

Alaska Health Information Technology Strategic Plan Addendum

**Proposal for the Office of the National Coordinator
for Health Information Technology
Department of Health and Human Services
State Health Information Exchange Cooperative Agreement Program**

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1 Introduction

The State Designated Entity (SDE) and the Alaska eHealth Network (AeHN) are committed to providing a long term sustainable Health Information Exchange (HIE) available throughout the state and to providing opportunities for all providers to achieve Stage 1 meaningful use before 1 October 2011. This strategy is a combination of efforts outlined in the State HIT plan, the State Medicaid HIT plan and the other federal, state and privately funded HIT activities that are currently underway.

The state has been an active participant in the AeHN, an organization promoting the use of electronic health records, since 2005. Prior to the passage of the ARRA legislation, the AeHN was in the final stages of its efforts to procure a HIE vendor. In 2009, anticipating the passage of ARRA, the state legislature passed a law requiring the Commissioner of Alaska Department of Health and Social Services (DHSS) to create a single statewide HIE providing the appropriation required to support the HIE. As a result of a competitive procurement, the state has contracted with the AeHN board to procure, implement and manage the statewide HIE. The AeHN Board of Directors includes senior management representing the State of Alaska, Department of Veterans Affairs, Department of Defense, Coast Guard, Indian Health Service, public and private hospitals and nursing homes, private providers, payers and consumers.

The AeHN has contracted with Orion Health to implement shared HIE services for the state with implementation occurring in phases. The Department of Veterans Affairs and the Department of Defense installations in Alaska have committed to exchanging health information with the statewide HIE shared services using the NWHIN interface specifications.

In November 2009, the Alaska DHSS submitted the Alaska Health Information Technology (HIT) Strategic and Operations Plans to the Office of the National Coordinator (ONC). In March 2010, ONC awarded DHSS with an Alaska HIE Cooperative Agreement Program grant and authorized use of planning funds.

On July 6, 2010, ONC issued a Program Information Notice (PIN) ONC-HIE-PIN-001. The PIN provides guidance for state-level efforts under the State HIE Cooperative Agreement Program including required elements of the state strategic and operations plans.

On November 15, 2010, DHSS resubmitted the State Strategic and Operations Plans to ONC. The State HIT Coordinator received feedback in early December from ONC. This addendum is intended to address the following areas with the intent to enable all interested providers to exchange health information by the end of 2011.

- Environmental Scan – HIE taking place with trading partners, gaps and strategies
 - % pharmacies accepting electronic prescribing and refill requests
 - % clinical laboratories sending results electronically
 - % health plans supporting electronic eligibility and claims transactions
 - % health departments receiving immunizations, syndromic surveillance, and notifiable laboratory results
- Stage 1 Meaningful Use
 - E-prescribing
 - Receipt of structured lab results
 - Sharing patient care summaries across unaffiliated organizations

2 Environmental Scan

2.1 Pharmacies

According to Surescripts data from 2009, 94% of the pharmacies in Alaska are able to receive prescriptions electronically and to send electronic refill (renewal) requests.

2.1.1 Gap

Approximately 6% of Alaska pharmacies are not capable of accepting electronic prescriptions and refill requests. All pharmacies in Alaska except for the tribal facilities utilizing Resource and Patient Management System (RPMS) software in their pharmacies can accept e-prescriptions. These tribal pharmacies have not adopted e-prescribing because their pharmacy management software has not been upgraded to support e-prescribing.

2.1.2 Strategies

At least one or more pharmacies in all urban areas have e-prescribing capability. Alaska villages do not have pharmacies, they have Health Aide Clinics who dispense limited amounts of medications, or the medications are mailed in from a hub such as Yukon Kuskokim, Dillingham, or Anchorage.

Alaska Native Medical Center (ANMC), one of the largest facilities, is in the process of updating their software. Upon completion of the upgrade, the gap will have been reduced significantly.

The state, through AeHN, will conduct a survey to identify the barriers that are preventing them from participation in e-prescribing. Additionally, the state is implementing a Medicaid e-prescribing solution which will be in place by June 2010. The Medicaid solution will report statistics on e-prescribing participation by individual pharmacy. The state and the Regional Extension Center (REC) will target non-participating providers for specific outreach. The state will work with the legislature and the health care commission to identify possible actions to incent non-participating providers to participate.

2.2 Laboratories

There are 42 accredited labs in the state of Alaska. According to surveys conducted by the AeHN, 50% of the accredited labs in the state have the ability to send structured lab results electronically. Many of the remaining labs provide services only for providers on their internal record system and do not require the ability to send the data elsewhere.

2.2.1 Gap

Although only 50% of the accredited labs can send structured lab results, once the state laboratory portal is operational every provider will have access to at least one method for receiving structured lab results.

2.2.2 Strategies

AeHN's strategy is to offer a lab hub as a shared service, targeted to be in operation by 30 September 2011. The SDE and AeHN will work cooperatively to define and adopt a statewide lab compendium.

Additional actions are identified in section 2.4.3.2.

2.3 Health Plans

The American Directory of Group Insurance Plans indicates that there are approximately 287 group insurance plans covering Alaskans. The state has not been able to identify a percentage of health plans

that support electronic eligibility and claims transactions. The state's legacy Medicaid Management Information System (MMIS) which covers approximately 20% of Alaskans supports electronic claims processing.

2.3.1 Gap

The gap for health plans that support electronic claims and eligibility transactions is unknown.

2.3.2 Strategy

The state is implementing a solution to support HIPAA 5010 which will begin testing in summer 2011. The State's new MMIS, which is scheduled for implementation in April 2012, will support electronic claims and eligibility transactions. The state will work with the State Insurance Commissioner to identify health plans that support electronic claims and eligibility transactions and identify strategies to fill any identified gaps.

2.4 Health Departments

Only two health departments exist within the state; the Municipality of Anchorage and the State Department of Health and Social Services.

Public Health Department	% of Population	Receiving Immunization data electronically	Receiving Syndromic surveillance data electronically	Receiving notifiable lab results electronically
State	100	Yes	No	Yes
Municipality of Anchorage	41	Yes	No	No

2.4.1 Immunization

The two health departments are able to receive immunization data electronically. The state Division of Public Health (DPH) receives the immunization data directly. Providers access the state immunization registry either through file transfer or a web user interface.

2.4.1.1 Gap

No gap exists

2.4.1.2 Strategy

The SDE will work with AeHN to develop an interface to the immunization registry that can be made available as a shared service to facilitate receipt of immunization data from certified EHR's by October 2011.

2.4.2 Syndromic Surveillance

2.4.2.1 Gap

As of January 2011 there is no hospital based syndromic surveillance occurring within the state. In the recent past, two hospitals had syndromic surveillance programs. Both programs were shut down because they were not identifying outbreaks that had not already been discovered through other means. The state is participating in the CDC Influenza-Like Illness Surveillance Network (ILINet). A state representative contacts interested providers throughout the state and signs them up to be sentinel surveillance

participants. Sentinel surveillance participants submit weekly reports to CDC which are accessible to the state and used to populate the state's on-line ILI report.

Barriers to adoption of syndromic surveillance include:

- Lack of regional health departments to perform surveillance resulting in increased state cost for data mining software and resources
- Lack of perceived benefit due to limited usefulness of actionable information
- Lack of medical professionals outside of the urban areas to obtain, analyze and share data
- Lack of data-mining computer programs at most Alaska hospitals coupled with lack of IT resources at state level to collate and analyze data in real time

2.4.2.2 Strategy

Within the first year the State DPH Epidemiologist will review syndromic surveillance literature and provide a recommendation to the State HIT Coordinator on the benefit of implementing a statewide syndromic surveillance program beyond the ILI program.

2.4.3 Notifiable Lab Results

The State DPH receives some laboratory results indicative of notifiable conditions electronically. The two local/regional health departments are not required to receive notifiable lab results. All required follow-up actions are managed by the State DPH.

Of the 24 hospital labs, 7 report notifiable lab results electronically to the State DPH EPI. The 7 constitute approximately 75% of the lab test results. The labs that are currently sending reportable results to state Epidemiology electronically are: Alaska Native Medical Center (ANMC), Alaska Regional Hospital, Alaska State Public Health Lab – Anchorage and Fairbanks, Bartlett Regional Hospital, Fairbanks Memorial Hospital, Providence Alaska Medical Center, Two national labs send data to DPH EPI electronically, these labs are Quest Diagnostics and LabCorp. The others are sending flat files, CSV, etc. which DPH EPI imports into their Disease Surveillance and Management System "AK-STARS."

2.4.3.1 Gap

Eighteen hospital labs do not report notifiable lab results electronically, however these are smaller remote labs that continue to report via fax, mail or phone.

2.4.3.2 Strategy

Within the first year the SDE will partner with AeHN to convene a focus group of lab representatives to identify the barriers that are hampering electronic reporting and develop strategies to overcome them.

AeHN and DHSS will jointly contact representatives from labs not participating in passing lab results electronically to encourage participation, identify barriers to participation and craft solutions to get labs to participate in exchanging lab results electronically with other participants in the continuum of care and the State of Alaska where appropriate and required.

Problem resolution tactics will be used to identify barriers, lines of communication will be opened to ensure all parties can participate, focus groups or similar will be used to minimize constraints while encouraging buy-in, and vendors will be included to address system and or IT issues that may hinder current/future participation. Best practices from participating labs and other sources will be leveraged to create quick-win situations along with helping establishing a permanent, flexible model for on-going participation.

DHSS and AeHN will establish a forum in May 2011 to start the dialogue, establish a reasonable timeline with goals, objectives and strategies with the respective labs, and have all labs connected by 15 Aug 2011. Project tracking will be jointly accomplished by DHSS while AeHN will be primarily responsible for engaging the respective labs on a recurring and/or as need basis to reach project goals.

2.5 Environmental Scan Demographics

Broadband Access	
Percent of Residents Served	86%
Percent of Residents Unserved	14%
Health Plans	
Number of Plans Covering Alaska	287 group insurance plans
Percent Medicaid Management Information System Covers	20%
Providers	
Number of Providers	3292
Number of Eligible Urban Providers	2200
Percent of Eligible Urban Providers	67%
Number of Eligible Rural Providers	1092
Percent of Eligible Rural Providers	33%
Number of Other Urban Providers	4870
Percent of Other Urban Providers	61%
Number of Other Rural Providers	3096
Percent of Other Rural Providers	39%
Percent Enabled to Received Lab Results Electronically	84% of survey respondents
Percent Currently Enabled for EHR	50% of survey respondents
Hospitals	
Number of Facilities / Systems	25
Number of Hospitals to Send Lab Results Electronically	10 of 12 survey respondents able
Number of Hospitals to Receive Lab Results Electronically	5 Hospitals 2 National Lab Org.
Percent of Hospitals Enabled for EHR	66% of survey respondents
Number of Hospitals Submitting to Public Health Electronically	5 Hospitals 2 National Lab Org.
Pharmacies	
Number of Urban Pharmacists	314
Percent of Urban Pharmacists	62%
Number of Rural Pharmacists	194
Percent of Rural Pharmacists	38%
Number of Urban Pharmacies	44
Percent of Urban Pharmacies	48%
Number of Rural Pharmacies	48
Percent of Rural Pharmacies	52%
Total Number of Pharmacies Registered with SureScripts	84
Percent of Pharmcies Registered with SureScripts	91%

Labs	
Number of Accredited Labs	42
Number of Labs Enabled for Electronic Lab Results	21 of survey respondents
Number of Labs Submitting to Public Health Electronically	7
Public Health	
Public Health Entities	Alaska Dept. of Health Anchorage Dept. of Health
Services Offered	Immunization Registry
Percent Enabled to Received Electronic Reports	100%, Alaska Dept. of Health receives reports from 5 hospitals and 2 national labs
Volume/Percent Received Electronically	100% of required
HIE	
Number of HIE	1
Status of HIE	Forming

Figure 1 – Environmental Scan Demographic Information

3 Year One Meaningful Use

The Center for Medicare and Medicaid Services (CMS) issued a rule for Stage 1 meaningful use to include objectives and measures for the exchange of health information. In 2001 eligible providers must have at least one option for each of the following Stage 1 meaningful use requirements:

1. E-prescribing
2. Receipt of structured lab results
3. Sharing patient care summaries across unaffiliated organizations

The SDE will continually review statutory, regulatory and policy options to advance e-prescribing, receipt of structured lab results and patient care summaries. The SDE will also explore contracts, grants and state procurement options to advance these efforts.

3.1 E-prescribing

3.1.1 Gap

According to SureScripts, Alaska ranks 50th of the 50 states plus the District of Columbia for e-prescribing. Their 2009 report indicates that 12% of Alaska physicians are actively submitting prescriptions electronically.

3.1.2 Strategy

Alaska's strategy for promotion of e-prescribing has two components; general and Medicaid. **With renewed promotion of e-prescribing and the launch of a state e-prescribing solution, Alaska is target is to double the number of physicians actively e-prescribing from the 2009 SureScripts report by October 2011.**

3.1.2.1 General

The SDE, AeHN, State HIT Coordinator and key stakeholders will continue to promote the use of e-prescribing as a critical component of the EMR and HIE efforts **through education, outreach, technical assistance and policy**. Emphasis will be placed on the fact that e-prescribing is one of the easiest, highest value aspects of "meaningful use". In fulfilling its vision to provide widespread access to statewide health information data, AeHN will continue to actively promote e-prescribing as a primary way to meet "meaningful use" criteria and allow Alaska providers to receive incentive payments.

SDE will continue to explore pros and cons of ePrescription frameworks (incentives and law enactment) employed in other states. E-prescribing barriers that will be taken into consideration include:

- Cost of technology which varies depending on vendor and size of practice. Many providers are reluctant to invest in technology without concrete numbers showing the return on investment,
- Integrating ePrescription software into the provider practice,
- Work flow disruption and productivity loss,
- Telecommunication bandwidth, particularly in rural Alaska, and
- Increased levels of security to support the ability to electronically prescribe controlled substances.

3.1.2.2 Medicaid Management Information System (MMIS) e-prescribing

SDE and State HIT Coordinator are launching an e-prescribing solution within the next year in advance of the new MMIS. The ACS e-prescribing solution is a Surescripts-certified e-prescribing system. All

transactions are managed in accordance with the CMS final rule published in the April 2009 *Federal Register* for electronic prescriptions. This includes new prescriptions and refill requests, response pharmacy fill messages, and Medicaid medication requests. In working with Surescripts, ACS will validate DEA numbers and the NPI numbers for each user with their master nationwide list of prescribers to prevent fraudulent usage of a DEA number within the system to gain access to the prescription pad.

The e-prescribing solution is the foundation for a proven, concise, and easy-to-use, configurable tool that provides patient history documentation abilities as well as e-prescribing capabilities. A Real-time clinical rules engine identifies potential gaps-in-care and medication therapy issues, and provides the information to providers at the point of care where the information will be impactful.

The e-prescribing solution arms providers with patient-specific history, risk identifiers, and gaps-in-care. Additional capabilities include clinical surveillance, medication management, and provider messaging exchange. These aspects of the solution help improve workflow, centralize key daily activities, and ease providers' administrative burden. The end-result is a clear understanding of the patient's previous care and indicators to potential quality of care improvements.

3.2 Receipt of Structured Lab Results

The laboratory landscape is made up of large independent laboratories, state laboratories and smaller speciality labs, hospital labs and clinic labs. Data formats utilized to send lab results are not standardized. Connections between lab and EHR vendors are direct with each requiring their own individual data connection. This drives higher costs due to redundant connections and non standard data formats. Most laboratory results are not shared beyond the ordering physician and Alaska DPH for reportable labs.

3.2.1 Gap

There are 42 accredited labs, 24 of which are hospital labs, very few actually have the ability to send structured lab results to providers electronically. The few that do have the ability are predominantly users of Quest Diagnostics or LabCorp. The hospital labs are responsible for transmission of results to their affiliated providers and are outside the control of the state.

3.2.2 Strategy

The transmission of structured lab results was part of the evaluation criteria for HIE vendor proposal responses and demonstrations. The selected HIE solution will have the ability to send structured lab results to all participating providers by July 2011 via secure messaging. Providers with certified EHRs who have completed implementation will be able to receive structured lab results directly.

Alaska Division of Public Health (DPH) continues to develop the Lab Information Management System (LIMS) to collect and eventually share and distribute data from the state labs. DPH has leveraged a Centers for Disease Control (CDC) grant to connect the two state labs to the CDC sending HL7 transactions. The CDC grant will also enable DPH to create a secure portal that providers will be able to use to order lab tests from the state lab and view the results. The web portal is expected to be available by July 2011.

DPH is upgrading to the most recent version of LIMS in order to enable connection to the HIE by July 2011. Connection to the HIE will enable the lab to transmit structured lab results to providers via secure messaging regardless of their EHR implementation status.

The SDE and State HIT coordinator will work with the state CLIA administrator to align state CLIA requirements with national requirements for structured lab data and work with the 3 largest hospitals to share structured lab data between the labs.

A service line similar to the REC will be established by AeHN and its partners, with coordination and support of the SDE by June 2011, to specifically address the technical needs of those ancillary services such as labs, pharmacies and other qualifying services to share data/results electronically.

3.3 Sharing Patient Care Summaries across Unaffiliated Organizations

3.3.1 Gap

The SDE has not identified any clinical summary exchange that meets the intent of the PIN occurring in the state. In order to better determine any gaps in the sharing of patient care summaries the SDE will work with the Alaska Medical Assistance Program to conduct a survey that assesses the current level of adoption of EHR technology in Alaska that is capable of producing and receiving summary care records.

3.3.2 Strategy

NHIN Direct and CONNECT will be leveraged within many of the HIE use cases focused on meeting the Meaningful Use criteria. This will ensure that the state HIE solution will assist in meeting the CMS incentive program by allowing both a push or pull strategy regardless of whether the receiving provider has an EHR or not. Some of the use cases include:

- Incorporating lab results back into the EHR as structured data (Not scanned documents or Image PDF, but structured data)
- Submission of CCD (summary record) to another provider
- Receiving summary of care from specialists
- Receiving discharge information from Hospitals
- Submission of Immunization data electronically
- Hospitals submitting chief complaint data to public health agencies
- Submission of specific lab results for specific conditions to public health agencies
- Patient reminders to preventative care
- Providing access to patients for their PHR

3.4 Master Indices

3.4.1 Master Client Index (MCI)

The State of Alaska has an identity management solution called myAlaska that is available to anyone who wants to do business with the State. The process for obtaining a myAlaska account includes a PFD DMV verification process. Every resident who has been in Alaska greater than one year is eligible to apply for the Alaska Permanent Fund dividend (PFD). When they apply electronically they can sign their application electronically using their myAlaska account credentials. As a result Alaskans are effectively incented to participate in the myAlaska identity management solution. Because of this program Alaska has a unique opportunity to provide an authoritative identity management solution that will ensure that only authorized individuals have access to personal health information and that the correct information is available to providers. The state anticipates having the myAlaska identity management available as a service by August 2011.

The state has already implemented a MCI which was originally populated and receives regular updates of demographic data from the myAlaska database. By August 2011 the state will have integrated the states vital statistics and immunization registries with the MCI. The MCI will be the basis for connecting state health information with authorized providers via the HIE.

In later phases of the HIE implementation the myAlaska identity management service will be implemented for providers and patients to facilitate access to the HIE.

3.4.2 Master Provider Index (MPI)

The state is adding an additional entity type to the MCI in order to create a MPI. The MPI will be in place by August 2011 and will be initially populated with individual and entity level information from the MMIS and the Division of Licensing.

3.5 Short Term Strategy

As a short term strategy AeHN, through Orion, will implement a solution based on the NHIN Direct framework.

3.5.1 NHIN Direct

The aims of the NHIN Direct Project are "to expand the standards and service definitions that, within a policy framework, constitute the NHIN. Those standards and services will allow Alaska organizations to deliver simple, direct, secure and scalable transport of health information over the Internet between known participants in support of Stage 1 meaningful use." Implicit in this objective is the inclusion of small and rural medical practices located at the "edge" for full participation in Alaska's health data exchange within the scope of the expanded NHIN.

NHIN Direct is a specification for the use of a set of existing Internet standards and protocols to allow any individual, organization, or organizational health IT system with an NHIN Direct Address to send health data to any other individual, organization, or organizational health IT system with an NHIN Direct Address, and to do so without having to be part of an HIE or other private network. Alaska's HIE will adopt the NHIN Direct protocols, and thus enable their member individuals and organizations to have NHIN Direct Addresses, and therefore be capable of participation in the direct routing of health data. It is important to recognize that NHIN Direct is NOT a means of sending health data "out into the Internet" to unknown individuals, or to anyone with an email address. To avoid "spoofing," Alaska's NHIN Direct solution will require that the sender of health data "knows" the identity of the receiver, and that the exchange between Dr. "X" and Dr. "Y" using NHIN Direct methods will occur ONLY when there is a trusted method of assuring the identity of each.

Alaska's HIE NHIN Direct solution will behave like a new kind of Internet Service Provider, or ISP, to be called a Health Internet Service Provider, or HISP. To be connected to the Internet as a citizen or individual requires the use of an ISP, which may be a local broadband service provider, the local telephone company, or one's place of business or employer. In each case, one's ISP is the "first connection" that allows all of the other Internet and Web features to be available, e.g. email, web browsers, e-commerce, online video, etc. The duties of the HISP are like those of an ISP, but include specific additional services that will permit providers to simply and securely exchange data using NHIN Direct channels. These include:

- Assignment and listing of organizational and individual NHIN Direct Addresses. HISPs will not need to create completely new email or URI addresses for individuals or organizations. The HISP would be responsible for publishing this address to other qualified HISPs looking to pass along

health data addressed and to maintain and update this address periodically.

- Authentication of senders and receivers at the time of transport. There are a number of ways that client applications such as email or a web browser can create a trust relationship with a server to which data is being sent on the Internet, and similarly, several ways in which HISP servers passing on the data to one another can verify and trust one another. Often, digital signatures or certificates are exchanged at the same time that data are encrypted, and these methods both establish trust and disable "sniffing" of the data in transit by nefarious or criminal parties. Within the NHIN Direct specifications, it will be up to each HISP to set a minimal authentication protocol for client applications using the HISP, and each HISP will need to decide whether or not to trust other HISPs, based on their choices of minimal identity management protocols, which each HISP will be required to publish.
- Content packaging of sender's message to assure that receiver can consume and interpret it. For handoffs of health data to be efficient, simple packaging standards need to be employed that both senders and receivers, or their EHR technologies, can understand. The messages that can be sent over NHIN Direct will be limited to a very familiar Internet messaging standard known as multipart-MIME, in which various kinds of attached data formats will be permitted, including the CCR standard, CDA CCD, HL7 flat file, and PDF for unstructured data.
- The individuals or organizations who are senders and receivers will be able to use a variety of "edge protocols," e.g. email clients, to send their messages to the HISP with whom they are associated. The HISPs then use a "backbone protocol" to communicate with each other, until the Destination physician or organization is located, at which point the HISP associated with the receiving physician or organization uses another (may be one of several) "edge protocols" to deliver the message.

3.5.2 Alaska NHIN Direct Solution

The Alaska model is essentially the same model, and employs many of the same protocols for secure message transport, as the Internet itself. Only in the case of NHIN Direct there are additional layers of both technology and policy to establish and enforce a framework of trust and security, to assure privacy and confidentiality.

In Alaska's NHIN Direct model, medical practices will be able to participate in health data exchange without the requirement to join a formal HIE, although they will have the option to do so whenever one is established in their areas and if they provide additional value beyond simple, secure message transport. Meaningful Use criteria for data exchange to support care coordination, patient engagement, and submission of quality data will be easier to meet, and at lower cost and as use of the Alaska NHIN Direct solution will illustrate this over time.

The Alaska HIE will have as a standard service the ability to share/exchange structured and unstructured healthcare data including but not limited to the CCR standard, CDA CCD, HL7 flat file and PDF for unstructured data. This solution is a standard base service from the HIE vendor selected and available to all participants of the Alaska HIE and a "push" solution will be available to send secure messages (CCDs, etc.) to non Alaska HIE providers. Expect NHIN connectors and exchange standards to be in production June 2011.

Alaska NHIN Direct Design Principles

- The Alaska NHIN Direct project will create a transport level set of specifications and services that can handle multiple types of content, from unstructured (text, PDF, etc.) to semi-structured (various CDA templates, HL7 MDM, etc.) to fully structured (CCR, CCD)

- Questions of content (e.g., CCD and CCR) will be handled through profiles on top of the resulting specifications and service descriptions
- The specifications and service descriptions will handle all “Must Have” use cases
- The specifications and service descriptions, in a trust framework, must enable the highest degrees of security and privacy consistent with federal and state laws
- The resulting specifications and services must be simultaneously deployable by an organization that deploys the existing NHIN standards and services
- The resulting specifications and services must not overlap or duplicate existing NHIN specifications or services. They may provide a "on-ramp" set of specifications and services
- The design will, along with a policy framework, enable nationwide scalability without requiring nationwide or transregional organizations (e.g., nationwide provider groups, nationwide HIEs, statewide HIEs) to maintain individual point connections to all participants
- The design will enable a key role to be played by enabling organizations, including state health information offices, to route messages, enable trust, and enable value-added services
- The design will incorporate connectivity to eligible providers and will accommodate a variety of technology types (including installed EHR, modular EHR, enterprise EHR, SaaS EHR, etc.)
- The design will incorporate at least one connectivity model wherein an installed EHR makes only outbound transactions through a firewall (that is, where the provider need not open an TCP/IP port to the open internet)
- The design will accommodate the typical IT environment for a small practice (e.g., installed EHR, dynamic IP address, no or limited IT support)
- The design will accommodate an EHR connectivity model that can be natively implemented by a small development team working in a language with modern library support
- The design will accommodate and recommend, in the content layer, the provision of sufficient content metadata to enable automated processing by the receiving system, but will not require providers who do not need the metadata to supply it
- The design will allow HISPs or intermediaries to fulfill transport needs without access to content or content metadata.

3.5.3 Alaska NHIN Direct Participation Requirements

3.5.3.1 Policy

In order to participate in the Alaska NHIN Direct solution participants will be required to be a member of AeHN and sign a data usage/participation agreement.

3.5.3.2 Technical

Pharmacies, Laboratories and providers who wish to participate are required to have a computer with a web browser and an internet connection. Participants who wish to participate in the HIE will be contacted by AeHN who will assist them in completing a technical surveillance questionnaire which will guide AeHN in assisting their efforts.

3.6 HIE Oversight

Section 5.3.1 of the operational plan outlines the AeHN organizational structure and management. It also lists the workgroups that are responsible for developing standards, policies and processes. Workgroup members have been recruited from AeHN member organizations. Additional detail on the workgroups is detailed as follows:

3.6.1 Technology Workgroup

- Purpose: This group will work on expanding the technical infrastructure and services over time to facilitate the transactions necessary to support meaningful use, and support health information exchange access the continuum of care.
- Participants: Chief Information officers, Chief Medical Information officers, Information Assurance experts, Information Technology experts, Clinicians
- Short Term Goals:
 - Completed vendor RFP selection and contract process for HIE vendor.
 - Establish a mechanism to promote utilization of nationally-recommended standards related to content exchange, transport, privacy and security used for health information exchange.
 - Ensure that standard operating procedures are in place that will assure role-based user authentication for both senders and receivers of electronic health information.
 - Establish certified trust agreements between health information organizations and end users and address core content to ensure that health information accessed through HIE services are secure and confidential in compliance with federal and state privacy and security laws and best practices.

3.6.2 Community/Consumer

- Purpose: This committee is established for addressing consumer safety, privacy and security concerns.
- Participants: Legal counsel, DHSS, Privacy Officers, Consumers and Consumer Advocacy Groups
- Short Term Goals:
 - Review reports from the Technology and Legal workgroups and determine a course of action on issues outlined in reports.

3.6.3 Clinical

- Purpose: A group comprised of clinicians, pharmacies, labs, healthcare leaders and payers who participate in the review of functionality, connectivity, standards, privacy and security and provide feedback on the services and practices of the Alaska HIE for providers and their patient clients.
- Participants: Chief Medical Information officers, Clinicians, Chief Information officers, Payers, represented groups
- Short Term Goals:
 - Survey of relevant health IT assets across key stakeholders.
 - Define the high priority uses for HIE that are consistent with the objectives for the meaningful use of certified EHR and additional clinical priorities.
 - Develop the technical architecture and approach based on use cases.
 - Describe how the technical architecture will align with NHIN core services and specifications.
 - Determine how shared technical services may be utilized to support HIE transactions.

3.6.4 Legal

- Purpose: This workgroup will specifically address state and federal laws and regulations that relate to both HIE implementation and electronic sharing of that information with appropriate stakeholders.
- Participants:
- Short Term Goals:
 - Work with AeHN leadership and legal council to address state laws that impede providers from appropriately sharing health information and make recommendations to the SDE.

3.6.5 Outreach

- Purpose: Is responsible for the coordination and communication between the SDE, State HIT Coordinator, AeHN and providers/consumers on marketing approach, strategy and operational issues. This workgroup is one of the primary drivers for a coordinated consumer message and approach.
- Participants: Media Relation professionals, Consultants, Health Educators, Users
- Short Term Goals:
 - Communication and Education Plan
 - Participate in provider association meetings as available
 - Host consumer health fairs annually
 - Continually evaluate marketing activities and adjust marketing plan as needed

3.6.6 Audit and Compliance

- Purpose: Will conduct regular internal audits for compliance and applicable Alaska and federal privacy and security laws and regulations.
- Participants: Attorneys, Risk managers, Privacy officers, Security officers
- Short Term Goals:
 - Monitor privacy and security issues related to HIE within Alaska and between states.
 - Manage external audit process

3.6.7 Training

- Purpose: Cross-functional team of individuals focused on taking full advantage of HIE capabilities through collaboration and training.
- Participants: Super users, Workforce Development staff, Information Technology trainers, Users
- Short Term Goals:
 - Identify candidates for trainers and super users
 - Share lessons learned

4 Timeline

<u>Task Name</u>	<u>Start Date</u>	<u>Completion Date</u>	<u>Responsible Party</u>
Strategic and Operational Plans	September 2010	In Progress	SDE and HIT Coordinator
Environmental Scan	May 2009	October 2010	SDE and HIT Coordinator
HIE			SDE, HIT Coordinator, AeHN
Vendor Contract signed with Orion	November 2010	November 2010	AeHN
Base HIE SaaS Implementation	January 2011	April 2011	AeHN
CCD Exchange	January 2011	April 2011	AeHN
EMPI Implementation	January 2011	April 2011	AeHN
Implement and pilot test Secure Push Messaging - only 4 hospitals	January 2011	April 2011	AeHN
Interface with the state's Master Client Index	January 2011	June 2011	AeHN
Secure Push Messaging (CCD and lab results) via Orion NHIN Direct connectors	February 2011	June 2011	AeHN
Patient portal with Secure Messaging	February 2011	June 2011	AeHN
Ability to call/review radiology images stored in participant PAC from within HIE portal	February 2011	June 2011	AeHN
Ability to create/manage Care Pathways of diabetes for patients	February 2011	June 2011	AeHN
EMR List functionality	March 2011	March 2012	AeHN
Advanced reporting capabilities	March 2011	March 2012	AeHN
Ability to create/manage Care Pathways for 5 additional diseases	March 2011	March 2012	AeHN
Meaningful Use			
E-prescribing			SDE and HIT Coordinator
Implement and Test an E-prescribing Portal	January 2011	April 2011	SDE and HIT Coordinator
Open E-prescribing Portal to all Medicaid Providers at no cost	February 2011	June 2011	SDE and HIT Coordinator
Adapt the state's Master Client Index to function as the state's Master Provider Index	February 2011	June 2011	SDE and HIT Coordinator
Structured Lab Results			

Implementation of interface with state to allow Secure Push Messaging of Structured Lab Results from state labs	February 2011	June 2011	AeHN
Coordination with Medicaid			SDE and HIT Coordinator
HIT Governance: meets monthly	June 2010	On Going	SDE and HIT Coordinator
State Medicaid HIT Plan (SMHP)	September 2010	December 2010	SDE, HIT Coordinator, AeHN
Medicaid Management Information System (MMIS) interface with HIE: requested funds	2010	On Going	HIT Coordinator
Assessment of other healthcare data systems interfacing with HIE	2010	On Going	SDE and HIT Coordinator

Appendix A Alaska eHealth Network Privacy and Security Plan

Privacy and security are an integral part of every step that the Alaska eHealth Network (AeHN) takes, whether it is part of implementing a health information exchange (HIE) in Alaska or part of the daily operations of the organization. Through a combination of the following current and proposed measures, AeHN seeks to insure the privacy and security of Alaskans' health information:

- Participation Agreements with Specific Privacy and Security Requirements
- Privacy and Security Policies
- Regularly Scheduled Risk Assessments
- Privacy and Security Requirements for the HIE Vendor (Orion)
- Minimum Privacy and Security Standards for Participants and Users
- Business Associate Agreements
- Continuing Oversight by the Legal Workgroup and Community Advisory Workgroup

PARTICIPATION AGREEMENTS

Through the pilot process, a standard Participant Agreement was developed for the following types of exchange (attached hereto as Exhibit A):

1. Treatment of a patient of or by Participant.
2. Payment for healthcare services.
3. Healthcare Operations.
4. Mitigation of a breach of confidentiality or unauthorized access of PHI.
5. Auditing and monitoring compliance of Participant's Users
6. Providing information as required by law or regulation.

The Participant Agreement builds upon standards for the HIE industry, agreements currently in use by other HIEs and the HISPC work performed by AeHN. The AeHN HIE will not be accessed by any individual or organization without a prior-executed Participant Agreement. Participants will be asked to sign a standard Participant Agreement, which may be tailored to the specific needs of an organization through addendums. The Participant Agreement enumerates terms and conditions, with particular attention to the responsibilities of AeHN and the responsibilities of constituents. These responsibilities will be further detailed in the Network Responsibilities that are currently in draft form.

PRIVACY AND SECURITY POLICIES

AeHN will also utilize a number of privacy and security policies that will be drafted with the assistance and oversight of the Legal Workgroup and the Community Advisory Workgroup. These policies closely follow the required elements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), except in areas where state law may require more stringent policies, in which case AeHN will follow state law. AeHN will be sure to incorporate any forthcoming guidance on HIPAA, particularly the annual technical safeguards guidance described in the Health Information Technology for Economic and Clinical Health (HITECH) Act. The current draft security policies are part of an overall Security Plan that addresses the following areas (as recommended by CMS in the HIPAA Security Series):

- Administrative Safeguards – Security Management Process, Assigned Security Responsibility, Workforce Security, Information Access Management, Security Awareness and Training, Security Incident Procedures, Contingency Plan, Evaluation

- Physical Safeguards – Facility Access Controls, Workstation Use, Workstation Security, Device and Media Controls
- Technical Safeguards – Access Control, Audit Controls, Integrity, Person or Entity Authentication, Transmission Security
- Organizational Requirements – Business Associate Contracts

An important part of any security plan is managing risk. Risk is defined as a flaw or weakness in system security procedures, design, implementation, or internal controls that could be accidentally triggered or intentionally exploited resulting in a violation of the system's security policy.

Risks arise from legal liability or mission loss due to:

- Unauthorized (malicious or accidental) disclosure, modification, or destruction of information
- Unintentional errors and omissions
- IT disruptions due to natural or man-made disasters
- Failure to exercise due care and diligence in the implementation, operation, maintenance, and updating of the IT system.

The risk management plan includes policies and procedures to prevent, detect, contain, mitigate and correct security violations. The plan will be based on a thorough assessment of the potential vulnerabilities to the integrity and availability of electronic protected health information for AeHN and its partners. The plan will include implementation of security measures sufficient to reduce risks and vulnerabilities to a reasonable level. This risk management plan will be regularly analyzed and assessed to ensure that AeHN is in compliance as the HIE grows and the needs and capacity of its Participants change.

Through the adoption of HIPAA compliant policies, the signing of Participant Agreements and the adoption of Network Responsibilities, the Privacy and Security Plan will encompass the following:

- The AeHN commitments
 - o Services currently available
 - o Access mechanisms and security
 - o Reliability (e.g. service level commitment)
 - o Quality assurance
 - o Monitoring
 - o Security levels
 - o Appeals process
 - o Constituent support and service
 - o Implementation and training
- Participant commitments
 - o Confidentiality
 - o Privacy compliance
 - o Security compliance
 - o User requirements
- Relationships between AeHN and Participants
 - o Business associate language
 - o Integrity of hardware, software and networks
 - o Process to address breaches

- Data
 - o Ownership
 - o Data types (content) to be exchanged
 - o Acceptable use and online behaviors (individual records, aggregate reporting, data mining, external reporting)
 - o Disposal of data

The Legal Workgroup and Consumer Advisory Workgroup will have joint oversight for the privacy and security policies and processes. The HIE Vendor (Orion) is required to comply with certain privacy and security requirements through its contract with AeHN, which will be closely reviewed by AeHN staff and the various workgroups. In addition, regular reports on security will be produced by Orion and provided to Participants upon request. AeHN will also work to ensure interoperability at the federal level and will ensure all ARRA and other applicable privacy requirements are met. The AeHN privacy and security officer will report to the Board on a regular basis to help ensure compliance with these policies.

PRIVACY

Consumers may “opt-out” of participating in the HIE, as required by Alaska law. Opt-in and opt-out are defined as:

- Opt-in: the consumer must elect to share healthcare information securely across the HIE, subject to appropriate auditing and monitoring capabilities.
- Opt-out: a consumer’s healthcare information is automatically shared across the HIE unless the consumer explicitly requests to be removed from the data sharing system.

This means that each consumer will have to personally and intentionally change their sharing option in order for their health data to be removed from the HIE. Consumers will exercise their option by (a) submitting an opt-out form to the HIE State Designated Entity, or (b) accessing their online PHR to change their option real-time.

AeHN is committed to protecting the rights and privacy of all Alaska residents, but an opt-in approach will marginalize the HIE’s benefit to consumers and to communities throughout the state. Accordingly, AeHN will implement an aggressive, positive communication and marketing program to encourage Alaska residents to remain in the system. It will also work assertively and cooperatively with clinicians and communities across the state to identify and implement any changes necessary to allow a default condition of opt-out for Alaska residents. A default condition of opt-out will allow Alaska residents to intentionally remove their health data from the HIE. It will be crucial to ensure that consumers understand the detriments of opting out, and that proper policies and procedures are in place to ensure that consumers’ choices are recognized and respected. The Consumer Advisory Workgroup will play a key role in enacting these policies and procedures and protecting the rights of Alaskans.

Standardization of Policies and Procedures – The following standardized privacy policies and procedures were completed as part of earlier privacy efforts of AeHN. AeHN is in the process of reviewing and revising these policies as appropriate for the HIE efforts:

- Privacy and Confidentiality Policy
- Policy and Procedure for Addressing Breaches of Confidentiality
- Identification and Authorization Policy

Data use policies to identify uses of data for public health will be developed and implemented as required by state and federal law. AeHN will develop additional policies and procedures as necessary for the implementation of a secure health information exchange. AeHN will further:

- Set minimum authorization standards for all participant organizations.
- Standardize policies, procedures and training regarding general confidentiality of all patient information, including financial and other personal information including, but not limited to health information.
- Standardize policies, procedures and training regarding use and disclosure of health information in accordance with HIPAA and state law, including use and disclosure by personal representatives and/or health care power of attorneys.
- Identify proper access and permission levels for varying levels of staff.

Business Associate Agreements – Business Associate language was incorporated into the Participant Agreement through its exhibits. In addition, there may be situations where it is appropriate to enter into a Business Associate Agreement separate from the Participant Agreement, for example when a vendor will be providing services to AeHN and may thus see protected health information, but is not a participant. For that purpose, AeHN plans to:

- Tailor Business Associate agreements to HIE purposes and only use as necessary and appropriate for the parties involved.
- Provide education regarding proper use and application of business associate agreements.

Appendix B HIT Project Plan

Health Information Technology Project Plan				
ID	Task Name	Start	Finish	% Complete
1	Health Information Technology Project Plan	Mon 12/10/07	Fri 12/31/21	17%
2	Electronic Health Record (EHR) Incentive Program	Mon 3/1/10	Fri 12/31/21	20%
3	SMHP	Mon 4/12/10	Thu 3/3/11	100%
11	Implementation Advance Planning Document (IAPD)	Mon 10/4/10	Tue 11/16/10	0%
16	EHR Incentive Regulations	Mon 12/6/10	Fri 5/6/11	80%
30	EHR Incentive Program Operations (Workflows)	Mon 12/6/10	Wed 4/27/11	70%
63	Meaningful Use	Tue 3/29/11	Tue 4/15/14	1%
70	Communications	Mon 3/1/10	Mon 12/13/21	24%
304	Provider Outreach	Mon 3/1/10	Fri 12/31/21	10%
455	State Level Registry (SLR) Phase 1	Tue 10/12/10	Mon 1/3/11	96%
503	State Level Registry (SLR) Phase 2	Tue 3/1/11	Fri 9/30/11	2%
510	HIE Cooperative Agreement - SDE	Wed 3/3/10	Thu 4/7/11	95%
511	Cooperative Agreement Application	Wed 3/3/10	Thu 4/7/11	70%
524	Vendor Procurement - Non Profit	Mon 4/19/10	Wed 12/15/10	100%
535	Health Information Exchange (HIE) - SDE	Mon 3/28/11	Fri 6/6/14	0%
536	Vendor Procurement - Program Evaluation	Mon 3/28/11	Mon 7/4/11	5%
537	Create Technical Assist RFP	Mon 3/28/11	Thu 4/14/11	25%
538	M: Publish RFP	Fri 4/15/11	Fri 4/15/11	0%
539	M: Vendor Intent to Respond	Mon 4/18/11	Fri 4/22/11	0%
540	Vendor Proposal Submission	Mon 4/25/11	Mon 5/23/11	0%
541	Vendor Proposal Evaluation	Tue 5/24/11	Mon 6/6/11	0%
542	Vendor Recommendation	Tue 6/7/11	Mon 6/20/11	0%
543	Vendor Negotiations	Tue 6/21/11	Mon 7/4/11	0%
544	M: Award Vendor Contract	Thu 6/30/11	Thu 6/30/11	0%
545	Technical Assist	Fri 7/1/11	Fri 12/30/11	0%
546	Conduct Environmental Scan / Technical Needs Assessment	Fri 7/1/11	Fri 7/22/11	0%
547	Develop Strategy to Address Technical Needs	Mon 7/25/11	Fri 8/5/11	0%
548	Provide Support to Labs, Pharmacies, Other Qualifying Services	Mon 8/8/11	Fri 12/30/11	0%
549	Labs Outreach	Mon 4/4/11	Mon 8/15/11	0%
550	Establish Lab Workgroup	Mon 4/4/11	Mon 5/2/11	0%
551	Develop strategy to increase lab HIE participation	Mon 5/2/11	Fri 6/10/11	0%
552	Outreach to non participating labs	Mon 6/13/11	Fri 8/12/11	0%
553	Monitor and track participation	Mon 6/13/11	Fri 8/12/11	0%
554	M: All Labs Connected to HIE	Mon 8/15/11	Mon 8/15/11	0%
555	Pharmacy Outreach	Mon 4/4/11	Fri 6/6/14	0%
556	Conduct e-prescribing survey	Mon 4/4/11	Fri 4/29/11	0%
557	Analyze results of e-prescribing survey	Mon 5/9/11	Fri 5/20/11	0%
558	Develop e-prescribing outreach strategy	Mon 5/23/11	Fri 6/3/11	0%
559	Outreach to pharmacies	Mon 6/6/11	Fri 7/15/11	0%
560	Monitor and track participation	Mon 6/6/11	Fri 6/6/14	0%
561	Health Information Exchange (HIE) - AeHN	Mon 12/10/07	Fri 12/31/21	16%
562	NHIN Buildout	Mon 3/14/11	Thu 12/15/11	0%
563	Kickoff Discussion	Mon 3/14/11	Mon 3/14/11	0%
564	Conduct Business Analysis	Tue 3/15/11	Mon 4/18/11	0%
565	Investigate HISP Providers	Tue 3/15/11	Mon 3/21/11	0%
566	Analyze revenue potential	Tue 3/22/11	Mon 3/28/11	0%
567	Produce Document	Tue 3/29/11	Mon 4/18/11	0%
574	Produce Change Request	Tue 4/19/11	Fri 5/6/11	0%
575	Document Change Request	Tue 4/19/11	Mon 4/25/11	0%
576	Price Change Request	Tue 4/26/11	Mon 5/2/11	0%
577	Present Change Request to Alaska for Approval	Tue 5/3/11	Wed 5/4/11	0%
578	Get Signoff on change request	Thu 5/5/11	Fri 5/6/11	0%
579	HISP Implementation	Tue 5/3/11	Thu 7/14/11	0%
580	Establish Certificate of Authority	Tue 5/3/11	Mon 5/30/11	0%
581	Apply for CA Status	Tue 5/3/11	Mon 5/30/11	0%
582	Establish Secure email server	Tue 5/31/11	Mon 6/20/11	0%
583	Implement the email Server for secure email addresses	Tue 5/31/11	Mon 6/20/11	0%
584	Establish HISP Connectivity to Logicworks	Tue 6/21/11	Thu 7/14/11	0%
585	Confirm HISP Connectivity to Dev environment	Tue 6/21/11	Mon 7/4/11	0%
586	Confirm HISP Connectivity to Test Environment	Tue 7/5/11	Mon 7/11/11	0%
587	Confirm HISP Connectivity to Prod Environment	Tue 7/12/11	Thu 7/14/11	0%
588	Implement NHIN Direct for Alaska	Mon 8/1/11	Thu 12/15/11	0%
589	Receive NHIN Direct Solution from Development team (July 31, 2011 Release cycle)	Mon 8/1/11	Mon 8/1/11	0%
590	Implement in Dev	Mon 8/1/11	Tue 8/30/11	0%
591	Install SW Hotfix? In Dev	Mon 8/1/11	Wed 8/3/11	0%
592	Identify Providers to receive notifications	Thu 8/4/11	Fri 8/12/11	0%
593	Document Connectivity Requirements	Thu 8/4/11	Wed 8/10/11	0%
594	Document Providers	Thu 8/11/11	Fri 8/12/11	0%

1 of 2

Health Information Technology Project Plan				
ID	Task Name	Start	Finish	% Complete
595	Build Rhapsody Route for Notifications	Mon 8/15/11	Fri 8/26/11	0%
596	Complete Integration Testing	Mon 8/29/11	Tue 8/30/11	0%
597	development Environment Complete	Tue 8/30/11	Tue 8/30/11	0%
598	Implement in Test	Wed 8/31/11	Mon 9/12/11	0%
599	Migrate Development environment to Test	Wed 8/31/11	Wed 8/31/11	0%
600	Complete integration testing	Thu 9/1/11	Fri 9/2/11	0%
601	Confirm connectivity to Providers	Mon 9/5/11	Tue 9/6/11	0%
602	Complete UAT testing - sending notifications to providers	Wed 9/7/11	Fri 9/9/11	0%
603	Get Signoff from Alaska - on UAT Testing & NHIN Direct connectivity in Test	Mon 9/12/11	Mon 9/12/11	0%
604	Test Environment Complete	Mon 9/12/11	Mon 9/12/11	0%
605	Implement in Production	Tue 9/13/11	Fri 9/16/11	0%
606	Migrate solution to Production from Test	Tue 9/13/11	Tue 9/13/11	0%
607	Validate NHIN Direct Connectivity in Production	Wed 9/14/11	Thu 9/15/11	0%
608	Obtain signoff for NHIN Direct Connectivity in Production	Fri 9/16/11	Fri 9/16/11	0%
609	Production Environment Complete	Fri 9/16/11	Fri 9/16/11	0%
610	NHIN Direct Connectivity Complete	Fri 9/16/11	Fri 9/16/11	0%
611	Extended NHIN Connectivity - Project Start	Thu 12/1/11	Thu 12/15/11	0%
612	Extended NHIN Implementation	Thu 12/1/11	Thu 12/15/11	0%
613	Receive Greater NHIN Connectivity from Development	Thu 12/1/11	Thu 12/1/11	0%
614	Implement in Dev	Thu 12/1/11	Wed 12/7/11	0%
615	Implement in Test	Thu 12/8/11	Mon 12/12/11	0%
616	Implement in Prod	Tue 12/13/11	Thu 12/15/11	0%
617	Begin NHIN Certification	Thu 12/15/11	Thu 12/15/11	0%
618	Alaska AeHN - SaaS	Wed 12/1/10	Fri 3/9/12	2%
619	Contracting Phase	Wed 12/1/10	Mon 12/27/10	84%
627	Phase 1: Base SaaS HIE install includes roll out to 4 Hospitals and 4 Clinics	Tue 1/11/11	Mon 8/29/11	4%
628	Obtain Client Specific Parameters for SaaS Build Out	Tue 1/11/11	Wed 5/11/11	62%
646	Implementation (Integration and Configuration)	Fri 4/1/11	Mon 8/1/11	0%
675	Testing & Deployment	Mon 8/1/11	Mon 8/15/11	0%
680	Full Production Rollout - 2 Hospitals	Fri 7/29/11	Mon 8/29/11	0%
687	Phase 2: Patient Portal, DM w/ Diabetes, CCD to PHR, Imaging, Eprescribe	Mon 6/13/11	Wed 10/26/11	0%
723	Phase 3: EMR Lite and Disease Management for 5 Diseases	Mon 3/7/11	Wed 7/27/11	0%
751	Phase 3b : Integration of remaining Hospitals, Clinics, Facilities, Public Health	Tue 3/1/11	Fri 3/9/12	0%
794	Regional Extension Center (REC) - AeHN	Wed 1/6/10	Fri 6/6/14	0%
795	M: REC Established	Tue 4/6/10	Tue 4/6/10	0%
796	REC Marketing and Outreach	Wed 1/6/10	Thu 4/17/14	0%
797	e-Prescribing Provider Outreach	Mon 4/4/11	Fri 6/6/14	0%
798	Conduct e-prescribing survey	Mon 4/4/11	Fri 4/29/11	0%
799	Analyze results of e-prescribing survey	Mon 5/9/11	Fri 5/20/11	0%
800	Develop e-prescribing outreach strategy	Mon 5/23/11	Fri 6/3/11	0%
801	Outreach to non participating providers	Mon 6/6/11	Fri 7/15/11	0%
802	Monitor and track participation	Mon 6/6/11	Fri 6/6/14	0%
803	HIT Project Budgets	Mon 12/10/07	Fri 12/31/21	9%
1182	HIT Project Reporting	Mon 7/26/10	Fri 12/31/21	11%
1442	HIT Contract Monitoring	Fri 1/1/10	Mon 12/31/12	25%
1447	Medicaid Management Information System (MMIS)	Mon 1/4/10	Tue 10/1/13	70%
1454	State Master Client Index	Thu 6/30/11	Fri 6/1/12	17%
1458	Master Provider Index (MPI)	Mon 3/21/11	Wed 8/31/11	0%
1461	TERRA Project (FCC Broadband)	Mon 1/25/10	Tue 12/31/13	45%
1467	Tri-State Children's Health Improvement Consortium (T-CHIC)	Fri 1/15/10	Fri 2/20/15	50%
1472	FCC Pilot Project	Mon 1/4/10	Fri 12/30/11	20%
1474	Workforce Development	Fri 1/1/10	Sat 12/31/11	65%