

Maine Statewide Health Information Exchange Strategic and Operational Plan – May 2012 Update

A Strategy to Create an Infrastructure that Preserves and Improves the Health of Maine People

Plan Approved by ONC on 8/17/2010, Revised 10/01/2010



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Maine Strategic and Operational Plan (SOP) Update 2012

Introduction

The State of Maine has made significant progress in the advancement of HIE across the state since the original approval of this SOP in 2010. The foundation for this plan and the future of HIE in Maine as centered around Maine’s HIE vision:

Preserving and improving the health of Maine people requires a transformed patient centered health system that uses highly secure, integrated electronic health information systems to advance access, safety, quality, and cost efficiency in the care of individual patients and populations.

Maine HIT and HIE Strategic Goals

To advance this vision, the State has continued to convene a broad group of stakeholders –The HIT Steering Committee (HITSC) – to consistently hear from stakeholders and adjust the SOP according to the needs of the state and communities. The HITSC has used these three goals and eight objectives to guide their input into implementation activities.

GOAL 1: By 2015, all people in Maine will be cared for by healthcare providers who share electronic health and health related information securely within a connected healthcare system using standards-based technologies that promote high quality individual and population health.

GOAL 2: By 2015, all people in Maine will have access to a flexible comprehensive consumer centric life-long health record – “One Person One Record”

GOAL 3: Electronic healthcare information will be used by the State Coordinator for Health Information Technology to develop appropriate public and private policies throughout the healthcare system to promote evidenced based, clinically effective, and efficient care for all people.

Maine HIT Strategic Objectives

1. **Enable the transformation:** In adherence to federal guidelines for meaningful use of HIT, by 2015, all providers in Maine will have an EHR pursuant to National Standards and will be sharing clinical and administrative information through HealthInfoNet, the statewide health information exchange organization, to promote high quality and cost effective healthcare.

2. ***Security and Privacy:*** All healthcare information shared and stored electronically will adhere to strict privacy, security, and confidentiality requirements as defined by the collaborative work of HealthInfoNet (HIN), the State Government (including the Attorney General) and where possible the guidelines provided through the Office of the National Coordinator for HIT (ONC) and other federally supported projects.
3. ***Patient focused health:*** By 2015 all people of Maine will have secure electronic access to comprehensive healthcare information and will be assured that if they consent to participate in HIE, their providers will also have comprehensive access to their clinical information to guarantee the most informed decision making at the point of care.
4. ***Improve the quality of care:*** By 2015, all providers serving individuals and populations in Maine will achieve federal meaningful use guidelines, improve performance, and support care processes on key health system outcomes measures.
5. ***Coordination of care:*** Beginning in 2010 and phased in through 2015, the statewide health information organization, HealthInfoNet (HIN), will deploy statewide health information exchange services, connecting all providers, payers, laboratories, imaging centers, pharmacies, public agencies and other relevant stakeholders. These services will allow for the appropriate, secure, and private exchange of relevant personal health information to the point of care for all Maine people consenting to participate, assuring that their healthcare is coordinated among all primary care and specialty providers.
6. ***Benefit public and population health:*** HIE activities in Maine will be aligned at every level possible through the Office of the State Coordinator for HIT (OSC) to assure that the data collected, is used to improve population health. Statewide HIE services are critical for required disease reporting, biosurveillance, public health tracking (immunization etc.), as well as population support functions of the Maine Centers for Disease Control (MECDC).
7. ***Promote public private cooperation and collaboration:*** All health information technology and exchange activities will be developed and overseen through structures that promote cooperation and collaboration among all public and private stakeholders, building upon existing partnerships developed throughout the history of HIE in Maine and in recognition of the specific public sector regulatory, accountability and fiscal functions.
8. ***Promote efficiency and effectiveness of healthcare delivery:*** Recognizing that HIT and HIE are tools, evaluation metrics will be iteratively developed and promulgated across the healthcare system of Maine to assure that HIT tools are used appropriately to the benefit the people of Maine.

Changes in HIE Strategy

Figure 1: Changes in HIE Strategy

<i>Domain/Section</i>	<i>Description of Approved Portion of SOP that is Proposed for Change</i>	<i>Proposed Changes</i>	<i>Reason for Proposed Changes</i>	<i>Budget Implications of Proposed Changes</i>
Overall HIE Strategy	N/A	N/A	N/A	N/A
Governance	The original holder of the Cooperative Agreement was the Governor's Office of Health Policy and Finance. Pp.40-43, 66-81.	During the transition in Governors in 2011, the original Grantee – the Governor's Office of Health Policy and Finance was disbanded. As a result the grantee had to be changed to the Department of Health and Human Services. This occurred in 2011 w/o incident.	See Left	No changes to budget amount. Budgets did need to be re-approved due to the change in grant recipient agency.
Technology	HIE Functions and Tools: The SOP pp.44, 45, 99-126	1) Adding NwHIN Direct offerings to support point-to-point exchange. 2) HIN has added new functionality for end users of the health information exchange including: a) Implemented Pop-Health to support end users measurement of Meaningful Use Stage 1 & 2 measures as well as other ad-hoc population health quality statistics; b) Download CCD and HL-7 data to HER; c) Messaging and Notifications from the	1) Community has requested this tool. Patient Centered Medical Home program has requested access and will serve as a pilot site for the rollout of Direct in June 2012 to 100 providers. The Beacon Community is also looking for an integrated Direct structure to support their secure messaging needs with un-affiliated provider sites in the community. State has chosen HIN to serve as the HISP of 1 st resort.	1) \$95,000 additional funds re-allocated to HealthInfoNet to stand up a Statewide HISP of first-resort and provide Direct for 100 users for 1 year for the PCMH and an annual fee model for other users. Funds will also be used to evaluate use case scenarios for Direct in PCMH and recommend the development of template style sheets for additional data capture. 2) There were no HIE Cooperative Agreement

		HIE for Sentinel events such as 30-day readmissions, ER/ED admissions for key populations etc. d) New data elements including immunizations, secondary diagnoses, and ambulatory problem lists; and, e) Web-based virtual encryption-key enabled access to the HIE portal.	2) The changes in functionality of the exchange listed here were implemented as a result of community interest in this expanded functionality.	budget implications for these activities.
Financial and Sustainability	See Below	See Below	See Below	See Below
Business Operations	N/A	N/A	N/A	N/A
Legal/Policy	See Below	See Below	See Below	See Below
Strategies for eRx	N/A	N/A	N/A	N/A
Strategies for Structured Lab Results	N/A	N/A	N/A	N/A
Strategies for Care Summary Exchange	N/A	N/A	N/A	N/A

Legal and Policy: Updates to the Maine Privacy and Security Framework

The State of Maine has continued to make great strides in developing policies and procedures to support HIE. HIN working in collaboration with the State Attorney General and its own private/public Board, has assured that data use agreements, business associate agreements, and vendor contracts with its primary vendors have been executed in a manner that is appropriate, legal, and supports the vision of HIE in the State.

HIN has developed privacy and security policies consistent with federal guidance and specific to Maine State Law, to assure the privacy and security of all patient data being exchanged. These policies were presented to ONC on October 27th, 2010 in Maine’s Privacy and Security Framework, currently posted on the Maine OSC website – <http://www.maine.gov/HIT>. To respond to ONC Program Information Notice ONC-HIE-PIN-003 – “Privacy and Security Framework Requirements and Guidance for the State Health Information Exchange Cooperative Agreement Program, HIN and OSC have developed the following grid based on the template provided by the PIN from data aggregation architectural model exchange.

Amendment to Maine's SOP May 2012 update: Privacy and Security Framework. (Page 2)

Dissemination of Maine's HIE Privacy and Security (P&S) Framework: Maine has an extensive program for dissemination of HIE developments both through the Office of the State Coordinator for HIT and through the non-profit HealthInfoNet. The HIE P&S Framework was vetted through the statewide HIT Steering Committee as well as HealthInfoNet's Consumer Advisory Committee, its Technical and Provider Practice Advisory Committee, and its Board of Directors (see the approved Strategic and Operational Plan for a description of these bodies). The P&S Framework has been made available on the State of Maine HIT website (www.Maine.gov/HIT). The Framework is also brought forward to participating provider organizations in educational materials, train-the-trainer educational activities for registration staff, and is made available on the HealthInfoNet website. In addition, key facets of the P&S framework are included in the consumer-facing educational materials and consent forms provided by participating organizations directly to consumers. Customer and Consumer-facing HealthInfoNet staffs are well educated on the P&S framework and also provide information on these activities to interested parties over the phone and via email when solicited.

Figure 2: Maine Privacy and Security Framework PIN 003 Updates

<i>Domain</i>	<i>Description of approach and where domain is addressed in policies and practices</i>	<i>Description of how stakeholders and the public are made aware of the approach, policies, and practices</i>	<i>Description of gap area and process and timeline for addressing</i>
Individual Access	HIN has plans to bring forward a personal health record portal that will provide patients online access to their information in the HIE.	This new service will be piloted among patients in the Bangor Beacon Community and then expanded statewide. People will be made aware through partnerships with various consumer groups, materials given to them at their provider’s office or hospital, HIN’s website, social media, and traditional public relations channels such as PSAs and news stories.	HIN is still working on the technical details and policies related to access to the PHR and expects to begin the pilot in 2012 and roll out the service statewide in early 2012.
Correction	Today if a patient or provider feels a correction is needed, HIN uses the meta data associated with every individual result/report to determine the original source of the information. HIN then directs the individual to the originating organization to work through requests for IHI correction/ modification. Once a modification is made at the source, it’s automatically updated in the HIE. HIN plans to include in the PHR a function where patients can easily report a potential error to the data source. If the patient finds an error in their demographic information, they will be able make this change in the portal.	HIN explains this correction process to all new provider participants during the onboarding process. HIN is currently working to add an error button on the provider portal to make it easier for our users to report potential errors. In HIN’s patient materials and website patients are directed to their provider to discuss potential errors. This will be a major component of the introduction of the PHR, and patients will be made aware of their ability to correct demographic information and dispute medical information in PHR promotional materials.	Because patients do not have access to the data, HIN sees very few requests for correction. It is expected that this will increase when the PHR is launched. The timeline for making the patient correction functionality described is also included in the attached PHR document. While there is clearly a gap in HINs ability and plans “to resolve disputes about information accuracy and document when requests are denied”, HIN does not see a clear process that it can sustain to accomplish this. HIN’s policies require that resolution of disputes be addressed between the individual and the original source of the data. HIN does not take ownership of the data and therefore cannot change the clinical data contained in the HIE. HIN can help a patient or provider locate the source and work with them to correct the information in their system in a way that

			also corrects the information in the HIE.
Openness and Transparency	<p>HIN is transparent about what it collects, how that information is used and by whom and why it is disclosed in all patient materials, on its website and in any presentations given to the consumer community. HIN's patient materials and website were written with input from its Consumer Advisory Committee. HIN's materials clearly state the several ways a patient can opt-out of the HIE (or opt back in) and we have an opt-out button on each page of our website, which uses Google Translate for non-English speakers.</p> <p>HIN's materials also explain the process for a patient to request an audit of their record which shows them who viewed their record, when and what they looked at.</p>	<p>A new Maine law, passed in 2011, defines standards of practice for informing individuals on what information may exist in the exchange, how it is collected, used or disclosed and how an individual can exercise choice over the release/use of their record. This law requires that all participating providers give the patient an opt-out form the first time that patient visits that provider following HIE connection. HIN's opt out form was approved by the State HIT Coordinator and created with input from those representing providers and patients. Additionally HIN requires that all participants include a statement regarding HIN and its data practices in their Notice of Privacy Practices.</p> <p>HIN also helped MaineCare (Maine's Medicaid program) develop a form specific to the reading level of MaineCare members. This form is included in all packages provided to new MaineCare members.</p>	<p>On adhering to the "use of appropriate language(s) and accessibility to people with disabilities, HIN is engaged in translating its current opt out form to support Spanish, French, Arabic and Somali. HIN will develop concrete plans to address the needs of people with disabilities in 2012.</p>
Individual Choice	<p>HealthInfoNet follows an opt-out policy and patients can opt back in at any time. HIN policies and state law require that patients be given the opportunity to opt-out of the HIE on or before the patient's point of initial contact with each new provider through the presentation of an opt-out form.</p>	<p>Patients are made aware of their choice options every time they visit a new provider participating with the HIE, when they are presented with the opt-out form. HIN engages each new provider participant in training to familiarize them with the state laws regarding patient notification and help them implement their patient education process. To minimize provider burden, HIN provides</p>	<p>Currently patients can choose to have all information contained in the HIE available to all users or to opt-out and remove all clinical information from the HIE. By adding the personal health record (PHR) solution in 2012, HIN will reevaluate options for expanding individual choices relative to the granularity of what information is exposed within the exchange. Individuals using the PHR may</p>

	<p>In addition to choice options, this form describes how their information is used, who has access and why, and their ability to request an audit. Maine State law also prohibits providers from refusing to render care based on the patient's decision to participate or opt-out of the HIE. This is also referenced on the opt-out form.</p> <p>HIN's policies with regard to appropriate access to individual IHI by providers were developed through the deliberations of both the Consumer Advisory Committee and Technical Professional and Practice Advisory Committee. A provider must formally associate himself/herself with a patient through a "break the glass" process for each instance of access. During this process the provider both establishes the role they have to the patient and attests that the patient is currently under their care and has consented to them accessing IHI. The break the glass process is audited and this audit report can be generated at any time as described above.</p>	<p>all patient education materials and communications support during the onboarding process.</p>	<p>be afforded an expanded range of options based on categories of clinical content that can be effectively managed through an electronic consent process.</p> <p>HealthInfoNet currently does block certain behavioral health and HIV related information and is currently building an opt-in option for patients to choose to expose this information in their record if they want. This will be built out by the end of 2012.</p>
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<p>Collection, Use and Disclosure Limitation</p>	<p>As described above, HIN uses a “break the glass” process to gain the provider’s attestation to a treatment relationship with the patient. The HIN dataset was initially defined in 2006 based on the Continuity of Care Record that establishes the minimum data set optimal to support effective transitions of care. This database has been expanded in its scope of content over the past two years but continues to be focused on what enhances care transition between corporately unaligned providers.</p>	<p>The break the glass process is described in all onboarding materials and referenced on patient materials, including the opt-out form. Content is displayed in the portal in distinct categories (labs, documents, image reports etc....) so that a provider can quickly locate the information they need without searching through the record.</p>	
<p>Data Quality and Integrity</p>	<p>HIN has established a series of policies and procedures that address data protection (encryption), person identification and matching, and data integrity validation during the implementation of connecting a provider organization to the HIE. All data taken into the HIE is mapped to standardized medical terminology concepts (SNOMED CT, ICD-9/10, LOINC, NDC, etc.). Error logs are used to manage content that is received from a provider organization that does not equate with established mapping. Items that error off</p>	<p>Notification of end users about corrections is treated as an incident. The incident process includes formal written documentation and remediation of the potential impact on the care of individual patients associated with the corrected data.</p>	<p>Beginning in 2012, HIN will initiate a quarterly process of sampling data for accuracy. Particular attention will be paid to areas of content that is converted during the intake process by HIN to address file format or the standardization of local terms to the adopted medical terminology concepts.</p>

	<p>are manually resolved and validated by HIN staff.</p> <p>HIN has a defined process for identifying usage of individual results/reports that supports timely communication of corrections to users who have accessed a result/report that has been corrected within the exchange.</p> <p>HIN maintains a strong, automated probabilistic algorithm strategy for patient matching. Possible matches that fail to meet at least a 99 percent level of certainty are moved to a work list for manual review and resolution.</p>		
<p>Safeguards</p>	<p>HIN sustains an ongoing, formal risk assessment process. This process includes a standing Risk Assessment Work Group that meets quarterly and a calendar of routine events that identify areas of potential exposure. HIN retains a third party organization to conduct penetration testing twice a year. An annual audit of the exchange's technical infrastructure and software management status is undertaken by a third party</p>		

	<p>organization.</p> <p>The privacy and security policies maintained by HIN are reviewed annually and modified when needed to reflect changes in practice or to address areas of risk defined by the Risk Assessment Work Group. The entire HIN staff participates in the policy review process as part of its bi-weekly staff meetings.</p> <p>PHI is encrypted by HIN both at rest within the exchange and in motion as it is moved between locations of care. HIN has also separated the database that maintains person identification information from the clinical data set. This separation adds an additional level of security. A web service call routine is used to build a view of a patient “on demand” when an authorized user calls for a patient record within the HIE.</p> <p>HIN uses a strong user authentication process that starts with a formal, written approval to add a user by provider organizations contracting with the exchange.</p>		
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	<p>Written policies define how authorization is managed. Users are assigned to one of five roles that define the scope and depth of IHII a user can see within the HIE. The HIE requires authentication and definition of role for every instance that a user accesses a patient record within the exchange. Two-factor authentication is required to support access to the exchange by all end users. In the current institutional connections (hospitals), authorized end users must authenticate against their own network and EMR before they can access the statewide HIE. Connection to the HIE is achieved through point-to-point VPN through dedicated ports with firewalls on each side of the connection. The end user then authenticates against the HIE using a username and password.</p> <p>HIN recently implemented a second pathway to connection to the HIE for remote “view-only” access. This architecture supports remote connection that satisfies the NIST 800-63 version 1.0.2 Level 3 assurance level. The solution uses “soft”</p>		
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	cryptographic tokens in conjunction with a username and password to sustain a secure authentication protocol that supports two-factor authentication.		
Accountability	<p>HIN maintains a robust, ongoing audit structure that reviews end user activity on a real time basis. The HIN Security Officer and Chief Operating Officer generate audit reporting weekly for review and sign-off. Certain areas of audit such as repeat failures to sign in using a valid user name are generated for review at the time an event occurs.</p> <p>At a network level, HIN maintains comprehensive intrusion detection and monitoring structure that includes real time event notification to HIN’s technical team and monthly reporting on incidence and nature of attempted access that is not authorized. This monitoring process is incorporated in to the review of the HIN Risk Assessment Work Group.</p>	<p>Security officers working for provider organizations that maintain a contract with HIN have access to all audit logs within the exchange to support local surveillance and audit review. HIN also supports individual requests for record access audit brought forward by consumers once the consumer has validated their identity either with a notarized request for audit or presentation of a government issued document that includes a picture.</p> <p>HIN maintains a formal policy on notice to individuals of privacy violations and security breaches and its mitigation strategies. These commitments are also incorporated into the Participant Agreement that is maintained between HIN and the provider organizations that connect to the statewide HIE.</p>	

Sustainability

The State of Maine has committed to develop and create the conditions for sustaining its HIE activities by promoting both public and private demand for services. As the State's designated statewide HIE – HealthInfoNet - was created by a commitment and investment by the provider, government and philanthropic communities, the services of the exchange were and continue to be developed to meet the demand for services in these sectors. In addition, as a result of demonstrating success in deployment as well as data capture and quality, HealthInfoNet has recognized demand coming from the other sectors and sub-sectors that were not originally planned for in the initial rollout. As of May 1, 2012, HealthInfoNet's connectivity status is as follows:

- Query-based Exchange
 - 25 of Maine's 39 Hospitals (an additional 9 are under contract and at various stages of implementation)
 - 1 FQHC (5 additional FQHCs are under contract and are at various stages of implementation)
 - 182 Ambulatory Practices
 - 2 Long-Term Care Facilities (Viewing Access with plans for bi-directionality once the minimum data set is defined through partnership with the Beacon Community)
 - 3 Home Health Agencies (Viewing Access through the Bangor Beacon Community)
 - Additionally Under-Contract are 6 Behavioral Health Organizations
 - HIE authorized user accounts: 5,313
 - User log-ins, week of 4/28: 523
- Directed Exchange
 - Two vendor finalists are being reviewed. Implementation Go-Live targeted for June 2012
 - 100 PCMH providers identified as pilot in summer 2012
 - 2 Specialty Practices (Cardiology and Behavioral Health) targeted for pilot in summer 2012
 - 200 Behavioral Health providers targeted for late summer 2012
- Statistics
 - 1,009,359 individuals (78% of ME population) have a HealthInfoNet record
 - 80,624 individuals have primary addresses outside of Maine
 - 9,565 individuals (less than 1%) have opted out
 - 5,169 Maine clinicians and care staff can (are authorized to) access the system
- Meaningful Use Statistics for Maine Regional Extension Center and Maine Care
 - REC Eligible Providers

- Enrolled – Milestone 1: **1,000**
- Using Certified EHR, Quality Reports, and eRx – Milestone 2: **722**
- Meaningful Use Stage 1, Connected to HIN for Query – Milestone 3: **72**

- REC Eligible Critical Access and Rural Hospitals
 - Enrolled – Milestone 1: **22**
 - Using Certified EHR, Quality Reports, and eRx – Milestone 2: **14**
 - Meaningful Use Stage 1, Connecting to HIN for Query – Milestone 3: **4**

- MaineCare (Medicaid) Statistics
 - AIU Payments
 - Eligible Hospitals: 23 - \$12,127,099
 - Eligible Providers: 1,310 - \$27,695,836
 - Meaningful Use registered filings for May/June: 1 eligible hospital, 200 eligible providers

The significant progress of HealthInfoNet (HIN) since 2010, the functionality added to the exchange, and the sheer size of the data set being managed by the exchange has resulted in the anticipated increase in demand for connection. This demand is both based on the “if they’re in, we should be too” view as well as the statistics that are now available showing the significant cross over of patients between unaligned organizations in the state.

Figure 3: Percentage of Patient “Cross Over”* in HIE Data Between Corporately Unaligned Provider Organizations As of April 2012

**“Cross Over” is defined by the percentage by hospital of patients registered in more than one corporately unaligned provider organization*

Current Site	Hospital Total	Crossover Total	Percentage Crossover
Bridgton Hospital	38,457	17,951	46.67%
Cary Medical Center	15,641	10,114	64.66%
Central Maine Medical Center	169,093	80,684	47.71%
Eastern Maine Health Systems (EMHS)	309,580	118,729	38.35%
Franklin Memorial Hospital	49,903	23,700	47.49%
Henrietta D. Goodall Hospital	37,415	13,553	36.22%
Maine General Health	187,404	82,489	44.01%
Maine Medical Center	288,732	113,708	39.38%
Martins Point Health Care	96,575	43,692	45.24%
Miles Memorial Hospital	33,630	13,870	41.24%
Parkview Adventist Medical Center	13,428	8,226	61.26%
Rumford Hospital	19,027	12,470	65.53%
Southern Maine Medical Center	47,154	19,323	40.97%
St Mary’s Regional Medical Center	11,115	8,556	76.97%
St. Andrews Hospital	9,280	4,613	49.70%
St. Joseph Hospital	38,638	31,037	80.32%
Stephens Memorial Hospital	38,671	19,469	50.34%

As a result of these data and the increased demand in the provider community for HIE, it is expected that ALL Maine hospitals will be under contract by HIN by the end of 2012 and will be connected by the end of 2013. As approximately 75% of ambulatory providers are employed by or affiliated with these hospitals and health systems, it is anticipated that at least 80% of the ambulatory providers will be connected to the exchange by 2014. The implementation of directed exchange (tied with a web-based encryption-key enabled view access to the exchange portal) will speed up the connection of these providers to the exchange by reducing the cost, complexity, and time to go-live for smaller ambulatory sites (over the current VPN-based interfaces supported by the larger organizations and hospitals connected to the exchange).

To further support the HIE services and assure that HIN and the exchange are sustainable the HIN Board of Directors and Executive Leadership have been working on a set of new business lines to both support revenue generation but also bring to market services that build upon the core exchange tools that have been invested in.

Figure 4: HealthInfoNet Operating Model 2008-2011

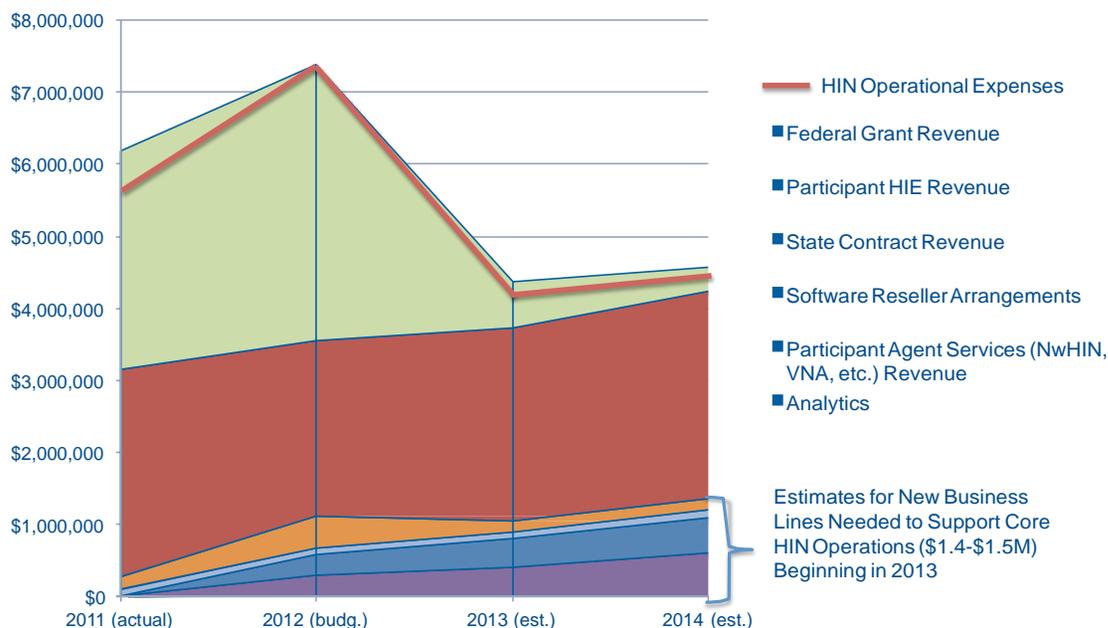


This operating model is currently being supported by funding from Participants (\$2.6M in 2012) as well as programmatic funds coming from the HIE Cooperative Agreement, the Beacon Community Grant, and the Maine Regional Extension Center. However, to sustain the organization and HIE activities it has been recognized by the Board and Executive leadership that new business lines need to be deployed to make up the funding gap between operational funding and expenses in the absence of grant revenue. Many activities have been underway. One critical decision that the HIN Board approved was the pursuit of perpetual licensing for some of the HIE software tools. This has allowed HealthInfoNet to reduce its core operating costs in 2013 significantly over previous years (see figure 5).

While there are many activities that HIN is pursuing, there are three business lines that the HIN Board approved to move forward on during the 2011/2012. The first is a multi-provider statewide vendor-neutral archive (VNA) for images. This VNA activity has been underway for 12 months and included the formation of a statewide workgroup made up of imaging experts from the four largest health systems in the state as well as CIOs and other from across the health care community. This group developed and deployed an RFP and

through this process has chosen a final vendor to undergo a 6-month, no risk, proof-of-concept (POC) to demonstrate technical feasibility through the end of 2012. All four large health systems and one small hospital are participating in the POC. If successful, HealthInfoNet will be able to bring a highly competitive price point to the marketplace, even after making a margin to support the HIE, that is less than any one system or hospital could receive on the open market for image archiving. In addition, the deployment of this VNA will allow hospitals to disaggregate their picture archiving and communication systems (PACS) vendors from their archive for images, giving hospitals both a better price point and a better bargaining position in the marketplace for PACS vendors. Finally, through HINs partnership with the vendor of choice, the exchange will be able to make images available to any provider accessing the query-based portal via web-service call.

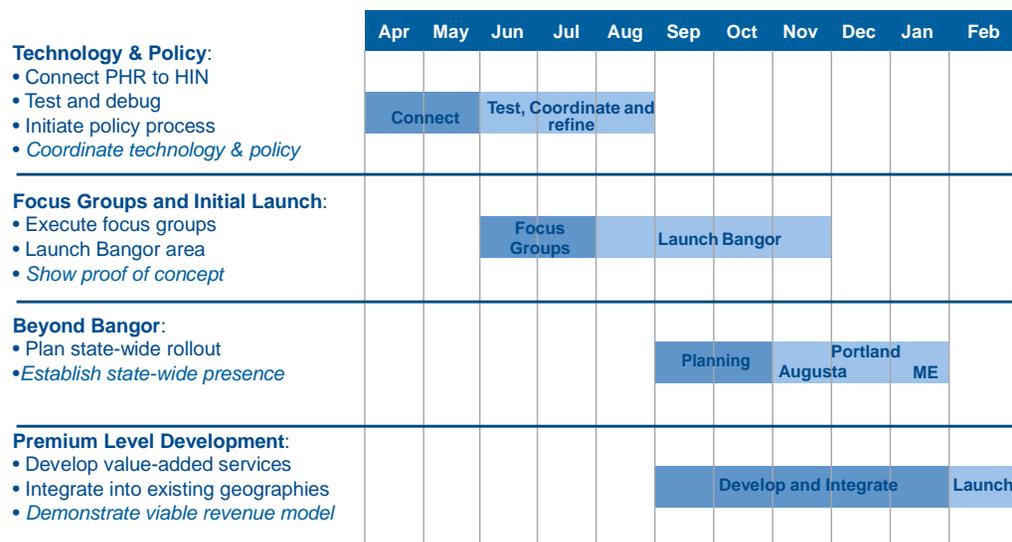
Figure 5: Current and Projected HIN Revenue and Expense through 2014



Another market demand that HIN has been working toward is the personal health record (PHR). In 2005 HIN made a commitment to the consumer community that once it reached critical mass of data in the HIE, that it would make the HIE accessible to consumers. And now with Meaningful Use Stage 1 and 2 on the way, both providers and consumers have expressed interest and demand for a HIE-based PHR. Over the past 2 years HIN Executive Leadership have been working with various PHR vendors to assess the

technology and scalability of the technologies with the intent to choose a vendor partner that can provide a consumer access-point to the HIE. In December 2011, HIN signed an agreement to form a separate LLC in partnership with a US-based informatics company – MEI Informatics, and a Canada-based Software Company – MedforYou. This new company - Method Health Maine - will be deploying a HIE-based PHR in Maine, starting in the Bangor Beacon Community during calendar year 2012. Since PHR is a nascent industry, HIN is working very closely with participating provider organizations to assure that HIN is developing its PHR in congruence with the consumer portal and Meaningful-use strategies of participating organizations. In some cases this will mean that the HIN PHR will be the means by which a provider organization gives access to EMR data to patients, in other cases the HIN PHR will sit behind an existing portal strategy (i.e. Epic’s My-Chart) and provide access to patients data that resides outside the host EMR.

Figure 6: Development, Deployment Plan and Staging for HealthInfoNet PHR 2012/2013



Finally, HealthInfoNet was awarded a 2-year Payment Reform Grant from the Maine Health Access foundation in late 2011 to:

- Establish a clinical data warehouse system to support payment reform initiatives leveraging the existing treatment-based health information exchange to address the aggregate data needs of hospitals and provider systems across the State.
- Determine the feasibility of linking clinical data with claims data from the Maine Health Data Organization (MHDO). This has been a long-time commitment by HealthInfoNet and was described in the approved SOP. The linking of the two data sets will build on Maine’s leadership in using data to promote better health outcomes.

- Develop data access and use policies for the linked data sets. This activity will build on the statewide efforts that developed the MHDO rules for data de-identification and release and will address the needs of the HIE participants regarding the use of clinical data. This effort will be a multi-stakeholder process lead by a steering committee of interested parties.
- Seek out and implement analytic and predictive modeling tools that can support health reform efforts around the state. An RFP was developed and deployed in January 2012 to seek proposals for both the data warehouse and analytic tools that can support the needs of the Maine health systems as payment reform initiatives are implemented.
- Develop a plan for incorporating clinical data into the HealthInfoNet patient portal strategy and engaging patients in health reform. In 2012 HIN is piloting a patient portal to support patient engagement.

The final vendor of choice was chosen one week ago and HIN is in the process of negotiating their contract. This implementation activity will be taking into account and aligning with Accountable Care Organization activities and the Beacon Community sustainability activities being planned. Funds from Beacon and participants will be used to support the implementation activities.

This activity holds great promise for sustaining HIE activities across the state of Maine. Since going live on the HIE in 2008, HealthInfoNet partners and stakeholders have been demanding analytics at multiple levels. The Board of Directors of HIN and OSC have described these analytics in three distinct categories:

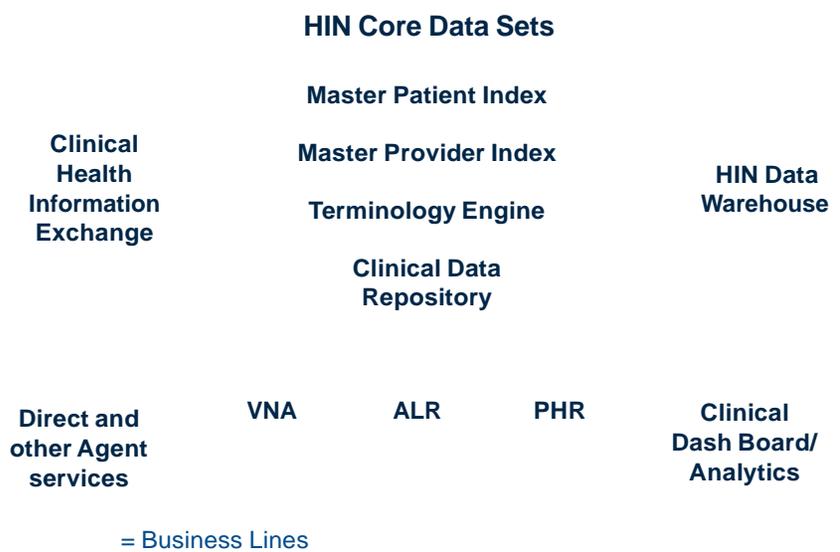
1. Provider-level: Clinical decision support and chronic disease management for treating clinicians and care managers employed by both health systems and payer/insurers.
2. Organization-level: Alerts and notifications for events (e.g. readmissions), organizational benchmarking and assessments, meaningful use, mandated reporting etc.
3. System-level: Quality analysis and benchmarking, community wide risk grouper development (claims and clinical data), payment reform support, strategic planning etc.

These analytics will be delivered via the existing HIN portal for treatment, new portals developed for different stakeholder access, organizational dashboards, and reports delivered to appropriate individuals and entities. Within the state there has been a long history of using the public-use claims data sets to support these three categories of analytics. As such, there are a number of organizations in this field, increasing the potential political challenges to HIN in deploying analytical tools in a competitive environment. In order to mitigate this risk, HIN and OSC have been working with public agencies that may be using these tools such as MaineCare (Medicaid) as well as MECDC, Corrections, and MHDO. In addition, HIN has been working closely with its participating provider organizations to align with their interests. Finally HIN has been in concrete discussions and negotiations with the Northern New England ACO Collaborative (NNEAC), a private partnership between MaineHealth, Eastern Maine Healthcare Systems, Dartmouth College,

Dartmouth Medical Center, and Fletcher Allen Healthcare. This group is developing a shared-service ACO support system that will provide ACO analytic and support tools to both the partners and other health stakeholder in the states of Maine, New Hampshire, and Vermont. HealthInfoNet is working with NNEAC to define how it can both provide data and also provide master person and provider identification services leveraging its Master Person Index core system. A grant has been applied for to support these services between 2012 and 2014.

Finally, HIN has been increasingly meeting with and defining business opportunities and projects with payer/insurer organizations in the State of Maine. HIN is working on a project with Maine’s largest Medicare Advantage plan to support its data needs for audit of inpatient and outpatient encounters. In addition HIN is in discussions with payers to provide - with provider permission – clinical data from the HIE to care managers employed by payers in order to support their health intervention efforts on behalf of the patient.

Figure 7: HealthInfoNet Expanded Business Lines 2012/2013



HealthInfoNet has developed a successful subscription fee for its participating provider organizations in the exchange and is building upon this subscription model for other business lines such as Direct and Analytics. For VNA, this business line is being managed separately from the HIN subscription fees by negotiating a group rate for radiology and cardiology exams archiving (both for migration and new studies). The rates that HIN is proposing are based on a comparison of the current archive costs of the four health systems participating, the HIN negotiated rate with the vendor of choice based on volume of images, and the potential savings

accruing to participating organizations for hardware and CD/Film reductions. HIN will both cover its costs and generate revenue to support the core HIE operation once operational. These rates are still under negotiation and are not able to be shared publicly at this point.

Figure 8: HealthInfoNet Pricing Schedule 2012

HealthInfoNetHospitalPricing2012*

BedSize**	AnnualFee
25orless	\$25,000
26---49	\$40,000
50---75	\$50,000
76---99	\$75,000
100---150	\$90,000
151---250	\$125,000
251---500	\$175,000
501+	\$200,000

*Thesepricesrepresent2011HINpricingestimates.HINdoesnotguarantee these rates, as they are dependent on HIN operating costs to maintain interfaces.

**Note: For specialty hospitals and other facilities, HIN manages subscription pricing on a per/provider basis at approximately \$1,000/provider per year. These prices are negotiable and are also dependent on the complexity of the EMR interface.

HealthInfoNetAmbulatoryProviderPricing*

InterfaceDevelopment

Size	OneTimeFee
General Mapping and Interface* (Reg. Events, Allergies, Visit Coding (ICD---9/10, CPT), Office Visit Notes, Immunization, Reference Lab, Rx, CCD transfer protocol)	
11+	\$10,000
10 or less	\$5,000
REC	\$5,000
View Only 11+	\$2,000 \$8K due on begin of bi---directional interface
View Only 10 or less	\$1,000 \$4K due on begin of bi---directional interface

Custom Mapping** Time and Materials
 Mapping Updates** Time and Materials

Annual Fee (Note: MU/Analytics and Direct are Estimated based on Current Provider Demand and Market Analysis)

Providers***	Annual Fee	MU Quarterly Reporting	Comparative Analytics	Direct
10 or less	\$600/provider	\$200/provider	\$240/provider	\$120/direct address
11 to 24	\$10,000	\$3,300.00	\$4,000	\$144/direct address
25 to 49	\$25,000	\$8,250.00	\$10,000	\$144/direct address
50 --- 74	\$40,000	\$13,200.00	\$16,000	\$144/direct address
75 --- 100	\$50,000	\$16,500.00	\$20,000	\$144/direct address
101 --- 125	\$75,000	\$24,750.00	\$30,000	\$144/direct address
126 --- 200	\$100,000	\$33,000.00	\$40,000	\$144/direct address
200+	\$150,000	\$49,500.00	\$60,000	\$144/direct address

*These prices represent 2012 HIN pricing estimates. HIN does not guarantee these rates, as they are dependent on HIN operating costs to maintain interfaces.

**Some specialty practices will require site specific mapping services (e.g. Pathology) these services will be provided on a time and materials basis. \$175/hr. and \$6.00/map code.

Additional maintenance charges may apply for changes subsequent to the interface development.

***A provider is defined as a MD, DO, NP, or PA with prescribing privileges.

Tracking Progress

The State of Maine continues to track progress on the HIE implementation and use as it relates to the goals set forth in the 2010 SOP and the needs for providers to meet Meaningful use. Below are the statistics for calendar year 2011 and goals projected for Maine for calendar year 2012.

Figure 9: Maine HIE Progress on Required Measures as of May 1, 2012

	Status as of Dec 2011	National Actual 2011	Maine Target Dec 2012	National Goal 2012
% of pharmacies participating in e-prescribing	96.50%	89.58%	97%	94%
% of labs sending electronic lab results to providers in a structured format	67%	N/A	75%	N/A
% of labs sending electronic lab results to providers using LOINC	67%	N/A	75%	N/A
% of hospitals sharing electronic care summaries with providers outside their system	33%	27%	50%	45%
% of hospitals sharing electronic care summaries with hospitals outside their system	16%	13%	50%	N/A
% of hospitals sharing electronic care summaries with ambulatory providers outside their system	32%	23%	40%	N/A
% of ambulatory providers electronically sharing care summaries with other providers	33%	31%	50%	40%
Public Health agencies receiving ELR data produced by EHRs or other electronic sources in HL7 2.5.1 format with LOINC and SNOMED	YES	N/A	YES	N/A
Immunization registries receiving immunization data produced by EHRs in HL7 2.3.1 or 2.5.1 formats using CVX codes	YES	N/A	YES	N/A
Public Health agencies receiving electronic syndromic surveillance data from hospitals produced by EHRs in HL7 2.3.1 or 2.5.1 formats (using CDC reference guide)	NO (0%)	N/A	NO (0%)	N/A
Public Health agencies receiving electronic syndromic surveillance ambulatory data produced by EHRs in HL7 2.3.1 or 2.5.1 formats	NO (0%)	N/A	NO (0%)	N/A

Program Evaluation

Program Evaluation (This section replaces the program Evaluation Section of the SOP (December 9, 2012))

The State of Maine is committed to evaluate the success of the HIE and to develop a guiding framework for the future of the HIE in Maine. We have learned much since the inception of the Health information Technology (HIT) and the Health information Exchange (HIE) initiatives. Maine, as other states, received critical funding for its HIT and HIE efforts. Now is the time to evaluate those programs and resources to build sustainable HIT and HIE frameworks and systems that not only met the needs of the past but continue to meet the needs for the future in ways that are flexible, integrated to meet health care data needs, and leverage the various sources of funds to provide efficient and timely health care data over the spectrum of systems and stakeholders.

The evaluation will serve two purposes: 1. Review and measure Maine's HIE systems, policies, and use from both a quantitative and qualitative standpoint, and its integration and importance to HIT efforts in the State; and 2. Provide a set of recommendations and options for a robust and sustainable framework that builds upon the State's efforts for continual improvement, and integration of, Maine's HIT efforts and the HIE, and benefits for providers, payers, consumers, government, and other stakeholders. The goals of the evaluation are:

1. To evaluate the approaches the State has taken in the HIE framework, including system design, implementation, and support of HIE efforts on behalf of providers to meet their needs to improve care treatment, quality, access, and reduce duplicative efforts. In addition, it is important for the State to understand and evaluate the conditions that have lead to the current state of the HIE including the five domains presented in this SOP and the lessons learned. Evaluating the HIE activities and structure, especially in conjunction with integration of Maine's HIT efforts, are necessary for the State to meet ONC requirements and to build on the State's successful implementation of its HIT programs, including Meaningful Use.
2. Maine understands that it needs this "look back" to determine how to best "look forward." To this end, the evaluation will also be conducted with a eye toward improving the State's access to, and use of, data from the HIE, including meeting the goals of the State to broaden participation to all providers and to have "level playing field" access to data for appropriate uses.

The OSC plans to issue a Request for Proposals (RFP) for an independent evaluator to conduct a comprehensive evaluation of the HIE currently in place, and a statement of recommendations and options for future planning and implementation purposes. The evaluation plan must include:

Study Design: This work will include qualitative methods such as survey and focus groups to assess the HIE activities, approaches, conditions and lessons to date. To help inform efforts for continuous improvement, elements must include review of benefits/barriers to becoming a customer of the HIE (access), ease of use, ability to obtain a “whole-patient” record, and ability of stakeholders (such as patients, providers, payers, government) to have access to HIE data for the purposes of improving health outcomes, quality and cost.

ONC is providing the State of Maine significant resources to monitor and benchmark it’s HIE activities. The evaluator must assess, concretely, the impact of the HIE data in several care settings, one of which must be the financial and care management benefits of having clinical information to reduce emergency department visits which would be deemed to be better provided in less costly settings.

Study Population: In this case, the evaluator will look at the program from the broad and narrow perspectives, by reviewing the quantitative and qualitative use of the current HIE and ways to expand the HIE to move towards the ultimate goal of 100% access to and robust use of the HIE across the spectrum of stakeholders.

Data Sources include but are not limited to:

1. ONC derived data from state and national benchmarks
2. CMS data on meaningful use
3. OMS data on reporting measures for MaineCare providers participating in the Medicaid meaningful use program
4. National statistics on laboratory and pharmacy activities
5. MHDO claims and quality data for hospitals and CDC reporting
6. HIE clinical data
7. Participating sites data collection
8. Focus Groups and Surveys, including non-participating providers, consumers, payers, and other stakeholders (This effort should also use existing sources of advisory groups such as MQF, OMS, MHDO to help inform the evaluation and avoid duplicative or competing efforts)
9. Data Analysis: The HIN and the State HIT Steering Committee will weigh in on the final analytic methods to be included in the RFP. This way, multiple stakeholders will be able to provide input on the evaluation metrics that makes the most sense for Maine to both meet ONC requirements but also meet the needs of the State to continue to drive input into the HIE process and drive a market for having access to, and use of the HIE services and the data therein.

Timeline: The OSC will use the State’s RFP process to score and award the bid. The following table shows the activity and timeframe for completion:

Activity	Timeframe
Develop RFP	January/February 2013
Review RFP with HITSC	March 2013
Issue RFP	March 2013
Bids Due	April 2013
Award Bid / Negotiate contract	April 2013
Evaluation Begins	May 2013
Mid-Course Review of work	July 2013
Evaluation Work Completed	October 2013
Draft Report Due to OSC	November 2013
Report Finalized and Reviewed by HITSC	December 2013
OSC Publishes Report (submit to ONC)	January 2013
Ongoing Activities to consider and implement options from Reports	January 2013 and ongoing

Revised Project Plan:

Maine Statewide HIE/HIT Project Plan
2012 - 2013
Office of the State Coordinator
State of Maine
Department of Health and Human Services

ID	Category	Task Name	Start	Finish	Resource Names
1		Maine Health Information Technology Plan 2012 - 2013	Mon 7/5/10	Thu 2/13/14	
2		HIT Policy and Integration	Mon 1/2/12	Fri 3/30/12	Jim Leonard,Dawn Gallagher,HITSC,LWG
3	Governance	Health Information Technology Steering Committee	Mon 1/2/12	Fri 3/30/12	
4	Governance	Maintain committee membership	Wed 3/7/12	Thu 3/8/12	Jim Leonard,Governors Office
5	Governance	Schedule monthly HITSC meetings	Mon 1/2/12	Mon 1/2/12	Jim Leonard,Dawn Gallagher
6	Governance	Contract with Maine Medical Association for meeting space and WebEx services	Wed 2/15/12	Fri 3/30/12	Jim Leonard,Dawn Gallagher
137		HIN Scope of Work	Tue 1/3/12	Thu 1/30/14	
138	Governance	HIE (HIN) Governance	Tue 2/7/12	Thu 5/30/13	
139	Governance	HIN Board of Directors	Tue 2/7/12	Thu 2/7/13	HIN Board
140	Governance	Oversee the mission and operation of HIN	Tue 2/7/12	Thu 2/7/13	HIN Board
141	Governance	Continue to serve as State Designated Entity	Tue 2/7/12	Thu 2/7/13	HIN Board
142	Governance	Operate as contractor and partner with OSC	Tue 2/7/12	Thu 2/7/13	HIN Board
143	Governance	Manages HIE support for MU	Tue 2/7/12	Thu 2/7/13	HIN Board
144	Governance	Annually review/revise committee work	Tue 2/7/12	Thu 2/7/13	HIN Board
145	Governance	HIN Finance Committee	Tue 2/7/12	Thu 2/7/13	HIN TPPAC Members,OSC Technical Committee
146	Governance	Responsible for reporting finances to HIN Board	Tue 2/7/12	Thu 2/7/13	HIN Board,HIN Finance Committee
147	Governance	Responsible for managing HIN's financial policies	Tue 2/7/12	Thu 2/7/13	HIN Board,HIN Finance Committee
148	Governance	Assist the CEO in developing annual budgets	Tue 2/7/12	Thu 2/7/13	HIN Board,HIN Finance Committee
149	Governance	Review HIN's financial statements	Tue 2/7/12	Thu 2/7/13	HIN Board,HIN Finance Committee
150	Governance	Address the budget requirements for the statewide HIE	Tue 2/7/12	Thu 2/7/13	Sustainability Committee,HIN Finance Committee
151	Governance	Develop a sustainability plan for long term financing	Tue 2/7/12	Thu 2/7/13	HIN Finance Committee,Sustainability Committee
152	Governance	Coordinate HIE funding w/ other ARRA funding	Tue 2/7/12	Thu 2/7/13	HIN Board,HIN Finance Committee
153	Governance	Annually review/revise committee work	Tue 2/7/12	Thu 2/7/13	HIN TPPAC Members,OSC Technical Committee
154	Governance	HIN Consumer Advisory Committee	Tue 2/7/12	Thu 2/7/13	HIN Consumer Advisory Committee,HIN Board
155	Governance	Review and advise on all policies and procedures	Tue 2/7/12	Thu 2/7/13	HIN Consumer Advisory Committee,HIN Board
156	Governance	Coordinate with OSC Committee	Tue 2/7/12	Thu 2/7/13	HIN Consumer Advisory Committee,HIN Board
157	Governance	Support the harmonization of state and federal law	Tue 2/7/12	Thu 2/7/13	HIN Consumer Advisory Committee,HIN Board
158	Governance	Assist with draft legislative recommendations as needed	Tue 2/7/12	Thu 2/7/13	HIN Consumer Advisory Committee,HIN Board
159	Governance	Annually review/revise committee work	Tue 2/7/12	Thu 2/7/13	HIN TPPAC Members,OSC Technical Committee
174	Quality	Integ of Behavioral Health with HIE/HIT State Plan	Tue 2/7/12	Fri 2/8/13	
175	Governance	Monthly meetings of Behavioral Health, OSC, HIN, and Hanley to formalize strategy	Tue 2/7/12	Fri 2/8/13	HIN,Hanley,OSC
176	Governance	Participation with SAMHSA sponsored learning community	Tue 2/7/12	Fri 2/8/13	HIN,Hanley,OSC
177	Governance	Formation and implementation of workgroups	Tue 2/7/12	Fri 2/8/13	HIN,Hanley,OSC
178	Governance	defined outcomes and products of workgroups	Thu 3/29/12	Mon 7/2/12	HIN,Hanley
160	Technical	HIN Technical Professional Practice Activity Committee	Tue 2/7/12	Thu 2/7/13	HIN TPPAC Members
161	Technical	Serve as the technical advisory body to the HIN CEO and Board	Tue 2/7/12	Thu 2/7/13	HIN TPPAC Members
162	Technical	Develop annual SOW and objectives	Tue 2/7/12	Thu 2/7/13	HIN TPPAC Members,HIN Board
163	Technical	Collaborate with OSC TA Committee	Tue 2/7/12	Thu 2/7/13	HIN TPPAC Members,OSC HIT and Adoption Committee
164	Technical	Assure compatibility between state systems and HIN	Tue 2/7/12	Thu 2/7/13	HIN TPPAC Members,OSC Technical Committee
165	Technical	PCMH - NwHIN DIRECT Pilot Project	Tue 5/1/12	Thu 5/30/13	
170	Assessment	Develop evaluation Strategy	Mon 9/3/12	Tue 10/30/12	QualityCounts,HIN,OSC
171	Assessment	Evaluate impact of Direct on care coordination	Wed 1/30/13	Wed 1/30/13	QualityCounts,HIN,OSC
172	Assessment	Report on evaluation results finalized	Fri 3/1/13	Fri 3/29/13	QualityCounts,HIN,OSC
166	Finance	Finalize contract with the state of Maine	Tue 5/1/12	Wed 5/30/12	Jim Leonard,HIN
167	Operations	Implement project plan 30 days after approval	Fri 6/1/12	Fri 6/29/12	HIN,Quality Counts
169	Quality	Practice support in use of DIRECT to support care coordination	Sun 7/1/12	Wed 5/1/13	QualityCounts
173	Quality	Report disemenated	Thu 5/30/13	Thu 5/30/13	QualityCounts,HIN,OSC
168	Technical	Technical support to PCMH pilot practices	Sun 7/1/12	Fri 11/30/12	HIN
193	Governance	State HIT/HIE ONC Reporting	Tue 1/3/12	Thu 1/30/14	OSC
194	Governance	HIN ARRA Reporting	Tue 1/3/12	Thu 1/30/14	OSC
195	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Tue 1/3/12	Thu 1/26/12	HIN Team
196	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Tue 4/3/12	Thu 4/26/12	HIN Team
197	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Tue 7/3/12	Thu 7/26/12	HIN Team
198	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Mon 10/1/12	Thu 11/1/12	HIN Team
199	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Tue 1/1/13	Fri 2/1/13	HIN Team
200	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Mon 4/1/13	Thu 5/2/13	HIN Team
201	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Tue 7/2/13	Tue 7/30/13	HIN Team
202	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Mon 9/9/13	Thu 10/10/13	HIN Team
203	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Thu 1/2/14	Thu 1/30/14	HIN Team
204	Governance	Financial Status Reports	Tue 1/3/12	Thu 1/30/14	HIN Team

Maine Statewide HIE/HIT Project Plan
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State of Maine
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ID	Category	Task Name	Start	Finish	Resource Names
205	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Tue 1/3/12	Tue 1/31/12	HIN Team
206	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Tue 4/3/12	Tue 5/1/12	HIN Team
207	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Tue 7/3/12	Tue 7/31/12	HIN Team
208	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Mon 10/1/12	Mon 10/29/12	HIN Team
209	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Tue 1/1/13	Tue 1/29/13	HIN Team
210	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Mon 4/1/13	Mon 4/29/13	HIN Team
211	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Tue 7/2/13	Tue 7/30/13	HIN Team
212	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Tue 10/1/13	Tue 10/29/13	HIN Team
213	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Thu 1/2/14	Thu 1/30/14	HIN Team
179					
180	Technical	Develop an implementation plan	Tue 2/7/12	Thu 2/7/13	HIN Team
181	Technical	Work closely with the vendors and participating providers	Tue 2/7/12	Thu 2/7/13	HIN Team
182		Develop a detailed action plan for evaluating the current Demonstration Phase	Tue 2/7/12	Thu 2/7/13	HIN Team
184		Identify milestones for implementation schedule	Tue 2/7/12	Thu 2/7/13	HIN Team
183	Technical	Planning for expansion to a statewide system	Tue 2/7/12	Thu 2/7/13	HIN Team
185	Technical	Implement Risk Management	Tue 2/7/12	Thu 2/7/13	HIN Team
188		Implement and monitor solutions	Tue 2/7/12	Thu 2/7/13	
186	Technical	Use existing HIN risk management system	Tue 2/7/12	Thu 2/7/13	HIN Team
187	Technical	Identify risks and follow communication protocols	Tue 2/7/12	Thu 2/7/13	HIN Team
189	Technical	Monitor all HIE standards and certification requirements	Tue 2/7/12	Thu 2/7/13	OSC
190	Technical	Participate in national committees and work groups	Tue 2/7/12	Thu 2/7/13	OSC
191	Technical	Monitor all national work and proposed regulations	Tue 2/7/12	Thu 2/7/13	OSC
192	Technical	Require compliance by all vendors and participants	Tue 2/7/12	Thu 2/7/13	OSC
7	Governance	HHS Update	Tue 2/7/12	Thu 2/13/14	Jim Leonard
8	Governance	Prepare testimony to HHS Committee	Mon 12/3/12	Mon 12/31/12	Jim Leonard,Dawn Gallagher
9	Governance	Schedule testimony with legislative office	Mon 12/3/12	Mon 12/31/12	Jim Leonard,Dawn Gallagher
10	Governance	Develop presentation materials	Mon 12/3/12	Mon 12/3/12	Jim Leonard,Dawn Gallagher
11	Governance	OSC Operations Plan	Wed 5/9/12	Mon 7/30/12	Jim Leonard
12	Governance	Staffing	Wed 5/9/12	Mon 7/30/12	Jim Leonard,Phil Saucier,Trish Riley
13	Governance	Modify staffing plan for OSC	Wed 5/9/12	Tue 5/15/12	Jim Leonard
14	Governance	Approval to hire	Tue 5/15/12	Mon 7/30/12	Human Resources
15	Governance	Justification and revenue plan to leadership	Tue 5/15/12	Wed 5/30/12	Jim Leonard
16	Governance	Positions posted on Me.Gov website if approved	Mon 6/4/12	Mon 7/30/12	Jim Leonard,Human Resources
17	Governance	Monitor systems to manage financial and control compliance	Tue 2/7/12	Thu 2/13/14	Jim Leonard,Department of Financial Services
18	Governance	Quarterly meetings with program financial and reporting resource	Mon 2/11/13	Thu 2/13/14	Jim Leonard,Department of Financial Services
19	Governance	Coordinate with State of Maine ARRA Coordinator	Tue 2/7/12	Fri 2/8/13	Jim Leonard,ARRA Coordinator,Department of Financial Services
20	Governance	State HIE Reporting	Mon 7/5/10	Fri 1/31/14	OSC
74		Alignment of Plans	Mon 7/5/10	Mon 9/30/13	
81	Assessment	Evaluation of HIT/HIE Program	Mon 7/5/10	Mon 9/30/13	HIN,HITSC,Dawn Gallagher,Jim Leonard
85		request release of funds from ONC/OGM	Tue 3/12/13	Fri 3/29/13	Jim Leonard",Dawn Gallagher,OGM
82	Assessment	Develop specifications of evaluation over year three	Wed 2/8/12	Fri 11/30/12	Jim Leonard,Dawn Gallagher,HITSC,HIN
83	Assessment	Develop RFP	Mon 12/3/12	Mon 12/3/12	Jim Leonard,Dawn Gallagher
84	Assessment	Selection and Approved vendor	Mon 2/6/12	Tue 2/28/12	Dawn Gallagher,Jim Leonard
86	Assessment	Vendor initiates approved plan	Mon 12/31/12	Fri 6/28/13	approved vendor
87	Assessment	Compile preliminary results	Mon 7/1/13	Tue 7/30/13	approved vendor
88	Assessment	Results inform IAPD, REC, and HIT Plans	Mon 7/5/10	Tue 8/31/10	Maine Care Team
89	Assessment	Coordinate and share results with HITSC	Tue 8/13/13	Thu 8/15/13	approved vendor,HITSC
90	Assessment	Formalize report and submit to ONC	Wed 9/11/13	Mon 9/30/13	Dawn Gallagher,Jim Leonard,approved vendor
75	Governance	Align State HIT and Maine Care Plans	Tue 2/7/12	Fri 2/8/13	OSC,Maine Care Team
76	Governance	Maine Care HIT Incentive Program Coordination	Tue 2/7/12	Fri 2/8/13	OSC,Maine Care Team
77	Governance	Weekly mtgs w/Dawn Gallagher	Wed 2/8/12	Fri 2/8/13	Jim Leonard,Dawn Gallagher
78	Technical	Administration of enhanced payment plan	Tue 2/7/12	Thu 2/7/13	Maine Care Team
79	Technical	Review system modifications to track and administer provider pay	Tue 2/7/12	Thu 2/7/13	Jim Leonard,Dawn Gallagher
80	Technical	Operational system for payment of Medicaid providers	Tue 2/7/12	Thu 2/7/13	Jim Leonard,Dawn Gallagher
91	Governance	Align Public Health Programs with State HIT	Tue 2/7/12	Fri 2/8/13	OSC,ME CDC
102		Coordinate on ELR	Tue 2/7/12	Fri 2/8/13	
103		Monthly meetings with Steve Sears, MD on ELR issues and HIN	Wed 2/8/12	Fri 2/8/13	OSC,ME CDC,HIN
104		Develop a plan with MECDC and HIN to facilitate additional ELR with CAH and	Tue 2/7/12	Wed 11/7/12	OSC,ME CDC,HIN,Office of Rural Health
92	Governance	Coordinate with Immunization Program and HIN	Tue 2/7/12	Fri 2/8/13	OSC,ME CDC,HIN
96		Develop a communication strategy to providers of IMMPC II and HIN to reinfo	Tue 2/7/12	Thu 2/7/13	OSC,ME CDC,HIN
94	Governance	Address roles of HIN and IMMPC II in immunization reporting	Wed 2/8/12	Fri 2/8/13	OSC,ME CDC,HIN
95	Governance	Address technical challenges between HIN and IMMPC II if affordable	Wed 2/8/12	Fri 2/8/13	OSC,ME CDC,HIN

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ID	Category	Task Name	Start	Finish	Resource Names
93	Operations	Address dual entry problem with IMMPAC II	Wed 2/8/12	Fri 2/8/13	OSC,ME CDC,HIN
97	Governance	Coordinate with OIT on PH Systems Connecting with HIN	Tue 2/7/12	Thu 2/7/13	OSC,ME CDC
98		Coordinate with Cindy Hopkins	Tue 2/7/12	Thu 2/7/13	OSC,ME CDC
99	Governance	Coordinate on CHIPRA Grant	Tue 2/7/12	Fri 2/8/13	Jim Leonard,Andy Coburn,Rod Prior,Maine CDC
100		participate in monthly meetings with IHOC Program manager	Tue 2/7/12	Thu 2/7/13	OSC,USM
101	Quality	Establish Quality Goals	Wed 2/8/12	Fri 2/8/13	OSC,ME CDC,USM
21	Governance	State HIE ARRA Reporting	Tue 1/3/12	Fri 1/10/14	OSC
22	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Tue 1/3/12	Tue 1/10/12	Jim Leonard,State ARRA Coordinator,Department of Financial Services
23	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Tue 4/3/12	Tue 4/10/12	Jim Leonard,State ARRA Coordinator,Department of Financial Services
24	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Tue 7/3/12	Tue 7/10/12	Jim Leonard,State ARRA Coordinator,Department of Financial Services
25	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Mon 10/1/12	Wed 10/10/12	Jim Leonard,State ARRA Coordinator,Department of Financial Services
26	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Tue 1/1/13	Thu 1/10/13	Jim Leonard,State ARRA Coordinator,Department of Financial Services
27	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Mon 4/1/13	Wed 4/10/13	Jim Leonard,State ARRA Coordinator,Department of Financial Services
28	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Tue 7/2/13	Wed 7/10/13	Jim Leonard,State ARRA Coordinator,Department of Financial Services
29	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Tue 10/1/13	Thu 10/10/13	Jim Leonard,State ARRA Coordinator,Department of Financial Services
30	Governance	Submit ARRA Reports Quarterly at federalreporting.gov	Thu 1/2/14	Fri 1/10/14	Jim Leonard,State ARRA Coordinator,Department of Financial Services
31	Governance	State HIT/HIE ONC Reporting	Mon 1/2/12	Fri 1/10/14	OSC
32	Governance	Financial Status Reports	Tue 1/3/12	Fri 1/10/14	Jim Leonard,State ARRA Coordinator,Department of Financial Services
33	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Tue 1/3/12	Wed 1/11/12	Jim Leonard,State ARRA Coordinator,Department of Financial Services
34	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Tue 4/3/12	Wed 4/11/12	Jim Leonard,State ARRA Coordinator,Department of Financial Services
35	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Tue 7/3/12	Wed 7/11/12	Jim Leonard,State ARRA Coordinator,Department of Financial Services
36	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Mon 10/1/12	Tue 10/9/12	Jim Leonard,State ARRA Coordinator,Department of Financial Services
37	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Tue 1/1/13	Wed 1/9/13	Jim Leonard,State ARRA Coordinator,Department of Financial Services
38	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Mon 4/1/13	Tue 4/9/13	Jim Leonard,State ARRA Coordinator,Department of Financial Services
39	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Tue 7/2/13	Wed 7/10/13	Jim Leonard,State ARRA Coordinator,Department of Financial Services
40	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Tue 10/1/13	Wed 10/9/13	Jim Leonard,State ARRA Coordinator,Department of Financial Services
41	Governance	Submit financial status reports quarterly to ONCGrants@hhs.gov	Thu 1/2/14	Fri 1/10/14	Jim Leonard,State ARRA Coordinator,Department of Financial Services
42	Governance	Program Progress Reports	Mon 1/2/12	Fri 1/10/14	OSC
43	Governance	Submit ONC Program Progress Reports Semi-Annually	Mon 1/2/12	Tue 1/10/12	Jim Leonard,State ARRA Coordinator,Department of Financial Services
44	Governance	Submit ONC Program Progress Reports Semi-Annually	Tue 7/2/13	Wed 7/10/13	Jim Leonard,State ARRA Coordinator,Department of Financial Services
45	Governance	Submit ONC Program Progress Reports Semi-Annually	Thu 1/2/14	Fri 1/10/14	Jim Leonard,State ARRA Coordinator,Department of Financial Services
46	Governance	Contracts for service	Wed 2/8/12	Mon 4/15/13	Dawn Gallagher,Jim Leonard
47	Governance	Contract for Program Evaluation	Wed 1/2/13	Mon 4/15/13	Dawn Gallagher,Jim Leonard
48	Governance	Attorney General Office reviews materials	Wed 1/2/13	Thu 1/31/13	Thom Bradley
49	Governance	Prepare materials for review with Purchases	Wed 3/20/13	Fri 3/29/13	Jim Leonard,Dawn Gallagher
50	Governance	USM prepares justification on mutual benefi	Thu 1/3/13	Thu 2/28/13	Andy Coburn
51	Governance	Preperation of justification for Governor Office review	Thu 1/3/13	Thu 1/31/13	Jim Leonard,Dawn Gallagher
52	Governance	Decision on request	Wed 4/10/13	Mon 4/15/13	Maine Purchase Dept,Maine Governors Office
53	Governance	HIN Contract	Wed 2/8/12	Fri 2/8/13	Dawn Gallagher,Jim Leonard
54	Governance	Monthly review of HIN invoices	Wed 2/8/12	Fri 2/8/13	Jim Leonard
55	Governance	Coordinate with Committees	Tue 1/3/12	Tue 2/12/13	OSC, HIN Team,HIN Board,Steering Committee,Stakeholders
65	Consumer	HIN/OSC Consumer Committee	Tue 2/7/12	Fri 2/8/13	HIN Consumer Committee,Dawn Gallagher", Jim Leonard
66	Governance	Attend quarterly Consumer Committee to represent state issues	Tue 2/7/12	Thu 2/7/13	Dawn Gallagher,Jim Leonard
67	Governance	Annually review/revise committee work	Thu 8/9/12	Fri 2/8/13	Jim Leonard,Dawn Gallagher,HIN,HITSC
68	Finance	OSC-HIN Financial Planning and Sustainability Committee	Tue 2/7/12	Mon 2/13/12	Jim Leonard,HITSC,HIN,Dawn Gallagher
69	Finance	Participate with HIN and Board on formulating a sustainability strategy	Tue 2/7/12	Mon 2/13/12	Jim Leonard,Dawn Gallagher,HIN,HITSC
60	Privacy/Security	OSC Privacy, Security and Regulatory Committee	Thu 8/9/12	Fri 2/8/13	Jim Leonard,HITSC,HIN,Dawn Gallagher
61	Privacy/Security	Review HIN Policy and Security practice at HITSC	Thu 8/9/12	Fri 2/8/13	Dawn Gallagher,Jim Leonard,HIN,HITSC
70	Quality	OSC Quality and Systems Improvement	Wed 2/8/12	Fri 2/8/13	Lisa Letourneau,Jim Leonard,Dev Culver,Shaun Alfreds,Dawn Gallagher,H
72	Governance	Review progress in 2012 and Develop course for 2013	Wed 2/8/12	Fri 2/8/13	Lisa Letourneau,HITSC,Dawn Gallagher,Jim Leonard,Dev Culver,Shaun Alfreds
73	Governance	Annually review/revise committee work	Wed 2/8/12	Wed 2/8/12	HITSC,Lisa Letourneau,Dawn Gallagher,Jim Leonard,Dev Culver,Shaun Alfreds
71	Quality	Define opportunities for improving quality	Wed 2/8/12	Fri 2/8/13	Lisa Letourneau,Dawn Gallagher,HITSC,Jim Leonard,Dev Culver,Shaun Alfreds
56	Technical	Participate in HIN Tehnical Professional Advisory Committee	Tue 1/3/12	Thu 2/7/13	Jim Leonard,Phil Saucier,Dev Culver,Alice Chapin,Josh Cutler,Rod Prior
57	Governance	Attend monthly meetings	Tue 2/7/12	Thu 2/7/13	Jim Leonard,Dawn Gallagher
58	Governance	Coordinate with MECDC representative	Tue 2/7/12	Thu 2/7/13	Jim Leonard,Dawn Gallagher
59	Governance	Annually review/revise committee work	Tue 1/3/12	Wed 2/8/12	HITSC
62	Workforce	OSC Workforce Committee	Wed 1/4/12	Tue 2/12/13	Barbara Woodlee,Jim Leonard,Dawn Gallagher
64	Governance	Annually review/revise workplan	Wed 1/4/12	Fri 2/8/13	Dawn Gallagher,Barbara Woodlee,Jim Leonard
63	Workforce	Monthly reports of KVCC activity at HITSC	Tue 2/7/12	Tue 2/12/13	Barbara Woodlee,Dawn Gallagher,Jim Leonard
105	Governance	Coordination with other programs	Tue 2/7/12	Fri 2/8/13	OSC

Maine Statewide HIE/HIT Project Plan
2012 - 2013
Office of the State Coordinator
State of Maine
Department of Health and Human Services

ID	Category	Task Name	Start	Finish	Resource Names
106	Governance	ARRA Broadband	Wed 2/8/12	Fri 2/8/13	Jim Leonard, Phil Lindley
109	Assessment	GIS mapping of practices	Wed 2/8/12	Fri 2/8/13	Phil Lindley, Dawn Gallagher
107	Governance	Coordinate with ConnectMe Authority	Wed 2/8/12	Fri 2/8/13	Phil Lindley, Dawn Gallagher
108	Governance	Participate with ConnectMe on planning functions	Wed 2/8/12	Fri 2/8/13	Phil Lindley, Dawn Gallagher
110	Governance	Develop 2012-13 plan	Wed 2/8/12	Fri 2/8/13	Phil Lindley, Jim Leonard, Steering Committee
111	Governance	Telemedicine	Tue 2/7/12	Thu 2/7/13	Jim Leonard, Edwina Druckerr
112	Governance	Coordinate with Office of rural health	Tue 2/7/12	Thu 2/7/13	Jim Leonard, Edwina Druckerr
113	Governance	Develop plans for 2012-13 through HITSC	Thu 5/10/12	Thu 2/7/13	Steering Committee
114	Governance	Coordinate with Prescription Monitoring Program (PMP)	Wed 2/8/12	Fri 2/8/13	Dev Culver, Shaun Alfreds, OSC, Maine Care Team
115	Finance	HIN and State Explore PMP Partnership	Wed 2/8/12	Fri 2/8/13	Dev Culver, Shaun Alfreds, OSC, Maine Care Team
116	Privacy/Security	Security and Privacy Laws Examined for PMP	Wed 2/8/12	Fri 2/8/13	HIN Legal Counsel, Jane Gregory
117	Governance	REC Coordination Between OSC and HIN	Wed 2/8/12	Fri 2/8/13	Dev Culver, Shaun Alfreds, Alice Chapin, OSC, Maine Care Team
118	Governance	Monthly coordinating meetings to measure progress and plan	Wed 2/8/12	Fri 2/8/13	Dev Culver, Shaun Alfreds, Alice Chapin, OSC, Maine Care Team
119	Governance	Strategic Planning	Thu 12/1/11	Fri 1/31/14	
120	Governance	Annual Review of Strategic Plans	Thu 12/1/11	Fri 1/31/14	Stakeholders, Steering Committee, Jim Leonard, Dev Culver
121	Governance	2012 Update Strategic Plan	Thu 12/1/11	Tue 1/31/12	Stakeholders, Steering Committee, Jim Leonard, Dev Culver
122	Governance	2013 Update Strategic Plan	Mon 12/3/12	Thu 1/31/13	Stakeholders, Steering Committee, Jim Leonard, Dev Culver
123	Governance	2014 Update Strategic Plan	Mon 12/2/13	Fri 1/31/14	Stakeholders, Steering Committee, Jim Leonard, Dev Culver
124	Governance	Strategic Plan Informs State Health Plan	Wed 2/8/12	Fri 2/8/13	
125	Governance	Strategic Plan used to Inform HIT Section of SHP	Wed 2/8/12	Fri 2/8/13	OSC
126	Governance	Assessment Planning Informs SHP	Wed 2/8/12	Fri 2/8/13	OSC
127	Governance	Steering Committee Reviews DRAFT HIT SHP Section	Fri 5/11/12	Fri 7/13/12	OSC, Steering Committee, Stakeholders
128	Governance	Finalized HIT Section of SHP	Fri 7/13/12	Fri 7/13/12	OSC
129	Governance	State OSC and ONC Coordination	Mon 1/2/12	Tue 12/31/13	
130	Governance	Bi-weekly mtgs with ONC Project Officer	Tue 2/7/12	Thu 2/7/13	Jim Leonard, ONC Project Officer
131	Governance	Establish future schedule	Tue 2/7/12	Thu 2/7/13	Jim Leonard, ONC Project Officer
132	Governance	Required Mtgs with ONC	Tue 2/7/12	Thu 2/7/13	Jim Leonard, ONC Project Officer
133	Technical	Deployment Schedule for Statewide Implementation	Mon 1/2/12	Tue 12/31/13	
134	Technical	95 percent of hospital beds in exchange	Mon 1/2/12	Fri 12/28/12	HIN Team
135	Technical	99 percent of hospital beds in exchange	Wed 1/2/13	Tue 12/31/13	HIN Team
136	Technical	100 percent of hospital beds in exchange	Mon 1/2/12	Mon 10/1/12	HIN Team

