Washington State Health Care Authority

Report to the Legislature

The Washington State Health Care Authority
in collaboration with OneHealthPort

**Secure Exchange of Health Information
2011 Progress Report**

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

December 1, 2011

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I. Executive Summary

In 2009, the Washington State Legislature passed Substitute Senate Bill 5501 (SSB 5501) which was enacted as chapter 300, Laws of 2009. The bill required the Health Care Authority (HCA) to designate one or more lead organizations to coordinate development of processes, guidelines, and standards for Health Information Exchange (HIE). SSB 5501 also directed HCA, in collaboration with the designated lead organization, OneHealthPort (OHP), to submit annual progress reports to the Legislature through 2012. This progress report, titled "The Secure Exchange of Health Information 2011 Progress Report," is designed as a companion document to the first two progress reports dated December 1, 2009 and December 1, 2010, and will focus on activities December 1, 2010 through December 1, 2011.

On July 6, 2010, the HCA submitted [Washington State's HIE Strategic and Operational Plan](#) to the Office of the National Coordinator for Health Information Technology (ONC). The plan was prepared over several months in a joint effort by OHP and HCA, with input from public and private stakeholders. The plan outlines the strategies and operational activities necessary to implement a sustainable statewide HIE. The ONC approved the HIE Strategic and Operational Plan on December 13, 2010. After receiving approval from ONC on the HIE Strategic and Operational Plan, the focus of the statewide HIE project shifted from planning to implementation, contracting with subscribers, and outreach to potential early adopters.

Implementation activities are overseen by a Community HIE Oversight Board, formed by the Foundation for Health Care Quality (FHCQ). This Board oversees selected aspects of the work of the HIE lead organization (OHP). It reviews and approves the HIE pricing model, privacy and security policies and accessibility, and provides an annual report, including an assessment of HCA's implementation of the state HIE Cooperative Agreement, as part of its charter. A major implementation milestone was reached in early 2011 when OHP completed the HIE pricing model and privacy and security policies. Pricing and policies were reviewed by HCA and the Health Information Exchange Leadership Group (HIELG) and approved by the Community HIE Oversight Board, per the HIE governance arrangement.

As of December 1, 2011, there are 10 HIE subscription contracts signed with OHP by Washington State organizations. In addition to these 10 early adopter contracts, the HIE was selected to support the National Renal Administrator's Association (NRAA) to transmit quality data to the Centers for Medicare and Medicaid Services (CMS) from all end-stage renal treatment centers in the United States.

As HIE adoption gains momentum in Washington State, HCA and OHP are also pursuing opportunities for intrastate HIE-to-HIE connectivity. A study, including Washington, Idaho, Alaska and the Beacon Community of the Inland Northwest, is underway to identify policies, technical requirements and business models to support HIE-to-HIE connections.

The HCA and OHP continue to work constructively and in partnership with the public and private stakeholder communities and look forward to a successful implementation of the HIE to support improvement of patient and population health in Washington State.

II. Introduction

SSB 5501, provided in Appendix A, directs the lead organization, with the HCA Administrator, to prepare a progress report for the Legislature by December 1. This progress report is designed as a companion document to the first two progress reports dated December 1, 2009 and December 1, 2010. As such, this report will not repeat the background information on SSB 5501, HIE, the lead organizations, or the HIE Strategic and Operational Plan work accomplished in 2009 and 2010. Some very limited information from the first two reports is repeated in this document to assist the reader.

This report will focus exclusively on the progress made during the implementation phase of the statewide HIE from December 1, 2010, through mid-December 2011. In this report the statewide HIE will be described as "the HIE".

III. HIE Implementation Progress

Since inception of the HIE, OHP and HCA have worked together to assemble key leaders and stakeholders, establish a proven process, organize critical mass in the market, and develop a sustainable HIE design to support improvement of patient and population health.

OHP, in collaboration with the HCA, has made significant progress toward implementation of the HIE in the areas of technology, data transactions, meaningful use, finance, pricing, policy and adoption.

A. Technology Contract

On December 28, 2010, OHP executed an agreement with Axway to provide the technological infrastructure and selected professional services for the HIE. The total value of the contract was $4.2M. The contract was executed by OHP and Axway and the payment was funded by the state's HIE Cooperative Agreement with the Office of the National Coordinator for Health Information Technology (ONC). The contract was structured to:

- *Maximize the benefit of the HIE Cooperative Funding Agreement* – The contract is front loaded and involved the purchase of software licenses and support from Axway. This allows HCA and OHP to take advantage of favorable matching requirements in the first two years of the HIE Cooperative Agreement. The licenses are expected to support approximately 2,000 HIE organizational trading partners.
- *Take advantage of significant economies of scale* – By pre-paying for a volume of licenses and services, OHP was able to get significant discounts that can be passed along to HIE users.
- *Reduce risk to OHP* – The operational arrangement reduces OHP's operational exposure and allows a least-cost exit strategy for OHP after three years, if necessary.

B. Technology Infrastructure

In early 2011, the OHP and Axway operations teams began to set up the technical infrastructure to support the HIE. This initial HIE infrastructure is a hub focused on secure exchange of messages, limited data transformation, and basic provider directory functionality. The infrastructure is hosted in secure data centers with geographical redundancy.

Consistent with the HIE's thin-layer design, the HIE does not host a data repository or applications for viewing data. The infrastructure was successfully installed on June 1, 2011.

C. Transactions

The HIE hub supports secure messaging through use of standardized transactions and the HIE establishes a Canonical Guide for each transaction. Each Canonical Guide is developed by a consensus of technical advisory members agreeing to the specifications in each guide, thereby setting the community standard for each transaction. Each individual trading partner then tests to see if they can send and receive a transaction that meets the Canonical Guide. If they can, they are ready to trade. If they cannot, they need to map their transaction to the Canonical Guide. This mapping can be performed by the trading partner directly, by consultants in the community or by the HIE. The choice of service provider is up to the trading partner. The advantage of this hub model is that each trading partner need only build to the Canonical Guide. They do not have to build to the standards of every other trading partner. The hub completes any necessary data transformation for each unique trading partner.

It is important to note that the Canonical Guide is derived from the national standards used for each transaction. The HIE is very focused on the adoption and promotion of robust national standards. In the future, the HIE can be used to transact non-standard messages but the initial focus is on standard transactions. The first seven transactions are listed below. This list was derived by blending Washington State stakeholder priorities with ONC priorities:

- Eligibility and benefits transaction
- ePrescribing
- Continuity of Care Document (CCD)
- Lab results reporting
- Admission, Discharge, Transfer (ADT)
- Radiology results reporting
- Immunization reporting and query

D. Meaningful Use

From ONC's perspective, the primary objective of the American Recovery and Reinvestment Act (ARRA) HIE program is to support providers who are attempting to achieve Meaningful Use of an Electronic Health Record (EHR). For the state HIE Cooperative Agreement, ONC has further refined this objective to tightly focus on three areas related to Meaningful Use:

- ePrescribing
- Delivery of structured lab results
- Delivery of patient care summaries

Following this focus, OHP prioritized transactions in these three areas and emphasized outreach and marketing to key content holders in these areas. OHP is also allocating additional resources to learn the unique challenges trading partners face in these three priority areas. In the course of its work on Meaningful Use, one of the top issues OHP encountered is the challenge faced by providers in testing with external trading partners. This problem is more pronounced with the smaller providers who tend to get lower priority in interface development queues from key content holders. While it is still in a preliminary stage, OHP is working with Washington and Idaho Regional Extension Center (WIREC), and Medicaid, to determine how best to utilize the HIE to support testing for providers pursuing Meaningful Use. If the feasibility questions can be satisfactorily addressed, the HIE could roll out such a Meaningful Use testing program in the first quarter of 2012.

E. Finance

One of the key factors that can derail an HIE is the lack of a sound business case - which leads to weak financial performance and ultimately a failed initiative. From the beginning, OHP and HCA worked hard to instill strong business fundamentals in all HIE efforts, with an emphasis on sound business practices in the following ways:

- The Thin-Layer design generates lower capital, operating and carrying costs for the HIE.
- The use of the ARRA funds to buy-down the technology partner's (Axway) capital costs provides long term financial benefits as opposed to using the funds to subsidize short term operating costs.
- Utilizing a business entity, OHP, as the lead organization means that HIE operating costs are marginal expenses to the existing OHP operation.
- Placing OHP at risk for performance aligns incentives and reduces the start-up burden on the ARRA funds (e.g., OHP is not being paid for its work).

F. Pricing

A key early decision for OHP was to develop the HIE pricing model. If the price is set too high - trading partners will not join, particularly the key adopters. If the price if set too low - the HIE is not sustainable. HIE pricing is challenging for three reasons:

- Future costs cannot be clearly defined in advance.
- The rate and nature of adoption is hard to predict.
- In addition to standard business concerns relative to pricing, the state and ONC have public policy objectives that affect pricing, specifically the desire to support the ability of the smaller providers to connect.

 OHP developed the HIE pricing model in three stages:

- OHP and HCA staff developed straw-man models.
- As a representative group of potential trading partners, the HIE Leadership Group (HIELG) was given a central advisory role in reviewing the straw-man and recommending modifications.

- The pricing model developed by OHP, HCA, and the HIELG was submitted to the FHCQ Community HIE Oversight Board for final approval, per the governance arrangement.

This process resulted in an initial HIE pricing model approved by the FHCQ on February 4, 2011. The approved pricing model is specifically designed to appeal to potential early adopters by reducing their risk of participation. The pricing model for trading partners has three components:

- A one-time licensing fee to cover the cost of licensing the software from Axway. Using the ARRA funds, OHP purchased a large number of software licenses from Axway. As long as this supply of subsidized licenses is sufficient, Washington State trading partners will have all initial licensing fees waived, making their initial cost zero. Once the subsidized licenses are exhausted, a trading partner will pay the best volume rate Axway charges OHP, plus 5%.
- Mapping fees to cover the cost of mapping individual trading partner transactions to the Canonical Guide. If this is required, and if the trading partner elects to purchase the mapping service from the HIE, the mapping services will be provided at Axway's best volume rates to OHP, plus 5%.
- Annual subscription fees to cover all other ongoing costs of operating the HIE. There will be no transaction fees and the subscription fee is based on the size and scope of the trading partner's organization. The subscription fees are described in the table below:

Organization Level	Organization Description – SAMPLE Metrics	2011 Annual Subscription
Entry	Smallest orgs: revenue <$10M, 1-9 practitioners	$600
Small	Revenue $10M - $100M, 10-50 practitioners, <50 beds	$6,000
Mid-size	Revenue $100M - $500M, 50+ practitioners, 50 – 500 Beds	$12,000
Large	Revenue $500M - $1B, <500K insured lives, 500+ Beds	$24,000
Leadership	Largest orgs: revenue $1B+, 500K+ insured lives, 3,000+ FTE	$48,000

In late 2011, OHP informed the FHCQ's Community HIE Oversight Board that it would continue initial HIE prices at least until June 30, 2012. In addition to the model described above, the Community HIE Oversight Board granted OHP discretion on how it priced aggregators. Aggregators are organizations that pull together multiple trading partners on either a business basis or as a group already connected to another HIE.

G. Policy

A second key issue that has caused difficulties for HIE's in the past is policy. Specifically, policy as it relates to privacy and security. The health information privacy issue is controversial on a number of levels. Most experts would agree that the privacy issue is comprised of legitimate concerns, deep fears and a lack of understanding of where the real risks lie. The HIE decided early on that the best way to tackle this issue was head on:

- *Minimize risk* – By not hosting a repository or applications the Thin-Layer HIE avoids some of the major privacy risks other HIEs face.
- *Compliance* – The HIE is fully compliant with state and federal law.

- *Private sector leadership* – Surveys indicate there is particular concern among consumers about government access to data. The lead organization model avoids that concern.
- *Community Oversight* – Surveys also indicate consumer concern about commercial uses of their health data. The Community HIE Oversight Board's role mitigates this concern.
- *Simplicity* – Some privacy policies are so long and complex that it is very difficult for the average person to understand and attach accountability – whereas the HIE policies are very straightforward.

OHP developed the common contractual framework that contains the HIE policies in a similar manner to the pricing model:

- OHP and HCA developed a straw-man. OHP engaged its corporate counsel, Marc Droppert, and the state engaged John Christiansen, a nationally recognized expert in health information privacy and security. This resulted in a framework that would serve as a concise commercial agreement among the parties and protect privacy and security.
- The straw-man agreement was then reviewed with the HIE Technical Advisory Group (TAG) created by the HIELG. The TAG recommended modifications to the original framework.
- The revised security and privacy policy components of the contractual framework were submitted to the HIE Oversight Board and approved on February 4, 2011. The approved contractual framework has been in use since that time.

H. Adoption

Ultimately, the success of the HIE is dependent on adoption. The network effect is present in the HIE as with any other network – the first party into a network receives less value than parties who join later when the network is more mature. As such, one of the key business objectives of the HIE is to reach a critical mass of network participants as rapidly as possible. This increases the value of HIE for everyone and reduces the risk to early adopters. In pursuit of critical mass, the HIE follows both a top-down and bottom-up strategy:

- *Top-down* – the conventional wisdom indicates that larger organizations that host valuable content tend to attract the smaller organizations. In constituting the HIELG, OHP targeted a cross-section of large health care organizations that collectively comprise critical mass in Washington State. This group was a major focus of the HIE's early marketing efforts.
- *Bottom-up* – OHP, with assistance from the HCA, WIREC, and a number of other organizations have also launched a broad-based marketing effort targeted at the many smaller organizations that comprise the local health care industry. This effort involves something of a matchmaking model. Trading partners are usually interested in the HIE if it connects them to one of their existing trading partners. Therefore, a question to each potential trading partner is "who do you want to trade with?" Once the HIE gets the name of desired trading partners, it will usually approach the new party and extend an invitation to participate.

Gaining adoption of the HIE will take time. Health care enterprises are very busy with multiple priorities. In addition, larger enterprises have many projects fighting for the same limited

information technology (IT) resources and smaller enterprises often lack any IT resources. Despite these challenges, the HIE is slowly building momentum among early adopters. The following Washington State organizations signed HIE contracts as of December 1, 2011:

1. PTSO of Washington; a healthcare technology services organization delivering shared clinical and patient management systems, technological infrastructure, and support for their member community health centers.
2. Pathology Associates Medical Laboratories (PAML)/PacLab
3. Virginia Mason Medical Center
4. Group Health Cooperative
5. Washington State Medicaid
6. NorthShore Medical Group
7. Sykline Hospital
8. Memorial Physicians
9. Yakima Valley Farm Workers Clinic
10. United General Hospital

This is a nice mix of large and small organizations, various geographies and different types of organizations. The HIE is using this contracted group to encourage others to sign. In addition to the contracted groups listed above, the HIE is also engaged with two other important trading partners:

*   *State Department of Health (DOH)* – OHP and HCA have been working with DOH to determine how the HIE can best meet the needs of the agency and stakeholders who have an interest in connecting to the various agency systems through the HIE. A connection to the HIE could be of great value to DOH and its trading partners in reducing costs of connection and accelerating achievement of Meaningful Use.
*   *National Renal Administrator's Association (NRAA)* – The NRAA represents dialysis centers across the country treating end-stage renal disease (ESRD) patients. The Centers for Medicare and Medicaid Services (CMS) requires the centers to submit quality reports on all ESRD patients using a data set known as CROWNWeb. NRAA and CMS decided the best way to transmit this information is through an HIE. The NRAA, on behalf of its members, conducted an HIE procurement and selected the OHP HIE. NRAA will ultimately connect hundreds of dialysis centers to CMS and potentially other trading partners through the HIE using the NwHIN Connect standards. This will help provide critical mass for the HIE and pioneer the use of NwHIN Connect.

As contract signings continue, OHP begins work with early adopters to test and connect. Potentially, the first connected trading partners could be live as early as December 2011. If not, it will occur in early 2012.

I.   Connecting HIE-to-HIE

In addition to connecting trading partners to each other through the HIE, OHP is also studying how best to connect to other HIEs. Within Washington State, and in other neighboring states, there are other HIEs already deployed. It is the policy objective of the statewide HIE that ideally, each trading partner should only have to connect once to the HIE of their choice and through that HIE be able to connect to all other trading partners. The only way to realize this

objective is to have a cost-effective way to connect HIEs to each other. There are three challenges to connecting HIEs:

- *Policy* – Individual HIE policies do not have to be exactly the same; the different policies do have to align at some minimum level and not be contradictory.
- *Technical* – Each HIE must be able to technically connect their hubs and exchange data.
- *Business* – There has to be a common business model for all users who traverse multiple HIEs.

OHP is currently working in two forums to address these challenges. First, OHP and HCA have engaged with the statewide HIEs in Alaska and Idaho, along with the Beacon Community of the Inland Northwest's (BCIN's) HIE, operated by Inland Northwest Health Services (INHS) in Spokane, Washington. This group has had initial meetings and is working its way through the challenges of HIE-to-HIE exchange. Second, OHP is participating in a larger group of western states who are working with the ONC to address HIE-to-HIE connections where the NwHIN Direct tools are being used. Hopefully, one or both of these forums will lead to initial HIE-to-HIE connectivity in 2012.

IV. HIE Oversight

The Foundation for Health Care Quality (FHCQ) is a well-established 501(c) (3) organization that has long focused on shared health information needs in the state and is governed by a diverse Board of public and private-sector representatives. In 2010, the FHCQ was selected through a competitive procurement process and contracted with OHP and the HCA to establish a Community HIE Oversight Board to oversee the work of the lead organization and assess HCA's implementation of the state HIE Cooperative Agreement.

The role of the oversight organization is to help ensure the private lead organization is operating in the public interest and not ignoring or overwhelming the interests of other constituencies who may be less engaged in HIE work, but are still affected by it. Specifically, the Community HIE Oversight Board is charted to review and act on the following:

- The pricing model developed by the lead organization for HIE shared services.
- The privacy and security policies for the HIE.
- Accessibility of the HIE.
- Assess HCA's implementation of the state HIE Cooperative Agreement.

The FHCQ formed the Community HIE Oversight Board in fall 2010. The Board members represent the health care community in the state with one position of Board Chair, one position representing HIE consumers, four positions representing HIE users and one position representing the public sector. A current roster of Community HIE Oversight Board membership is included in Appendix B.

Following is a list of dates and activities of the Community HIE Oversight Board quarterly meetings in 2011:

February 4, 2011
- Review and approval of the state HIE Security Policies
- Review and affirmation of state HIE Pricing Model

May 13, 2011
- Review of the state HIE Access criteria, model and policies
- Review of HCA program management and grant administration of the ARRA state HIE Cooperative Agreement

September 30, 2011
- Commenced open access to board meetings with three visitors attending from the community
- Review of the DRAFT HIE Oversight Board Annual Report and Assessment of HCA Implementation of ARRA state HIE Cooperative Agreement

October 18, 2011
- Conference call review and discussion of the DRAFT HIE Oversight Board Annual Report and Assessment of HCA Implementation of ARRA state HIE Cooperative Agreement

November 4, 2011
- HIE Oversight and Grant Management Overview:
  This overview provided information about the plans and accomplishments under the state HIE Cooperative Agreement in 2011 with a summary of project expenses to-date, plus details of how the HCA administers the state HIE Cooperative Agreement grant.
- Approval of Community HIE Oversight Board Annual Report and Assessment of HCA Implementation of ARRA state HIE Cooperative Agreement:
  The Community HIE Oversight Board Annual Report and Assessment of HCA Implementation of ARRA state HIE Cooperative Agreement is presented in Appendix C.

V. State Health Information Technology Leadership Update

As required by the state HIE Cooperative Agreement, Governor Gregoire appointed HCA's Health Policy Director, Richard Onizuka, Ph.D., to fill the role of the State Government Health Information Technology (HIT) Coordinator. In this role, Dr. Onizuka is the project sponsor and spokesperson for the eHealth Collaborative Enterprise (eHCE) as well as the public official accountable to ONC for coordination of programs and activities under the American Recovery and Reinvestment Act (ARRA) and Health Information Technology for Economic and Clinical Health (HITECH) Act. The overarching responsibilities of the State HIT Coordinator are to advance HIE in Washington State and fulfill the directives of SSB 5501.

Throughout 2011, Dr. Onizuka coordinated with numerous stakeholders involved in the implementation of HIE and as a result has provided significant leadership statewide as well as nationally. Ongoing activities include regular participation as a member of the Community HIE Oversight Board and regular communications and progress reporting to ONC, as well as the eHCE. Some highlights from the past year include:

- **ONC recognized Washington State as a leader in Health Information Technology (HIT).** Dr. Onizuka was invited to speak during the plenary session at the ONC regional meeting in Los Angeles, California on August 10, 2011. This invitation came as a result

of Washington standing out as an excellent example of program coordination, stakeholder engagement, and a leader in health IT. The audience consisted of ARRA/HITECH grantee representatives from New Mexico, Arizona, California, Nevada, Oregon, Washington, Idaho, Utah, Guam, Hawaii, Alaska, Northern Mariana Islands and American Samoa.

- **Washington State's HIE was selected for a national case study.** In October 2011, Washington State was selected by the National Organization for Research at the University of Chicago (NORC) as a case study site for [Evaluation of the State Health Information Exchange Cooperative Agreement Program](#). The purpose of this evaluation is to provide a comprehensive understanding of the effectiveness of the planning, implementation, and operations of the state HIE Cooperative Agreement. To gather these findings, NORC will review state HIE strategic and operational plans, conduct discussions with state HIE leadership, conduct case studies, and review and analyze data regularly reported by grantees. In addition, NORC will complete two site visits to meet with project staff and HIE lead organization representatives. The first site visit was in November 2011, and a second visit is planned for 2013.

- **The HCA convenes and facilitates the Washington Health Information Industry-Education Council (WHIIEC)**. WHIIEC, chaired by Dr. Onizuka, is a forum for representatives of employers and HIT education/training programs to align educational opportunities with the HIT staffing needs of health care providers, public health agencies, insurers and other employers and provide meaningful career opportunities for graduates. Its members include, among others, representatives of the University of Washington, Eastern Washington University, community colleges (including the workforce development consortium under ARRA/HITECH), hospitals, medical practices, tribal clinics, HIT professional societies and the Regional Extension Center. WHIIEC is currently developing an inventory of HIT education/training programs in the state, with plans for a staffing needs assessment and gap analysis between educational offerings and employer needs. WHIIEC has received attention from ONC as a national best practice community collaboration.

- **ONC site visit to Washington State – May 27-29, 2011**
  Christopher Muir and Sheetal Shah from ONC visited HCA and OHP staff to evaluate progress of the state HIE Cooperative Agreement. ONC feedback from this visit mentioned the following promising practices of the Washington State HIE: tight coordination between Federal-State programs as well as integration between state agencies; the inclusion of public health information to the HIE; the community-based approach; leadership expertise and commitment; the unique governance model; and the development of a provider directory. Recommendations from ONC included that Washington should maintain efforts to recruit all types of health care providers and explore opportunities to align the HIE to population health improvement goals. In response to this feedback, the eHCE project team is working with ONC to better define health improvement goals.

VI.   ARRA Grant Administration and Management

In conjunction with OHP's HIE implementation efforts, the eHCE project team at HCA tracks the overall state HIE Cooperative Agreement project progress and administers the federal grant funds. Additionally, the HCA coordinates with Medicaid and public health to provide assistance, where appropriate, to support federal incentive programs that reward providers for adopting and using health information technology.

The list below describes the activities and tools used for grant administration and management of the ARRA state HIE Cooperative Agreement:

- Contracts – reviewed and approved by HCA and submitted to ONC.
- Executive Dashboard – High level at-a-glance monthly update of all Washington State ARRA/HITECH project milestones, accomplishments and status (by color code). This dashboard is made public and is published and linked on the eHCE website and healthit.wa.gov.
- Project Tracking and Issues Log – Outline of HIE project plan with details on key deliverables, person(s) accountable and status. The issues log is used to document and track issues and resolutions.
- Weekly HIE Project Check-In Meetings – OHP and HCA project staff discuss project status, identify issues and seek resolution, as well as identify immediate or emergent challenges or obstacles. Any grant administration issues, clarification or guidance is also provided by the ONC project officer who joins the conference call every other week.
- Monthly Status Report – A status report is prepared at the end of each month with expenditure summaries for the project leadership.

ONC and the Washington State Office of Financial Management (OFM) have different reporting requirements and reporting frequencies for the state HIE Cooperative Agreement grant administration. Therefore, various methods are used for tracking and reporting HIE grant receivables and expenditures. Key grant administration requirements include:

- All required federal and state ARRA reporting delivered per expected timeframes. Budget and financial reports are prepared by HCA for the grant prime and sub-recipients on a quarterly basis and submitted to ONC, HHS and OFM.
- A sub-recipient payment and reimbursement processing procedure has been instituted. This process assures proper review and accountability through certification of expenditures related to the grant and complies with state and federal regulations and guidelines on use of grant funds.
- Self-administered post award federal compliance monitoring has been conducted as a proactive way to assess and assure compliance with federal and state requirements.

VII.   Outreach and Communications

The HIE Strategic and Operational Plan, approved by the ONC on December 13, 2010, includes the eHealth Collaborative Enterprise (eHCE) Communications Plan. This plan outlines communications strategies and tactics the HCA's eHCE project team uses to ensure cohesive

messaging and consistent ARRA/HITECH stakeholder communications and outreach activities meet state and federal requirements for transparency and accountability.

While the ARRA/HITECH program lead organizations take ownership of their respective program's communications and outreach activities, the eHCE project team provides a consistent forum for statewide collaboration and sharing among ARRA/HITECH programs through several communication methods:

- HealthIT.wa.gov - a new "one-stop-shop" website for information, resources and links covering the full landscape of Health IT programs in Washington State. This 'marketing communications' focused website is a resource for the general public, stakeholders and the news media to understand the different areas and responsibilities of health IT within state government agencies and private-industry partners.
- The eHCE's electronic email listserv provides announcements and updates to approximately 600 subscribers to-date.
- A monthly status summary of all Washington State ARRA/HITECH programs is distributed to lead organizations and to the Community HIE Oversight Board.
- An eHCE Newsletter is produced every other month. This newsletter provides important messaging from the state HIT Coordinator, program status of statewide ARRA/HITECH programs, and HCA's eHCE project team's activities and next steps. The newsletter is distributed to ARRA/HITECH stakeholders via the email listserv and published on healthit.wa.gov.
- HCA hosts the bi-annual Washington State Health Information Technology Forum to communicate with and engage stakeholders in the planning, implementation and outreach activities of the statewide ARRA/HITECH programs.

VIII. Conclusion

The HCA, OHP, and all participating stakeholders are committed to advancing HIE in Washington State. The HIE has made great progress in the last 12 months - moving from a concept to a business and operational reality. The successes of the HIE to date is a tribute to the hard work of stakeholders, the cooperation of all the partners, funding from ONC and the willingness of the early adopters to take a chance on the developing HIE. Going forward, the principal challenge for the HIE will be to gain sufficient adoption of trading partners, increasing the privacy and security of patients' health information and becoming self-sustaining as a business. In doing so it will add real value to the public policy objectives set by the Legislature and ONC to create a health care system that is high quality, cost effective, and improves population health. OHP and the HCA are committed to making their best effort to achieve these ambitious and important objectives.

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

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BRAD OWEN
President of the Senate

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

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FRANK CHOPP
Speaker of the House of Representatives

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

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

FILED

May 1, 2009

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CHRISTINE GREGOIRE
Governor of the State of Washington

Secretary of State
State of Washington

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SUBSTITUTE SENATE BILL 5501

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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.

1   AN ACT Relating to the secure exchange of health information; 2   adding new sections to chapter 41.05 RCW; and creating a new section.

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

4   NEW SECTION. **Sec. 1.** The legislature finds that: 5   (1) The inability to securely share critical health information 6   between practitioners inhibits the delivery of safe, efficient care, as 7   evidenced by: 8   (a) Adverse drug events that result in an average of seven hundred 9   seventy thousand injuries and deaths each year; and 10   (b) Duplicative services that add to costs and jeopardize patient 11   well-being; 12   (2) Consumers are unable to act as fully informed participants in 13   their care unless they have ready access to their own health 14   information; 15   (3) The blue ribbon commission on health care costs and access 16   found that the development of a system to provide electronic access to 17   patient information anywhere in the state was a key to improving health 18   care; and

p. 1   SSB 5501.SL

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

6   NEW SECTION. Sec. 2. A new section is added to chapter 41.05 RCW
7   to read as follows:
8   The definitions in this section apply throughout sections 3 through
9   5 of this act unless the context clearly requires otherwise.
10   (1) "Administrator" means the administrator of the state health
11 care authority under this chapter.
12   (2) "Exchange" means the methods or medium by which health care
13 information may be electronically and securely exchanged among
14 authorized providers, payors, and patients within Washington state.
15   (3) "Health care provider" or "provider" has the same meaning as in
16 RCW 48.43.005.
17   (4) "Health data provider" means an organization that is a primary
18 source for health-related data for Washington residents, including but
19 not limited to:
20   (a) The children's health immunizations linkages and development
21 profile immunization registry provided by the department of health
22 pursuant to chapter 43.70 RCW;
23   (b) Commercial laboratories providing medical laboratory testing
24 results;
25   (c) Prescription drugs clearinghouses, such as the national patient
26 health information network; and
27   (d) Diagnostic imaging centers.
28   (5) "Lead organization" means a private sector organization or
29 organizations designated by the administrator to lead development of
30 processes, guidelines, and standards under this act.
31   (6) "Payor" means public purchasers, as defined in this section,
32 carriers licensed under chapters 48.20, 48.21, 48.44, 48.46, and 48.62
33 RCW, and the Washington state health insurance pool established in
34 chapter 48.41 RCW.
35   (7) "Public purchaser" means the department of social and health
36 services, the department of labor and industries, and the health care
37 authority.

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1   (8) "Secretary" means the secretary of the department of health.

2   <u>NEW SECTION.</u> **Sec. 3.** A new section is added to chapter 41.05 RCW
3 to read as follows:
4   (1) By August 1, 2009, the administrator shall designate one or
5 more lead organizations to coordinate development of processes,
6 guidelines, and standards to:
7   (a) Improve patient access to and control of their own health care
8 information and thereby enable their active participation in their own
9 care; and
10   (b) Implement methods for the secure exchange of clinical data as
11 a means to promote:
12   (i) Continuity of care;
13   (ii) Quality of care;
14   (iii) Patient safety; and
15   (iv) Efficiency in medical practices.
16   (2) The lead organization designated by the administrator under
17 this section shall:
18   (a) Be representative of health care privacy advocates, providers,
19 and payors across the state;
20   (b) Have expertise and knowledge in the major disciplines related
21 to the secure exchange of health data;
22   (c) Be able to support the costs of its work without recourse to
23 state funding. The administrator and the lead organization are
24 authorized and encouraged to seek federal funds, including funds from
25 the federal American recovery and reinvestment act, as well as solicit,
26 receive, contract for, collect, and hold grants, donations, and gifts
27 to support the implementation of this section and section 4 of this
28 act;
29   (d) In collaboration with the administrator, identify and convene
30 work groups, as needed, to accomplish the goals of this section and
31 section 4 of this act;
32   (e) Conduct outreach and communication efforts to maximize the
33 adoption of the guidelines, standards, and processes developed by the
34 lead organization;
35   (f) Submit regular updates to the administrator on the progress
36 implementing the requirements of this section and section 4 of this
37 act; and

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1   (g) With the administrator, report to the legislature December 1,
 2   2009, and on December 1st of each year through December 1, 2012, on
 3   progress made, the time necessary for completing tasks, and
 4   identification of future tasks that should be prioritized for the next
 5   improvement cycle.
 6   (3) Within available funds as specified in subsection (2)(c) of
 7   this section, the administrator shall:
 8   (a) Participate in and review the work and progress of the lead
 9   organization, including the establishment and operation of work groups
10   for this section and section 4 of this act; and
11   (b) Consult with the office of the attorney general to determine
12   whether:
13   (i) An antitrust safe harbor is necessary to enable licensed
14   carriers and providers to develop common rules and standards; and, if
15   necessary, take steps, such as implementing rules or requesting
16   legislation, to establish a safe harbor; and
17   (ii) Legislation is needed to limit provider liability if their
18   health records are missing health information despite their
19   participation in the exchange of health information.
20   (4) The lead organization or organizations shall take steps to
21   minimize the costs that implementation of the processes, guidelines,
22   and standards may have on participating entities, including providers.

23   NEW SECTION. Sec. 4. A new section is added to chapter 41.05 RCW
24   to read as follows:
25   By December 1, 2011, the lead organization shall, consistent with
26   the federal health insurance portability and accountability act,
27   develop processes, guidelines, and standards that address:
28   (1) Identification and prioritization of high value health data
29   from health data providers. High value health data include:
30   (a) Prescriptions;
31   (b) Immunization records;
32   (c) Laboratory results;
33   (d) Allergies; and
34   (e) Diagnostic imaging;
35   (2) Processes to request, submit, and receive data;
36   (3) Data security, including:
37   (a) Storage, access, encryption, and password protection;

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1   (b) Secure methods for accepting and responding to requests for
2 data;
3   (c) Handling unauthorized access to or disclosure of individually
4 identifiable patient health information, including penalties for
5 unauthorized disclosure; and
6   (d) Authentication of individuals, including patients and
7 providers, when requesting access to health information, and
8 maintenance of a permanent audit trail of such requests, including:
9   (i) Identification of the party making the request;
10   (ii) The data elements reported; and
11   (iii) Transaction dates;
12   (4) Materials written in plain language that explain the exchange
13 of health information and how patients can effectively manage such
14 information, including the use of online tools for that purpose;
15   (5) Materials for health care providers that explain the exchange
16 of health information and the secure management of such information.

17   NEW SECTION. **Sec. 5.** A new section is added to chapter 41.05 RCW
18 to read as follows:
19   If any provision in sections 2 through 4 of this act conflicts with
20 existing or new federal requirements, the administrator shall recommend
21 modifications, as needed, to assure compliance with the aims of
22 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.

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Appendix B: Community HIE Oversight Board of Directors

Updated as of 9.30.2011

Representing HIE Consumers: (*one position*)

Rudy Vasquez
Multicultural Services Director
Sea Mar Community Health Centers
1516 S 11th St
Tacoma, WA 98405
☎ (253) 280-9846 x11846 / 📱 (253) 241-9926
🖥 RudyVasquez@seamarchc.org

Position #1 expires: *September 2014*; eligible for one more 3-year term upon expiration of this term.

Representing HIE Users: (*four positions*)

Margaret J. Lane
mLane and Company
1143 16th Ave E
Seattle, WA 98112
☎ (206) 910-6599
🖥 mlane.llc@gmail.com

Deputy Executive Director
Washington Vaccine Association
Mlane.@WAvaccine.org

Position #2 expires: *September 2014*; eligible for one more 3-year term upon expiration of this term.

*Gretchen Murphy, M.Ed., RHIA, FAHIMA **Chair*
Dir, Health Informatics & Health Information Mgt Prog.
School of Public Health
University of Washington, Box 359455
Seattle WA 98195-9455
☎ (206) 543-8810
🖥 gcmurphy@u.washington.edu

Position #3 expires: *November 2012.* Appointed for an initial 2-year term; eligible for two additional 3-year terms upon expiration of initial term.

Dave Roach, BSEE, CPHIMS, CCE
VP, Information Systems / CIO
Kadlec Health System
106505 N Harrington Road
West Richland, WA 99353
☎ (509) 942-2696 / 📱 (509) 430-6006
🖥 Dave.Roach@kadlecmed.org

Position #4 expires: November 2012. Appointed for an initial 2-year term; eligible for two additional 3-year terms upon expiration of initial term.

Michael J. Tronolone, MD, MMM
Medical Director
The Polyclinic
1145 Broadway, Seattle, WA 98112
☎ (206) 860-4575
🖥 michael.tronolone@polyclinic.com

Position #5 expires: November 2013.

Marc Pierson, MD
Regional VP, Clinical Information & Special Projects
2901 Squalicum Parkway
Bellingham, WA 98225
☎ (360) 738-6709 / 📱 (360) 739-2728
🖥 MPierson@peacehealth.org

Position #6 expires: November 2013.

Representing the Public Sector (*one position*):

Bryant Thomas Karras MD
Public Health Informatics Officer, Sr. Epi,
State of Washington, DOH, Public Health Lab
1610 NE 150th Street
Seattle (Shoreline), WA 98155
☎ (206) 418-5540 || BB: 206-616-6640
🖥 bryant.karras@doh.wa.gov

University of Washington
📱 (206) 616-6640
🖥 bkarras@u.washington.edu

Position #7 expires: November 2013.

Appendix C: Community HIE Oversight Board Annual Report and Assessment of HCA Implementation of the ARRA Agreement

11.04.2011

The Community HIE Oversight Agreement effective July 1, 2010 by and among OneHealthPort, Inc., (OHP) the Washington State Health Care Authority (HCA), and the Foundation for Health Care Quality (FHCQ) includes the responsibilities of completing an assessment deliverable (e) and participation in the preparation of the annual report to the legislature deliverable (f) in the contract.

The annual report and assessment deliverable guidelines based on the Agreement are outlined as follows:

1. Major accomplishments and deliverables were within established milestones.
2. There is an effective system, process, and tools for issues, challenges and opportunities identified, documented, and appropriately adjudicated.
3. There is an effective process to identify and pursue opportunities that promote health IT resources or further promote HIE or HITECH program goals.
4. There is an effective HIE Grant Cooperative administration system and tools with accurate financial , accounting, and administrative record of funds received and expenditures made and a process to confirm that expenditures made are in line with planned activities and budgets (as revised from time to time).
5. HCA provided and made available all reasonable information and assistance to facilitate the "Assessment".

The FHCQ Community HIE Oversight Board was established as envisioned and described in the Community HIE Oversight Organization Agreement. The following are accomplishments and deliverables that were met within established milestones.

Major Accomplishments and Deliverables were within Established Milestones

- **Community HIE Oversight Board Membership:** Membership of the board was constituted to represent user constituencies and consumer perspectives. Seven members were appointed: 1 consumer representative, 4 health information exchange user representatives, 1 public sector representative and 1 board chair. Appointment tenures ranged from 1 year to 3 years with reappointment options specified. The initial meeting of the board was held on November 9, 2010.   An initial board schedule was adopted. Terms and conditions of the Community HIE Oversight Organization Agreement were presented by Richard Onizuka, Health Care Authority Health Policy Director and Washington State Health IT Coordinator, and Rick Rubin, CEO of OHP. All board members confirmed participation for their assigned terms. The two board members completing a 1 year appointment starting in November 2010 have agreed to reappointment in November 2011.

- **Background Information and Charge to Community HIE Oversight Board:** Board members were provided with a charge for the Community HIE Oversight Board prospective

scope of work, an explanation of the role and function of health information exchange in Washington State as a public/private partnership with the HCA and the private lead organization OHP with the Community HIE Oversight Board providing policy review on designated areas.

- **Proposed Scope of Work:** The Community HIE Oversight Organization Agreement called for the board to perform:1) specific review and approval on the Lead Organization's HIE Utility Services Pricing Model; 2) review and approval of the HIE Utility Services Common Security and Privacy Policies; 3) review of the openness of access to the statewide HIE maintained by the Lead Organization; 4) monitor the HCA's implementation of the ARRA Cooperative Agreement; and 5) participate in preparation of an annual report to the Washington State Legislature regarding the HIE Utility Services.

  Initial work focused on the HIE Utility Services Pricing model and the Common Security and Privacy Policies. Designated policy review criteria were presented for the board members to examine and identify questions of the information and/or the process for determining approval. This opened the work of the board. A review process was established to document progress and record relevant discussion. Review of the openness of access to the statewide HIE maintained by OneHealthPort is in process and will be completed in early 2012.

- **Board Products:** The Community HIE Oversight Board accepted the charge, approved an initial meeting schedule, adopted a process for reviewing materials in preparation for review, and approved an item review tool for use in meeting deliberations. The Board approved the HIE Utility Services Pricing Model and the HIE Utility Services Common Security and Privacy Policies. The Board adopted a policy for open access to interested parties and approved a process for community engagement. A master Calendar was established to frame the work and track oversight responsibilities by the Community HIE Oversight Organization Agreement. (Appendix D 2010 – 2012 Master Calendar).

    - **Progress reports:** Progress reports were provided to the Board members on HCA and OHP HIE activities. Board minutes and actions were provided to HCA and OHP leadership. All progress reports and associated communications to the board were provided according to the timelines specified in the agreement. The Consumer HIE Oversight Board completed approvals for the initial set of deliverables within the scheduled time frame. The Report to the Legislature is in process for October 2011.

Effective System, Process and Tools for Issues, Challenges and Opportunities
- **Board Access to Partners:** Access to HCA and OHP representatives was provided through the formal meetings and through an additional conference call set up to assure adequate explanation time was available. Board materials were provided well in advance of the meeting for agenda review and confirmation.

- **Oversight Processes and Procedures:** The Board item oversight/approval process is grounded in a systematic model in which background information is presented on scheduled deliverables in advance of actions required. Washington State HCA and OHP scheduled

progress reports document activities completed and provided key announcements and status on HIE developments. Key representatives are present during the meetings. These resources keep board members informed and provide opportunities for board members to identify questions or concerns, and seek clarification on proposed and current practices. Board minutes circulated for follow-up confirmation afford another opportunity for questions for participants.

- **HCA/OHP/FHCQ Staff:** Staff interchange occurs at regular scheduled meetings including HIE Leadership Group meetings, eHCE meetings, HIT Forums and at staff meetings for specific work activities and tasks. In addition to staff meetings, HCA & OHP provide regular reports and updates on details of calendar work via many avenues including formal and information presentations, direct e-mail distributions, website and ad hoc reports. Presentations and reports include dashboard, quarterly performance reports, financial reports, newsletter and monitoring reports, among other formats of information exchange. OHP and HCA work in close coordination with FHCQ to ensure information is shared in advance of actions required. The level of work and information exchanged between staff contributed to the procedural work needed as well as in supporting the work of the board. This level of work also provides for another avenue of identifying issues and opportunities.

The ongoing and regular coordination and reporting on details of work activities including milestone, deliverables and in progress between and among staff and board also provide for a means of understanding how the stakeholder community is accepting and responding to State HIE direction and OHP leadership.

- **Community Access:** The Community HIE Oversight Board offers community access in two ways. First, board records are available through the FHCQ and OHP websites for community review. Second, the board reviewed and confirmed open meeting process to invite interested individuals to attend board meetings as observers. FHCQ staff established a process for observers to submit questions and/or actively participate in designated agenda items. The first observer open meeting was held in September 2011.

  - **Meeting Culture:** HIE Consumer Oversight Board members are encouraged to review agendas in advance and bring questions for discussion within the scheduled board meetings. Presenters from OHP and HCA provide immediate feedback or take matters to be addressed in follow-up reports. Agenda items are presented, discussion is documented, and a resolution process confirmed during the meetings.

  - **Communication System:** The Community HIE Oversight Board has adopted a master calendar tool to map work proposed, scheduled and accomplished over time. This tool provides the framework for the Community HIE Oversight Organization Agreement. Email, web site, and newsletter resources serve as notification opportunities among all parties. Board agendas, background information and minutes are circulated and available through the web site.

Effective Process to Identify and Pursue Opportunities that Promote Health IT Resources or Further Promote HIE or HITECH Program Goals

- **Regularly scheduled Board Meetings:** The Community HIE Oversight Board meet quarterly at which time participants have an opportunity to discuss/promote HIE or HITECH program goals as part of each agenda discussion. HCA staff present quarterly project performance reports at Community HIE Oversight Board meetings with ample time to ask questions and/or make suggestions.

- **Open access to meetings and programs:** Community HIE Oversight Board members have an open invitation to attend HCA and OHP meetings and educational programs.

- **Dissemination of Information:** Dissemination of pertinent documents, conference calls and written progress reports between meetings are also used to ensure that opportunities are identified and pursued.

- **Availability of Resources:** HCA staff is available to Community HIE Oversight Board members via meetings, conferences calls and/or e-mail. HCA developed a website that provides updated information, resources and links describing the ever changing landscape of health information exchange in Washington State. (www.healthIT.wa.gov).

There is an effective HIE Grant Cooperative Agreement Administration System
- **HCA Grant Program Management:** HCA has good operational Grant Program Management processes and tools. The following are highlights of those Grant Program Management tools and processes which were shared with the Community HIE Oversight Board: 1) a Memorandum of Understanding with OHP as the HIE Lead Organization as the sub-recipient of the State HIE grant; 2) an original project budget and subsequent budget revisions, with Office of the National Health IT Coordinator approval for the current State HIE budget of $11.3 million over 5 years; 3) regular weekly project check-in meeting with OHP to collaboratively track project status and surface issues; and 4) internal monthly HIE project progress summary with monthly expenditure tracking report for HCA and OHP leaders.

- **HCA Grant Administration:** HCA employs a rigorous process for HCA and Sub-recipient payment and reimbursement, adhering to state and federal grant audit requirements. Sub-recipient requests for expense reimbursements are handled punctually in a multi-step process, assuring reimbursements are well documented, verified and paid in a timely manner. HCA tracks all expenses and reimbursements for reporting expenditures against the approved project budget. Bi-weekly grant budget meetings are held with HCA Budget and Accounting to assure integrity and to reconcile approved expenditures.

- **Federal and State Reporting**: HCA files all required federal and state reports accurately and on time. HCA files federal and state quarterly ARRA reports as the grant prime recipient and for all sub-recipients. HCA meets federal grant recipient requirements in submitting all required quarterly and annual federal financial reports. Quarterly ONC State HIE Progress reports are completed collaboratively by HCA and OHP.

- **Communications:** HCA helps assure transparency by providing stakeholders Health IT information and communications via many modes and forms. HCA provides a monthly update summary of all the Washington State HITECH programs to the HITECH Program leads and to the Community HIE Oversight Board. HCA produces a bi-monthly eHealth Collaborative Enterprise Program (eHCE) newsletter for all electronic mailing list subscribers. At least twice a year, HCA hosts a Health IT Forum for all interested stakeholders to hear a briefing of HITECH Program activities. To enable anyone to find information more easily about the Health IT programs in Washington State, HCA developed and maintains a common landing page website with information, resources and links covering the full landscape of health information across the state. (www.healthIT.wa.gov).

Facilitation and Completion of Written Assessment
- **HCA Assistance to HIE Oversight Board**: Throughout the entire process, HCA made information readily available to Community HIE Oversight Board to facilitate and support the completion of the Assessment.

Appendix D: Community HIE Oversight Board Master Calendar

2010-2012 Master Calendar (Updated 11.04.2011)

Meetings	Activities	Contract Deadlines	Status
November 9, 2010	Board member Introductions Board Charge presentation Community HIE Oversight Board of Directors and confirm operating policies and procedures. HIE Utility presentation • HIE Utility Services Pricing Model • HIE Utility Services Security Policies		Introduction to roles/responsibilities; overview of background, process, and expected deliverables.
January 14, 2011	Board Conference Call Progress Review: Preview of pending review items		Pricing model and Security policies Presented
February 4, 2011	HIE Utility Service's Pricing Model Review HIE Utility Service's Security Policies Review	60 days after submission to Board	Pricing model and Security policies Approved
May 13, 2011	HIE Utility Progress Report HIE Utility Access Policy Review Board Oversight of HCA's management and grant administration of State HIE Cooperative Agreement Contract Requirements Preview		OHP HIE Progress Report presented: access policy; HIE Oversight Contract requirements reviewed; framework & approach to completing deliverables approved.
July 2011	Written Progress Report to Board Assessment draft development		
September 30, 2011	HCA Implementation of ARRA Agreement Assessment Annual Report and Assessment of HCA Implementation of ARRA State HIE Cooperative Agreement to the Washington State Legislature: draft in late October; then review and edit in	Written assessment/ongoing monitoring October 31 – November 2011	Review ARRA Agreement key points with Board. Present draft points for annual report.

Meetings	Activities	Contract Deadlines	Status
	November. Community HIE Board positions re-appointments	November 30, 2011	Board position #1 (Vasquez) representing HIE Consumer & Board position #2 (Lane) representing HIE Users re-appointed
October 18, 2011 3-4 PM (Conf Call)	Report and Assessment of HCA Implementation of ARRA Agreement		Final review of Report.
November 4, 2011 10:00 - 11:00 AM (Conf Call)	Annual Report and Assessment of HCA Implementation of ARRA State HIE Cooperative Agreement to the Washington State Legislature		Approved; report completed.
December 2011	Annual Report and Assessment of HCA Implementation of ARRA State HIE Cooperative Agreement due to Washington State Legislature	December 31 2011	Confirm calendar 2012 1st quarter.
February 3, 2012	Review and provide recommendations with respect to initial pricing model and common policies (if no substantial changes to the pricing or common policies, the Oversight Board may nonetheless review their content once every 24 month. HIE Utility Access Policy Review		
May 2012	HIE Utility Access Policy Review		
September 2012	Annual Report draft	October 31 – November 2012	
December 2012	Annual Report due to the Washington State Legislature	December 31, 2012	
February 2013	Review and provide recommendations with respect to initial pricing model and common policies (if no substantial changes to the pricing or common policies, the Oversight Board may nonetheless review their content once every 24 months)		