

Project Startup Report

Project Name: ND Health Information Network

Agency: Information Technology Department

Business Unit/Program Area: Health Information Technology Office

Project Sponsor: Sheldon Wolf

Project Manager: Jennifer Kunz

Project Description

North Dakota has established a Health Information Technology Advisory Committee (HITAC) to facilitate the adoption and use of health information technology and exchange to improve healthcare quality, patient safety and overall efficiency of healthcare and public health services in North Dakota.

North Dakota was awarded a grant for the State Health Information Exchange (HIE) Cooperative Agreement Program from the United States Office of the National Coordinator for Health Information Technology (ONC) to build a sustainable health information network/exchange to be accessed by qualified organizations representing providers, physicians, hospitals, other health care organizations, and consumers.

By providing a health information network/exchange, providers will have options to meet Meaningful Use requirements in the Health Information Technology for Economic and Clinical Health Act of 2009 (the HITECH Act).

The implementation of the North Dakota Health Information Network (NDHIN) began with the deployment of secure messaging functionality in December 2011 through October 2012, and will be followed by the full implementation of the health information network/exchange (November 2012 through March 2014); the scope of the initial implementation project ends in March 2014.

Beyond March 2014, participants will continue to be added to the NDHIN and financial/operational sustainability will be achieved concurrently with the conclusion of the funding from the State HIE Cooperative Agreement Program.

Business Needs and Problems

The primary business requirement for the project is to connect North Dakota for a healthier future, encourage and sustain health information sharing, and ensure that all eligible providers have options to meet federal meaningful use requirements.

- In order to receive the Medicare and Medicaid incentive payments for meeting Meaningful Use requirements¹, a provider or practitioner must demonstrate they are "meaningful users" of certified electronic health record (EHR) technology. Meaningful Use includes the use of a certified EHR, the electronic exchange of health information to improve the quality of health care, such as promoting care coordination, and reporting of quality of care measures to the Department of Health and Human Services (HHS). The focus on Meaningful Use is a recognition that better healthcare does not come solely from the adoption of technology itself.

A secondary business requirement for the project is to provide health improvements in ND beyond the ONC grant period.

Key Metrics

| Project Start Date | Project End Date | Original Baseline Budget |
|--------------------|------------------|---|
| 11/07/2012 | 03/14/2014 | Original Baseline – \$4,726,246 Management Reserve – \$708,300 Provider Grants Reserve – <u>\$1,422,500</u> Total Budget – \$6,857,046 |

¹ The Center for Medicare Medicaid Services (CMS) will provide reimbursement incentives for eligible professionals and hospitals. The criteria for Meaningful Use will be staged over the course of the next five years.

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| Objectives | |
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| Project Objectives | Measurement Description |
| Business Need 1: Connect North Dakota for a healthier future, encourage and sustain health information sharing, and ensure that all eligible providers have options to meet federal meaningful use requirements | |
| Objective 1.1: Increase electronic prescribing (e-prescribing) | Measurement 1.1.1: Increase the number of community pharmacies e-prescribing to 95% and increase the percentage of physicians routing prescriptions electronically to 50% by December 31, 2013 |
| Objective 1.2: Increase electronic Lab Exchange | Measurement 1.2.1: Develop the capability of the reference labs that handle 95% of the reference lab work to be able to exchange bi-directional data by March 14, 2014 |
| Objective 1.3 Increase the exchange of Patient Care Summaries | Measurement 1.3.1 Providers, have, at a minimum, one method to securely, electronically exchange patient care summaries |
| Objective 1.4 Increase electronic immunization transactions | Measurement 1.4.1 By March 14, 2014, the number of practice-based electronic immunization transactions reported to the North Dakota Immunization Information System will be 50% of all reported transactions |
| Objective 1.5 Develop goal-specific evaluation tools to ensure that the goals identified in the work plan are met in a timely manner and as opportunities for improvement are identified that they are incorporated into the work plan goals | Measurement 1.5.1 Work with stakeholder groups to identify tracking mechanisms to complete evaluations; obtain approved budget from ONC to include additional funding for surveys and evaluations |
| Business Need 2: Health improvement in North Dakota beyond the ONC grant period | |
| Objective 2.1 (ONC breakthrough health improvement goal): By 2014, increase annual use of the North Dakota Tobacco Quitline (Q-line) and North Dakota QuitNet (Net) to at least 2 percent of all smokers and smokeless tobacco users | Measurement 2.1.1: Within six months (of Phase 1 completion), identify process to use to refer smokers to the North Dakota Tobacco Quitline using an automated approach (i.e. Direct) and identify process for Quitline to be able to respond back to providers with progress reports on referred smokers. |
| | Measurement 2.1.2: Within one year (of Phase 1 completion), a process is in place for providers to refer smokers to the North Dakota Tobacco Quitline and providers are using the new process; a Process is in place for the Quitline to submit reports to providers using an electronic process. |
| | Measurement 2.1.3: Within five years (of Phase 1 completion), the process to refer smokers to the North Dakota Tobacco Quitline is automated into the workflow for providers and referrals are made automatically by the EHR systems; progress reports are submitted directly by the Quitline system to the providers EHR system for their use within that system. |

| Cost/Benefit Analysis |
|---|
| <p><u>Anticipated Benefits of Resolving Business Need 1:</u> Meeting each of the objectives will encourage health information sharing in North Dakota and ensure that all eligible providers have options to meet meaningful use requirements.</p> <p><u>Anticipated Benefits of Resolving Business Need 2:</u> Meeting this objective will provide actual measures for improving the use of the ND Tobacco Q-Line and Net, thus improving health by increasing tobacco cessation for individuals in the State.</p> |

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Key Constraints or Risks

Risks:

- North Dakota's rural providers have shortages of technical staff and face significant financial challenges obtaining the capital to acquire EHRs and other HIE tools; in addition they have limited access to technical assistance resources to guide their efforts.
- Lack of "Match" and "Other Funds" to do the project
- Entities do not agree with the proposed plans.
- Risk of not performing the project: If the solution is not implemented, ND providers may not meet federal requirements

Constraints:

- The NDHIN must meet the ONC Direct Protocol requirements for Meaningful Use.
- Cost, schedule, scope, and quality are often in conflict during projects. The sponsor elected to prioritize the constraints as follows:
 1. Quality
 2. Cost
 3. Schedule
 4. Scope