

HISPC CONSUMER AND PROVIDER EDUCATION “CHALLENGE” REPORT

July 2009



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Executive Director

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Executive Summary

The goal of the Health Information Security and Privacy Collaboration (HISPC) is to address barriers to health information exchange. HISPC was established in 2006 through a contract with the U.S. Department of Health and Human Services. Comprised of 42 states and territories, the collaboration aims to effectively address privacy and security issues pertinent to electronic health information exchange through multi-state collaboration. A project extension began in April 2009 and focused on consumer and provider outreach and education. The Maryland Health Care Commission (MHCC) is pleased to present our findings relative to consumer and provider outreach and education.

MHCC reviewed the consumer education materials developed by the Consumer Education and Engagement Collaborative, and selected those materials best suited for adaptation and dissemination based on Health Information Exchange (HIE) and Electronic Health Record (EHR) outreach/education activities conducted to-date within the state. Multiple consumer-oriented stakeholder associations/organizations were contacted and three organizations worked with MHCC in reviewing, adapting, and disseminating consumer education materials. These non-profit organizations represented rural hospitals, senior populations, and an organization dedicated to the promotion of health and wellness focusing on the underserved and underinsured.

Provider outreach and education encompassed identifying, and working with two provider associations within the state to promote the Physician Education Toolkit (PET). MHCC worked with the Maryland Hospital Association (MHA) and the Maryland State Medical Society (MedChi). The PET website (www.secure4health.org) was introduced and reviewed; and related educational materials were produced and disseminated.

Acknowledgements

MHCC would like to recognize the following consumer and provider groups who contributed to the success of the project: Civista Health System, St. Mary's Hospital, Erickson Retirement Communities, Summit Health Institute for Research and Education, Inc., the Maryland State Medical Society – MedChi, and the Maryland Hospital Association. MHCC would also like to recognize Health Care Information Consultants, LLC, a consulting firm who collaborated with MHCC on this project.

Challenge #1: Consumer Outreach and Education

Background and Introduction

The Maryland Health Care Commission (MHCC) is engaged in several initiatives related to Health Information Exchange (HIE) and Electronic Health Records (EHR), with the most recent being the issuance of a Request for Application to develop a consumer centric state-wide HIE. Application responses have been received and the selected partner will be announced in early August. Although several initiatives have taken place, there has been limited focus to-date on consumer outreach and education. Consequently, leveraging the materials developed by the Consumer Education and Engagement Collaborative for the purpose of beginning such outreach and education at this crucial time provided a tremendous opportunity for the state.

Organizations Contacted

Multiple consumer groups were solicited for participation in the Consumer Outreach and Education Challenge. Consumer groups were selected based on geographical, cultural, and age diversity. An overview of each consumer group follows.

- *Southern Maryland Hospitals* – representing Civista Health System and St. Mary's Hospital, two rural acute care hospitals located in Southern Maryland
- *Charlestown Campus of Erickson Retirement Communities* (Erickson) – One of nineteen retirement communities (throughout eleven states) managed by Erickson
- *Summit Health Institute for Research and Education, Inc.* (SHIRE) – A nonprofit organization dedicated to the promotion and wellness for all people, working to eradicate health disparities and aid vulnerable populations in attaining optimal health

Several additional consumer organizations were contacted but unable to participate due to time constraints. These organizations included the Maryland Primary Care Coalition, the Maryland Community Health System, and the Mid-Atlantic Association of Community Health Centers.

Description of Approach / Steps of Approach

The MHCC reviewed all the educational materials developed by the Consumer Education and Engagement Collaborative and selected those that best represented an introductory-level educational piece regarding HIEs and EHRs. Recognizing the limited consumer outreach/education activities conducted to-date in the state and the relevant timing given the state-wide HIE project, fourteen educational pieces (ten brochures/questionnaires, two communications plans, and two resource documents) were selected.

Two of the consumer groups (Southern Maryland Hospitals and Erickson) were asked to independently review the ten “brochure” type tools and identify which format and content could be best adapted for their respective consumers and why. Suggested adaptations were

incorporated and disseminated. SHIRE reviewed these documents and provided overall feedback in terms of how to best adapt the tools for the underserved and underinsured.

Regarding the two communication plan guidelines, the intent was to provide a framework to the selected consumer groups as their HIE/EHR outreach efforts evolved. However, given the state-wide initiative and the project time constraints, it was determined to leverage these communication plans in parallel to the implementation of the state-wide HIE.

Appendix A provides an overview of the consumer tool selection process used by MHCC. This document was provided to the identified consumer groups during initial discussions as an introductory reference guide. Upon commitment by the consumer groups, the identified tools were placed in a secure online repository for access by these consumer groups.

List of Materials Reviewed and Processed for Review

As previously stated, all consumer educational tools available on the HISPC website were initially vetted by MHCC. Ten consumer “brochure” educational pieces were identified as most appropriate for Maryland. These tools were then subsequently reviewed by the consumer groups via an online secure document repository.

The following is the criteria used by the southern Maryland hospitals and Erickson representatives in selecting the final materials for adaption: clarity, appropriateness (given the amount of educational material made available to date to the public within the state), suitability (given the population in which these materials are directed towards), and overall readability. Additionally, with the limited amount of EHR and HIE educational materials currently in use, both consumer groups wanted to redirect the attention from issues regarding privacy and security while focusing on the value and benefit of EHRs and HIE.

Several tools/brochures were initially selected by the two consumer groups for further refinement: West Virginia General Brochure, West Virginia Senior Brochure, and the HIPS Brochure.

SHIRE selected a mix of consumer brochures/questionnaires, communications plans and resource documents for review. The following documents were reviewed and a high-level critique developed.

- *Health Information Exchange and Health Information Technology Benefits and Risks* (CEE 3.6 Benefits-Risks-Final.doc). The selection of this tool was based upon its design for low literacy consumers.
- *GA eHealthInfo: Secure. Private. Accessible. Test Your Knowledge!* (ConsumerQuestionnaireR2_FINAL.pdf). This tool was selected to ascertain the readability for limited-literacy populations.

- *Education and Public Awareness Campaign* (Education and Public Awareness Campaign – FINAL.doc). This document was reviewed for an overall educational and public awareness campaign perspective.
- *Attitude and Opinion Research Supported by the eHealth Initiative Foundation* (eHISummaryofResearchonHealthInformationExchanges05.01.07Final001.pdf). As a pre-selected resource document, it was chosen for review given the research methodology deployed, which utilized phone surveys and focus groups to ascertain consumer opinions regarding EHRs.
- *Accessible Health Information Technology (IT) for Populations with Limited Literacy: A Guide for Developers and Purchasers of Health IT* (LiteracyGuide.pdf). As the second resource document reviewed, it was selected based on its recommendations for preparing materials for limited-literacy adults or populations.

In addition, SHIRE created a checklist against which several tools were evaluated. Three of the aforementioned tools were evaluated against this checklist, along with five other tools, *eHealth West Virginia HIT Brochure*, *West Virginia Benefits Brochure*, *CORHIO Fact Sheet*, *Kansas Communications Plan* and the *Get to Know the Facts about Electronic Health Information* (Georgia Department of Community Health).

Material Adaptation

The southern Maryland hospitals chose to adapt the West Virginia General Brochure because they felt it most appropriately explained the value of EHR and HIE to the reader. Also, the message was simply stated and easy to understand. Specific adaptations included:

- Insertion of another scenario focused on the exchange of information between a hospital emergency department and a primary care physician's office
- Replacement of the detailed information related to privacy and security with more high-level information (replaced existing narrative with information from the CORHIO "Fact Sheet")
- Inclusion of the benefit of information aggregation for the purpose of managing one's own health
- Space was provided for consumer comments/suggestions
- Sponsoring organization information, more specifically the MHCC logo

Upon review of the final "Southern Maryland" brochure, Erickson also chose to use that tool for dissemination among the senior population. SHIRE's review of their selected materials can be found in Appendix B.

Material Dissemination

The southern Maryland hospitals disseminated the information in highly trafficked patient areas such as the Admissions Department, waiting areas, etc. In addition, St. Mary's Hospital's

Patient Advocate distributed the brochure during daily inpatient visits over the course of one week. The Patient Advocate also solicited feedback from the recipients during follow up visits (after each patient had an opportunity to read the material). Approximately forty-three patients provided feedback.

Erickson disseminated the brochures in one of their facilities during an afternoon “happy hour.” Feedback was solicited from each recipient. Approximately forty-eight residents provided feedback.

Feedback and Lessons Learned

1. Specific feedback regarding the brochure itself in terms of clarity resulted in an almost unanimous positive response. Most readers felt the message was clear, thus substantiating that an introductory, easy-to-read educational piece best served the solicited Maryland consumer groups in providing an overview of HIE and EHRs.
2. Based on the feedback received from the senior population at Erickson, the majority of consumers were already aware of HIE and EHRs. This data would appear to contradict national data which indicate that older individuals are not apprised of such topics. Erickson has been using EHRs in their communities for several years and all residents have access to a patient portal through which they can communicate with their physicians. One eighty-year old resident was able to provide a specific example of the benefits and relate that to another situation in which the hospital did not have electronic access and the associated fragmentation of care that resulted. Thus, the conclusion drawn from this scenario is that when exposed to such electronic exchange of health information, benefits will be recognized regardless of the consumer’s age.
3. Regarding the benefit of HIE and EHRs, consumer feedback was consistent among both consumer groups (southern Maryland hospitals and Erickson). The majority of feedback solicited indicated that the material did educate the reader to HIE and EHR benefits and encouraged the reader to learn more. This validates the exceptional job of the HISPC in developing the educational materials and the benefit that states will receive by disseminating these materials to consumers.
4. When the senior consumers were asked if they had any concerns about the electronic exchange of health information, only a few specific ones were cited:
 - Elderly population’s limited use of computers
 - Assurance of information safety
 - Possible computer hacking and crashes
 - System efficiency still depends on physician use

Although few in number, concerns still primarily focus on privacy and security issues.

5. In terms of reviewing the tools for adaptability for the underserved and underinsured, a consensus existed among the SHIRE reviewers that Kansas and Georgia represented

the best developed and most comprehensive models (based on the already vetted tools made available to the consumer groups).

6. Of interest is the issue of what next steps are contemplated given the latest report on the definition of “meaningful use.” SHIRE and other groups are working on tracks that parallel this project.

Challenge #2: Provider Outreach and Education

Background and Introduction

Provider organizations in Maryland have recently begun to accelerate their understanding of the *American Recovery and Reinvestment Act of 2009* (ARRA). Thus, as adoption increases, similar to the efforts with regard to the consumer outreach and education, the time for collaborating with provider organizations via the HISPC “Challenge” was excellent. It has provided MHCC the continued opportunity to be recognized as a resource for provider educational materials via the www.secure4health.org website and other supplemental information.

Organizations Contacted

The MHCC contacted several provider organizations including: The Maryland Hospital Association (MHA), the Maryland State Medical Society (MedChi), and the Maryland State Dental Association. Each organization was pre-selected based on their visibility within the State, the diversity of the provider organizations they serve, and their influence over their respective provider members.

Description of Approach / Steps of Approach

MHCC met or conducted an introductory teleconference with each provider organization, and an overview of the project including objectives was reviewed. Additionally, the www.secure4health.org website was reviewed. Multiple avenues for dissemination of the provider educational material were identified. As a result of the introductory call, two provider organizations, MHA and MedChi, committed their participation.

The avenues identified as useful for MHA included:

- Communication in Chief Executive Officer newsletters
- Link from Health IT section of MHA members only website
- Link from public website
- Inclusion in upcoming MHA sponsored education programs regarding ARRA
- Continued discussion with Patient Safety Institute (a subsidiary of MHA) and other MHA staff regarding other communication avenues

Possible avenues identified as useful for MedChi included:

- Information in newsletters

- Provide education at June 5th EHR seminar; to include brief presentation and demonstration in exhibitor area
- Development of brochures for distribution from MedChi office
- Provide education at fall meeting of Delegates
- Link on website
- Articles in other publications

Objectives Selected / Process for Achievement and Results

Based on preliminary discussions, the following objectives were selected:

- Secure a speaking arrangement for at least one regular meeting of association members to present the Physician Education and Training (PET) toolkit materials
- Publish journal article in associations' journals and/or newsletters
- Establish affiliation with professional associations by having them provide a link to the project website to promote the toolkit material

The MedChi sponsored a one-day education seminar in early June on EHRs. MHCC provided an overview of the HISPC and the PET toolkit. The PowerPoint presentation on the www.secure4health.org website was customized as appropriate. Additionally, hard copies of the HISPC PET brochure were available and a MHCC representative was available during exhibition hours to walk attendees through the website. Additional copies were made available to MHCC and MedChi for distribution at their respective locations.

Discussions are continuing for possible presentation at several upcoming events, including MedChi's Delegates' meeting and an ARRA education event to be sponsored by the MHA.

Articles were written for both MHA and MedChi (leveraging the PET toolkit materials). In addition, each organization has provided a link to the www.secure4health.org website on their respective websites.

Feedback and Lessons Learned

1. Feedback from the two provider organizations regarding the availability of provider education and training materials was unanimously positive. Both organizations were appreciative of the HISPC efforts specific to provider information related to HIE and EHRs. However, it should be noted that neither of the organizations had previously been introduced to the Collaborative and its purpose. The resulting lesson from the feedback would indicate that more promotion and advertising of the Collaborative's efforts should occur and that continual enhancements and update to the www.secure4health.org website should be performed to provide the necessary provider outreach and education.

2. The majority of physicians are still fairly unaware regarding HIEs and EHRs. This has been validated with the intense interest by area physicians in the MedChi-sponsored EHR educational event and subsequent discussions with physician attendees. With the recent ARRA established incentives and penalties, physicians must now more aggressively learn about HIEs and EHRs, and subsequently invest in solutions that address ARRA requirements. Additional educational vehicles must be developed and made available to physicians to inform them about both the federal and statewide HIE and EHR initiatives. The Collaborative laid an excellent foundation for such education; and now it must be continued nationally and at the state-level.

Appendix A: Consumer Tool Selection Overview

CONSUMER TOOL	RATIONAL/APPROACH	TOOL/RESOURCE SAMPLES
Introductory brochure defining health information exchange	<ol style="list-style-type: none"> 1. Rationale: Very limited consumer education regarding topics of HIE, EHR, PHR to date within State of Maryland. Appropriate timing given selection of implementation vendor in 2009. 2. Approach: <ol style="list-style-type: none"> a. Each consumer group will independently review the selected tools and identify which format and content is best adaptable to address their respective consumers and why (e.g., Erickson Retirement Communities – seniors; SHIRE – underserved; Primary Care Coalition – general population; Southern Maryland Providers – general and rural population). b. Suggestions for adaptation will be documented. c. Additional tools/resources will be used as appropriate (see below). 	<p>CEE 3.6 Benefits-Risks-FINAL.doc</p> <p>NY Appendix A ehealth brochure final_psg.pdf</p> <p>WV_BenefitsBrochure.pdf</p> <p>WV_SeniorsBrochure.pdf</p> <p>WV_General Brochure.pdf</p> <p>GA2_5 FAQs_DRAFT.pdf</p> <p>ConsumerQuestionnaireR2_FINAL.pdf</p> <p>HIPSbrochureFINAL.pdf</p> <p>CORHIO Description FINAL.doc</p> <p>Ehealth_PSG.doc</p>

CONSUMER TOOL	RATIONAL/APPROACH	TOOL/RESOURCE SAMPLES
Overall communication plan guidelines	<ol style="list-style-type: none"> 1. Rationale: Develop foundation for overall consumer education and outreach (with some degree of specificity) to supplement HIE implementation efforts in these areas. 2. Approach: <ol style="list-style-type: none"> a. Each consumer group will independently review the selected tool and identify which format and content can be best adapted (given purpose of document). b. Suggestions for adaptation will be documented. 	<p>Final_KansasCommunicationPlanHISPC3_4-15-09_psg_final.doc OR</p> <p>Education and Public Awareness Campaign - FINAL.doc</p>
Additional Resources:		<p>eHISummaryofResearchonHealthInformationExchanges05.01.07Final001.pdf</p> <p>LiteracyGuide.pdf</p>

Appendix B: SHIRE Material Review

Health Information Exchange and Health Information Technology Benefits and Risks (CEE 3.6 Benefits-Risks-Final.doc)

Part I Available in Emergency

- The language in this article is above 6th grade level.
- The consumers should know that the document is written about “personal health record.”
- The document should have a primary message, a secondary message, and a rationale.
The primary message: Explain in simple language that we now have tools available to make “personal health records” accessible in case of an emergency.
The secondary message: The tools are called health information exchange and health information technology.
Rationale: If you are in an accident and are unable to explain your health history to a health care provider, these tools will help to make decisions about your health faster. In an emergency the health care provider can find the information about your medications, tests, and other health issues to make an informed decision.

Part II Protected in Disasters

- Your “personal medical record” can be stored safely in electronic form similar to telephone numbers stored at the telephone company.

Part III Improved Care/Reduced Medical Errors

- This is not necessary if it can be added to the section, “Available in Emergency.” Access to your “personal medical record” in electronic form is similar to getting banking information from an ATM machine, which can reduce the chances for medical errors.

Part IV Tracking To Protect Your “Personal Medical Record”

- Your protected and stored “personal medical record” is shared with other medical health care providers.
- To review your personal medical record, a health care provider would need to:
 1. Identify who they are;
 2. The date they access the record;
 3. The type of information requested; and
 4. The reason the record was requested.
- This approach makes it easier to regulate the request and enforce the law governing the protected personal health record (PHR).

Part V Increased Safety/Reduced Duplication

- The stored PHR should include all the medical tests and x-rays for an individual, and the results of each. This will reduce the need to repeat certain tests and x-rays while reducing the cost to repeat these exams.

Part VI Risks: Identity Theft, Errors, and Hackers

- The PHR has the potential for someone to steal your medical information. The same risks exist in other areas of protected information such as finance, defense and business.
- If the health care provider does not enter the correct information, that information remains in the health record until it is corrected.
- With personal health information stored electronically, there are more checks and balances that can prevent errors.
- Hackers are people who will try to steal your personal medical record information.
- Many security measures are now in place to prevent these hackers from getting your personal medical record.

Defines HIT	No
Identifies Major Components	No
Lists Advantages	Yes
Addresses Privacy and Security/HIPAA	No
Identifies Legal Protections	No
Provides Identity Protection Suggestions for Consumers	No
Notes the Current Usage by Providers	No
Notes the Current Scope of Coverage in the U.S.	No
Speaks to Funding for Implementation	No
Discusses Potential Benefits, i.e. Savings	Yes
Identifies Private Sector Players	No
Includes the Underserved Specifically	No
Written for Wide Audience 6-9 Grade Level	No

GA eHealthInfo: Secure. Private. Accessible. Test Your Knowledge! **(ConsumerQuestionnaireR2_FINAL.pdf)**

- This questionnaire is not designed for limited-literacy populations/adults.
- The language in this questionnaire is above 6th grade level.
- Consumers will have more questions than answers after testing their knowledge with this questionnaire.
- There are too many questions in this questionnaire that covers a wide range of information and knowledge about various aspects of the electronic health record.
- Questions should be “grouped” together for security, privacy, accessibility, and consumers rights, etc.
- Answers to the questions are in too much detail.
- It is not clear who the audience should be for this questionnaire, except “the customer.”
- The content and format is not favorable for reading and comprehension.
- The goal of the questionnaire should be that the users understand the document the first time they read it.
- The content must also be framed appropriately so that the users are not bombarded with too much information at one time.

Education and Public Awareness Campaign (Education and Public Awareness Campaign – FINAL.doc)

- The outline has the key components for a very successful educational and public awareness campaign: Introduction, Components, Goal, Target Audience, Key Messages and Time Frame/Schedule.
- The motto is summarized succinctly: “Secure—Private—Accessible—Everything you need to know about the security and privacy of your electronic health information.” I would recommend that the motto be even more succinct with the electronic medical record.
- The next phase to the process of the campaign is not yet complete for the print media. The materials should help to increase the accessibility of limited-literacy adults/populations. For example:
 - The document should be tested repeatedly throughout the design process
 - Prospective users are included in the testing
 - All versions in additional languages should be tested by native speakers
 - Content must undergo iterative testing and revision
 - The conceptual design should be assessed throughout the design process
 - Once there is a sample prototype, it should be reviewed and discussed, including brain storming and/or storyboarding (a series of simple pictures to show the sequence for completing a task) with prospective users.

Attitude and Opinion Research Supported by the eHealth Initiative Foundation (eHISummaryofResearchonHealthInformationExchanges05.01.07Final001.pdf)

This phone survey and focus groups give insight into the positive responses of consumers about the use of electronic medical records. One can refine the process in smaller groups (city, county or state) and better explain the benefits of the electronic medical record.

- When defining health information exchange it is important to focus on: Security, how it works, patient permission, who has access, and benefits of health information exchange to the patient and physician.
- Focus groups and phone survey of adults in five Gulf States (Alabama, Florida, Louisiana, Mississippi, and Texas) revealed strong support for secure electronic health information exchange.
- Defining the term “secure electronic health information exchange” increased the support for the project.
- The message that resonated the most for consumers is: “having access to information in an emergency medical situation.”
- Consumers overwhelmingly trust doctors the most to deliver the information about secure electronic health information exchange.
- The findings strongly suggest that replication of this process within and among consumers in other locations increase the support for electronic medical records.
- Replication of this process can also reduce many of the misperceptions that most consumers have about their physicians already keeping their medical records in

electronic form and that their physicians' have a back-up copy of their medical records off-site in electronic form.

Defines HIT	No
Identifies Major Components	No
Lists Advantages	No
Addresses Privacy and Security / HIPAA	Yes
Identifies Legal Protections	Yes
Provides Identity Protection Suggestions for Consumers	No
Notes the Current Usage by Providers	Yes
Notes the Current Scope of Coverage in the U.S.	Yes
Speaks to Funding for Implementation	Yes
Discusses Potential Benefits, i.e. Savings	No
Identifies Private Sector Players	No
Includes the Underserved Specifically	No
Written for Wide Audience 6-9 Grade Level	No

Accessible Health Information Technology (IT) for Populations with Limited Literacy: A Guide for Developers and Purchasers of Health IT (LiteracyGuide.pdf)

Defines HIT	No
Identifies Major Components	Yes
Lists Advantages	No
Addresses Privacy and Security / HIPAA	No
Identifies Legal Protections	No
Provides Identity Protection Suggestions for Consumers	No
Notes the Current Usage by Providers	No
Notes the Current Scope of Coverage in the U.S.	No
Speaks to Funding for Implementation	No
Discusses Potential Benefits, i.e. Savings	Yes
Identifies Private Sector Players	No
Includes the Underserved Specifically	Yes
Written for Wide Audience 6-9 Grade Level	Yes

CORHIO Fact Sheet (CORHIO Description FINAL 2007-07-23.doc)

Defines HIT	No
Identifies Major Components	No
Lists Advantages	Yes
Addresses Privacy and Security / HIPAA	No
Identifies Legal Protections	No
Provides Identity Protection Suggestions for Consumers	No
Notes the Current Usage by Providers	No
Notes the Current Scope of Coverage in the U.S.	No
Speaks to Funding for Implementation	No
Discusses Potential Benefits, i.e. Savings	Yes
Identifies Private Sector Players	No
Includes the Underserved Specifically	No
Written for Wide Audience 6-9 Grade Level	No

Get to Know the Facts about Electronic Health Information - Georgia Department of Community Health (HIPSbrochureFINAL.pdf)

Defines HIT	Yes
Identifies Major Components	Yes
Lists Advantages	Yes
Addresses Privacy and Security / HIPAA	Yes
Identifies Legal Protections	Yes
Provides Identity Protection Suggestions for Consumers	No
Notes the Current Usage by Providers	No
Notes the Current Scope of Coverage in the U.S.	No
Speaks to Funding for Implementation	No
Discusses Potential Benefits, i.e. Savings	No
Identifies Private Sector Players	No
Includes the Underserved Specifically	No
Written for Wide Audience 6-9 Grade Level	No

Kansas Communications Plan (Final_KansasCommunicationPlanHISPC3_4-15-09_psg_final.doc)

Defines HIT	Yes
Identifies Major Components	Yes
Lists Advantages	Yes
Addresses Privacy and Security / HIPAA	Yes
Identifies Legal Protections	Yes
Provides Identity Protection Suggestions for Consumers	Yes
Notes the Current Usage by Providers	Yes
Notes the Current Scope of Coverage in the U.S.	Yes
Speaks to Funding for Implementation	No

Discusses Potential Benefits, i.e. Savings	Yes
Identifies Private Sector Players	No
Includes the Underserved Specifically	Yes
Written for Wide Audience 6-9 Grade Level	Yes

eHealth West Virginia HIT Brochure (WV_GeneralBrochure.pdf)

Defines HIT	Yes
Identifies Major Components	Yes
Lists Advantages	Yes
Addresses Privacy and Security / HIPAA	Yes
Identifies Legal Protections	Yes
Provides Identity Protection Suggestions for Consumers	No
Notes the Current Usage by Providers	No
Notes the Current Scope of Coverage in the U.S.	No
Speaks to Funding for Implementation	No
Discusses Potential Benefits, i.e. Savings	Yes
Identifies Private Sector Players	No
Includes the Underserved Specifically	No
Written for Wide Audience 6-9 Grade Level	No

West Virginia Benefits Brochure (WV_BenefitsBrochure.pdf)

Defines HIT	No
Identifies Major Components	No
Lists Advantages	Yes
Addresses Privacy and Security / HIPAA	Yes
Identifies Legal Protections	No
Provides Identity Protection Suggestions for Consumers	No
Notes the Current Usage by Providers	No
Notes the Current Scope of Coverage in the U.S.	No
Speaks to Funding for Implementation	No
Discusses Potential Benefits, i.e. Savings	Yes
Identifies Private Sector Players	No
Includes the Underserved Specifically	No
Written for Wide Audience 6-9 Grade Level	No

The Center for Health Information Technology
David Sharp, Ph.D.
Director

Website: mhcc.maryland.gov
Telephone: (410) 764-3460 Fax: (410) 358-1236