

TOPIC	Summary of January 16 meeting	ROADMAP Executive Summary	Implementation Plan HISPC Executive Summary
Organization	<p>INTRO: With the overall goal of improving quality of patient care through health information exchange while reducing the cost of care, the state level organization will be an entity that will have authority, yet to be specifically defined, and wide ranging participation and cooperation across the state to carry out at least the following functions identified below.</p> <ul style="list-style-type: none"> □ Coordination of local RHIOs and facilitating cooperation and collaboration among developing exchanges □ Work toward state-level administrative data coordination □ Address statewide connectivity □ Facilitate statewide interoperability and health information exchange 	1.1 Create a state level organization to coordinate HIT and HIE activities in Ohio	Establish a permanent state level quasi-governmental organization to monitor consistent implementation of national standards, and where necessary to develop state standards. The HISPC Governor's Steering Committee will serve in an interim capacity, determining specific responsibilities and functions of the state level group, and finalizing legal structure and membership of the ongoing group.
	<p>INTRO: Currently the expectation is that the entity will coordinate multiple health information exchanges and develop systems to further centralize state-level data, other administrative data, and personal health record data.</p>	1.2 Support creation of HIT/HIE regions in Ohio	Ohio recognizes the need for a central state monitoring body to assure standards based exchange of clinical data. This central state monitoring organization will operate, as do national standard setting organizations, using open discussion that is consensus driven ensuring a voice for all. (Implementation Plan Key assumption 6)
		1.3 Establish a HIT/HIE coordinator for state government in the Office of the Governor	
	<p>3. Coordinate activities with surrounding states and national eHealth efforts including but not limited to: 3a. Serve as a coordinating body to distinguish between opportunities that are more appropriate for a state wide response verse opportunities that may be more appropriate for a regional or specific organizational response within the state 3b. When there are opportunities for the state and there is a limit to the number or type of responses from each state serve as a coordinating/review body for the responses that are submitted from OH</p>		
	6. Coordinate auditing functions of data integrity and security at multiple levels		
Adoption	4. Coordinate bulk purchasing of HIT for any publicly funded services, goods, tools etc.	2.1 Make available to providers free desktop tools that enable HIE prior to having full EHRs	Require the use of national standards such as the Continuity of Care Record for any publicly funded HIT/HIE projects, and leverage the purchasing power of the state as health care provider to model this practice.
		2.2 Establish a pool of funds and subsidize the adoption of HIT by providers	
		2.3 Compensate early adopters of EHR systems	
		2.4 Purchase better EHRs at lower cost per unit through bulk purchasing	
		2.6 Create payment rates that reasonably support use of EHRs and other HIT	
		2.7 Develop and implement a HIT-related workforce training and development plan	

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Interoperability	1. Consistent implementation, compliance and enforcement of approved and appropriate national standards to support interoperability and health information exchange including but not limited to: HIPAA, LOINC, RxNORM, NCPDP, CPT, ICD-9, SNOMED, DICOM, HL-7	3.2 Subsidize only the purchase of EHR systems that have interoperable capability	Require the use of national standards such as the Continuity of Care Record for any publicly funded HIT/HIE projects, and leverage the purchasing power of the state as health care provider to model this practice. Using such a national standard (CCR) for the exchange of diagnostic and medications data related to mental health, substance abuse and specific diseases will facilitate HIE to ensure that a comprehensive record is available to authorized providers at point of service, facilitating quality of care for all Ohioans.
		3.3 Sponsor development of standards for use in Ohio to facilitate exchange and interoperability, where a common standard does not currently exist	
	2. Coordinate development of, implementation, compliance and enforcement of state standards where national standards fail to provide direction or are inapplicable in areas such as but not limited to standards for: Role based access, ROI, Quality, State Reporting, Security and data integrity, patient access to data, bioterrorism and emergency preparedness, workforce development, formation of new RHIOs and personal health records.	2.5 Develop provider-type specific return on investment analysis	Ohio proposes implementation of consistent privacy and security business practices with monitoring at multiple levels, and a public education campaign that will inform Ohio citizens about current laws and business practices to both protect privacy and improve quality of care through health information exchange.
		3.4 Ohio regional health information organizations can translate information from different systems into standardized formats usable by different systems	
		3.1 Identify adapters that make exchange of information between systems easier, developing new ones where needed	
Health Information Exchange	5. Advocate for funds and coordinate administration of funding to facilitate health information exchange for all Ohioans including those that are not insured, and insure there is sufficient infrastructure to support this effort.	4.6 Create a fund and plan to subsidize communications infrastructure throughout Ohio	Basic electronic connectivity is a resource akin to a public utility, which should be provided, as an extension of Ohio's Third Frontier initiative, by the state in order to have basic tools in place to ensure access to health information exchange particularly to rural areas of the state.
		4.2 Create the ability for citizens to maintain their own web-based, secure health record	
		4.1 Establish secure access to payer-based health records for providers and patients	
		4.3 Require regulatory boards to meet together and align their policies and rules to support HIT adoption and HIE	
		4.4 Require health plan participation with Ohio-based RHIOs	
		4.5 Providers must submit mandatory reporting information through Ohio RHIOs	
		4.7 Ensure that appropriate privacy and security protections exist	
	7. Coordinate/facilitate capacity for statewide clinical, population, and bench research activities and dissemination of outcomes as facilitated by statewide health information exchange		