



BUSINESS PLAN
Summary
RFP Vendor Selection Process
Updated 8/21/09



PATIENT DATA.....RIGHT NOW

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Executive Summary

Across the nation, communities and state-level entities are attempting to establish cross-organization health information exchanges (HIE). They recognize that HIEs are an essential component to transforming health care in this country and significantly improving the quality and efficiency of care in their regions. The West Virginia Health Information Network (WVHIN) is well positioned to provide a cost-effective HIE infrastructure that benefits from economies of scale while enabling communities to develop their own unique solutions. As a convener and collaborator, the WVHIN will build bridges among healthcare stakeholders to launch and fund HIEs. It will help communities address complex issues such as setting standards for interoperable data exchange, considering liability risks, setting policies for privacy and security, and exchanging data across state lines. It will collaborate with other health information technology (HIT) and HIE initiatives to leverage collective resources.

West Virginia needs and is ready for the formation of a state-level HIE. There are 1.8 million people in this geographically diverse and highly rural state with a high level of elderly and low-income people in many of the rural areas. With a geographically dispersed population, access to and coordination of care is a critical issue. At the same time, there is a growing base of electronic medical record/electronic health record (EMR/EHR) users among hospitals, physicians, clinics, other providers and HIE/HIT initiatives. There is growing momentum among key stakeholders to ensure that the WVHIN is funded and launched.

With the passage of Health Information Technology Provisions (HITECH) of the American Recovery and Reinvestment Act on February 17, 2009 (ARRA), there is an unprecedented opportunity for WVHIN to take advantage of federal funding to launch the implementation of WVHIN and to collaborate with other health care stakeholder receiving federal grants and incentives.

Opportunity

This document defines an approach that the WVHIN anticipates will effectively address the challenges and opportunities facing the successful implementation of a statewide HIE Network and why the opportunities/benefits far outweigh the risks/challenges in terms of advancing the quality and safety of care, reducing overall health care costs, and achieving improvements in the health status of all West Virginians.

Purpose

The West Virginia Health Information Network (WVHIN) is a public/private partnership created by the 2006 passage of Governor Manchin's Senate Bill 170. The mission of WVHIN is to provide a secure electronic system for the exchange of patient data among physicians, hospitals, diagnostic laboratories, health plans, public health entities, and other care providers for the purpose of improving the quality of care and reducing costs associated with information delay, fragmentation, or omissions. Eventually, consumers will also be able to manage their information through the WVHIN.

The WVHIN will provide the HIE infrastructure (hardware, software, and support services) that will eventually form a statewide network of health information exchange. In addition, WVHIN will provide oversight and leadership in the development of information exchange standards, privacy and security protections, and interoperability to assure the seamless transmission of medical data exchange among physicians and other providers. Ultimately, this exchange of information will form the foundation upon which the following critical benchmarks can be

established:

- **Enable better clinical decision-making,**
- **Improve the quality of care provided to patients,**
- **Enable greater participation by patients in their care.**

Approach

WVHIN is following a three-phase pathway over a multi-year period to achieve the WVHIN mission to “provide the healthcare community with a trusted, integrated and seamless electronic structure enabling medical data exchange necessary for high quality, patient-centered care.” The intent of the first two phases is to build the HIE infrastructure, achieve critical mass among physicians, reduce inefficiencies from paper transaction, and improve coordination of care. Building on this infrastructure, the final phase will focus upon expanding data exchange capabilities that significantly improve quality and value of care.

Services of WVHIN will initially include sending and receiving clinical messages starting with lab, radiology, and hospital reports; providing electronic prescribing, a function that is now being incentivized by Medicare beginning in 2009; enabling cross-referrals between physicians; and providing the inquiry capability enabling authorized clinicians to access core patient data from multiple locations.

WVHIN will start implementation in two pilot medical referral regions and expand to two more medical referral regions, before expanding state-wide. The WVHIN intends to work with each community to develop a plan for exchanging data that serves the needs of the local provider community, including health systems, physicians, clinics, nursing homes, and other providers with the ultimate goal of improving the quality and efficiency of patient-centered care.

Phase One: Achieving critical mass of health information exchange users

Successful HIE's are implementing services incrementally. The WVHIN approach begins with building a foundation of trust and collaboration among data users and senders (physicians, hospitals, and diagnostic laboratories). This first phase moves health care interactions away from the paper-based world to an electronic one. This is accomplished by "pushing" laboratory and radiological results to physicians, through the WVHIN exchange system. Fundamental to this process are the underlying policies and procedures that will be employed to prevent, mitigate and respond to any threat to security such as unauthorized use by exchange participants, unauthorized use by outside hackers, theft of data storage devices, accidental misdirection of information, failure of local power or infrastructure, denial of service attacks, viruses or other malware.

Phase Two: Improving care coordination

The second phase, often called the "inquiry phase," allows care providers to request relevant patient data at the time it is needed regardless of where the patient has been seen and where the physician is located. During this phase, the issues of privacy and security are heightened. Continuity and coordination of patient care are significantly improved when phases one and two are fully operational.

Phase Three: Transform health via access to community data

The third phase will allow other authorized parties such as clinicians, public health, patients, and researchers to access data for such purposes as populating the personal health record or conducting in-depth analysis of data collected through the WVHIN. In accordance with strict policies established by the WVHIN Board of Directors, the medical community will enhance its ability to evaluate all aspects of care in order to improve quality, reduce costs, and identify new trends or needs.

Financial Assumptions

WVHIN is building an HIE infrastructure that requires both start-up and sustainable funding. Long-term financial sustainability for the WVHIN is founded on financial participation by health care stakeholders including health systems, physicians, other providers, payers and other stakeholders. Sustainable fees will be based on benefits received within a range that is perceived as fair and reasonable within and across stakeholder groups.

To facilitate the transition from start-up to sustainability, the Legislature has provided \$3.5 million start-up funding in FY2009 which will be utilized to build the network. The West Virginia Health Care Authority has also contributed \$3.0 million administrative funding for FYs 2008 and 2009 and is continuing annual funding. In addition, WVHIN will request transitional start-up funding to be provided through the HITECH Act. Stakeholder fees will be initiated and increase over the four-year implementation period to achieve sustainability in FY 2015.

A Call to Action

The time is right. Stakeholder groups are ready and willing to work together. West Virginians are demanding higher quality, cost effective care. The business community is looking for significant improvements in health care costs. The new federal administration is expecting to see a change in health outcomes for all Americans. The WVHIN, through its HIE approach, promises leadership and support in establishing a secure statewide health information exchange that has a visible impact on the health of all West Virginians.

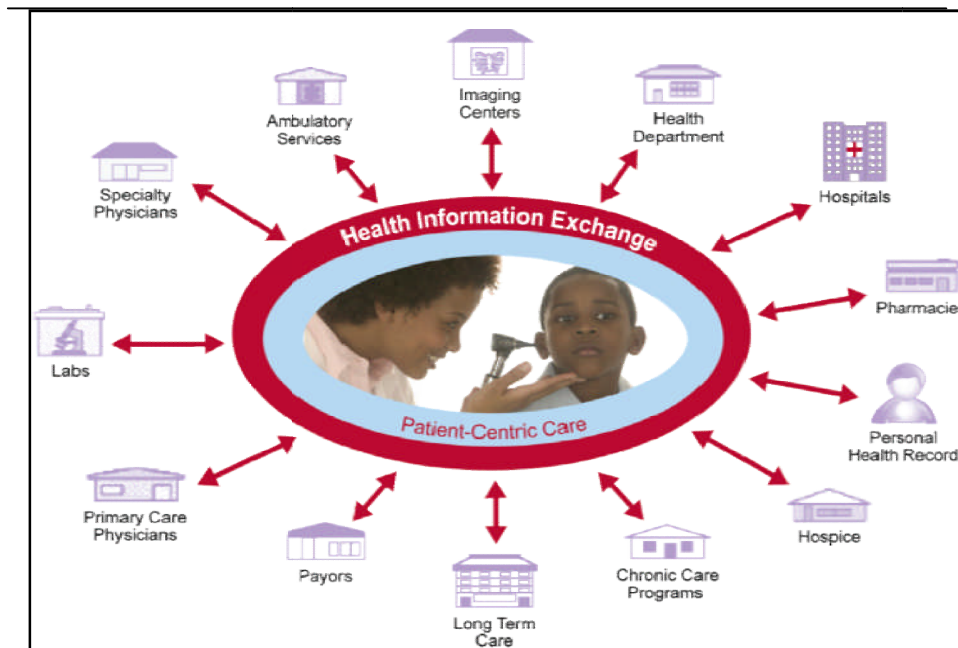
Strategic Plan Overview

WVHIN Vision

High quality, patient-centered care facilitated by health information technology

WVHIN Mission

The West Virginia Health Information Network provides the health care community a trusted, integrated and seamless electronic structure enabling medical data exchange necessary for high quality, patient-centered care.



Guiding Principles

To achieve its mission, the WVHIN abides by the following guiding principles:


- **Collaboration** – The WVHIN works in collaboration with private/public partners, providers, other health care stakeholders, and consumers.
- **Facilitation of Patient-centered care** – Authorized clinicians have access to available information at the point of care regardless of where the patient has been seen or where the physician is located. Data movement will ease utilization of health care systems by consumers, providers and all related support entities.
- **Participation by all providers** – All providers have access to affordable solutions regardless of location.

- **Quality improvement** – The provider and payer communities have access to tools to improve the quality and efficiency of care through greater access to data over time and improved data analysis tools (e.g. ePrescribing, chronic disease management).
- **Patient participation** -- The patients, over time, have access to information and electronic tools enabling them to take responsibility for their own care and wellness along with their physician.
- **Privacy and Security** – Patients are assured that their personal data is held private, confidential and secure in accordance with HIPAA and other state and national requirements.
- **Sustainability** – The WVHIN achieves financial viability through fair and reasonable support from stakeholders.

The WVHIN Pathway

The WVHIN is following a three-phase pathway over the next ten years to achieve the WVHIN Mission.

WVHIN Pathway



	Phase 1 Messaging	Phase 2 Coordinated Care (\$)	Phases 3+ Quality and Value (\$\$)
Task	Get everyone connected; results delivery; achieve critical mass; Pilot phases 2 & 3; eRX	Federated repository enables inquiry of data from multiple sources	Centralized repository (s) enables longitudinal analysis of data from multiple sources; patient engagement; quality performance
Big Win	Efficiency; reduce costs by replacing paper	Reduce duplicate tests; improve coordination; can save lives	Huge for all – right info at the right place at the right time
Major Winners	Providers Public health	Health Plans, Providers; ED; Public Health	Health Plans, Providers, Public Health/Population Health, Researchers, Patients

Phase 1 – Clinical Messaging – FY 2011 – 2014

Formation and Launch of Clinical Messaging in Two Medical Referral Regions

The goal is to use clinical messaging as a tool to transition the provider community from paper to electronic transactions and establish data exchange between separate health systems. Data exchange includes transferring lab, radiology, and hospital reports from providers to physicians as well as cross-referrals between physicians. It also includes data feeds to and alerts from public health. E-Prescribing will also be made available to physicians interested in the Medicare E-Prescribing incentive program.

Clinical Messaging will be launched in two initial communities in FY 2011 starting in July 2010 . It will be expanded to two more communities in FY 2012 starting in July 2011 and across the state in the remaining six regions in FY 2013 – 2014 starting in July 2012..

Phase 2 – Coordinated Care – FY 2012 – 2014

Expansion of Clinical Messaging Statewide and Roll Out of Inquiry and Additional Services

The goal is to improve coordinated care by enabling authorized physicians and other clinicians to look up key clinical information from multiple providers regardless of where the patient has been seen or where the clinician is located. Key information includes: lab, radiology and hospital reports, diagnoses, problem lists, medications, allergies, and immunizations. This is done using a federated data base model ensuring that data is made available at the point of care only. E-Prescribing will be expanded to support physicians and participating pharmacies interested in the Medicare incentive program for E-Prescribing.

Inquiry capability will be introduced in FY 2012.

Phase 3 – Quality and Value – FY 2015 and Beyond

Provide Services that Focus on Quality and Value

The goal is to significantly improve quality and value of care by establishing data feeds that allow data to be accessed for additional uses under the strict guidance of board policy for data access. Areas of focus include: quality improvement initiatives; public health surveillance and population health; personal health record; and research.

Advanced functionality enables stakeholders to address population-based health improvement and enhance physician directed analysis.

Applications to be explored in Phase 3 include but are not limited to the following:

- Emergency department communications – WVHIN functionality focused on the improved clinical information availability and communication between regional emergency departments
- Quality improvement - Functionality allowing the use of longitudinal data, advanced tools, quality indicators and data from multiple sources to enhance chronic disease management, preventive care and pay for performance efforts
- Emergency responder – Functionality allowing for timely electronic access to critical health information related to assessment, stabilization and treatment of victims of

- emergency incidents
- Personal health record – Functionality allowing patients to access clinical and billing data via web portals as well as the ability to securely request medication refills and communicate with physicians
- Public health – Functionality enabling public health to obtain clinical and other information for surveillance and analysis.

Roll Out the WVHIN Starting with Two Pilots

The WVHIN will roll out the HIE statewide over a 4-year period from FY 2011 – 2014 , with a goal of achieving statewide implementation. The first step is to roll out two pilot communities starting in FY 2011 starting in July 2010 with clinical messaging. It will then expand to two other communities in FY 2012 starting in July 2011 and statewide in FY 2013 starting in July 2012. It will introduce the inquiry functionality in FY 2012 to allow providers to search for patients and retrieve clinical documents from across multiple participating sources. This is considered technology whereby a physician can search for results on patients for which they did not place the orders.

Key to success in each community will be the participation by the hospitals and physicians with other providers such as nursing homes, ambulatory centers, clinics, and public health among others. A high level of engagement by the initial communities is important in building momentum for the rest of the state. Initial communities will reflect strong physician leadership and use of e-tools; health system collaboration; a history of actively engaging clinics, clinic networks and rural areas; demonstrated ability to collaborate; and favorable political environment.

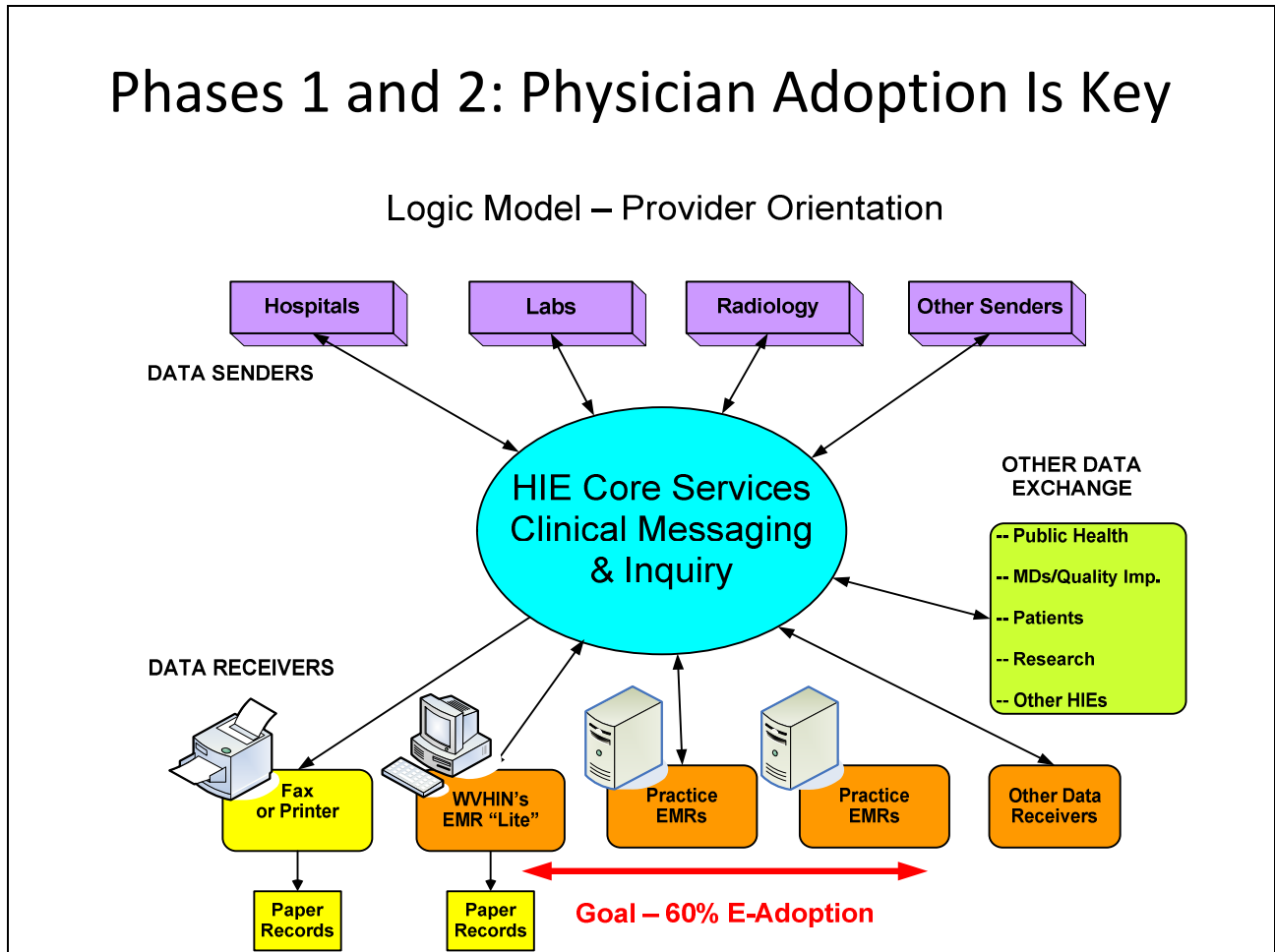
Develop Technology Plan and Select a Vendor for HIE Infrastructure

Starting in the Fall of 2009, WVHIN will begin a transparent nine-month stakeholder-based vendor selection process that will culminate in the selection of and contracting with a vendor by the end of FY 2010 (June 2010).

During this period, the WVHIN will narrow down the vendors to the vendor of choice and a second vendor for final negotiations. This is a follow-up to the vendor Request for Information in 2008, resulting in 17 vendors showing an interest in providing a HIE infrastructure in West Virginia.

Target at Least 60% Physician Adoption

WVHIN will place a priority on physician adoption, with a goal of achieving 60% during FY 2013.. Adoption of electronic tools by physicians is essential to the success of data exchange and to bringing the right electronic data to the physician at the point of care. The rule of thumb is that 60% of the physician community must be using electronic tools and exchanging electronic data to achieve the critical mass needed to bring the entire physician community on board to participate in a HIE. The graphic below highlights the pivotal role that physicians play in the HIE data flow.



Mobilize Physician Leadership

The WVHIN will establish a Physician Advisory Council that can drive physician participation statewide and will help to mobilize the physician leadership at the community level. While traditional wisdom is that physicians are difficult to organize, there are a significant number of physicians that have a highly vested interest in making certain all physicians participate in the HIE. Of importance, those physicians with EMRs cannot optimize their own practices unless they are able to exchange electronic data with other physicians.

Stakeholder Participation and Financial Sustainability

Broad stakeholder participation is essential for achieving financial sustainability. The WVHIN believes that a value proposition or business case can be made to stakeholders to participate in and fund the WVHIN. Key stakeholder groups that can benefit from the WVHIN include health systems, physicians, other providers, public health, government, health plans, employers, and researchers. In addition, there are many HIE and HIT initiatives that benefit from WVHIN's ability to exchange data.

To obtain stakeholder commitment is a lengthy process involving negotiations with many organizations. To facilitate a more rapid start-up while WVHIN engages potential organizations, the WVHIN will request ARRA funding to support some of the costs of the WVHIN through FY 2014.. Starting in FY 2015, the beneficiaries of the WVHIN will provide sustainable funding through a fee structure that is perceived as reasonable and fair based on benefits received.

Starting in FY 2010, the WVHIN will work with stakeholders across the state and within communities to build each institution's business case for participation. Special financial incentives are being considered for communities to ensure their successful launch.

The WVHIN will be meeting with stakeholder groups to discuss the benefits of the WVHIN to them. Important to stakeholder participation is the understanding that the WVHIN is not competing with health systems that are already highly electronic. Rather, it is connecting health systems networks ("Network Neighbors") to providers outside of their systems and ensuring that all providers in the region can participate.

Milestone Plan

The Milestone Plan below reflects development of the WVHIN pathway and business plan in FY 2009. FY 2009 (Budget Year 1) also includes the initial outreach to communities and physicians, preparing for the Vendor RFP process and building the financial sustainability model. In FY 2010 (Budget Year 2), WVHIN initiates HIE planning in two pilot communities along with the physicians in those communities. It also initiates a vendor selection process in that year.

Once a vendor has been selected and a contract has been signed, then the first two pilot communities are implemented in FY 2011 (Budget Year 3). While the first two pilots are being implemented, two more communities and their physicians begin HIE planning. They are implemented in FY 2012 (Budget Year 4). In FY 2013-14 (Budget Years 5 and 6), planning continues with communities and physicians across the state. Three communities are implemented in FY 2013 (Budget Year 5) and three in FY 2014 (Budget Year 6). Financial sustainability is achieved in FY 2015 (Budget Year 7).

Area	Action	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015-18
		Budget Year 1	Budget Year 2	Budget Year 3	Budget Year 4	Budget Year 5	Budget Year 6	Budget Years 7-10
Board Planning	Board develop HIE Pathway and Business Plan	X						
Community Outreach	Initiate HIE discussions across the state	X						
	Initiate HIE planning with two pilot communities (Medical Referral Regions)		X					
	Expand planning to two more communities (MRRs)			X				
	Expand planning to 3 more MRRs across state				X			
	Expand planning to 3 more MRRs					X		
Physician Outreach	Initiate education sessions with physicians	X						
	Establish Physician Advisory and educate physicians on value of HIE/HIT		X	X	X	X	X	
	Obtain physician participation in initial two communities		X					
	Obtain physician participation in other communities			X	X	X	X	

Vendor Negotiations	Initiate RFI and plan for RFP	X						
	Initiate transparent vendor selection process		X					
	Select and negotiate with vendor		X					
	Prepare for initial implementation		X					
Implementation	Implement clinical messaging in two initial pilot communities starting in Budget Years 3 in Charleston			X	X			
	Expand roll out to two more communities and introduce inquiry capability in Budget Year 4				X	X		
	Expand roll out to three more communities in Budget Year 5					X	X	
	Expand roll out to final three communities in Budget Year 6						X	X
	Add quality and value functionality in Budget Year 7 and beyond							X
Financial	Develop sustainable business model	X						
	Work financial sustainability plan		X	X	X	X	X	X
	Achieve financial sustainability in Budget Year 7							X
	100% Stakeholder (Non-grant) Funding starting in Budget Year 7							X