

**The Maryland Healthcare Commission  
Health Information Organization Research  
NYeC and AzHeC - Advisory Organizations**  
February , 2009

Section		Requirement	Definitions	New York - NYeC (www.nyehealth.org)	Arizona - AzHeC (www.azhec.org)
Vision	I.	Vision	Clear description of how to respond the unique needs an opportunities of HIE in state		Convene. Coordinate. Communicate. Our charter is to help Arizona consumers, insurers and providers find their way in the space where the importance of medical information and the power of information technology come together.
	A.	Mission		Statewide body to: develop Health IT and HIE policies and standards, evaluate and establish accountability measures, convene, educate and engage key stakeholders	Serving as an educator and statewide clearinghouse for information; research and develop statewide policies and model legal agreements; support HIE and adoptions
	B.	Principles from Appendix B		NYeC has principles outlined in the strategic plan	
	C.	Interoperability			
	D.	Quality of care			Enhance patient quality through 5 year e-prescribing program
Strategy and Planning	II.	Financial Model and Sustainability	Economic Analysis of cost and benefit for each phase of implementation	Plan for future - no plan for future funding - primary funding and role defined by relationship to the state - going to continue so assume state funding in conjunction with other funding. If role changes need different approach. Stimulus bill may provide money- state will approach this as a team.	AzHeC is funded by the Medicaid Transformation Grant, membership dues, annual summit income. Currently looking at grants and special projects funding.
	A.	Financially sustainable		At some point grant may run out - need to mature the model to establish a self sustaining governance.	AzHeC has a yearly summit that generates some income
	A1	Transaction fees			
	A2	Subscription fees			

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	A3	Membership fees		Decision was made NOT to be a membership organization due to conflict with funding for HIO efforts	They are a membership organization - schedule of dues by revenue amount.
	A4	Hospital funding			
	A5	State Funding		History of State - HEAL funding capital financing - 1 billion over 4 years - 250m set aside for Health IT initiatives - first round in 2006 was \$50 to RHIO's - 26 grants. This is HEAL NY Phase one - several other programs through Phase 4 - Legislature viewed health IT as a good investment for modernize. Second round is HEAL 5 is what they have now \$100m set aside for more structure health it interoperability - emr adoption - out of this 105 m or 5 million was set aside for NYeC and manage statewide collaboration process. 5 m over 2 year period - started in spring.	State funding was provided for the rural health grants - this was managed and run by the Arizona Government Information Technology Agency. \$1.5M was distributed to rural grantees to begin formation. Option year funding has been cut from the Az State Budget
	A6	Federal Funding			AzHeC will be applying for AHRQ Grant funding in May 2009
	A7	Health Plan funding			AzHeC was funded with about \$750M from the Medicaid transformation grant
	A8	Physician funding			
	A9	Philanthropic funding			
	B.	Budget			Budget exists and is reviewed monthly by BOD
	B1	capital			
	B2	operating costs			
	B2-1	Salaries			
	B2-2	Benefits			
	B2-3	Office expense			
	B2-4	Rent			
	B2-5	Utilities			

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	B2-6	Software purchase and maintenance			
	B2-7	Hardware purchase and maintenance			
	B2-8	Taxes			
	B2-9	Cyber Liability Insurance			
	B3	cash flow			
	B4	break even analysis			
	C.	Community Benefit		NITEC Academic Research Group received 5% of total funding to come up with standardized research methods to evaluate projects in terms of outcomes and effectiveness. There is a statewide adoption survey	
	D.	Benefit Realization		No measurements yet - started meeting on this topic -	No measurements in place
	D1	ROI - financial measurement			
	D2	ROI - quality measurement			
	D3	ROI - System use measurement			
	D3-1	how many users			
	D3-2	what do they			
<b>Strategy and Planning</b>	<b>III.</b>	<b>Governance Framework</b>	<b>A multi-stakeholder approach that represents the needs of the community and all stakeholders</b>	<b>NYeC has established a statewide governance process</b>	<b>AzHeC has established a framework for governance of AzHeC</b>
	A.	Plan for engaging stakeholders			Doesn't exist at this point
	B.	Ownership model: Public-Private Partnership		NYeC is a public / private partnership	AzHeC is a public / private partnership
	C.	Profit Status: Not-for-profit		501 c 3	501 c 3
	D.	Articles of Governance		NYeC has a set of these	AzHeC has a set of these
	E.	Role of Local HIEs:		DOH funded 105M to 19 RHIO's to get them started. Grants issues by DOH and DOH contracts with NYeC for management of grants	Rural Grant funding for forming RHIO's but they are represented on the BOD as such. Money was just for formation.

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	E1	May include but not require creation of independent governance entities to oversee regional or local HIE. All HIEs would conform with statewide policies, standards and rules.		Role of the Statewide Health Information Network for NY - the network is a network of networks - facilitated by adoption of common policy and technical protocols.	
	E2	RHIO participation will be required (required as regional governance entities)		Policy and Operations has each RHIO voting on that group.	
	E3	Local HIEs must be inclusive and non-discriminatory		RHIO's required to put measurement requirements in their RFP's to get funding.	
	F.	Technical Operations			
	F	Separate governing structure from technical operations (potential for combination in latter stages)		NYeC has does not perform technical operations	AzHeC does not perform technical operations
	F	Governance and technical operations in single entity			
	G.	Accountability Mechanisms			
	G	Direct oversight through contracts with incentives for adherence and penalties for non-adherence			
	G	Direct oversight via legislation			
	H.	Board of Director Composition			
	H	Governor's Office			Health Policy Advisor is on BOD; Governor Napolitano issued an executive order in 2005. New governor now and not sure the role.
	H	State Medicaid Agencies			State Medicaid Director is on BOD

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	H	State Department of Health		Works closely with Department of Health, Office of health information technology	Department of Health is on BOD
	H	State Healthcare and Hospital Association		Yes	Yes
	H	State Medical Association		Yes	Yes
	H	Other non-profits who are involved in the medical community		Yes	Yes
	H	Government Agencies who may be a stakeholder		Yes	
	H	Consumers			
	H	Employers			Yes
	H1	Insurers		Yes	Yes
	H1	Health Care Providers		Yes	Yes
	H1	Pharmacy			Yes
	H1	Clinical Laboratories			Yes
	H1	Higher Education			Yes
	H1	Quality Organizations			
	I.	Operational / Management Positions and Responsibilities			
	I	Positions			
	I1-1	Executive Director		NYeC has an executive director	AzHeC has an executive director
	I1-2	Staff			AzHeC has an associate director
	I1-3	2 program staff, controller, 2 adm assistants		NYeC has a program manager	AzHeC has a marketing / communications manager and a part time administrative assistant
	I1-4	Privacy and Security Officer			AzHeC executive director is a certified privacy person
	I2	Responsibilities			
	I2-1	Execute strategic, business and technical plans		Yes	Yes
	I2-2	Coordinate day-to-day tasks and deliverables		Yes	Yes
	I2-3	Establish contracts and other relationships with local/sectoral initiatives		Yes	Yes

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	I2-	Provide industry knowledge		Yes	Yes
	I2-	Advise the Board		Yes	Yes
	J.	Board Committees and Responsibilities			
	J1	Governance Board		see articles of governance	see articles of governance
	J1-	Maintain vision, strategy, and outcome metrics			
	J1-	Build trust, buy-in and participation of major stakeholders statewide			
	J1-	Assure equitable and ethical approaches			
	J1-	Develop high-level business and technical plans			
	J1-	Approve statewide policies, standards, agreements		Accreditation Report - what is sustainable governance model - having a public private entity create common standards for the entities across the country - gov, operations, measures, take high level regulatory framework for managed care.	
	J1-	Balance interests and resolve disputes			
	J1-	Raise, receive, manage and distribute state, federal, private funds			
	J1-	Prioritize and foster interoperability for statewide and sub-state initiatives			
	J1-	Implement statewide projects and facilitate local/sector projects			
	J1-10	Identify and overcome obstacles			

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	J1-11	Financial and legal accountability, compliance, risk management			
	J1-12	Educate and market			
	J1-13	Facilitate consumer input (Others in MCHIE document worth reviewing and making sure tie back to above)			
	J1-14	Determining compensation for staff			
	J	Board Committees			
	J2-	Broadens stakeholder representation in governance body		Financial sustainability committee	Financial sustainability committee
	J2-	Provides content expertise in very specific areas			Yes
	J2-	Represents clinicians, consumers, employers and payers		NYeC has a consumer advisory council	Yes - except for consumers
	J3	Suggested Committees:			
	J3-	Steering Committee			AzHeC has this committee
	J3-	Privacy and Security (legal, S & P officers)			Security Working Group and Legal Committee
	J3-	Clinical			Clinical and Technical committees combined
	J3-	Technical			Clinical and Technical committees combined
	J3-	Standards		Policy and operations council	Falls under the clinical / technical committee
	J3-	Outreach and Education		NYeC Has an education and communication committee	Established but not a working committee - being planned for
<b>Strategy and Planning</b>	<b>V.</b>	<b>Stakeholder Outreach and Education</b>	<b>Ensure Transparency, convene all stakeholders, educate</b>	<b>Plan in process for outreach and education with a goal of doubling efforts in 2009. Two new workgroups - EMR and provider. Separate funding for consumer advisory council</b>	<b>Plan being developed</b>
	A.	Part of statewide governing body			

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B.		Documented process to educate:			
	E	Consumers			
	E	Under-served			
	E	Providers			
	E	Public Health			
	E	Government Agencies			
	E	Non-profits			
C.		Understanding of market forces - patterns of care , who to connect with and political environment			