Washington State Health Care Authority
in collaboration with
OneHealthPort

Secure Exchange of Health Information
2009 Progress Report

As Required by Substitute Senate Bill 5501
Chapter 300, Laws of 2009

December 2009

Copies of this report will be available at: http://www.hca.wa.gov

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Washington State
Health Care Authority

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December 2, 2009

Thomas Hoemann
Secretary of the Senate
Washington State Senate
P.O. Box 40482
Olympia, WA 98504-0482

Barbara Baker
Chief Clerk of the House
House of Representatives
P.O. Box 40600
Olympia, WA 98504-0600

Dear Mr. Hoemann and Ms. Baker:

The Health Care Authority (HCA) is pleased to submit this progress report to the Legislature as directed by Substitute Senate Bill 5501 (SSB 5501), chapter 300, Laws of 2009, regarding the Secure Exchange of Health Information.

This report represents the joint work of the HCA and OneHealthPort over the past several months. My staff and I, as well as the leadership team at OneHealthPort, will be glad to address any questions you may have concerning this report and plans for accomplishing the directives set forth in this legislation.

Sincerely,

Steve Hill
Administrator

cc: Senator Karen Keiser, Chair, Senate Health and Long-Term Care Committee
Senator Cheryl Pflug, Ranking Minority Member, Senate Health and Long-Term Care Committee
Representative Eileen Cody, Chair, House Health Care and Wellness Committee
Representative Doug Ericksen, Ranking Minority Member, House Health Care and Wellness Committee
Nick Lutes, Office of Financial Management
Jonathan Seib, Governor's Health Policy Office
Edith Rice, Counsel, Senate Health and Long-Term Care Committee
Dave Knutson, Research Analyst, House Health Care and Wellness Committee
Erik Sund, Fiscal Analyst, Senate Ways & Means Committee
Elaine Deschamps, Senior Fiscal Analyst, Senate Ways & Means Committee
Dave Pringle, Counsel, House Ways and Means Committee
Chris Blake, Counsel, House Ways and Means Committee
Richard D. Rubin, President and CEO, OneHealthPort

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Background

In 2009, the Washington State Legislature passed Substitute Senate Bill 5501 (SSB 5501) enacted as chapter 300, Laws of 2009 (see Appendix A). The bill required the Health Care Authority (HCA) to designate one or more lead organizations (LO) to coordinate development of processes, guidelines, and standards for Health Information Exchange (HIE) to:

1. Improve patient access to and control of their own health care information and thereby enable their active participation in their own care.
2. Implement methods for the secure exchange of clinical data as a means to promote:
    - Continuity of care.
    - Quality of care.
    - Patient safety.
    - Efficiency in medical practices.

SSB 5501 prohibited the use of any state funds to support this work, but encouraged the HCA and LO to seek federal funds, particularly funds from the American Recovery and Reinvestment Act (ARRA), signed by President Obama on February 17, 2009. ARRA includes the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act). The HITECH Act provides guidance to advance the use of health information technology (HIT) to improve the quality of care and establish a foundation for health care reform.[1]

Analysis of the HITECH Act revealed several key areas of overlap with respect to goals and objectives for advancing HIE and the legislative directives of SSB 5501. The HCA took advantage of this opportunity to closely align and leverage these related efforts to:

1. Establish a statewide coordinated activity to meet the requirements of both SSB 5501 and the HITECH Act.
2. Leverage the reach of the HITECH Act program areas, closely align statewide requirements, and apply for ARRA funding to enable full implementation of SSB 5501.
3. Create an efficient and effective stakeholder engagement structure and process to communicate, facilitate, and coordinate this broader unified effort.
4. Initiate planning for a statewide HIE framework that guides and supports governance, financial sustainability, technical infrastructure, business and technical operations, and policy development and implementation.

SSB 5501 directs the LO, with the HCA Administrator, to prepare a progress report for the Legislature by December 1, 2009. This report is an update on the HCA's activities in organizing and integrating the work involved with both state and federal legislation, the appointment of the HIE LO required by SSB 5501, a summary of LO activities organized to fulfill the directives of SSB 5501, and an overview of the tasks and timeline necessary to fulfill the HITECH Act requirements.

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[1] The American Recovery and Reinvestment Act of 2009, Title XIII-Health Information Technology, Subtitle A-Promotion of Health Information Technology, Part 1-Improving Health Care Quality, Safety, and Efficiency, Title XXX-Health Information Technology and Quality, Section 3000
http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf

Introduction

The 2009 ARRA HITECH Act authorized the creation of several program and funding opportunities to advance the use of health information technology. These programs are designed to improve the quality of care and establish a foundational infrastructure for health care delivery and ultimately, health care reform. While the bulk of funding will be provided in the form of Medicaid and Medicare incentive payments (labeled "entitlement funds"), two billion dollars of funding (labeled "appropriated funds") will be distributed through the Office of the National Coordinator (ONC) within the Department of Health and Human Services (HHS). Both funding streams rely heavily on "meaningful use" of electronic medical records and health information technology.[2] A diagram of these programs, use of funds, and intended fund recipients is presented in Appendix B.[3] ARRA HITECH Act programs include:

- Health Information Exchange Planning and Implementation
- Electronic Health Record Adoption Loan Program
- Health Information Technology Regional Extension Program
- Workforce Training Grants
- New Technology Research and Research and Development Grants

Additionally, the HCA has incorporated TeleMedicine/TeleHealth/Broadband into the overall HITECH Act program activities. These programs do not fall within the HITECH Act areas (they are funded in ARRA), but are closely linked to HIE planning and implementation work.

The HCA analyzed the HITECH Act and the ARRA TeleMedicine/TeleHealth/Broadband programs during the spring of 2009 and held conversations with the ONC to learn more about this opportunity. Simultaneously, the HCA monitored SSB 5501 throughout the legislative process. When SSB 5501 became effective on July 26, 2009, the HCA determined there was considerable overlap in the objectives of this legislation and the HITECH Act Health Information Exchange (HIE) Planning and Implementation Program.

In order to meet the goals of SSB 5501 and maximize the state's opportunity for HITECH Act funding, the HCA wrapped up all these activities into a unified, coordinated, public-private sector approach. As information slowly became available from the ONC, it became clear to the HCA that this strategy would align well with federal intent. However, the tradeoff was a slight delay in meeting SSB 5501 timeframes, particularly in designating a lead entity by August 1, 2009.

In August 2009, the ONC posted the first two Funding Opportunity Announcements (FOA), including one for states for health information exchange planning and implementation.[4] The

[2] "Meaningful use" is to be defined by the Health Information Technology Policy Committee, also authorized by the HITECH Act, under direction of the ONC. Final draft rules are expected the end of 2009.

[3] This report will focus on activities related to appropriated funding, i.e., not the Medicaid/Medicare incentives funds. The HCA is coordinating activity with the Department of Social and Health Services/Health and Recovery Services Administration (DSHS/HRSA) regarding these incentive funds in preparation for distribution of these funds beginning January 2011.

[4] The American Recovery and Reinvestment Act of 2009, Title XIII-Health Information Technology, Subtitle B-Incentives for the Use of Health Information Technology, Section 3013, State Grants to Promote Health Information Technology State Health Information Exchange Cooperative Agreement Program Funding Opportunity Announcement Office of the National Coordinator

HCA began preparing its application in response to this FOA, which required the HCA to submit a letter of intent by September 11, 2009, and a final application by October 16, 2009.

Organizing for Health Information Exchange

HCA's project management team dedicated to the HIE planning and implementation work funded by the grant and directed by SSB 5501 is the Washington State eHealth Collaborative Enterprise (eHCE). Under the direction of the State Health Information Technology Coordinator[5], the goals of eHCE are to develop a common, shared infrastructure that connects the "islands" of health information technology that exist across the state to create a consistent and reliable system for HIE. This will result in a mechanism for providers, patients, and public health to share and compare health care information when and where needed to improve health outcomes.

The eHCE has a collaborative approach to incremental development and implementation of a statewide HIE which involves three key strategies:

1. Build on and share existing industry health information technology infrastructure, including shared implementation and operational expertise.
2. Leverage statewide investments.
3. Commit to and support "meaningful use" of electronic HIE for providers and consumers.

Several core values and principles for advancement of statewide HIE guide this work:

1. Construct a system that enables all willing parties to participate.
2. Recognize and leverage Washington State's commitment to increasing consumer access to and control of their health information including health record banks.
3. Create an open design capable of leveraging investments in health information exchange already made by stakeholders.
4. Attract and encourage new investments in HIE by core healthcare organizations and others operating within the state.
5. Develop a system that meets the ONC expectations.

Lead Organization Activities

Key contributors to the HIE work in Washington State are the LOs and related stakeholders. The LOs are expected to provide expertise within their respective HITECH Act program areas, effectively coordinate across programs, and provide vital industry perspective and contributions to support long-term sustainability of statewide health information infrastructure and HIE.

On October 2, 2009, the HCA designated OneHealthPort to assume the role of LO for HIE in Washington State. With financial support from the Washington Healthcare Forum,

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for Health Information Technology Department of Health and Human Services 2009
http://www07.grants.gov/search/search.do?oppId=49166&mode=VIEW

[5] The ONC application required each state to designate a State HIT Coordinator. Washington State's HIT Coordinator as designated by Governor Gregoire is Richard Onizuka, PhD, Health Policy Director, Health Care Authority.

OneHealthPort accepted the designation and assumed responsibility for addressing a blended set of public sector and private sector requirements:

1. Leading initial development of HIE in a manner that will comply with SSB 5501.
2. Satisfying the HIE grant objectives of the HITECH Act.
3. Attracting private and public sector stakeholders to invest and participate in HIE.

Ultimately, both the HITECH Act and SSB 5501 rely on public and private enterprises to deploy and operate the HIE in Washington State. This means the third set of requirements above is likely to drive the other two.

Planning for Health Information Exchange

OneHealthPort has extensive HIE subject matter expertise and recent experience as a lead organization under SSB 5346 (chapter 298, Laws of 2009) to establish streamlined and uniform administrative procedures for payers and providers of health care services. Their industry expertise and experience will guide their assigned objectives.

From a process perspective, OneHealthPort established three guiding principles:

1. Manage scope. HIE is a wide ranging, complex subject. Many prior efforts have failed because the focus was diffuse and the participants became distracted. OneHealthPort will select a limited, clearly defined scope and stick to it.
2. Adopt a fair, open, inclusive process. A key element of the LO model is the requirement for the private sector entity to avoid real and perceived conflicts of interest. To accomplish this, OneHealthPort will put in place a process that ensures all interested parties can contribute, have their input assessed impartially, and have decisions made transparently.
3. Create a strong partnership. The LO model establishes a public-private partnership between the HCA and OneHealthPort. OneHealthPort is the lead, and the HCA has oversight responsibility. OneHealthPort and the HCA will define roles and responsibilities, communicate regularly, and operate in a "no surprises" mode of mutual respect and accountability.

From a content perspective, OneHealthPort structured its approach to the project around the following key assumptions:

1. Make the business case. OneHealthPort's assessment, shared by many others in the field, is that the primary barrier to successful deployment of HIE is the lack of a strong business case. As such, OneHealthPort will focus on stakeholder willingness to pay -- the best predictor of value.

2. Concentrate on three deliverables. Consistent with the need for a narrow scope, OneHealthPort will focus its efforts on three core deliverables:
    a. The shared "thin-layer." The overall health information infrastructure includes enterprise components (applications like electronic medical records, work force,

hardware, etc.) and inter-enterprise components. Traditionally, a greater amount of resources and energy has been focused on the enterprise component. OneHealthPort will restrict its work to the relatively thin layer of shared inter-enterprise infrastructure that enables HIE.

b. Governance by key stakeholders. Because the HIE involves shared components, a shared governance model must be developed. A solid business case is critical to success, meaning those that pay for and use the shared infrastructure must ultimately be in control. Therefore, OneHealthPort will work with participating stakeholders to identify and develop recommendations for an HIE governance model to be put in place by March 15, 2010. At that time OneHealthPort and the HCA will turn over leadership of HIE to this stakeholder governance structure.
c. Completing HITECH Act strategic and operational plans. The federal HITECH Act grant could provide up to $11.3 million over four years to fund HIE planning and implementation in Washington. While this level of funding is only a small portion of the total cost, it is still a valuable asset. In order to secure these funds, Washington State must complete and submit to the ONC strategic and operational plans by March 15, 2010. OneHealthPort and the HCA will work together to complete the plans. The content of these two documents will be driven by findings from the deliberations on shared infrastructure and governance.

3. Phased approach. There are a number of excellent opportunities in the HIE arena. There are multiple features and functions in a variety of vendor offerings. However, the weakness of the business case and the relatively underdeveloped nature of the health information infrastructure mean only a fraction of the total capability available can be successfully deployed in the near term. OneHealthPort will propose a phased approach to purchasing and deploying the shared HIE capability.

The HCA believes this strategy and approach will support efforts to meet SSB 5501 and the HITECH Act HIE Planning and Implementation Program requirements. The HCA and OneHealthPort will monitor this work and modify it as necessary to achieve project goals and deliverables.

Progress to Date

OneHealthPort is in the early phases of its work as LO. The tight timeline (October 2, 2009 to March 15, 2010) and the nature of the deliverables dictate an aggressive work plan. To fulfill the objectives at hand, and comply with the transparent process required of an LO, OneHealthPort decided to forgo the traditional executive committee/work group model and employ a more open and inclusive process. OneHealthPort established multiple opportunities for interested parties to engage in the HIE discussion:

- Public meetings. Three series of three public meetings each over the course of the time period will be held in Seattle, Spokane, and Wenatchee (for a total of nine public meetings). The first series of meetings is scheduled for November 17, November 18, and December 1, respectively.

- Webcasts. At least one meeting in each series will be webcast for people who want to participate remotely.
- Online collaboration. A virtual collaboration center has been established at http://www.onehealthport.com/HIE/index.php for anyone who wants to join the discussion outside of the meetings.

To make the HIE community aware of the opportunities to participate, OneHealthPort developed outreach and education materials, including invitations to participate in the above public meetings. These materials were distributed to OneHealthPort's contacts and to the following partner organizations for redistribution:

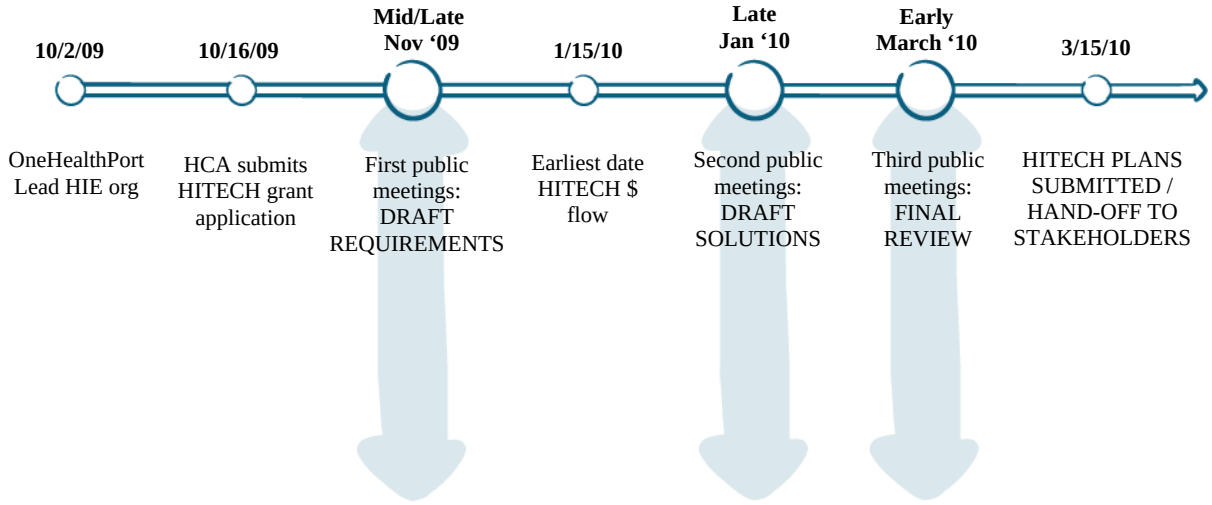
- Washington State Medical Association
- Washington State Hospital Association
- Association of Washington Health Plans
- Healthcare Information and Management Systems Society Washington
- Health Care Authority
- Washington Healthcare Forum

The work plan over the six month project is as follows:

- The first series of meetings/online collaboration will review draft requirements for the shared infrastructure and governance.
- The second series of meetings/online collaboration will consider draft solutions in these two areas.
- The final series of meetings/online collaboration will review the governance structure to be established and the proposed first phase of the shared infrastructure.

Consistent with the primacy of the business case, throughout the course of this work the question to participants will be "what will you use and pay for?" As such, while OneHealthPort will develop an approach to the shared infrastructure, it will fall to the stakeholders to purchase and deploy it.

The exhibit below illustrates OneHealthPort's approach to getting the work done:



Virtual Collaboration Center –
http://www.onehealthport.com/HIE/index.php

Participate in meetings, participate online (at least one meeting/cycle to be webcast).
All documents shared at meetings will be available for comment online.

Conclusion

Significant leadership, strategic collaboration, and supporting legislation contributed to the work performed to date for the planning and implementation of statewide HIE. Through the Washington State eHealth Collaborative Enterprise and the leadership of OneHealthPort, the HIE LO, as well as our additional community partners, our state can achieve the objectives of SSB 5501; to improve patient access to their own health care information and securely exchange clinical data to promote continuity and quality of care, patient safety, and efficiency in medical practices. The HCA appreciates the willingness of OneHealthPort, through the generous support of the Washington Healthcare Forum, to collaborate on this challenge to work closely with interested parties in the public and private sectors to design and build a health information exchange that will work for all Washingtonians.

Appendix A: Substitute Senate Bill 5501

CERTIFICATION OF ENROLLMENT

SUBSTITUTE SENATE BILL 5501

Chapter 300, Laws of 2009

61st Legislature
2009 Regular Session

HEALTH INFORMATION--PATIENT ACCESS--STANDARDS DEVELOPMENT

EFFECTIVE DATE: 07/26/09

Passed by the Senate April 20, 2009
YEAS 45 NAYS 0

BRAD OWEN

President of the Senate

Passed by the House April 14, 2009
YEAS 96 NAYS 0

FRANK CHOPP

Speaker of the House of Representatives

CERTIFICATE

I, Thomas Hoemann, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 5501** as passed by the Senate and the House of Representatives on the dates hereon set forth.

THOMAS HOEMANN

Secretary

Approved April 30, 2009, 11:13 a.m.

FILED

May 1, 2009

CHRISTINE GREGOIRE

Governor of the State of Washington

Secretary of State
State of Washington

SUBSTITUTE SENATE BILL 5501

AS AMENDED BY THE HOUSE

Passed Legislature - 2009 Regular Session

State of Washington 61st Legislature 2009 Regular Session

By Senate Ways & Means (originally sponsored by Senators Keiser,Pflug, Franklin, Parlette, Murray, and Kohl-Welles)

READ FIRST TIME 03/02/09.

AN ACT Relating to the secure exchange of health information; adding new sections to chapter 41.05 RCW; and creating a new section.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec. 1.** The legislature finds that:

(1) The inability to securely share critical health information between practitioners inhibits the delivery of safe, efficient care, as evidenced by:

(a) Adverse drug events that result in an average of seven hundred seventy thousand injuries and deaths each year; and

(b) Duplicative services that add to costs and jeopardize patient well-being;

(2) Consumers are unable to act as fully informed participants in their care unless they have ready access to their own health information;

(3) The blue ribbon commission on health care costs and access found that the development of a system to provide electronic access to patient information anywhere in the state was a key to improving health care; and

(4) In 2005, the legislature established a health information infrastructure advisory board to develop a strategy for the adoption and use of health information technologies that are consistent with emerging national standards and promote interoperability of health information systems.

NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05 RCW to read as follows:

The definitions in this section apply throughout sections 3 through 5 of this act unless the context clearly requires otherwise.

(1) "Administrator" means the administrator of the state health care authority under this chapter.

(2) "Exchange" means the methods or medium by which health care information may be electronically and securely exchanged among authorized providers, payors, and patients within Washington State.

(3) "Health care provider" or "provider" has the same meaning as in RCW 48.43.005.

(4) "Health data provider" means an organization that is a primary source for health-related data for Washington residents, including but not limited to:

(a) The children's health immunizations linkages and development profile immunization registry provided by the department of health pursuant to chapter 43.70 RCW;

(b) Commercial laboratories providing medical laboratory testing results;

(c) Prescription drugs clearinghouses, such as the national patient health information network; and

(d) Diagnostic imaging centers.

(5) "Lead organization" means a private sector organization or organizations designated by the administrator to lead development of processes, guidelines, and standards under this act.

(6) "Payor" means public purchasers, as defined in this section, carriers licensed under chapters 48.20, 48.21, 48.44, 48.46, and 48.62 RCW, and the Washington state health insurance pool established in chapter 48.41 RCW.

(7) "Public purchaser" means the department of social and health services, the department of labor and industries, and the health care authority.

(8) “Secretary” means the secretary of the department of health.

NEW SECTION. **Sec. 3.** A new section is added to chapter 41.05 RCW to read as follows:

(1) By August 1, 2009, the administrator shall designate one or more lead organizations to coordinate development of processes, guidelines, and standards to:

(a) Improve patient access to and control of their own health care information and thereby enable their active participation in their own care; and

(b) Implement methods for the secure exchange of clinical data as a means to promote:

(i) Continuity of care;

(ii) Quality of care;

(iii) Patient safety; and

(iv) Efficiency in medical practices.

(2) The lead organization designated by the administrator under this section shall:

(a) Be representative of health care privacy advocates, providers, and payors across the state;

(b) Have expertise and knowledge in the major disciplines related to the secure exchange of health data;

(c) Be able to support the costs of its work without recourse to state funding. The administrator and the lead organization are authorized and encouraged to seek federal funds, including funds from the federal American recovery and reinvestment act, as well as solicit, receive, contract for, collect, and hold grants, donations, and gifts to support the implementation of this section and section 4 of this act;

(d) In collaboration with the administrator, identify and convene work groups, as needed, to accomplish the goals of this section and section 4 of this act;

(e) Conduct research and communication efforts to maximize the adoption of the guidelines, standards, and processes developed by the lead organization;

(f) Submit regular updates to the administrator on the progress implementing the requirements of this section and section 4 of this act; and

(g) With the administrator, report to the legislature December 1, 2009, and on December 1st of each year through December 1, 2012, on progress made, the time necessary for completing tasks, and identification of future tasks that should be prioritized for the next improvement cycle.

(3) Within available funds as specified in subsection (2)(c) of this section, the administrator shall:

(a) Participate in and review the work and progress of the lead organization, including the establishment and operation of work groups for this section and section 4 of this act; and

(b) Consult with the office of the attorney general to determine whether:

(i) An antitrust safe harbor is necessary to enable licensed carriers and providers to develop common rules and standards; and, if necessary, take steps, such as implementing rules or requesting legislation, to establish a safe harbor; and

(ii) Legislation is needed to limit provider liability if their health records are missing health information despite their participation in the exchange of health information.

(4) The lead organization or organizations shall take steps to minimize the costs that implementation of the processes, guidelines, and standards may have on participating entities, including providers.

NEW SECTION. **Sec. 4.** A new section is added to chapter 41.05 RCW to read as follows:

By December 1, 2011, the lead organization shall, consistent with the federal health insurance portability and accountability act, develop processes, guidelines, and standards that address:

(1) Identification and prioritization of high value health data from health data providers. High value health data include:

(a) Prescriptions;

(b) Immunization records;

(c) Laboratory results;

(d) Allergies; and

(e) Diagnostic imaging;

(2) Processes to request, submit, and receive data;

(3) Data security, including;

(a) Storage, access, encryption, and password protection;

(b) Secure methods for accepting and responding to requests for data;

(c) Handling unauthorized access to or disclosure of individually identifiable patient health information, including penalties for unauthorized disclosure; and

(d) Authentication of individuals, including patients and providers, when requesting access to health information, and maintenance of a permanent audit trail of such requests, including:

(i) Identification of the party making the request;

(ii) The data elements reported; and

(iii) Transaction dates;

(4) Materials written in plain language that explain the exchange of health information and how patients can effectively manage such information, including the use of online tools for that purpose;

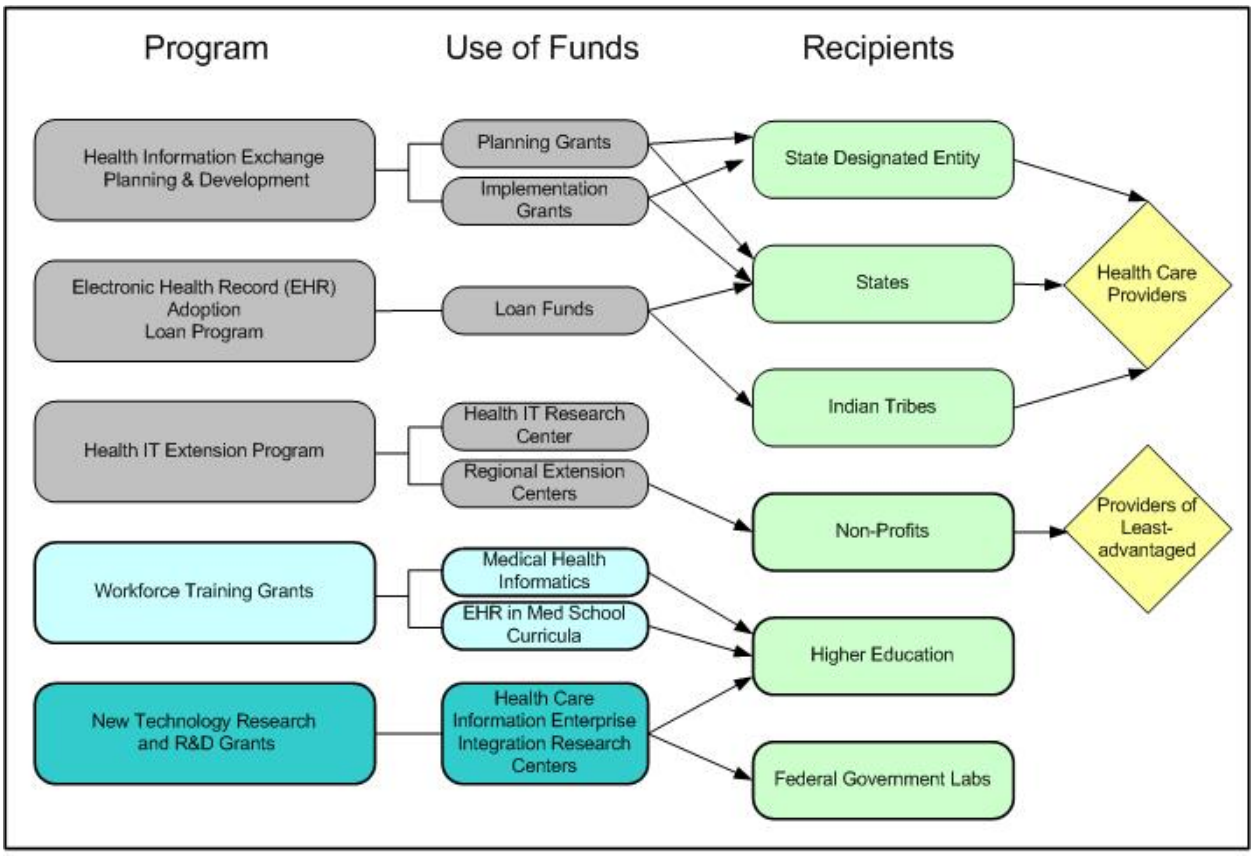
(5) Materials for health care providers that explain the exchange of health information and the secure management of such information.

NEW SECTION. **Sec. 5.** A new section is added to chapter 41.05 RCW to read as follows:

If any provision in sections 2 through 4 of this act conflicts with existing or new federal requirements, the administrator shall recommend modifications, as needed, to assure compliance with the aims of sections 2 through 4 of this act and federal requirements.

Passed by the Senate April 20, 2009.
Passed by the House April 14, 2009.
Approved by the Governor April 30, 2009.
Filed in Office of Secretary of State May 1, 2009.

Appendix B: HITECH Appropriated Funds - Office of the National Coordinator



Distribution Agency

- ONC — Office of the National Coordinator
- HHS & NSF — Health and Human Services & National Science Foundation
- NIST & NSF — National Institute for Standards and Technology & National Science Foundation

Appendix C: Health Information Technology Terms and Definitions

Electronic Health Record (EHR) – A longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. See also EMR.

Electronic Medical Record (EMR) – A computer-based patient medical record that facilitates access of patient data by clinical staff at any given location.

Health Information Exchange (HIE) – The electronic information system of connectivity among health care providers and health care systems that complies with safety, security access, and quality standards; is interoperable; and allows unified access to all available information for a given patient regardless of location of the patient or the information.

Health Information Technology (HIT) – The application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making.

Interoperability – The ability of disparate health information systems to work together within and across organizational boundaries and readily exchange health information in standard formats with standard representation so that information can be moved from one system to another without loss of detail or meaning.

Sources: The American Recovery and Reinvestment Act of 2009, Title XIII-Health Information Technology, Subtitle A-Promotion of Health Information Technology, Part 1-Improving Health Care Quality, Safety, and Efficiency, Title XXX-Health Information Technology and Quality, Section 3000
http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf;
Dictionary of Healthcare Information Technology Terms, Acronyms and Organizations, Healthcare Information and Management Systems Society (HIMSS), 2006.