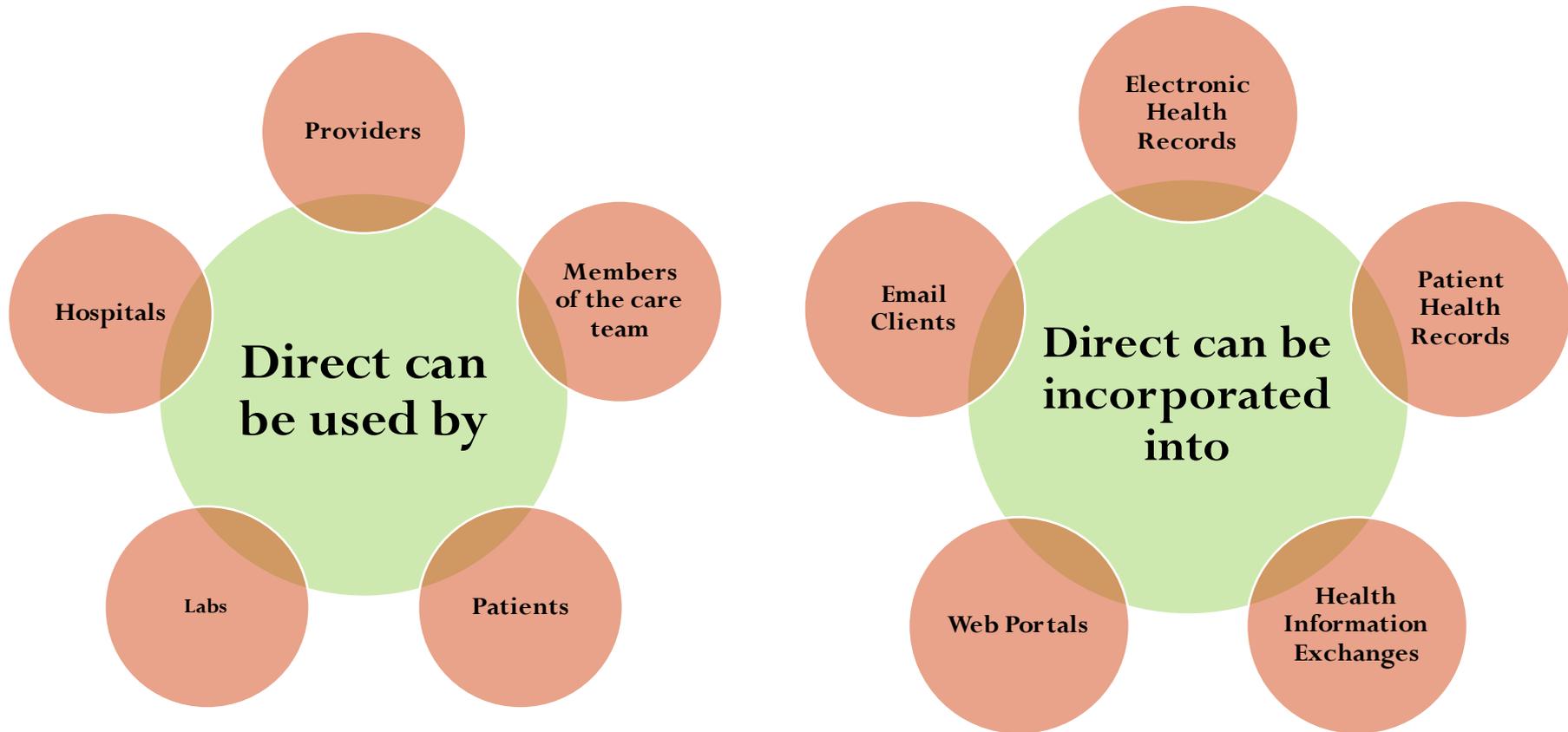
Scalable

- Direct is designed to be easily incorporated into numerous platforms and strategies — such as EHRs, PHRs, and HIEs — to support simple exchange and other advanced functionalities

Standards-based

- Direct uses industry-standard Internet protocols — such as SMTP, MIME, S/MIME, and X.509 certificates

Using the Direct Project



Signed up as of 3/28/2012

- McKenzie County Health System – Watford City
- Great Plains Women's Health Center - Williston
- Sakakawea Medical Center - Hazen
- Coal Country Community Health Center - Beulah
- Asthma and Allergy Clinic – Fargo
- Custer Health – Mandan
- Marian Manor Healthcare Center – Glen Ullin
- PACE (Bismarck and Dickinson)
- Wishek Home for the Aged
- North Dakota Long Term Care Association

NDHIN <http://www.ndhin.org>

- Direct is live and in production!
- Legal policies have been approved
- Marketing RFP responses are being evaluated
- Readiness assessments for Phase II underway
- Installation of HIE framework will begin the end of April

Provider Costs (Proposed)

- Funding will be roughly divided equitably
 - State Government (one-third),
 - Payers (one-third)
 - Providers (one-third)
- Participation fees will be structured as follows:
 - SFY12 No fees
 - SFY13 No fees
 - SFY14 Rate Set by HITAC
 - SFY15 Rate Set by HITAC
 - SFY16 Rate Set by HITAC

Provider/Payer Participation Rates (Proposed)

- Fee Structure (SFY15)

- Hospitals \$135 per licensed bed
- Provider Practices \$300 per physician
- Payers \$1.20 per member
- Long-Term Care \$375 per facility
- Pharmacies \$1880 per location
- Labs \$188 per lab
- Radiology \$188 per location
- Home Health Care \$188 per facility
- Other \$188 per facility
- State Agency No charge unless state appropriation is withdrawn

Questions?



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