

Iowa e-Health Project

Iowa Health Information Technology Plan

A Statewide Plan for Health IT

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Iowa Department of Public Health

September 10, 2009

2008 Iowa Health Reform - HF 2539

- Product of the 2007 Affordable Health Care Commission
- The most comprehensive health reform legislation passed by any state
- Bi-partisan support in General Assembly and stakeholder groups
- The legislation contains 15 divisions with focus on access, cost, and quality
- One of the 11 advisory councils:
 - Electronic Health Information Advisory Council and Executive Committee administered by IDPH

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2008 Iowa Health Reform - HF 2539

“The department shall direct a public and private collaborative effort to promote the adoption and use of health information technology in this state in order to improve health care quality, increase patient safety, reduce health care costs, enhance public health and empower individuals and health care professionals with comprehensive, real time medical information to provide continuity of care and make the best health care decisions.”

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Statewide Planning for Health IT

Our vision is for a healthier Iowa through the use and exchange of electronic health information to improve patient centered health care and population health. This initiative will produce a public good that will:

- Improve quality of health care
- Assure patient safety
- Increase efficiency in health care delivery
- Promote and protect the health of Iowans

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Iowa e-Health Guiding Principles

- Engage in a collaborative, public-private, multi-stakeholder effort
- Create a sustainable health information exchange which makes information available when and where it is needed
- Ensure the system incorporates provider priorities and appropriate user education
- Instill confidence in consumers that their health care information is secure, private, and accessed appropriately
- Build on smart practices and align with federal standards to ensure interoperability within and beyond the state

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e-Health Executive Committee

- Three chief information officers of the three largest private health care systems (Cristina Thomas-Mercy, Joy Grosser-Iowa Health System, Rob Frieden-Genesis)
- Chief information officer or designee of the University of Iowa Hospitals and Clinics (Lee Carmen)
- Representative of a rural hospital selected by Iowa Hospital Association (Joe S. Smith)
- Consumer member of the State Board of Health (Cheryll Jones)
- Licensed practicing physician selected by the Iowa Medical Society (Robert Lee)
- Licensed and practicing nurse selected by the Iowa Nurses Association (Jane Brokel)
- Representative of an insurance carrier selected by the Federation of Iowa Insurers (Louise Billmeyer)

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e-Health Advisory Council

- Pharmacist (Michelle Bottenberg)
- Licensed practicing physician (Randall Hanson, Don Nelson)
- Consumer member of the State Board of Health (Cheryll Jones)
- Iowa Medicare Quality Improvement Organization (Mike Speight)
- Executive Director of the Iowa Communications Network (John Gillispie)
- Representative of the private telecommunications industry (Leon Hofer)
- Representative of the Iowa collaborative safety net provider network (Ted Boesen)
- Nurse informaticist from University of Iowa (Jane Brokel)

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e-Health Advisory Council

Additional members selected:

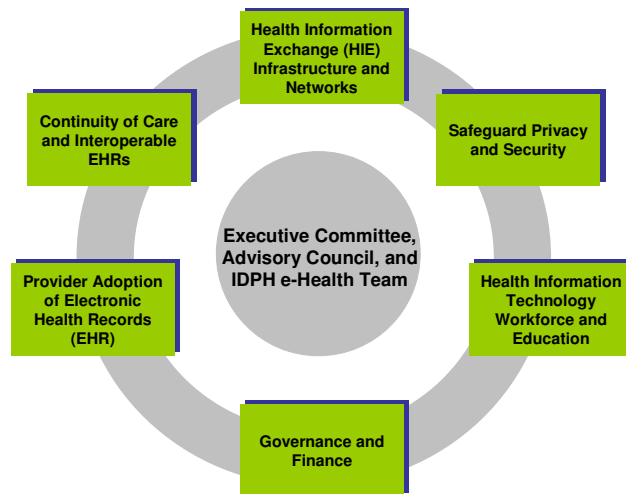
- Consumer (Roy Park)
- Department of Human Services (Steve Mosen)
- Des Moines University Clinic (Cheryl Dahms)
- Iowa Healthcare Collaborative (Tom Evans)
- Iowa Health System (George Morgan)
- Iowa Hospital Association (Kim Norby)
- Iowa Medical Society (Don Nelson)
- Iowa Osteopathic Medical Association (Dana Shaffer)
- United Healthcare (Phil Graff)
- University of Iowa Hospital and Clinics (Kristy Walker)
- Veterans Affairs (Fred Bahls)

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Workgroups



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Iowa e-Health Plan

- Describes the planning approach and scope of activities to advance health IT
- A framework for a state grant funding application to the Office of the National Coordinator for Health IT (Section 3013)
- Approved by:
 - Executive Committee on June 19, 2009
 - State Board of Health July 8, 2009

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Iowa e-Health Plan - Goals

- Goal 1: Build awareness and trust of health IT
- Goal 2: Promote statewide deployment and use of EHRs and HIE
- Goal 3: Enable the electronic exchange of health information

Iowa e-Health Plan - Goals

- Goal 4: Safeguard privacy and security of electronic health information
- Goal 5: Build an appropriately-trained, skilled health IT workforce
- Goal 6: Develop a framework for implementation and sustainability of health IT



2009 ARRA “Stimulus” Package

Health Information Technology for
Economic and Clinical Health Act
(HITECH)

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HITECH Action Section 3013

- \$2 billion for state grant programs through Office of the National Coordinator (ONC)
- \$17 billion for provider incentives through Centers for Medicare & Medicaid Services (CMS)
- ONC and CMS have been working closely to prepare guidelines about how funding will be distributed

Formal Guidance from ONC (8/20)

- One cooperative agreement per state; noncompetitive
 - Letter of Intent due September 11, 2009
 - Full application due October 16, 2009
 - Grant period begins January 15, 2010
- 4 year program
- Total program funding= \$564 Million
 - Draw down \$ based on milestones
 - Predetermined amount for each state based on formula

Five Domains

1. **Governance** (maintain multi-stakeholder process to create trust and consensus)
2. **Finance** (identify public and private financing for building HIE capacity and sustainability)
3. **Technical Infrastructure** (technical aspects and services for the HIE)
4. **Business and Technical Operations** (procurement, project management)
5. **Legal/Policy** (policy frameworks, data sharing agreements, privacy and security)

Funding Formula

1. Base – \$4 Million
2. Equity adjustments – account for differences in health care delivery environment. Based on:
 - Number of primary care providers
 - Number of short-term acute care hospitals
 - State population size
 - Indicators of rural/underserved areas

*After the Letter of Intent is submitted, we will receive notice from
ONC on the total amount of funding available for Iowa*

Budget

- Some of the largest expenses will include:
 - Hardware and software
 - Communications
 - Technical support for providers
 - Legal expertise to safeguard privacy and security
 - Technical and project management support for pilot projects
 - Resources for overall management and coordination of activities

Budget

	Federal	Non-Fed Cash	Non-Fed In-Kind	Total	Justification
Personnel					
Fringe Benefits					
Travel					
Equipment					
Supplies					
Contractual					
Other					
Indirect					
Total					

*Complete this template for each year
Budget must account for required match*

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Funding Sources

- Federal grant programs
 - ARRA Section 3013: State Planning and Implementation Grants
 - ARRA Sections 4101/4102: Provider Incentives
 - Other ARRA Sections
- State appropriations and grant programs
- Contributions from private organizations
- Other grant programs

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ONC-Required State Plan

Aligning Previous Work with
New Expectations

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Our State Plan

- To release implementation funding, states must submit a compliant strategic plan and operational plan
- Status in Iowa: Existing Strategic Plan and/or Operational Plan that is not consistent with planning guidance:
 - “States that submit applications with only Strategic Plans will be eligible for award and funding for Strategic and Operational Planning Activities.”

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Criteria for Compliance

Strategic Plan

- Environmental scan of HIE readiness
- HIE development and adoption
- Provider adoption
- Medicaid coordination
- Coordination of Medicare and other state programs
- Coordination of other ARRA programs (i.e., regional extension centers, workforce development, and broadband)
- 5 Domains

Operational Plan

- Coordination of other ARRA programs
- Coordinate with other states
- Describe how the strategic plan will be implemented
- Include a project schedule
- Identify issues, risks, and interdependencies
- 5 Domains

Upon ONC's review of our current plan, we have 3 months to reach compliance

Next Steps With the Grant

- Submit letter of intent to ONC
 - September 11, 2009
- Determine cost estimates for the next 4 years
- Collect letters of support/commitment
- Submit grant application
 - October 16, 2009 (*Award Notice 12/15/09; Project Start 1/15/10*)
- Develop compliant strategic and operational plans
 - Due date to be determined based on feedback from ONC (~3 months)

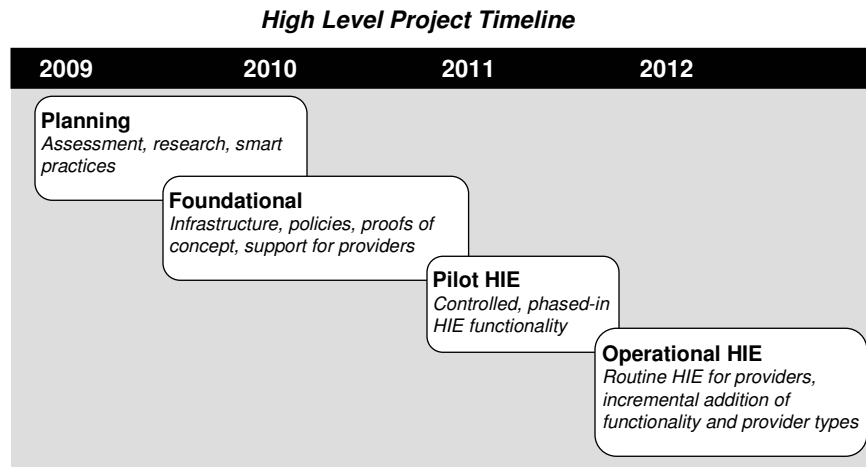
Letter of Intent – September 11

- Maximum of 5 pages
- Required content:
 - Our participating stakeholders
 - Our progress in each domain
 - How we are leveraging existing regional health IT efforts
 - How the project will be in the public interest

Full application – October 16

- Narrative (max 40 pages)
 - Current state
 - Proposed project summary / strategy
 - Required performance measures and reporting
 - Project management
 - Evaluation
 - Organizational capability
- Budget Narrative/Justification

Original planning timeline



State Expectations

- Develop and implement Strategic and Operational Plans
- Develop state level directories and enable technical services for HIE within and across states
- Remove barriers and create enablers for HIE
- Convene stakeholders to ensure trust and support
- Ensure effective model for governance and accountability
- Coordinate with Medicaid to enable meaningful use
- Develop privacy and security requirements within and across state borders

Benefits of e-Health in Iowa

- Improve quality of health care
 - The best health care decisions with real-time health information
 - Care coordination through Medical Home and Prevention and Chronic Care Management
- Assure patient safety
 - Continuity of care for patients
- Increase efficiency in health care delivery
 - Modernized workflow and reduced duplication
- Promote and protect the health of Iowans
 - Enhanced population health with use and analysis of the data collected and maintained

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Contact Information & Resources

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<http://healthit.hhs.gov> ■

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