2009 Annual Report

Health Information & the Power of Technology

Arizona Health-e Connection

Advancing health and wellness through information technology
About

Arizona Health-e Connection (AzHeC) is a statewide non-profit charged with leading Arizona’s establishment of health information infrastructure (HII), including adoption of electronic health records (EHRs) and health information exchange (HIE). Now an independent non-profit incorporated in 2007, AzHeC originally grew out of an August 2005 gubernatorial executive order to develop a roadmap for HII in Arizona. AzHeC has been widely recognized for its collaborative work in moving Arizona’s health information technology (HIT) efforts forward through strategic communication and coordination among multiple stakeholders. AzHeC is a recipient of the coveted Council of State Governments’ Innovations Award, has been featured in a Harvard Business School case study and serves as the state’s Regional Extension Center for the adoption and Meaningful Use of EHRs.

Vision

Arizona Health-e Connection is the international model for facilitation of health information infrastructure (HII) development and implementation.

Mission

To facilitate the design and implementation of integrated statewide health information technology (HIT) and health information exchange (HIE) that supports the information needs of all healthcare stakeholders to reduce healthcare costs, improve patient safety and improve the quality and efficiency of healthcare and public health in Arizona.
We are pleased to share Health Information & the Power of Technology, Arizona Health-e Connection’s (AzHeC) 2009 Annual Report, with you. As a non-profit organization that originally grew out of an August 2005 gubernatorial executive order to develop a roadmap for HII in Arizona, AzHeC now leads the state in this work through a very diverse private-public partnership.

As you will see from the contents of this report, 2009 was a time of tremendous activity and transition in HIT. The Health Information Technology for Economic and Clinical Health (HITECH) Act, a component of the American Recovery and Reinvestment Act of 2009 (ARRA), will provide potentially $30-40 billion in unprecedented opportunities for HIT nationwide. AzHeC was and remains at the center of how these funds will impact Arizona, including:

- Serving as the lead applicant to create an Arizona Health Information Technology Regional Extension Center to support healthcare providers in adopting and becoming Meaningful Users of HIT, notably through EHRs.
- Partnering with the Arizona Governor’s Office of Economic Recovery (GOER) on the state’s HIE Cooperative Agreement Program application, which aims to support states in ensuring the development of HIE within and across jurisdictions.
- Working collaboratively with Arizona State University and the University of Arizona, AzHeC was the lead applicant for a Beacon Community Program grant to demonstrate how the Meaningful Use of EHRs and other health technologies can achieve measurable improvement in the quality and efficiency of health services or public health outcomes.
- Providing coordination assistance to state education institutions who applied for workforce training program funds to train and support new HIT workers, including assisting providers in becoming Meaningful Users of EHRs.

While the ARRA programs were front and center last year, AzHeC continued to build on much work already in progress in Arizona, including projects around:

- E-Prescribing
- Personal Health Records
- Policy Development
- Education & Outreach

This Annual Report provides more details about all of these exciting activities. Additionally, this report acknowledges the numerous individuals and organizations whose tremendous dedication and forward thinking made it all possible—and continue to make it possible! AzHeC is grateful for its strong Board of Directors and the broader healthcare and technology communities in Arizona that are committed to collaborating to make health information and the power of technology come together to benefit Arizonans. We hope you enjoy this report and welcome your feedback.

Sincerely,

David Landrith
Chairman of the Board

Brad Tritle
Executive Director

A Message from the Chairman of the Board and Executive Director
## Board of Directors

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<td>Arizona Department of Health Services (ADHS)</td>
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<td>William Humble, Director</td>
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<td>Chad Kirkpatrick, State CIO &amp; Director</td>
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<td>David Landrith, Vice President of Policy &amp; Political Affairs</td>
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<td>Amanda Weaver, Executive Director</td>
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<td>Mark El-Tawil, Market President of Arizona Health Plans</td>
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<td>Schaller Anderson UnitedHealthcare</td>
<td>Thomas Kelly, President &amp; COO</td>
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<td>CIGNA</td>
<td>Benton Davis, CEO, Western States Health Plans</td>
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<td>James Burrell, MD, CMO, Cigna Medical Group</td>
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<td>Banner Health</td>
<td>Michael Warden, Senior VP &amp; CIO</td>
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<td>Northern Arizona Healthcare</td>
<td>James Puffenberger, President &amp; CEO (January – July 2009)</td>
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<td>Intel Corporation</td>
<td>Celeste Fralick, Principal Engineer &amp; Director of Biomedical Engineering, Digital Health Group</td>
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<td>Arizona Chamber of Commerce &amp; Industry</td>
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<td>William Johnson, PhD, Director, Center for Health Information and Research</td>
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<td>Arizona Pharmacy Alliance</td>
<td>Mindy Smith, RPh, CEO</td>
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<td>Medical Trading Areas (MTAs)</td>
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<td>Bruce Bethancourt, MD</td>
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<td>Tucson MTA (SAHIE)</td>
<td>Norman Botsford, Co-Chair</td>
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<td>At-Large</td>
<td>Your Partners in Quality (Consumer Representative)</td>
<td>Debra Nixon, PhD</td>
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<td>Arizona Advisory Council on Indian Health Care</td>
<td>Bennett Smiley, Gila River</td>
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<td>University of Arizona, College of Medicine</td>
<td>Ronald Weinstein, MD, Founding Director, Arizona Telemedicine Program</td>
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HIT allows for comprehensive management of health information along with its secure exchange between healthcare providers and consumers. It’s about providing the right information at the right time to the right people to improve care and health.

Key Terms

- **Electronic Health Record (EHR)** – An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and can be created, managed and consulted by authorized clinicians and staff across more than one healthcare organization.
- **Personal Health Record (PHR)** – An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared and controlled by the individual.
- **Health Information Exchange (HIE)** – The electronic movement of health-related information among organizations according to nationally recognized standards.
- **Health Information Organization (HIO)** – An organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.
- **Electronic Prescribing (e-prescribing)** – The electronic generation of a legal prescription via a certified software solution, transmitted in a secure, standards-based format by and between the computers at the physician practice and the pharmacy.
- **Health Information Technology for Economic and Clinical Health (HITECH) Act** – A component of the American Recovery and Reinvestment Act of 2009 (ARRA) that created an unprecedented investment in and opportunity for HIT in the U.S.
- **Office of the National Coordinator for Health Information Technology (ONC)** – Established within the Office of the Secretary of Health and Human Services (HHS) in 2004 by Executive Order 13335, and codified in the ARRA legislation, the National Coordinator for Health Information Technology serves as the lead advisor to the Secretary of HHS on a wide range of issues surrounding HIT.
- **Meaningful Use** – Under ARRA, Medicare and Medicaid incentive payments will be available to eligible healthcare providers, such as physicians and hospitals. In order to receive incentive payments, providers must demonstrate Meaningful Use of a certified EHR system. At the time of this publication, a final rule defining the criteria for Meaningful Use had not been released. In early 2010, the Centers for Medicare & Medicaid Services (CMS), along with ONC, had released proposed rules for Meaningful Use and an initial set of standards, which were officially posted in the Federal Register on January 13, 2010. Public comments were due March 15, 2010 – AzHeC submitted comments to CMS on the Meaningful Use proposed rule. Additionally, ONC released a proposed rule on the establishment of two certification programs for testing and certifying HIT. This rule was officially posted in the Federal Register on March 10, 2010. Public comments on the proposals for the temporary certification program were due April 9, 2010. Comments on the proposals for the permanent certification program were due on May 10, 2010.

Why Health Information Technology?

- **HIT saves lives**: Every year, nearly 100,000 people die in the U.S. due to medical errors. Twenty-five percent of these deaths could be avoided if existing health information were available when and where it was needed to provide better care to patients, estimates the Institute of Medicine.
- **HIT saves money**: Repeating procedures due to lack of access to existing information is wasteful. Medical errors due to lack of access can also cause costly hospitalizations or prolong or compound an illness.
A Timeline

Health Information Technology in Arizona

- 2001 – Crossing the Quality Chasm by the IOM published landmark recommendation advocating for HIT advancement.
- November 2001 – NCVHS recommended creation of ONC.
- April 2004 – HHS established the position of National Coordinator for HIT created by Executive Order 13335 of the Bush Administration.
- September 2004 – SAHIE concept developed.
- August 2005 – Gubernatorial executive order to develop a Roadmap for HIT in Arizona. Hundreds of stakeholders in public and private sector convened to develop the Roadmap.
- January 2006 – SAHIE Phase I funding.
- April 2006 – Arizona Health-e Connection Roadmap finalized.
- March 2006 – GITA received $350,000 to participate in HISPC project Phase I outreach to address barriers in the healthcare community to HIE. Outreach to over 100 stakeholders in the medical community occurred to focus on and evaluate solutions to business practices that pose as barriers to HIE.
- January 2007 – Arizona’s RHITA grant program administered by GITA distributed $1.5 million in HIT grants to 33 communities, impacting 325 providers and 178,710 healthcare consumers.
- January 2007 – AzHeC incorporated as an independent non-profit organization to spearhead state HIT efforts.
- January 2007 – AHCCCS awarded Medicaid Transformation Grant of $11.7 million by CMS to develop and implement web-based electronic HIE for Medicaid providers – HLeHR Utility project began.
- March 2007 – AzHeC hosted its 1st annual Arizona Health-e Connection Summit.
- March 2007 – SAHIE became a formal project and developed Steering Committee.
- July 2007 – AHCCCS issued contract to AzHeC for support of HLeHR Utility project.
- July 2007 – GITA received additional $210,000 for HISPC project Phase II to work on legal and authentication issues for sharing EHRs.
- September 2007 – Additional CMS grant of $4.4 million awarded to AHCCCS to build a clinical decision support toolbox in conjunction with the HLeHR Utility project.
- March 2008 – HHS released State Level Health Information Exchange, a report on the role of states in establishing HIT. Report recommended other states follow steps taken by Arizona.
- March 2009 – Model HIE Participation Agreement and recommended security standards for HIT and HIE developed.
- September 2008 – AMIE Proof of Concept launched as part of AHCCCS HleHR Utility project.
- October 2008 – AzHeC began collaborative process to draft legislative package to remove barriers to HIE.
- December 2008 – AMIE Proof of Concept ended; project continued.
- February 2009 – ARRA passed; HITECH Act a component of ARRA that created $30-40 billion in unprecedented investment in and opportunity for HIT nationwide.
- March 2009 – AzHeC hosted 3rd annual Summit, name changed to Western States Health-e Connection Summit & Trade Show to reflect expanded scope of entire Western region.
- March 2009 – SAHIE incorporated.
- April 2009 – AzHeC conducted statewide consumer focus groups to learn about public perceptions around HIT.
- May 2009 – SAHIE selected Wellogic as HIE vendor.
- July 2009 – PACeHR incorporated and began operation.
- September 2009 – CAPAZ-MEX, a Yuma-based HIE, began.
- November 2009 – AMIE suspended technical operations.
- January 2010 – SAHIE and AMIE Boards to consider merger.
- February 2010 – GOER awarded $9.4 million through ONC for HIE planning and implementation.
- April 2010 – AzHeC hosted 4th annual Western States Health-e Connection Summit & Trade Show.
- April 2010 – AzHeC awarded $10.8 million by ONC to develop an Arizona Regional Extension Center.

April 2008 – Arizona received $414,700 HISPC Phase III contract through RTI International and ONC to work on Adoption of Standards Collaborative (ASC), a multi-state collaborative.
- May 2008 – EAzRx statewide initiative established to foster adoption and utilization of e-prescribing; AzHeC received a $100,000 grant from UnitedHealthcare to partially fund initiative; gubernatorial executive order directed state agencies to work with AzHeC on EAzRx initiative.
- May 2008 – AzHeC hosted 2nd annual Arizona Health-e Connection Summit.
- July 2008 – Arizona’s RHITA Program, administered by GITA, awarded $685,535 to rural institutions to lead or participate in HIE community planning with an additional $298,663 in HIE educational and consulting services.
- August 2008 – Model HIE Participation Agreement and recommended security standards for HIT and HIE developed.
- September 2008 – AMIE Proof of Concept launched as part of AHCCCS HleHR Utility project.
- October 2008 – AzHeC began collaborative process to draft legislative package to remove barriers to HIE.
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- November 2009 – AMIE suspended technical operations.
- January 2010 – SAHIE and AMIE Boards to consider merger.
- February 2010 – GOER awarded $9.4 million through ONC for HIE planning and implementation.
- April 2010 – AzHeC hosted 4th annual Western States Health-e Connection Summit & Trade Show.
- April 2010 – AzHeC awarded $10.8 million by ONC to develop an Arizona Regional Extension Center.

Acronyms used in this timeline:

AMIE: Arizona Medical Information Exchange
AzHeC: Arizona Health-e Connection
CAPAZ-MEX: Community Access Program of Arizona and Mexico
CMS: Centers for Medicare & Medicaid Services
EHRs: Electronic Health Records
GITA: Arizona's Government Information Technology Agency
HHS: Health and Human Services
HISPC: Health Information Security and Privacy Collaboration
HIE: Health Information Exchange
HLeHR: Health Information Exchange
IT: Information Technology
NCVHS: National Committee on Vital and Health Statistics
ONC: Office of the National Coordinator for Health Information Technology
PACeHR: Purchasing & Assistance Collaborative for Electronic Health Records
SAHIE: Southern Arizona Health Information Exchange
RHITA: Rural Health Information Technology Adoption
In February 2009, GOER received $9,377,000 from ONC to manage the technical implementation of the state’s Health Information Exchange Cooperative Agreement Program.

Prior to Arizona’s receipt of ONC funds, much work around HIE in Arizona had already occurred. These pivotal projects, which AzHeC was involved in, helped set the foundation for strategic planning of the ONC state HIE program:

**AzHeC Activities & Working Groups**

A number of working groups, including a clinical/technical committee, legal committee, security subcommittee, laboratory descriptors subcommittee, HIE coordination subcommittee and interoperability subcommittee, were formed to facilitate the development of standards for HIT and HIE components. These working groups represented a broad range of stakeholders. Key outcomes and projects included:

- Publication of *Consumer Consent for HIE: An Exploration of Options for Arizona’s HIOs*, an AzHeC White Paper.
- Development of model and suggested HIE policies, including patient consent and notice, authentication, data use, data submission and auditing and compliance.
- Development of a model HIE participation agreement that was adopted by the Arizona Health Care Cost Containment System (AHCCCS), Arizona Medical Information Exchange (AMIE), as well as by other HIOs.
- Review of and strategic feedback on AHCCCS’ HIE security and privacy agreement.
- Under the Health Information Security and Privacy Collaboration (HISPC) project, the following products were developed that shaped and continue to foster HIE development in Arizona:
  - Recommended Minimum Policy Requirements for Privacy and Security
  - Overview of Basic Authentication Concepts Useful to HIOs
  - Guide to Adoption of Uniform Security Policy

**Health Information Exchange Cooperative Agreement Program**

ONC has allocated $564 million in funding to support programs to ensure the development of HIE nationwide. GOER was allocated $9,377,000 for HIE planning and implementation in Arizona. Planning, implementing and evaluating activities will occur across five essential domains specified in the funding opportunity announcement, which include:

- **Governance**: To address the functions of convening healthcare stakeholders to create trust and consensus on an approach for statewide HIE and provide oversight and accountability of HIE to protect public interest.
- **Finance**: Encompasses the identification and management of financial resources necessary to fund HIE, including public and private financing.
- **Technical Infrastructure**: Includes architecture, hardware, software, applications and network configurations.
- **Business and Technical Operations**: Includes, but is not limited to, procurement, identifying requirements, process design, functionality development, project management, help desk, systems maintenance, change control, program evaluation and reporting.
- **Legal/Policy**: Addresses legal and policy barriers and enablers related to the electronic use and exchange of health information.
Significant movement to propel the adoption of EHRs forward occurred in 2009, namely the announcement by ONC to distribute $634 million in funds to establish Health Information Technology Regional Extension Centers (RECs) nationwide to assist healthcare providers with adoption and Meaningful Use of EHR systems. Beginning in fall 2009, AzHeC began the application process to become a statewide Regional Extension Center. In April 2010, AzHeC was awarded $10,791,644 by ONC to develop a sustainable Regional Extension Center to serve Arizona’s healthcare providers.

It is the goal of the Arizona Regional Extension Center to be a neutral, trusted source for accurate and credible information. Additionally, the Arizona Regional Extension Center will recognize and address the challenges Arizona healthcare providers face in EHR adoption—namely insufficient financial and time commitments, inadequate planning capacity, concerns around workflow restructuring and productivity impacts, aging or nonexistent telecom infrastructure and a need for provider leadership.

**Key Assistance Services**

While any Arizona healthcare provider is eligible for Regional Extension Center services, which will be provided at reasonable fees, only providers that meet federal “priority primary care provider” qualification standards will be eligible to receive discounted services due to the federal subsidies provided to the program.

Among Arizona’s approximately 6,700 primary care providers, AzHeC estimates 95 percent match the federal “priority primary care provider” criteria. The Arizona Regional Extension Center hopes to assist over half of Arizona primary care providers in achieving EHR Meaningful Use by 2014. Eligibility criteria are outlined in the tables at right.

With 2009 being a year of building a strong foundation for widespread EHR adoption in Arizona, notably funding to develop an Arizona Regional Extension Center, there will be much more to share about these efforts in the near future.

### Table 1

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<th>Regional Extension Center Services</th>
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<td>• Vendor selection and preferred pricing</td>
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<td>• Workforce support</td>
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<td>• Project management</td>
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<td>• Tools and resources in all aspects of electronic health record (EHR) and health information technology adoption (HIT)</td>
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<td>• Practice and workflow redesign</td>
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<td>• System implementation</td>
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<td>• Interoperability and health information exchange (HIE)</td>
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<td>• Privacy and security</td>
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### Table 2

**Federal Criteria – Who are Primary Care Providers?**

According to federal guidelines for Regional Extension Centers, primary care providers include:

- Physicians or other healthcare providers such as physician assistants and nurse practitioners with prescriptive privileges
- Primary care includes family medicine, general medicine, ob/gyn and pediatrics

### Table 3

**Federal Criteria – Who are Priority Primary Care Providers?**

According to federal guidelines for Regional Extension Centers, priority primary care providers include:

- Individual and small group practices (10 or fewer professionals with prescriptive privileges) primarily focused on primary care
- Public and critical access hospitals
- Community health centers and rural health clinics
- Other settings that predominately serve uninsured, underinsured and medically underserved populations
A major project in the area of policy development in 2009 was the creation of a legislative package to remove statutory barriers to HIE. The legislative package was developed primarily by the AzHeC Legal Committee in collaboration with Coppersmith Schermer & Brockelman PLC.

The bill was drafted and negotiated by a wide range of stakeholders including consumer representatives, hospitals, physicians, health plans, government agencies and others. It reflects language that requires rigorous privacy protection, ensures that health information will be available when needed and attempts to reduce the costs for operating HIOs in Arizona.

**Key Bill Components**

Arizona medical records laws were designed for paper medical records; therefore, the bill removes barriers to HIE. The legislation recommends the following changes:

- Permitting healthcare providers and clinical laboratories to disclose information to HIOs, if they have HIPAA “business associate agreements” in place that require HIOs to protect the confidentiality of health information. Being a HIPAA business associate also subjects an HIO to HIPAA enforcement by HHS and the Arizona Attorney General’s Office.

- Permitting HIOs to re-disclose health information in a manner consistent with the underlying medical records confidentiality statutes. This ability to re-disclose health information to authorized individuals is essential to the HIE process.

- Removing the requirements for “written” records or documentation.

Critical to any legislation around HIE is how it will protect patient privacy. The legislative package ensures patient privacy through the following ways:

- Health information is protected by HIPAA and the Arizona medical record statutes. The bill leaves all existing privacy protections in place.

- The bill expands the Arizona Attorney General’s Office enforcement authority by adding hospital, clinical labs and HIO electronic databases to the computer tampering statute. This will cover both outside hackers and unauthorized internal access by employees.

- These new requirements for HIOs reflect the Fair Information Practices articulated by ONC in its “Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health Information.” These include the principles of openness and transparency, individual participation, limitations on collection and use of individual information, information quality and accountability.
With gubernatorial support, AzHeC initiated a five-year statewide e-prescribing initiative in May 2008 called EAzRx (pronounced “Easy Rx”). The initiative is overseen by the EAzRx Steering Committee and seeks to enhance patient safety through increased e-prescribing adoption by Arizona healthcare providers.

In mid-2008, AzHeC received a one-time, $100,000 grant from UnitedHealthcare to support the establishment of EAzRx. This grant facilitated a variety of valuable activities which will have a lasting effect on the adoption of e-prescribing statewide (see list at left).

The EAzRx initiative and the UnitedHealthcare grant have been instrumental in pushing e-prescribing forward in Arizona, including doubling the percentage of e-prescribing transactions from early 2008 to early 2009. Additionally, the new activities around EHRs and HIE outlined in this report will bring greater visibility and activity to move the e-prescribing initiative forward.

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**EAzRx Activities**

- Establishing a work plan of strategies and tactics approved by the EAzRx Steering Committee.
- Identifying the need for an e-prescribing utilization team and funding a business plan for such a team.
- Performing surveys and studies on providers relative to e-prescribing.
- Tracking e-prescribing metrics.
- Identifying challenging areas for specific future activity (e.g., community health centers).
- Educating physicians, nurses, nurse practitioners, physician assistants and pharmacists regarding e-prescribing and EHRs.

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**Personal Health Records**

In 2009, AzHeC contracted with Noridian Administrative Services to assist with marketing and outreach for the Centers for Medicare & Medicaid Services (CMS) personal health record (PHR) pilot program, Medicare PHR Choice, currently underway in Arizona and Utah.

A series of PHR events for beneficiaries and employers were held throughout Arizona during the summer of 2009. The events provided an opportunity to learn more about PHRs through a presentation by Dr. Holly Miller, a nationally recognized expert on PHRs, as well as time to meet with CMS’ PHR vendors to see their products in action and sign-up to participate in the PHR program.

Noridian Administrative Services and AzHeC continue to collaborate on outreach and education activities for the Medicare PHR Choice pilot program.

With a PHR through Medicare PHR Choice, Medicare will automatically add beneficiaries’ Part A and Part B claims directly into the PHR. The individual can then add other personal health information such as medications, allergies, contact information for their doctors and dentists and information about family health history.

The program offers participants a choice between four PHR vendors participating in the Medicare PHR Choice, including PassportMD, NoMoreClipboard.com, HealthTrio and Google Health.

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**About the CMS Personal Health Record Pilot Program**

Starting in January 2009, Medicare began a new program called Medicare PHR Choice that offers PHRs to people living in Arizona and Utah who have Original Medicare. In the program, participants are able to have their health information safely stored in one place and available anywhere via the Internet. They can allow their doctors to view their PHR online or can print a hard copy report with a summary of their health history and medicines to take with them to an appointment.
As an educator and statewide clearinghouse for information, AzHeC reaches out to its key audiences – healthcare consumers, healthcare providers and professionals, media and other stakeholders – throughout the year in a variety of ways to increase awareness and knowledge of HIT.

**Member Forums & Webinars**

Member Forums and Webinars are held regularly and are open to AzHeC members (Webinars: complimentary; Forums: reduced fees) and non-members (fee-based). These programs include a brief update on AzHeC activities followed by a feature presentation on a timely and relevant HIT topic.

2009 topics included:

- Update on the Federal Stimulus Package Activity and AzHeC Business Plan Development
- Nursing Informatics, Critical to Health-e Connection
- Brief Update on HIT Federal Stimulus & Arizona’s Stimulus Approach
- Implementing Electronic Health Records in a Small Practice
- HISPC Provider Education
- CCHIT: New Certification Structure

**Website**

The AzHeC website (www.azhec.org) serves as an information portal for consumers and HIT stakeholders alike. It provides details about AzHeC and its committees, news and press, events, state programs, membership and information about all areas of HIT featured in this report. The website is updated regularly to reflect AzHeC, state and federal HIT news.

**Presentations**

To build awareness about HIT among key stakeholder audiences, including healthcare professionals, policy makers and consumers, AzHeC reached out to over 20+ groups through its presentations in 2009. Presentations included a wide range of topics related to HIT, including federal Stimulus updates, e-prescribing, HIE, EHRs, PHRs and more. Audiences included physicians/providers, specialty groups, governments (state, city and county), education providers, hospitals and symposium/conference attendees. Since AzHeC incorporated in 2007, it has presented over 60 times to various groups.

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Informational Resources

To broaden understanding about AzHeC’s work and HIT in general, AzHeC has and continues to develop materials to educate consumers and stakeholders about HIT, including:

- Fact sheets on HIT key terms and benefits
- Issue papers on topics critical to HIT success, including consumer consent
- Membership value documents
- Information about e-prescribing

Journal Articles

In 2009, AzHeC published journal articles in the following health professional association publications about HIT:

- Arizona Health-e Connection Update, Arizona Osteopathic Medical Association (Spring 2009)
- The Health Internet, Arizona Geriatrics Society Journal (Spring 2009)

Consumer Focus Groups

In an effort to better understand Arizonans’ perceptions about HIT, in April 2009, AzHeC worked collaboratively with several entities and individuals to conduct consumer focus groups. These sessions combined a presentation on subject areas and educational materials followed by a survey in six communities across the state. Below are some of the key survey findings:

- In general, participants were fairly confident their EHRs would not be lost, stolen or damaged, with 79.6% reporting being highly or moderately confident.
- The majority of respondents viewed coordination among different health professionals as either a major problem (37.5%) or minor problem (36.2%). A smaller percentage of respondents viewed coordination among providers as not a problem at all (16.5%), and some did not know (10.8%).
- A large majority, 60.8%, felt it was very important that their doctors have access to all their medical records including primary care and specialist reports, test results and medications. Others (49.1%) felt it was very important that all healthcare providers use electronic over paper records.
- Overwhelmingly, respondents wanted to make appointments online (70%), 58.5% wanted messaging to their doctors and providers, 58.2% wanted loved ones/caregivers notified in case of an emergency and 51.8% wanted to be able to set and monitor their health and wellness goals such as glucose levels, weight and other fitness trends.

Outreach & Education

Consumer Advisory Council

The AzHeC Consumer Advisory Council is comprised of consumers interested, but not professionally engaged in healthcare or HIT. The Consumer Advisory Council is designed to reflect the demographic breadth of Arizona by calling on individuals from all walks of life. Council members:

- Review and comment on information about the organization, basic concepts of HIT terminology, new developments in the HIT market and other relevant activities, including project marketing materials.
- Attend regular meetings.
- Actively participate in Council discussions and activities.
- Assist with development of consumer outreach strategies and distribution of information to the greater population.

(continued from page 9)
AzHeC represents a new and unique type of organization in the U.S., playing a role that in some states is funded completely by tax dollars. As an organization, AzHeC has sought to fund itself through a combination of membership dues, event revenues, grants and contracts— with the majority of its revenue focused on contracts surrounding its unique role for statewide HII coordination. In February 2009 with the passage of ARRA and the establishment of programs such as the REC program, AzHeC focused on positioning the organization to contract for ARRA efforts in late 2009 or early 2010, declining opportunities to focus on other sources of revenue that may have diverted it from this important and resource-heavy task.

**Financial Snapshot**

**A Look Ahead**

As the contents of this report indicate, much work toward building HIT in Arizona has already been done. However, there has never been a year like 2009 with its unprecedented funding and leadership for HIT adoption. Now more than ever, there is a great opportunity to realize the potential of health information and the power of technology to come together to create a safer, more efficient and cost-effective healthcare system.

The decisions made now and in the very near future by those engaged in this work will shape the future and have a significant impact on healthcare and healthcare consumers. AzHeC looks forward to being part of this process and working with the many dedicated individuals and organizations in Arizona who are also committed to positively transforming healthcare through HIT.
Multiple organizations and individuals contributed to the work featured in this report. Unfortunately, it would be impossible to list each and every individual that made a contribution to AzHeC. However, in addition to the AzHeC Board of Directors, featured earlier in this report, AzHeC wishes to acknowledge and thank the following individuals and organizations.

2009 Contracts & Grants to Arizona Health-e Connection
Arizona Health Care Cost Containment System
UnitedHealthcare

Committees, Subcommittees & Councils

- **Clinical/Technical Committee Co-Chairs**
  - Bob Dowd – Sonora Quest Laboratories
  - Craig Parker, MD, MS – Arizona State University

- **Communications Committee**
  - Debra Nixon, Co-Chair – Your Partners in Quality
  - Lorie Mayer, Staff – Arizona Health Care Cost Containment System

- **Consumer Advisory Council Co-Chairs**
  - Mayor Lyn Truitt – City of Surprise
  - Debra Nixon – Your Partners in Quality

- **EAzRx Steering Committee Co-Chairs**
  - Brad Croft, DO – East Flagstaff Family Practice
  - Mindy Smith, RPh – Arizona Pharmacy Alliance

- **Legal Committee**
  - Kristin Rosati, Esq., Chair – Coppersmith Schermer & Brockelman PLC
  - Kim Snyder, Staff – Government Information Technology Agency

- **Membership Committee**
  - John Rivers – Arizona Hospital and Healthcare Association
  - Susan Gerard – Arizona Department of Health Services
  - Celeste Fralick – Intel Corporation
  - Norm Botsford – SAHIE

- **Security Subcommittee Chair**
  - Kim Snyder – Government Information Technology Agency

Western States Health-e Connection Summit and Trade Show

- **Collaborating Organizations**
  - AMIA, AzHIMA and AzHIMSS

- **Platinum Sponsor**
  - Schaller Anderson, An Aetna Company

- **Gold Sponsors**
  - BlueCross BlueShield of Arizona, Sonora Quest Laboratories, UnitedHealthcare/APIPA/Optum Health

- **Silver Sponsors**
  - Allscripts, Medicity, California Health Care Foundation
Brad Tritle, CIPP, CPHIT
Executive Director

Brad Tritle was selected by a cross section of Arizona healthcare leaders in August of 2007 to serve as AzHeC’s first executive director. Prior to AzHeC, Tritle's career has been a unique blend of community leadership at the nexus of technology and economic development, combined with actual technology development and marketing efforts for the private and public sectors. His experience includes serving as president of an Arizona startup firm, running specific technology and business development efforts for U.S. and Japanese firms and working twice in the office of the Arizona State CIO—first leading Arizona’s broadband policy efforts and second on HIE and HIT and state web portal initiatives.

Mr. Tritle holds a Bachelor of Arts with Honors in Asian Languages and an Asian Studies Certificate from Arizona State University. He is one of fourteen Certified Information Privacy Professionals in Arizona, a certification awarded by the International Association of Privacy Professionals.

Melissa Rutala, MPH, CPEHR
Associate Director

Melissa Rutala joined AzHeC in November 2007, after having served as a consultant and health policy analyst at the Deloitte Center for Health Solutions and Deloitte Consulting, LLP in Washington, D.C. While at Deloitte, Ms. Rutala worked extensively on several Medicaid, price transparency and cost-saving initiatives with organizations such as the U.S. Department of Health and Human Services, the National Governors Association and the Wisconsin Medicaid Program. She was a contributor and interviewer for the Deloitte Center for Health Solution’s publication Health Care Price Transparency: A Strategic Perspective for State Government Leaders. Prior to her work with Deloitte, Ms. Rutala was Associate Director of Programs, Medicine Programs, at Envision EMI. Ms. Rutala holds a Masters in Public Health with a concentration in health policy from George Washington University and a Bachelor of Arts from the University of North Carolina, Chapel Hill.

Brenda Bryan, MA
Communications & Marketing Manager

Brenda Bryan joined AzHeC in October 2009, bringing with her well over 10 years experience in communications, including seven years in the health arena. Prior to joining AzHeC, Ms. Bryan served as a communications consultant to the North American Quitline Consortium, a membership-based organization comprised of publicly-funded tobacco cessation quitlines in North America, where she managed all aspects of the organization’s communications, including publication of reports, white papers, fact sheets and case studies; media relations; website management and social media. Prior positions include communications director, Diversity Wellness; director, Coalition for a Tobacco Free Arizona; and communications director, Valley of the Sun United Way. Throughout her career, she has worked on award-winning communications campaigns.

Ms. Bryan holds a Bachelor of Arts in mass communication from Anderson University and a Masters in Administration with a concentration in health sciences from Northern Arizona University.

Joni Bowers
Administrative Coordinator

Joni Bowers joined AzHeC in November of 2007. She manages and coordinates meetings, conducts background research for various initiatives and provides overall administrative support for AzHeC committees and projects. Joni works part-time with AzHeC. She spends the rest of her time with the Arizona Medical Association as an administrator for the specialty societies of the Phoenix Society of Gastroenterology and the Arizona Chapter of the American College of Surgeons.

Prior to joining the Arizona Medical Association, Joni was the office manager for a commercial painting contractor doing business across the state of Arizona.