

State of New Jersey Application:

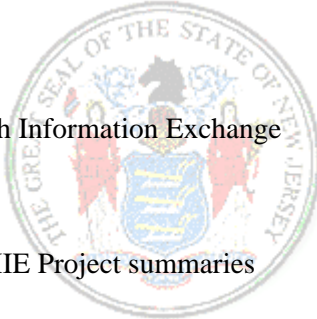
Office of the National Coordinator for Health Information Technology

State Health Information Exchange Cooperative Agreements Program

Project Narrative

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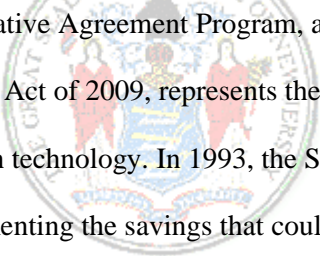
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1. Abstract

The New Jersey Health Information Exchange Project

On behalf of the health care community and residents of New Jersey, the State submits a Health Information Technology Plan and an application for a federal Health Information Exchange grant through the State HIE Cooperative Agreement Program. The aim of both the Plan and the grant program are to facilitate the proliferation of clinical information across health-care providers throughout New Jersey, and to encourage its ‘meaningful use’ in a multitude of health-care and public-health settings. Ultimately, the goal is to improve the quality and efficiency of health care in New Jersey.



For New Jersey, the State HIE Cooperative Agreement Program, an opportunity offered through the American Recovery and Reinvestment Act of 2009, represents the culmination of 15 years of work to enable and facilitate health information technology. In 1993, the State commissioned the Health Information Technology Study, documenting the savings that could be achieved from health IT. In 1999, New Jersey enacted the “Health Information Electronic Data Interchange Act (the “HINT Act”), a first-in-the-nation program that allowed the State to create a regulatory framework to advance standardized electronic submission of health care claims. The New Jersey Commission on Rationalizing Health Care Resources, chaired by Princeton economist Uwe Reinhardt, issued its final report in January 2008, a roadmap for improvements in care delivery; the Report’s final chapter focused on health information technology as a catalyst for all the Report’s recommendations. Governor Corzine has been firmly committed to health IT, and in January 2008 signed into law the Health Information Technology Act, creating both the Health Information Technology Commission and the Office of e-HIT in the State’s Department of Banking and Insurance. The State Plan represents the fruits of the State’s efforts and a joint partnership between those two entities.

New Jersey's grant application and State Plan leverage ongoing innovative Health Information Exchange initiatives. The application proposes the creation or furtherance of several community Health Information Exchanges that seek to improve health status of New Jersey residents through increased care coordination, more efficient care, and elimination of duplicative testing. Many of New Jersey's "community HIEs" are centered in or around urban areas with a preponderance of disadvantaged individuals who often seek care for non-emergent care in crowded emergency rooms. These projects aim to address that problem.

The State's Plan, which guided the application below, delineates how these community HIEs will be leveraged as building blocks, ultimately united in a Statewide health-information exchange for the benefit of physicians, hospitals, long-term care, and other providers throughout the State. The exchange will employ a so-called "hybrid-federated" model in which patient-specific health data is predominantly stored where it is produced, but can be queried by authorized providers using the most stringent privacy, security, and authentication standards. In all cases, patients will have the option to keep their information private, per HIPAA regulations. Finally, the State's Plan addresses the notion that, as in almost all states, most outpatient health-care providers in New Jersey have not adopted robust health information technology and are in need of guidance.

2. Project Narrative

A. Current State of Health Information Exchange in New Jersey

The State of New Jersey has expanded its health-information exchange capacity and its programs on several fronts over the past decade. The State offers a number of focused and robust health-information exchange projects that are either operational or within reach of being actuated given adequate support. As a result, New Jersey appreciates the opportunity to be a part of the State Health Information Exchange Cooperative Agreement Program offered by Office of the National Coordinator for Health Information Technology. Our Statewide project for this program will include the most promising, complete, and clinically meaningful of these exchange initiatives among health-care providers—as well as a plan to create a Statewide exchange—in a New Jersey Health Information Exchange Program. Beyond these provider-led programs, New Jersey has been strengthening its HIT and HIE capacity across a number of venues. That includes ever-increasing participation and advancements in public-health reporting and surveillance, electronic claims processing, e-prescribing, community-level health information exchange, and public-health and bioinformatics research. We believe that the databases and registries housed within State government, initiatives such as e-prescribing that are gaining momentum in the New Jersey healthcare community, and community-based HIEs provide an excellent platform for expansion and integration for data exchange throughout our State’s health-care sector.

And we know that improvements in the delivery of care arising from the electronic storage and exchange of health information create a *real* Return on Investment. Consider:

- A HealthCore study (2006) found that Emergency Department visits that included a patient clinical summary yielded \$604 cost savings per encounter.

- Provider connectivity to the U.S. public health system would make reporting of vital statistics and cases of certain diseases more efficient and complete, potentially saving the nation \$365 million at all levels of HIE maturity each year.
- An expert panel of the Center for Information Technology Leadership, Partners HealthCare System, convened to examine the value of healthcare information exchange and interoperability found "...net savings from national implementation of fully standardized interoperability between providers and five other types of organizations could yield \$77.8 billion annually..."

Progress in achieving statewide HIE among healthcare providers:

Claims Processing

Regarding electronic claims processing, New Jersey has been at the forefront of implementing the HIPAA Transaction and Codes Sets (TCSs). The NJ Health Information Network Technology Act of 1999 (NJ HINT), P.L. 1999, c. 154, directed the NJ Department of Banking and Insurance (NJ DOBI) to adopt rules requiring the use of the federal HIPAA TCSs for all State-based health care claims. On October 1, 2001, NJ DOBI adopted N.J.A.C. 11:22-3.7 mandating that all State-based health care payers use the TCSs consistent with the same time frame that CMS required use of the TCSs by Medicare and Medicaid. Consequently, all the federal based TCSs that are currently in use must also be used in New Jersey. This includes the "837" Claims Form and the Eligibility Form. Furthermore, New Jersey also requires that State-based payers automatically issue a "277" Claims Filing Acknowledgment in response to any provider filing an electronic claim. This Electronic Form is one that the CMS has not yet required. Finally, New Jersey also uses electronic Enrollment, Application and Dental Claim forms and has been undertaking efforts to increase uptake across the board.

Electronic Prescribing

On September 15, 2003 the State of New Jersey became the first State to promulgate regulations permitting a pharmacist to “accept for dispensing an electronic prescription.”¹ Pertaining to initial and renewal prescriptions, the regulations address data security requirements, information that must be included about the medication to be dispensed, the requirement for pharmacists to verbally confirm prescriptions when there is question as to its authenticity or accuracy, the ability to transfer information between pharmacies and the prohibition against requiring providers to fill electronic prescriptions at a particular pharmacy (not all inclusive). Importantly, as required by Federal regulations, even when filled subsequent to an electronic prescription, a Schedule II controlled substance cannot be dispensed unless the pharmacist is presented with the original signed prescription; similarly, a Schedule III, IV or V controlled substance cannot be dispensed unless the pharmacist is presented with the original signed prescription, an oral prescription or a facsimile of the prescription.

The use of electronic prescribing in the State of New Jersey has increased exponentially since the aforementioned regulation took effect. With a 123% increase in the total prescription routing volume from 2006 to 2007 and a 95% increase from 2007 to 2008, New Jersey is 12th in the nation for total prescription routing volume with 2,333,523 electronic prescriptions in 2008. This dramatic increase in electronic prescribing can be understood as a corollary to the substantial increase in the number of New Jersey physicians prescribing electronically and the number of community pharmacies filling electronic prescriptions. The number of New Jersey physicians prescribing electronically increased 84% from 2006 to 2007 and increased 57% from 2007 to 2008, with the number of community pharmacies filling electronic prescriptions increasing 70% and 75%, from 2006 to 2007 and 2007 to 2008, respectively.²

¹ N.J.A.C. 13:39-7.11, et seq.

² Surescripts 2008 National Progress Report on E-Prescribing (www.surescripts.com)

Lab Ordering and Results Delivery

The large national laboratories—including Quest Diagnostics and LabCorp—provide connectivity solutions for orders and results to ordering physicians, and they have a large presence in New Jersey. These connectivity solutions include proprietary portals for orders and results as well order and results interfaces with electronic medical record systems used by physicians. However, laboratory orders and results that are stored on paper or electronically within large health-care facilities still often remain siloed. Proposed hospital-based Health Information Exchanges that are burgeoning in New Jersey will help ameliorate that problem. Exchanges in Camden and Newark are already exchanging lab results. New Jersey's strong public-health reporting programs have furthered the goal of Statewide exchange of laboratory results. The New Jersey Department of Health and Senior Services maintains the Communicable Disease Reporting and Surveillance System, winner of a 2009 HIMSS Davies Award, combines disease reporting, precise geo-referenced data to track disease outbreaks and identify potential clusters, and a robust patient matching component to ensure accuracy and linkage.

We note that New Jersey's State Plan emphasizes that the services offered through a proposed Statewide New Jersey Health Information Exchange would include the national labs as well as hospital and local/regional laboratories. This is, in fact, one of the central use-cases prioritized by the NJ Health IT Commission. The goal is to ensure that physicians have electronic access to laboratory results and can access a comprehensive longitudinal view of patient results. Access to lab results will help to improve patient care and eliminate duplicate testing. In addition, physicians will realize efficiencies by not having to access multiple portals, faxes, or mailed reports to obtain results for patients. As electronic orders are incorporated, additional benefits will be realized by both laboratories and ordering physicians. Laboratories who rely primarily on mail or fax to deliver results to physicians will realize cost benefit by leveraging the NJHIE infrastructure to enable the electronic delivery of results to ordering

physicians. Furthermore, the costs to the health-care system and to patients should be reduced by eliminating duplication and unnecessary testing that often results from the absence of records.

Public-Health Reporting

As the designated public health authority for the State of New Jersey, the New Jersey Department of Health and Senior Services (Department) receives mandatory reports from healthcare providers and laboratories on 162 conditions consisting of diseases, illnesses, injuries and events. These conditions must be reported pursuant to State law and administrative rules. In addition to “patient care-related” information about the condition (such as date of diagnosis and treatment modalities) these reports must also include identifying information for the individual who is the subject of the report (name, address, date of birth, etc.).

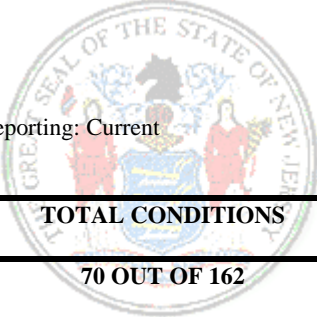
Through the monitoring, assessment and analysis of these reports, the Department is able to intervene with the goal of protecting and improving the health, welfare and safety of individuals and the general public. Interventions include public education campaigns, notifying contacts of individuals infected with communicable diseases, dedicated research funding for specific conditions, and developing screening strategies targeted to groups who are at greater risk for a specific condition. Conditions that are subject to mandatory reporting include diseases without reference to etiology (AIDS, SARS, etc.), diseases due to a specific etiology (work-related asthma, work-related pneumonitis, etc.), disease exposure (pediatric HIV, etc.), injuries due to a specific etiology (traumatic spinal cord injury, work-related fatalities, etc.), iatrogenic events (serious infections caused by hospitals, etc.) and various illnesses (birth defects, childhood lead toxicity, malaria, etc.). There are also several significant healthcare-related events that are mandatorily reportable including immunization, birth, death, discharge from an acute care hospital and open heart surgery.

The Department continues to make progress towards its goal of a robust fully-integrated public health surveillance system that is interoperable in real-time with electronic medical records and regional health information exchanges. Through the leveraging and elevation of such a Public Health Information

Exchange System, New Jersey will be capable of seamlessly coordinating patient care activities and public health activities that mutually enhance distinct, and at times overlapping, goals. For example, the Department would be able to coordinate outreach activities for patients identified as having a reportable condition whose medical record does not appear to indicate that they are being treated for the reported condition – the Department has already begun to provide immunization data to local health information exchange initiatives.

Of the 162 mandatorily reportable conditions, currently seventy (70) are required to be reported electronically and nineteen (19) can only be reported by regular mail, of which one will be required to be reported electronically in 2011. The remaining seventy-three (73) conditions can be reported electronically or by regular mail, of which fifty-five (55) will be required to be reported electronically in 2010.

Table A – Status of Electronic Public Health Reporting: Current



REPORTING METHOD	TOTAL CONDITIONS
ELECTRONICALLY ONLY	70 OUT OF 162
PAPER or ELECTRONICALLY	73 OUT OF 162
PAPER ONLY	19 OUT OF 162

Table B – Status of Electronic Public Health Reporting: 2010 (Projected)

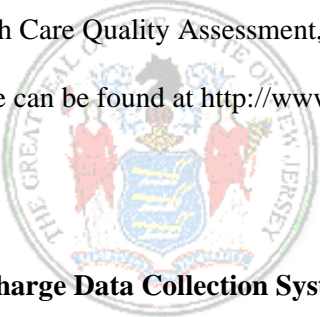
REPORTING METHOD	TOTAL CONDITIONS
ELECTRONICALLY ONLY	125 OUT OF 162
PAPER or ELECTRONICALLY	18 OUT OF 162
PAPER ONLY	19 OUT OF 162

Table C – Status of Electronic Public Health Reporting: 2011 (Projected)

REPORTING METHOD	TOTAL CONDITIONS
ELECTRONICALLY ONLY	126 OUT OF 162
PAPER or ELECTRONICALLY	18 OUT OF 162
PAPER ONLY	18 OUT OF 162

Quality Reporting Capabilities

The New Jersey Department of Health and Senior Services is responsible for tracking the quality of healthcare facilities throughout the State, ultimately improving the quality of care. Robust databases and quality-reporting systems are central to that effort. The following is a list of electronic databases that are currently housed in the Office of Health Care Quality Assessment, Department of Health and Senior Services. Descriptions of each database can be found at <http://www.nj.gov/health/healthcarequality>.

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- I. The New Jersey Discharge Data Collection System (NJDDCS) (Web-based):** Collect data and produce reports on the approximately 1.1 million in-patient admissions and 2.4 million emergency room visits in New Jersey each year (NJAC 8:31B-2)
- II. The New Jersey Hospital Quality Data:**
Manage the data reporting system on hospital quality; currently 27 CMS-endorsed quality measures. Produce the New Jersey Hospital Performance Report, both in print and on the web. Interactive web site allows users to compare individual hospitals and find other consumer information (NJAC 8:56-2)
- III. The Open Heart Surgery Data Registry (OHS):**

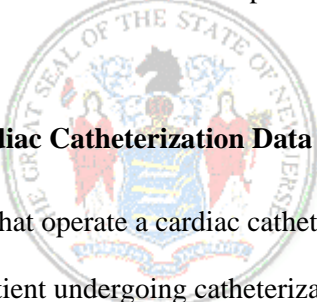
New Jersey's cardiac surgery hospitals are required to report data on each patient undergoing open heart surgery. The Department's Open Heart Surgery Registry contains this patient-level data from 1994 to the present.

Hospitals report demographic data on patients -- such as age, sex and zip code -- as well as information on insurance coverage, name of hospital and surgeon. They also provide information on medical history and risk factors known to affect a patient's outcomes.

The department uses this data to create risk-adjusted mortality rates for each hospital and surgeon performing one common type of open heart surgery -- coronary artery bypass graft surgery. All data are risk-adjusted to give "extra credit" to hospitals and surgeons treating sicker patients. Each year, the findings are published in a cardiac surgery consumer report, which is available both in print and on the Department's website.

(NJAC 8:33G)

IV. The New Jersey Cardiac Catheterization Data Registry (NJCCDR):



New Jersey hospitals that operate a cardiac catheterization laboratory are required to report data on each patient undergoing catheterization. This includes both diagnostic and interventional catheterization procedures. The information is collected in the Department's Cardiac Catheterization Registry, and used both to assess compliance with licensing standards and to monitor cardiac catheterization trends hospitals that operate a cardiac catheterization laboratory are required to report data on each patient undergoing catheterization, both diagnostic and interventional catheterization procedures. The information is collected in the Department's Cardiac Catheterization Registry, and used both to assess compliance with licensing standards and to monitor cardiac catheterization trends.

V. The Hospital Patient Care Staffing Program (Web-based):

New Jersey law requires hospitals to compile and report information on the number of staff involved in direct patient care. Hospitals must post staffing information daily in the facility, provide the information when requested by the public, and report monthly to DHSS (NJAC 8:43G).

VI. The Healthcare-Associated Infections Project Database (Web-based):

Legislation adopted in 2007 requires New Jersey hospitals to submit uniform data to the New Jersey Department of Health and Senior Services on health care facility-associated infections. This law also requires the Department to review, analyze and report this information to the public as part of the hospital performance report (NJAC 8:56-2)

VII. The Patient Safety Reporting System (Moving to web-based reporting system):

In 2004, the **New Jersey Patient Safety Act** (P.L. 2004, c9) was signed into law. The statute was designed to improve patient safety in hospitals and other health care facilities by establishing a medical error reporting system. We are currently working with a vendor to develop and implement the web based IT reporting system for this program (NACJ 8:43E).

VIII. The New Jersey Acute Stroke Registry (NJASR) (Will start data collection on January

1, 2010): Monitor the quality of services provided to acute stroke patients through analysis and reporting of patient level data collected from hospitals. The Department will collect specific stroke measures from hospitals beginning January 2010 (NJAC 8:43G).

Medication Histories

A number of proposed or operational HIEs in New Jersey focus on prescription drug histories as a central use case. In Camden, Newark, Trenton, and Atlantic City, HIEs are aggregating medication histories by linking records through robust matching. HIEs either already are receiving, or propose to receive, Medicaid prescription drug data from the MMIS database. New Jersey Medicaid has integrated its prescription-drug data and is poised to exchange with HIEs. Horizon Blue Cross Blue Shield and other New Jersey insurers, of course, maintain robust drug databases of their beneficiaries; many insurers have internal Pharmacy Benefit Managers. In the future, prescription-drug histories will be a main focus of a Statewide Health Information Exchange. New Jersey believes that, given the wealth of information that such histories can yield for providers, and the small number of sources that hold a large amount of aggregated data, medication histories ought to be the focus of a State HIE. The New Jersey Health Information Technology Commission has held several discussions on ways in which to aggregate prescription drug data and link them through probabilistic matching required for a State Record Locator Service; the Commission recently held discussions with Minnesota, which has one of the most advanced and successful statewide medication-history exchanges in the nation. New Jersey expects to use a combination of several sources—insurance companies, PBMs, hospitals, and SureScripts—to combine all HIE efforts on prescription drugs and link them with a Statewide medication history initiative.

Clinical Summary Exchange

New Jersey currently has at least 9 HIEs (defined as across providers and hospital systems) that are in various stages of evolution. The South Jersey Electronic Medical Record Exchange (SJ-EMRX), the Camden HIE, and the Newark Health-e-Citi projects are just three examples where current clinical information is being exchanged among multiple providers. The HIE endeavors, which centers around clinical summaries, began in 2006 when a number of community stakeholders came together to develop a New Jersey specific Regional Health Information Organization Business Plan/Feasibility Study that was

funded by the New Jersey Hospital Association and Horizon Blue Cross Blue Shield of New Jersey. Since that time a number of hospitals and physicians have gotten together to form HIE organizations around the State. This effort has also included Federally Qualified Health Centers (FQHCs) that have had early success results in Newark's Health-e-Citi project. Like most New Jersey hospitals, Newark hospitals experience significant emergency department volume for those underserved patients that should and could be treated more efficiently in a clinic or primary care environment. In Camden, the Camden Coalition of Health Care Providers for eight years has been using claims data to identify Emergency Room "frequent fliers" and employ a medical-home model to better coordinate their care at primary-care practices. The Coalition recently added a real-time HIE component that will allow the exchange of data, such as clinical summaries, between the three city Emergency Rooms. Diabetes care management is their first use-case. An initiative undertaken by Clara Maass, an acute-care hospital located in Belleville, N.J. involves the exchange of robust data using Emergency Department Information Management Solutions, which serves 15 EDs in New Jersey. An initiative that New Jersey is particularly excited about involves an electronic version of a Universal Transfer Form (UTF) being developed by the company IGI and piloted in several long-term care and hospital settings; health-care workers in both LTC facilities and hospitals can easily access crucial data about residents/patients in real-time with this tool, which replaces the unreliable system of multiple faxes or oral communications that are often used at the time transfers occur.

Exchanging information between hospitals, physicians and FQHCs is a key factor in this important paradigm shift for better care coordination especially for underserved patient populations. Many of these patients don't have the financial means to visit multiple locations or miss work to spend multiple hours in an ED for non-emergent treatment. This also creates greater hardship on the hospital's ED staff and the patients they serve who need urgent, acute care. New Jersey HIEs will give caregivers an opportunity for improving the care of these underserved patient populations with greater coordination and efficiency thereby improving the overall care experience for both emergent and primary care patients. Again, this is


just one example in one project that is included in the NJ Statewide HIE proposal. Without the ability to share clinical information among regional caregivers, patients will continue to select inefficient costly care with no ability to properly coordinate appropriate cost-effective care.

State Status in Project Planning and Implementation

The State of New Jersey has engaged in high-level HIT planning for years and accelerated planning in recent months. As a result, The Health Information Technology Commission and the Office for e-HIT are jointly submitting both Strategic and Operational Plans that address all of the topics, domains, and themes required by ONC.

B. Project Summary

i. Community Health Information Exchange project summaries



To further Health Information Exchange as widely and immediately as feasible, the State of New Jersey issued a Request for Applications to seek Health Information Exchange project proposals seeking financing as a sub-grantee of the ONC's Cooperative Agreement Program. Applicants were asked to submit an Application and a Grants Criteria Narrative, which asked them to fulfill certain mandatory criteria that matched ONC's requirements of states and certain optional criteria that reflected New Jersey's top clinical priorities, as determined by the N.J. Health IT Commission. A point system was published as part of the RFA on a scale of 1-100, with 75 potential points available from fulfillment of mandatory criteria and 25 points available from fulfillment of the optional criteria. More information on the RFA is available at nj.gov/recovery/grant.

All projects submitted by the State to the ONC were required to plan advancements in the exchange of clinical health information that improve the quality and timely delivery of care. Applicants were informed

that the State's application to ONC would strive to establish a series of regional health-information exchanges that would be integrated into a State-established, secure Master Patient Index/Record Locator Service that can be queried for patient-specific health information. Potential applicants were reminded that the State must, pursuant to the New Jersey Health Information Technology Act of 2007, create a private and secure, Statewide, self-supporting interoperable network that will become part of the National Health Information Network (NHIN).

Thus, the State sought applications that would fulfill those statutory obligations, comply with the mandatory and potentially optional criteria, and provide a plan for sustainable health information exchange centered around interoperable health-information systems and improved care coordination. Potential applicants that simply sought to digitize health records currently on paper were not eligible for consideration; only those proposals that documented plans to leverage and elevate electronic capabilities to increase care coordination across settings were considered.

Project scoring and selection were made by a Multi-Departmental Review Panel composed of representatives of the New Jersey Department of Health and Senior Services, the Department of Banking and Insurance, the Department of Human Services, the Department of Children and Families, and the Office of Information Technology. Any project with an average score over 80 was deemed eligible for funding. We then evaluated the projects approved for funding for their scope and technological ability to achieve regional coverage. Four (4) projects emerged and scored the highest: The Camden Health Information Exchange centered in the Camden metropolitan area; the Health-e-Citi community centered in the Newark metropolitan area; the Northern and Central New Jersey Health Information Exchange Collaborative; and the South Jersey Health Information Exchange.

These four projects are expected to become the aforementioned integration centerpieces for North, Central, and South Jersey. Catchment areas will actually shape Health-e-Citi as a Northeast New Jersey regional exchange, representing the most populous area of the State; Northern & Central will capture

Central and Northwest New Jersey; South Jersey HIE will encompass Southern New Jersey; and Camden HIE will encompass a Southwest region of the State, across the Delaware River from Philadelphia. The Camden HIE is the most geographically confined community HIE. However, the State intends to assist in expanding the Camden Health Information Exchange, which builds on eight years of documented improvements to patient outcomes and efficiency by the Camden Coalition of Healthcare Providers.

The project applicants have been informed of this expectation; that their contracts with the New Jersey Health Care Facilities Financing Authority will mandate that they integrate other HIE-ready institutions and practices in their regions, which will require adherence to full-scale interoperability as defined by the ONC Standards Committee and informed by Healthcare Information Technology Standards Panel (HITSP); and that the State’s governance plan includes the regulation and certification of regional HIEs.

Below is a summary of the planned operational establishment of the four State-sponsored community HIEs according to ONC requirements for key domain considerations. We intend to thread these regional exchanges together in a Statewide HIE with a State Record Locator Service, but the community HIEs described below are “shovel-ready”—either implemented or in the implementation process—and therefore consistent with the goals of Recovery Act funding.

Building the New Jersey Regional HIE Foundation

Table 2 summarizes the readiness of the selected New Jersey HIE communities. Three of the HIE communities are in Stage 5 of development and implementation, and one that is in Stage 4. The State feels this is a solid foundation to invigorate advanced, operational and implementable HIE projects throughout the entire State.

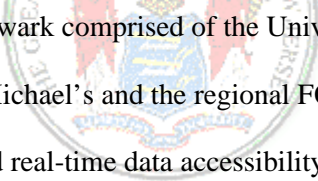
New Jersey HIE	Stage of Development	Governance	Finance	Technical Infrastructure	Operations	Legal / Policy
Camden	Stage 5	Active	Funded	Central	Active	Defined
Health-e-CITI	Stage 5	Forming	Plan	Federated	Active	Plan

Northern & Central NJ HIE	Stage 5	Forming	Plan	Centralized	Active	Plan
Southern NJ HIE	Stage 4	Existing Community	Plan	Hybrid	Active	Defined

Table 1 New Jersey Regional HIE Capabilities Summary

Details for each of the four communities can be found in the Environment Scan of the attached State Plan. The following is a qualitative summary of the development and implementation status of the communities across the five domains.

Health-e-ciTi-NJ



The Health Systems Workgroup of Newark comprised of the University of Medicine and Dentistry of New Jersey, Newark Beth Israel, St. Michael's and the regional FQHC have adopted the HIE effort of Newark Beth Israel and seek to expand real-time data accessibility on a number of levels and for several purposes. Such purposes include an Emergency Room "frequent-flier" reduction program and a chronic-care coordination program. When the HIE is fully established, it will contain an electronic Universal Transfer Form, data from the State Immunization Registry, Medicaid prescription-drug data, and other Medicaid data; but ultimately it will need additional data to address the programs mentioned above. As the genesis of the expanded vision of the Health-e-ciTi-NJ exchange, Newark Beth Israel is establishing a data exchange with the 7 sites of the regional FQHC. The first FQHC site went live September 21, 2009.

Governance

The existing Workgroup's HIT Governance Subcommittee has been developing an effective, sustainable governance model similar to the collaborative effort of the Workgroup as a whole, while being even further inclusive by opening up to the surrounding areas of East Orange, Elizabeth, and Jersey City in its

first phase. It has been determined that Health-e-cITi-NJ will need to become a freestanding 501(c)(3) entity. The Workgroup HIT Governance Committee will become the Board with expanded scope of representation including a representative from each participating entity, a representative from NJ Medicaid, and primary care provider representatives.

Finance

The projected total five year project budget is \$6.4 million for Phase 1 which includes the 6 hospitals and physician offices. The full Phase II as proposed, which also occurs across the 2010-2014 timeframe, would require additional \$3.6 million. Sustainability is premised on government-sponsored funding interventions.

Technical Infrastructure

The Health-e-cITi-NJ architecture uses a federated approach and is based on Service Oriented Architecture principles applied to the applicable IHE profiles and is in conformance with the HITSP Integration profiles. Health-e-cITi-NJ is using a two-tiered approach of edge servers, to connect providers to normalize their data to HL7v3, and core servers where shared services reside such as terminology and MPI. For connectivity to federal entities using the Federal Health Architecture, Health-e-cITi-NJ will exchange data using a CONNECT adapter. These architecture solutions are currently in place at Newark Beth Israel.

Business and Technical Operations


The Health-e-cITi-NJ initiative seeks to expand beyond Newark Beth Israel to enable HIE integration with other Newark health systems including University of Medicine and Dentistry Hospital, St Michael's Medical Center, East Orange General Hospital, Trinitas Medical Center Hospital, Clara Maass Medical Center, Newark Health Centers, Federally Qualified Health Centers, Newark Department of Child and Family Well Being and approximately over a thousand physicians. In phase II of the Health-e-cITi-NJ

initiative, HIE integration will expand to other hospitals, physician's practices, Federal Qualified Health Centers in urban locations in Essex, Hudson, Middlesex, Passaic, and Union counties.

Legal / Policy

Health-e-cITi-NJ is committed to developing legal policies that are in line with requirements as set forth in federal and State laws and regulations. Legal Counsel for Health-e-cITi-NJ has identified and begun drafting the necessary agreements in order to operate within the applicable laws. Health-e-cITi-NJ will comply with all applicable State and Federal Regulations and policies that govern the exchange of health information, including but not limited to HIPAA, and State laws requiring special protections for mental health, substance abuse and HIV information.

Northern and Central New Jersey HIE Collaborative



The Northern and Central New Jersey Health Information Exchange Collaborative (Collaborative) is an ad-hoc collaboration of many hospital systems, provider organizations and long term care facilities, and has come together to leverage existing Health Information Exchange capabilities used by Atlantic Health System. The Collaborative intends to seek 501(c)(3) status to formalize the organization around a common vision of improved health information exchange in the broadly defined region of northern and central New Jersey. Given the broad geography, there is overlap with a number of other NJ HIE initiatives underway which would need to be resolved in some manner of coordination and collaboration.

Governance

The Collaborative intends to be more flexible and dynamic in support of the broad goals and objectives of such a large collection of participants. The Collaborative anticipates that it will form a 501(c)(3) so as to be able to accept outside donations to sustain ongoing operations.

Finance

The four year estimated project funding requirements are \$10.4 million. The Collaborative places emphasis on establishing a robust sustainability model with a focus on ensuring each member maintains the flexibility to pursue individual strategic initiatives within their local communities and, as such, leverage the connectivity that the Collaborate enables. An important element of the approach is the use of a technology platform which allows members to join without the burden of complex infrastructure and the associated on-going costs of maintenance. This methodology will help prevent the Collaborative from being saddled with large fixed costs and provide significant flexibility for members. The Collaborative is seeking funds for operations in a roughly even split between the State HIE cooperation agreement and other sources.

Technical Infrastructure

The Collaborative is currently proposing a patient-centric network built around an accessible central Health Record. The technical solution is premised on RelayHealth and its Virtual Information Exchange platform. Within the Collaborative Exchange, information will be aggregated from different sources including hospitals, labs, public health registries, community physicians, and health plans. Having access to the information in the Health Record, patients can play a more active role in their receipt of healthcare, and providers can improve the efficiency and effectiveness of the way in which care is coordinated and delivered.


Business and Technical Operations

The operations plan is premised on expanding Atlantic Health System's existing RelayHealth HIE environment and services. Today, this includes over 700 connected physicians, two participating hospital systems, large and small physician groups and practices, and over 385,000 connected patient records with more than 25,000 citizens actively connected and communicating and exchanging clinical and administrative information with their physicians. Pharmacies, hospital labs and LabCorp commercial reference lab also currently participate in transmitting and exchanging over 10,000 electronic prescriptions and over 45,000 clinical documents and lab test results per month.

Legal / Policy

It is the intent of the Collaborative to ensure compliance with both Federal and New Jersey privacy laws. At present, New Jersey privacy laws align with those defined by the Federal government and the exchange platform being utilized by some of our stakeholders today is in compliance with Federal privacy laws. As the Collaborative organizes more formally, policies and procedures will be put in place to ensure notifications happen as required. The intent will be to mitigate any risks associated with a breach by partnering with organizations and vendors that enforce strong privacy, security and breach mitigation policies. As the Collaborative expands to include additional stakeholders, they anticipate formulating a common set of policy guidelines in keeping with each of our institutional goals and allowing for the continued growth of an already strong and vibrant network of connectivity.

South Jersey Health Information Exchange



The Southern New Jersey HIE is the collaboration between InfoShare, which can be deemed the implementing RHIO, and the Electronic Medical Record Exchange of South Jersey ("EMRX-SJ"), which has served as a multi-stakeholder HIE governance and collaborative forum. For the proposed first phase, a three-county area of South Jersey to include Atlantic, Cape May and Cumberland counties will be connected. These counties have 4 hospital providers and a population of approximately 500,000. The three counties comprise a mix of patients that is typical in New Jersey in terms of number of insured, elderly, those on vacation, transient, with a mix of urban, suburban and rural locations. Hence the SJHIE will be servicing the underserved population in rural communities as well. These attributes make the three-county area desirable for the pilot. Data is not yet currently being shared between all the facilities, but they envision a full and robust exchange of all clinical data once the HIE is operational.

Governance

The SJHIE will be a complex dual path of governance with InfoShare and EMRX cross pollinating their mutual governance charters. EMRX has been the existing forum for gathering community stakeholders including hospital providers, physicians, visiting nurses, payers, United Way, and Jewish Federation and other educational and social-services organizations. EMRX will invite the Department of Banking and Insurance and New Jersey Department of Health and Senior Services to participate in the governance as a part of SJHIE. It is proposed to ‘cross-pollinate’ board members between InfoShare and EMRX by inviting one member of EMRX to serve on the InfoShare Board.

Finance

Phase 1 financing focuses on connecting AtlantiCare, Shore Memorial, Cape Regional and South Jersey Health System hospitals, Crestview and Seashore Gardens Nursing Homes to the SJHIE as well as non-hospital organizations such as Horizon, Medicaid and LabCorp. Equitable distribution of staffing costs across existing InfoShare customers and the EMRX participants needs to be refined.

Technical Infrastructure

Solutions from Wellogic serve as the technical foundation of this hybrid architecture. Wellogic is the current platform used for the AtlantiCare Health Information Exchange / InfoShare, and therefore will be used to streamline a reusable adoption process. In this model, Synapse, and the Wellogic clinical data repository (CDR) are deployed at a central site. Each major data contributing organization would have a smaller instance of the Wellogic Platform, including the Wellogic CDR installed on an Edge Server behind their firewall. The CDR in each of these Edge Servers is used as an intermediate data store. When Consult—the community portal that is used by clinicians—fulfills a user request, Consult accesses the intermediate data store in real time. This information is then either presented to the user via the Consult web application or populated into the user’s system.

Business and Technical Operations

The first phase will focus on connecting the hospital providers and one nursing home in the three counties of Atlantic, Cape May and Cumberland. In the second phase, a physician EMR product will be introduced, connecting approximately 100 physicians. InfoShare has packaged the HIE to enable standard deployments with customization for local variation. An experienced team is in place to drive the implementation and ongoing management and development of the selected tools and services.

Legal / Policy

AtlantiCare worked closely with external counsel and in-house counsel to determine policy and procedures with regards to privacy and security. The InfoShare Security Analysts have already worked with Wellogic to develop the security architecture and user configurations for the AtlantiCare HIE provider portal. This knowledgebase will be utilized and built upon for the SJHIE security framework as well.



Camden Health Information Exchange

The Camden Coalition of Healthcare Providers has built a Citywide Health Database with eight (8) years of claims data from the three main hospitals in the city: Cooper, Lourdes, and Virtua. The data includes Emergency Department and hospital visit information, but it is dated, as it is collected after the fact, and claims data itself is limited in clinical value. Nevertheless, the Coalition has used it to build a Care Management Project targeting high utilizers of the local hospitals and to facilitate a new Citywide Diabetes Collaborative working with ten local primary care offices on a patient-centered medical-home transformation. To make the diabetes collaborative, and all future initiatives, more effective, the Coalition has worked with the hospitals to establish a Camden Health Information Exchange which will allow a common view of lab results, radiology, and discharge summaries from Labcorp and Quest. The HIE, to be established by a software company that specializes in health-data exchange and patient matching, will

be a web-based tool initially provided to the Camden Coalition participants, including the FQHC called CamCare, and to certain care coordinators and hospitalists in the Emergency Departments of the three hospitals, though not all ER doctors in its first iteration.

Governance

A mature governance model has been established and been operating for eight (8) years. The HIE-specific plan is to create a HIE Committee and various Subcommittees to the Board in order to incorporate the desired elements of a broad collaborative governance model with accountability and transparency to public interests.

Finance

The four year project budget is \$4.7 million. Sustainability has been a top priority of the Coalition since its inception. The success in fundraising and building the Coalition over the last eight years has been due to close attention to stakeholders' needs, extensive behind-the-scenes relationship building, data collection with use of measurable outcomes, very strong staff with no staff turnover, and a slow and incremental approach to building projects. The Coalition has an annual budget funded from existing grants and stakeholder contributions. Each year for the next five years, Cooper will continue to absorb significant infrastructure costs including space, phones, human resources, and Internet connections.

Technical Infrastructure

The core technology of the Camden HIE will be the web-based solutions provided by Noteworthy Medical Systems. It will be accessible by any provider with web access. The first phase allows access to labs, radiology, and discharge summaries for hospital-based, ED, and primary care physicians across the City of Camden. It will also allow secure communication between providers.

Business and Technical Operations

The Camden HIE has a well thought-out and articulated operations plan. With the appropriate funding, the Camden HIE seeks a substantial expansion of services and capabilities beyond the Health Database and very limited EMR adoption in small primary care practices. The expansion plan also seeks to

transform what is now a voluntary and in-kind contribution operational model to a dedicated human resource foundation to support the deployment of the ambitious programs.

Legal / Policy

Security, privacy, and compliance with State and Federal health regulations are a top priority for the Camden HIE. Violations of the public trust would undermine the HIE, and jeopardize its long term survival. If one hospital, because of discomfort with the HIE's ability to secure data and comply with regulations, ceases to provide data, it is felt that the entire HIE would collapse. It is therefore a top priority of all participants.

ii. Required Regulations, Guidance and Outreach

Ensuring Compliance with Privacy and Security Requirements

The NJ Health Information Technology Act requires that the New Jersey Custodian of Electronic Health Records be fully accredited as to HIPAA and State Privacy and Security Requirements. New Jersey has had a HISPC Legal Working Group in operation since 2006. These privacy and security attorneys and other professional are consulted on all such issues and are actively involved in the decisions that are made by the Health IT Commission and the Office for e-HIT. The Office for e-HIT is an active participant in the New Jersey Bar Association Health Law Committee and has involved this group in review and approval of health IT issues related to privacy and security. Currently, we are working on electronic uniform consent, approval, release of personal health records and other health forms that will be essential in the operation of the statewide network.

Communications Strategy with Key Stakeholders

Our strategic and operational plans for communication with all elements of the health care delivery and support system will build upon the work that we have been doing since 1993. In that year, New Jersey joined with key stakeholders and all other individuals and organizations that are in any way connected with the health care industry to study the financial savings that might be released by the deployment and use of electronic systems for the adjudication and payment of health care claims. Since then we have built upon that network of stakeholders (See stakeholder outreach section below). Our specific communication plans going forward include the following:

1. Meet with all stakeholder groups to discuss the State's implementation plan and the value of health IT and the Statewide network.
2. Encourage the media to use the public service announcements developed by HISPC.
3. Continue to use the New Jersey Health Information Technology Commission as a forum for stakeholder presentation, interaction, input, and consensus-building.
4. Organize meetings with providers, consumers and trade associations throughout the state using the HISPC presentation material and the HISPC power points to demonstrate the value of health IT and the statewide network.
5. Establish a Speakers Bureau of specially trained State employees that will present the HISPC demonstration material to stakeholders around the State.
6. Issue press releases frequently highlighting the value of EHRs; any successes in the increase of the quality and timely delivery of health; convenience to patients and savings.

Community-based organizations and the Underserved

As we have described elsewhere in this document, the basic structure of our Health IT plan involves integrating local and regional health information exchange into a Statewide framework. Our main reasons for pursuing this approach are technological and operational. An important additional benefit of

working with regional and local partners, however, is the capacity for substantive community involvement. Three out of our four regional HIE partners has cited substantial community involvement in their formation and operation, including: leadership from the well-established community organization CamConnect in the Camden HIE; the significant role taken by United Way and Jewish Federation in the formation of the South Jersey HIE; and the central role of the community group New Jersey Appleseed in the formation of Health-e-Citi beginning in Newark.

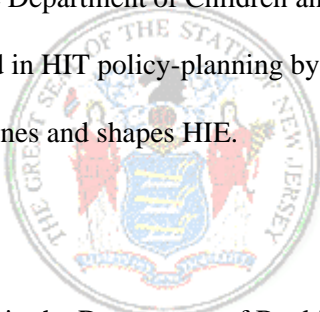
The ability to focus initial HIE efforts on medically underserved urban populations is also major reason for our focus on regional initiatives and Medicaid integration. Three of our regional partners are already operating health information exchange at the local level—Health-e-Citi, Camden HIE, and InfoShare/South Jersey HIE. Each of these three has begun its exchange, with strong encouragement from State government, incorporating safety net providers in a major urban center—respectively, Newark, Camden and Atlantic City. Each is either using or has concrete plans to use Medicaid claims data and immunization data from the Vaccines for Children Program.

One of the most significant barriers to even minimally coordinated medical care is the reliance on paper transfer documents between acute and post-acute and long-term care facilities, and New Jersey's Health IT Commission placed a high priority on developing electronic transfer capacity throughout the State. Each of our regional HIEs will be pursuing transfer documentation as a short-term, and highly achievable, goal.

The Medicaid component of New Jersey's Health IT Plan is also focused on the needs of several of the special populations listed by ONCHIT. The State's Medicaid HIT plan includes: the development of a dedicated pediatric EMR resource to serve the special needs of children; the conversion of state psychiatric facilities from paper to electronic records; and support for Medicaid-contracted long-term care facilities in conversion from paper to electronic records.

Stakeholder inclusion in planning and implementation

Numerous stakeholders from throughout the New Jersey health-care industry have been part of the policy planning process and will continue to be crucial as we move to implement HIE. New Jersey is committed to taking into account the Health IT and Health Information Exchange needs of the entire health-care community, including long-term care providers, nursing, home-health, mental and behavioral health, and specialty outpatient providers, among others. As HIEs become operational, the State, through its HIE governance and regulation, will ensure that the entire community of health-care providers are incorporated and given access to the greatest extent possible. From a policy perspective, our inclusive governance structure is designed to ensure that all sectors and providers have a seat at the table to help shape Health Information Exchange policy and regulation. The State government, through the Department of Health and Senior Services, the Department of Banking and Insurance, the Department of Human Services and its Medicaid division, the Department of Children and Families, and the Health IT Commission, all of whom are involved in HIT policy-planning by statute, will remain committed to this multi-stakeholder approach as it convenes and shapes HIE.



Planning Process

For nearly a decade, William O'Byrne in the Department of Banking and Insurance and now the State Coordinator of that Department's Office for e-HIT, has developed relationships with key health IT stakeholders from around the State. Those include the Health Plans Association and its affiliate members such as Horizon Blue Cross; the New Jersey Hospital Association; the New Jersey chapter of HIMSS; and the New Jersey Bar Association, among others. The State's contracts with the Health Information Privacy and Security Collaborative (HISPC) encompassed every major health-care stakeholder in the State because of the interests and concerns of privacy and security of health data. Similarly, the New Jersey Commission on Rationalizing Health Care Resources, chaired by Princeton Economist Uwe Reinhardt, represented key health-care stakeholders and conceptualizes how health information technology and exchange could help transform care in the State. Its final report was released in early 2008

and the chapter on health IT remains a lodestar for those planning HIT and HIE initiatives and policies in the State.

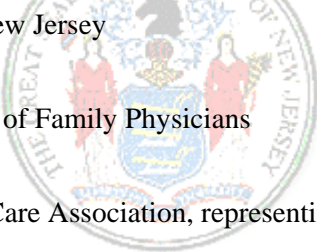
In December 2008, the New Jersey Health Information Technology Commission convened its first meeting. As an ongoing concern dedicated to HIT and HIE planning, the Commission represents the multi-stakeholder and multi-departmental planning and oversight body that the Office of the National Coordinator envisions in its guidance documents. Thanks to the wisdom of Governor Jon S Corzine and Assemblyman Herb Conaway, its membership includes extremely broad representation from throughout health care in New Jersey. By statute, members represent:

- Pharmacists; Acute-care non-teaching hospitals; Acute-care teaching hospitals; Clinical laboratories; Health insurance carriers; a Quality Improvement Organization; Attorneys with expertise in health-privacy issues; Registered nurses; the public, with three memberships; and three physician members, including a psychiatrist; and the departments of Health and Senior Services, Banking and Insurance, Human Services, Children and Families, and Treasury.

In addition to these memberships, the Commission has heard testimony over the months from other key stakeholders, such as a prominent representative from the long-term care industry, the academic community, urban primary-care providers, public health, and national HIT standard-setting bodies. Their presentations and input were incorporated into both this application and the adjoining State Plan. The Commission also liaises with key members of the health-care and HIT communities through its Policy, Technology, and Implementation Committees. In fact, one of the key charges of those committees is to conduct outreach to providers, technologists, support-services, health-system workers, attorneys, and executives who utilize and plan for health IT adoption and application in their various posts.

Stakeholder Involvement in Strategic and Operational Plans

Over the past several months, in anticipation of this submission to ONC, the Commission has conducted an outreach mission beyond its membership and its monthly meetings to ensure that all views are taken into account in the State Plan and in HIE planning. We believe that the input of these additional stakeholders, particularly the professional societies and associations representing providers, is essential to adequate HIT and HIE planning and policies. Certain concerns and recommendations from these stakeholders are critical for the formation of a comprehensive and full-fledged plan; their individual sector interests in most cases dovetail with both the advancement of health IT and exchange within the State of New Jersey and with achieving “meaningful use.” In cases where a balance with the larger whole needed to be struck, we still incorporated their views and concerns in that larger context; such is the consensus-building role of the Commission. Those additional yet essential stakeholders involved in the planning process include:

- 
- The Medical Society of New Jersey
 - The New Jersey Academy of Family Physicians
 - The New Jersey Primary Care Association, representing FQHCs
 - The New Jersey Hospital Association
 - The New Jersey Association of Mental Health Agencies
 - The New Jersey Health Care Association, representing long-term care providers
 - The New Jersey Association of Homes and Services for the Aging
 - The New Jersey Association of Health Plans
 - Thomas Edison State College
 - The New Jersey Chapter of HIMSS and much of its membership

- The New Jersey Institute of Technology
- Stevens Institute
- Rutgers University's Center for State Health Policy

We have pledged to maintain an ongoing dialogue with these and other stakeholders as implementation of HIE takes shape. In particular, we have formed a working group between the HIT Commission, the New Jersey Department of Health and Senior Services, and the professional societies representing both primary and long-term care. New Jersey believes that Primary Care Physicians, including pediatricians and family-practice physicians, are critical to the proliferation of health-information exchange and have been traditionally underrepresented and largely left behind in the adoption of Health IT. We intend to leverage Extension Centers and workforce training programs to ameliorate the absence of EHRs within practices, but we also aim to involve PCPs in the health-information exchange discussion and governance so that they see the benefits of actionable, real-time data and can help shape its creation and meaningful use. Similarly, long-term care providers have been, and continue to be, unrepresented in health IT. But the HIT Commission has heard testimony and held discussions that suggest a few key initiatives, such as an electronic Universal Transfer Form, could significantly advance the uptake of health IT and health information exchange in LTC facilities. These two constituencies, PCPs and LTC providers, will be central to our implementation of HIE, along with the other stakeholders discussed above.

Our governance structure for HIE implementation, particularly as it relates to the regional integration HIEs discussed herein, will go farther than incorporation of input, as critical as that is. New Jersey intends to enforce that regional HIEs exchange data with all HIE-ready regional providers, which will include PCPs, specialists, LTC facilities, mental and behavioral-health providers when appropriate and permitted, rehabilitation facilities, dentists, and other outpatient providers. The State's three regional HIE hubs are hospital-led; we applaud them for taking that initiative as community anchor institutions and will, of

course, be full partners in HIE policy planning; the State will also ensure that other providers are not excluded from that HIE planning, regulation, implementation, and utilization. The aforementioned relationships and codified Commission memberships, as well as the State's future governance plan, are designed to ensure the broadest possible stakeholder inclusion in HIE.

C. Performance Measures

The following measures are applicable to the implementation phase of the cooperative agreement. This initial set of measures is intended to establish state-specific and national perspectives on the degree of provider participation in HIE-enabled state-level technical services and the degree to which pharmacies and clinical laboratories are active trading partners in HIE. E-prescribing and laboratory results reporting are two of the most common types of HIE within and across states. Additional performance measures will be identified as part of the development of the operational plan including:

- Percent of providers participating in HIE services enabled by statewide directories or shared services. ONC will negotiate with each state to determine best way to further specify this measure based on the statewide directories and shared services pursued within each state under this program.
- Percent of pharmacies serving people within the state that are actively supporting electronic prescribing and refill requests.
- Percent of clinical laboratories serving people within the state that are actively supporting electronic ordering and results reporting.

Recipients will also be required to report on additional measures that will indicate the degree of provider participation in different types of HIE particularly those required for meaningful use. Future areas for performance measures that will be specified in program guidance will include but are not limited to providers' use of electronic prescribing, exchange of clinical summaries among treating providers, immunization, quality and other public health reporting and eligibility checking. New Jersey will incorporate federal reporting requirements into the performance measures as necessary.

D. Project Management

Representatives from the Department of Health and Senior Services, the Department of Banking and Insurance, and the Department of Human Services will form a Steering Committee, as described below. That Committee, which will include the State Coordinator of the Office of e-HIT, William O'Byrne, and the Executive Director of the NJ Health IT Commission, Jed Seltzer, will be responsible for day-to-day guidance of the grant project and the direction of the sub-grantees. Mr. Seltzer and Mr. O'Byrne will serve as co-Interim State HIT Coordinators. The Steering Committee will be guided in an advisory capacity by the Health IT Commission. All accountability and reporting from sub-grantees of operational HIEs will flow through the New Jersey Health Care Facilities Financing Authority, described below. NJHCFFA will likely need to hire 1-2 additional staff members to fulfill the responsibility.


E. Evaluation Methods, Techniques, Tools

Beginning four months after the execution of State Health Information Exchange Cooperative Agreement and the award to each of the sub-grantees, we will require that each participant in this program complete and file a quarterly **NJ ARRA Scorecard** that specifically speaks to the HIE's ability to meaningfully utilize exchanged data. The NJ ARRA Scorecard will measure such items as the reduction in duplicate imaging, labs and other testing; the availability of Rx data; reductions in manual labor costs associated with handling paper records; costs and time reductions associated with the use of electronic imaging and labs; time reduction in invoicing and cash flow; reductions in time and costs associate with eligibility

determinations; reductions in readmission rates; reductions in poor outcomes; increase in sharing EHRs with FQHCs and primary care providers and various other parameters related to success. In other words, the Scorecard will be an accountability tool to ensure meaningful use of HIE projects.

The State leadership also recognizes the absolute need for methods, techniques and tools to track and record data relative to the implementation and use of electronic health information technology, broadly speaking. We have already started to develop a scoreboard or report card to measure the use of EHRs and health IT in the delivery of health care. We will also enlist the Health IT Commission to assist in the refinement of the report card and to add other features that will enhance our success matrix.

In preparation for evaluation of our health IT development and implementation projects we have obtained the services of the academic community to conduct focus groups on the current landscape of health IT in New Jersey. We also have available certain statistical data from various state government sources such as:

- 
- The Department of Health and Senior Services quality-reporting databases, described above.
 - The Department of Banking Insurance HINT Prompt Pay and Clean Claim Records that record the use of electronic claims and the timeliness of the adjudication and payment cycle.
 - The Healthcare Effectiveness Data and Information Set (HEDIS) Reports
 - The HMO Report Card
 - The New Jersey Discharge Data Collection System.
 - Various reports and data assembled by the New Jersey Hospital Association, the Medical Society of New Jersey and the New Jersey – HIMSS.

This data is not contained in an integrated data system but it will give us a good picture of the current level of health IT and HIE development in New Jersey. These tools can be leveraged to measure HIE capacity and implementation.

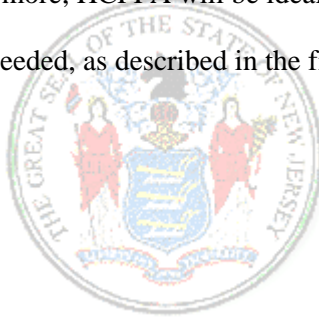
F. Organizational Capability Statement

Health Care Facilities and Financing Authority (HCFFA) - HCFFA, working closely and directly with the Health IT Commission and the Office for e-HIT will serve as the applicant and contracting agent for the Cooperative Grant Agreement, will execute all transactions to sub-grantees, and enforce all ARRA and State accountability functions. HCFFA has a long history of providing financial assistance to all types of New Jersey health-care provider institutions and practices. However, HCFFA will require significant health IT input to perform these functions and will be working in close coordination with the HITC and Office for e-HIT. The Commission and the Office will lead a Steering Committee composed of representatives from the Department of Human Services and Medicaid, the Department of Banking and Insurance, and the Department of Health and Senior Services. Commission members will lend expertise and serve an advisory role.

HCFFA is the State's primary issuer of municipal bonds for health care organizations. It was created in 1972 by an Act of the New Jersey Legislature to ensure that New Jersey's not-for-profit health care providers have access to low-cost capital. The agency is an independent authority of the State. By statute, the Commissioner of Health and Senior Services is Chair of HCFFA's Board and the Commissioners of Banking and Insurance and Human Services also sit on the Board. In addition, there are four public members appointed by the Governor with the advice and consent of the New Jersey State Senate.

HCFFA issues tax-exempt bonds for the benefit of health care organizations in the State. To date, they have issued approximately \$14 billion in bonds, including \$1.27 billion in 2008. Just about every hospital in the State has borrowed funds through the NJHCFFA, as well as many nursing homes, assisted living facilities, home health agencies, outpatient centers, and rehabilitation centers. The agency is self-supporting, relying on fees collected from borrowers rather than state general revenues.

HCFFA maintains a staff of 25 organized into four divisions – Office of the Executive Director, Project Management, Operations, and Research, Investor Relations & Compliance. They have the ability to hire additional staff, if needed. While HCFFA does not have any particular expertise in HIT, it has financed projects that included HIT deployments for hospitals. Further, some of the existing functions of the agency will be leveraged for the Governance of the HIE grant program. For example, staff in the Operations division monitors project costs, construction schedules and change orders to provide a basis to review and approve payment requisitions. Thus, HCFFA has relevant experience and staffing to assist in the disbursement and monitoring of grant funds. Also, staff in Research regularly reviews financial projections to assess the ability of potential borrowers to repay loans. This expertise has already been used to evaluate the financial sustainability of the grant applicants in the State’s RFA to be a part of the submitted application to ONC. Furthermore, HCFFA will be ideally suited to assist the sub-contractors with additional financial resources if needed, as described in the financial sustainability portion of the State Plan.



**State of New Jersey**

OFFICE OF THE GOVERNOR
PO Box 001
TRENTON NJ 08625-0001

JON S. CORZINE
Governor

October 15, 2009

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Dear Dr. Blumenthal:

The official State Agency for the State Grants to Promote Health Information Technology Program, for the State of New Jersey is: The New Jersey Health Care Facilities Financing Authority.

Name: Steve Fillebrown
Title: Deputy Executive Director and Director of Research, Investor Relations and Compliance
Agency: New Jersey Health Care Facilities Financing Authority (HCFFA)
State: State of New Jersey
Address: Station Building Plaza #4
22 South Clinton Ave.
Trenton, N.J., 08609-1212
Phone: 609-292-8585
Fax Number: 609-633-7778
Email: SFillebrown@NJHCFFA.com

Thank you for your consideration of New Jersey's grant application.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon S. Corzine".

JON S. CORZINE

APPENDIX: Letters of Commitment

The State of New Jersey, as described above, released a Request for Applications for community HIE projects. The deadline for submission was Sept. 25, and scoring by a Multi-Departmental Review Panel followed. Formal agreements between the operational HIEs described above and the State agency applying for ONCHIT funding, The New Jersey Health Care Facilities Financing Authority (NJHCFFA), have yet to be formalized. However, meetings have begun between the State and the applicants to be funded. We expect to finalize agreements in contract form in the coming weeks. The contracts will be between NJHCFFA and each funded HIE applicant and will detail the terms of the project, performance measures, milestones, accountability reports, and required governance. To demonstrate their commitment to working with the State on all aspects of their project and to regional HIE proliferation in New Jersey, Letters of Commitment from affiliate institutions of each project are attached. In-kind contributions and revised budget information from these HIE participants, based on the funding available from ONCHIT, is described in the Budget Narrative/SF-424. All funds available to New Jersey from ONCHIT are being designated for these community HIEs, also described in the Budget Narrative/SF-424. Letters of Support from other significant stakeholders involved with State planning are attached to the State Plan document.

EMRX-SJ

**Electronic Medical Records
Exchange of South Jersey
4 E. Jim Leeds Road, Suite #10
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** EX OFFICIO*

October 9, 2009

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

I am writing to express full and enthusiastic support for the New Jersey State Plan and grant application submitted for the adoption and facilitation of health information technology and health information exchange (HIE) throughout the State.

We believe strongly in the promise of a health information exchange to improve the quality and efficiency of care throughout New Jersey. AtlantiCare, our partner, has created a local HIE connecting local physicians and hospitals, with the intention of connecting to a larger, regional exchange as it becomes available throughout New Jersey.

We are fully committed partners of the State through our project EMRX-SJ. This effort represents a large base of social welfare, health, and educational organizations dedicated to deploying a HIE in southern New Jersey. Our organization has been meeting for several years and has an established a governance model, technology core, privacy and educational models for quick deployment of an exchange. We intend to work with the State of New Jersey, in all aspects, to further HIE adoption in our region by jointly planning implementation and expansion of our HIE to achieve true meaningful use for our physician and patients.

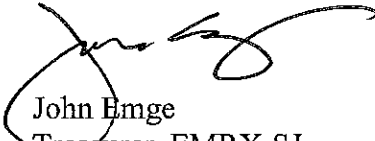
We also encourage the policy planners in New Jersey to continue to adopt plans that support the robust use of health IT. The New Jersey Departments of Health and Senior Services and Banking and Insurance, in collaboration with the New Jersey Health Information Technology Commission, the Department of Human Services, the Department of Children and Families, and the Office of Information Technology, have already made significant progress in policy planning for HIE, and we strongly encourage your approval of New Jersey's application for grant funds and its State Plan.

We know that the availability of real-time patient-level health-information is central to achieving both robust HIE's and "meaningful use" of that data. We support that initiative as we endeavor to change the way healthcare is accessed and made available to our communities.

With access to actionable, real-time data, New Jersey's health-care providers can and will improve healthcare quality and efficiency of care. This change will benefit not only our citizens, but our healthcare community as well.

In closing, EMRX-SJ is giving full support of this application and State Plan, and encourages you to fund this effort fully and with all available resources.

Thank you,



John Emge
Treasurer, EMRX-SJ
jemge@unitedwayac.org



David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Date: 10/9/2009

Dear Dr. Blumenthal,

I am writing to express my full and enthusiastic support for the New Jersey State Plan and grant application submitted for the adoption and facilitation of health information technology and health information exchange (HIE) throughout the State.

We believe strongly in the promise of a health information exchange to improve the quality and efficiency of care throughout New Jersey. InfoShare has created a local HIE connecting our local physicians to our hospital, with the intention of connecting to a larger, regional exchange as it comes on-line

We are fully committed partners of the State through our project EMRX-SJ. This effort represents a large base of social welfare, health, and educational organizations dedicated to deploying a HIE in southern New Jersey. This group has been meeting for several years and has an established governance model, technology core, privacy and educational models in place for quick deployment of an exchange. We intend to work with the State of New Jersey, in all aspects, to further HIE adoption in our region by jointly planning implementation and expansion of our HIE to achieve true meaningful use for our physician and patients.

We also encourage the policy planners in New Jersey to continue to adopt plans that support the robust use of health IT. The New Jersey Departments of Health and Senior Services and Banking and Insurance, in collaboration with the New Jersey Health Information Technology Commission, the Department of Human Services, the Department of Children and Families, and the Office of Information Technology, have already made significant progress in policy planning for HIE, and I strongly encourage your approval of New Jersey's application for grant funds and its State Plan.

We know that the availability of real-time patient-level health-information is central to achieving both robust HIE's and "meaningful use" of that data. We support that initiative as we endeavor to change the way healthcare is accessed and made available to our communities.

With access to actionable, real-time data, New Jersey's health-care providers can and will improve healthcare quality and efficiency of care. This change will benefit not only our citizens, but our healthcare community as well.

In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Thank you.

A handwritten signature in black ink, appearing to read 'Daniel Morreale', with a large, stylized flourish at the end.

Daniel Morreale, President InfoShare
6725 Delilah Road
Egg Harbor Township, New Jersey 08234
609-407-7757
609-407-7607
Daniel.morreale@atlanticare.org



CORY A. BOOKER
MAYOR
NEWARK, NEW JERSEY 07102

Maria E. Vizcarrondo, MS

DIRECTOR

Dept. Of Child and Family Well-Being

110 William Street, Rm 208

Newark, New Jersey 07102

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E-mail: vizcarrondom@ci.newark.nj.us

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

October 14, 2009

Dear Dr. Blumenthal,

I am writing to express my enthusiastic support for the State Plan and grant application submitted by the State of New Jersey for the adoption and facilitation of health information technology and health information exchange (HIE) throughout the State.

We believe strongly in the promise of health information exchange to improve the quality and efficiency of care throughout New Jersey. As a result, we have been involved in HIE in New Jersey by initiating The Health-e-cITi NJ HIE to support the underserved population and hospitals of the state. We will be collaborating with over 9 hospitals and assisting the State in building the network it needs to provide quality care and meaningful use to all of its residents.

We are fully committed partners of the State through our project Health-e-cITi NJ. We intend to work with the State of New Jersey, in all aspects, to further HIE in our region by jointly planning implementation and expansion of our HIE to achieve true meaningful use.

We also encourage the policy planners in New Jersey to continue to adopt plans that encourage the robust use of health IT. The New Jersey Departments of Health and Senior Services and Banking and Insurance, in collaboration with the New Jersey Health Information Technology Commission, the Department of Human Services, the Department of Children and Families, and the Office of Information Technology, have already made significant progress in policy planning for HIE, and I strongly encourage your approval of New Jersey's application for grant funds and its State Plan.

We know that the availability of real-time patient-level health-information is central to achieving both robust HIEs and "meaningful use" of that data, and we support that initiative through ...

With access to actionable, real-time data, New Jersey's health-care providers can and will improve healthcare quality and efficiency of care, which will benefit not only our citizens, but our healthcare community as well.

In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Thank you.


Maria E. Vizcarrondo
Director



LOURDES | *Our Lady
of Lourdes*
HEALTH SYSTEM | *Medical Center*

CORPORATE OFFICE
1600 Haddon Avenue
Camden, NJ 08103
(856) 757-3500
Fax (856) 757-3611

October 14, 2009

**OUR LADY OF LOURDES
MEDICAL CENTER**
1600 Haddon Avenue
Camden, NJ 08103
(856) 757-3500
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David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

**LOURDES MEDICAL
CENTER OF
BURLINGTON COUNTY**
218 A Sunset Road
Willingboro, NJ 08046
(609) 835-2900
Fax (609) 835-3061

Dear Dr. Blumenthal,

I am writing to express my enthusiastic support for the State Plan and grant application submitted by the State of New Jersey for the adoption and facilitation of health information technology and health information exchange (HIE) throughout the State.

**OUR LADY OF LOURDES
HEALTH FOUNDATION**
1600 Haddon Avenue
Camden, NJ 08103
(856) 382-1802
Fax (856) 757-3611

We believe strongly in the promise of health information exchange to improve the quality and efficiency of care throughout New Jersey. As a result, we have already started an HIE in one of the **poorest cities in the country, Camden, NJ**. The HIE will ensure access to labs, radiology, and discharge summaries from all three local hospitals, Labcorp, and Quest; 100% adoption of EHR by practices in Camden, NJ; connection to other regional HIE's in NJ and the statewide MPI; construction of citywide and practice-level registries; and the creation of care management tools with alerts and metrics when patients are over-utilizing local emergency rooms and hospitals.

www.lourdesnet.org

We are fully committed partners of the State through our project- **Expansion of the Camden Health Information Exchange**. We intend to work with the State of New Jersey, in all aspects, to further HIE in our region by jointly planning implementation and expansion of our HIE to achieve true meaningful use.

We also encourage the policy planners in New Jersey to continue adopt plans that encourage the robust use of health IT. The New Jersey Departments of Health and Senior Services and Banking and Insurance, in collaboration with the New Jersey Health Information Technology Commission, the Department of Human Services, the Department of Children and Families, and the Office of Information Technology, have already made significant progress in policy planning for HIE, and I strongly encourage your approval of New Jersey's application for grant funds and its State Plan.

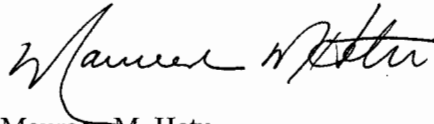
David Blumenthal MD, MPP
October 14, 2009
Page 2

We know that the availability of real-time patient-level health-information is central to achieving both robust HIEs and “meaningful use” of that data, and we support that initiative through ensuring 100% adoption of EHR’s in Camden, NJ

With access to actionable, real-time data, New Jersey’s health-care providers can and will improve healthcare quality and efficiency of care, which will benefit not only our citizens, but our healthcare community as well.

In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Thank you,

A handwritten signature in black ink, appearing to read "Maureen M. Hetu". The signature is fluid and cursive, with the first name being the most prominent.

Maureen M. Hetu
Chief Information Officer

Lourdes Health System
1600 Haddon Avenue
Camden, New Jersey
856-580-6332
856-635-2400
hetum@lourdesnet.org

John P. Sheridan, Jr.

President and Chief Executive Officer

One Cooper Plaza
Camden, NJ 08103-1489

ph. (856) 342-2953
fax (856) 968-8574
sheridan-john@cooperhealth.edu

October 12, 2009

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

As CEO of the Cooper Health System, I am writing to express my enthusiastic support for the State Plan and grant application submitted by the State of New Jersey for the adoption and facilitation of health information technology and health information exchange (HIE) throughout the State.

We believe strongly in the promise of health information exchange to improve the quality and efficiency of care throughout New Jersey. As a result, we have already started an HIE in one of the **poorest cities in the country, Camden, NJ**. The HIE will ensure access to labs, radiology, and discharge summaries from all three local hospitals, Labcorp, and Quest; 100% adoption of EHR by practices in Camden, NJ; connection to other regional HIE's in NJ and the statewide MPI; construction of citywide and practice-level registries; and the creation of care management tools with alerts and metrics when patients are over-utilizing local emergency rooms and hospitals.

We are fully committed partners of the State through our project- **Expansion of the Camden Health Information Exchange**. We intend to work with the State of New Jersey, in all aspects, to further HIE in our region by jointly planning implementation and expansion of our HIE to achieve true meaningful use. As founding members of the Camden Coalition of Healthcare Providers- the

organizing entity behind the Camden HIE, we will continue to provide space, staff, and funding to the project.

We also encourage the policy planners in New Jersey to continue to adopt plans that encourage the robust use of health IT. The New Jersey Departments of Health and Senior Services and Banking and Insurance, in collaboration with the New Jersey Health Information Technology Commission, the Department of Human Services, the Department of Children and Families, and the Office of Information Technology, have already made significant progress in policy planning for HIE, and I strongly encourage your approval of New Jersey's application for grant funds and its State Plan.

We know that the availability of real-time patient-level health-information is central to achieving both robust HIEs and "meaningful use" of that data, and we support that initiative through ensuring 100% adoption of EHR's in Camden, NJ

With access to actionable, real-time data, New Jersey's health-care providers can and will improve healthcare quality and efficiency of care, which will benefit not only our citizens, but our healthcare community as well.

In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Sincerely,

A handwritten signature in blue ink, appearing to read "John P. Sheridan, Jr.", written over a horizontal line.

John P. Sheridan, Jr.
President and Chief Executive Officer



October 14, 2009

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

As Medical Director of the Camden Coalition of Healthcare Providers, I am writing to express my enthusiastic support for the State Plan and grant application submitted by the State of New Jersey for the adoption and facilitation of health information technology and health information exchange (HIE) throughout the State.

We believe strongly in the promise of health information exchange to improve the quality and efficiency of care throughout New Jersey. As a result, we have already started an HIE in one of the **poorest cities in the country, Camden, New Jersey**. The HIE will ensure access to labs, radiology, and discharge summaries from all three local hospitals, Labcorp, and Quest; 100% adoption of EHR by practices in Camden, NJ; connection to other regional HIE's in NJ and the statewide MPI; construction of citywide and practice-level registries; and the creation of care management tools with alerts and metrics when patients are over-utilizing local emergency rooms and hospitals.

We are fully committed partners of the State through our project- **Expansion of the Camden Health Information Exchange**. We intend to work with the State of New Jersey, in all aspects, to further HIE in our region by jointly planning implementation and expansion of our HIE to achieve true meaningful use. As the organizing entity behind the Camden HIE, convening critical partnerships with each health system in Camden, community-based primary care providers, and other public health agencies, we will continue to provide space, staff, and funding to the project.

We also encourage the policy planners in New Jersey to continue adopt plans that encourage the robust use of health IT. The New Jersey Departments of Health and Senior Services and Banking and Insurance, in collaboration with the New Jersey Health Information Technology Commission, the Department of Human Services, the Department of Children and Families, and the Office of Information Technology, have already made significant progress in policy planning for HIE, and I strongly encourage your approval of New Jersey's application for grant funds and its State Plan. We know that the availability of real-time patient-level health-information is

central to achieving both robust HIEs and “meaningful use” of that data, and we support that initiative through ensuring 100% adoption of EHR’s in Camden, NJ

With access to actionable, real-time data, New Jersey’s health-care providers can and will improve healthcare quality and efficiency of care, which will benefit not only our citizens, but our healthcare community as well.

In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Thank you,

Jeffrey C. Brenner, M.D.
Medical Director
Camden Coalition of Healthcare Providers
401 Haddon Avenue, Suite 142
Camden, NJ 08103
(856) 968-9507 - phone
(856) 968-6216 - fax



October 12, 2009

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W
Washington, DC 20201

Dear Dr. Blumenthal:

I am writing to express my enthusiastic support of the grant application submitted by the State of New Jersey for the facilitation of health information exchange (HIE) throughout the State.

Virtua is a fully committed collaborator with the State through our project - **Expansion of the Camden Health Information Exchange (CHIE)**. We intend to work with the State of New Jersey to further HIE in our region by jointly planning implementation and expansion of CHIE to achieve true meaningful use. To support the project we are contributing \$50,000 per year for five (5) years. We have also provided, at no cost to the Camden HIE, a project manager and other in-kind support.

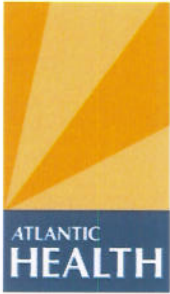
I strongly believe that health information exchanges, when implemented with standards and cooperation among the participants, will yield positive gains for quality and efficiency of care. To that effect, Virtua has already started an HIE in one of the **poorest cities in the country, Camden, NJ**. This HIE will provide authorized users with access to lab results, radiology reports, and discharge summaries from all three local hospitals and commercial laboratories. The HIE's blueprint fully anticipates 100% adoption of EMRs by practices in Camden, NJ (which is another initiative we support as complimentary to HIE use); connection to other regional HIE's, NHIN and the statewide MPI; construction of case registries; and the creation of care management tools.

The New Jersey Departments of Health and Senior Services and Banking and Insurance, in collaboration with the New Jersey Health Information Technology Commission, the Department of Human Services, the Department of Children and Families, and the Office of Information Technology, have already made significant progress in policy planning for HIE's in New Jersey.

In closing, I submit my support of this application and the State Plan and encourage your Office to support them with grant funding and other available resources. Let me also take this opportunity to thank you for your efforts to advance health care reform in our nation.

Sincerely,

Alfred Campanella
Vice President & Chief Information Officer
Virtua Health, Inc.
401 Route 73 North, 50 Lake Center Drive, Suite 404
Marlton, NJ 08053
856-355-0055 (office)
856-355-0019 (fax)
acampanella@virtua.org



Joseph A. Trunfio
President & CEO
T: 973.660.3270
F: 973.660.9116

Atlantic Health
PO Box 1905
Morristown, NJ 07962-1905

Morristown
Memorial
Hospital



Overlook
Hospital



Atlantic
Neuroscience
Institute



Atlantic
Rehabilitation
Institute



Carol G. Simon
Cancer Center



Gagnon
Cardiovascular
Institute



Goryeb
Children's
Hospital

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W. Washington, DC 20201

October 12, 2009

Dear Dr. Blumenthal,

I am writing to express my enthusiastic support for the State Plan and grant application submitted by the State of New Jersey for the adoption and facilitation of health information technology and health information exchange (HIE) throughout the State.

We believe strongly in the promise of health information exchange to improve the quality and efficiency of care throughout New Jersey. As a result, we have been involved in HIE activities in New Jersey by initiating data exchange within the Atlantic Health communities. For several years, we have provided technologies to facilitate clinical data exchange and communication between our organizations, our physicians and our patients. This activity has allowed us to become one of the primary sponsors of the Northern Central New Jersey Health Information Exchange (NCNJHIE). Comprising ten significant New Jersey hospitals and health systems, two large physician networks, and a long term care network, NCNJHIE is one of the few collaborative in the state to offer extensive geographical and continuum of care coverage.

We are fully committed partners of the State through our project Northern Central New Jersey Health Information Exchange. We intend to work with the State of New Jersey, in all aspects, to further HIE in our region by jointly planning implementation and expansion of our HIE to achieve true meaningful use.

We also encourage the policy planners in New Jersey to continue adopt plans that encourage the robust use of health IT. The New Jersey Departments of Health and Senior Services and Banking and Insurance, in collaboration with the New Jersey Health Information Technology Commission, the Department of Human Services,



the Department of Children and Families, and the Office of Information Technology, have already made significant progress in policy planning for HIE, and I strongly encourage your approval of New Jersey's application for grant funds and its State Plan.

We know that the availability of real-time patient-level health-information is central to achieving both robust HIEs and "meaningful use" of that data, and we support that initiative through the Northern Central New Jersey Health Information Exchange Collaborative.

With access to actionable, real-time data, New Jersey's health-care providers can and will improve healthcare quality and efficiency of care, which will benefit not only our citizens, but our healthcare community as well.

In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Thank you.



Joseph A. Trunfio
President & CEO

Saint Clare's Hospital

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

October 13, 2009

Dear Dr. Blumenthal,

I am writing to express my enthusiastic support for the State Plan and grant application submitted by the State of New Jersey for the adoption and facilitation of health information technology and health information exchange (HIE) throughout the State.

We believe strongly in the promise of health information exchange to improve the quality and efficiency of care throughout New Jersey. As a result, we have been involved in HIE activities in New Jersey. This participation has allowed us to become one of the primary sponsors of the Northern Central New Jersey Health Information Exchange (NCNJHIE). Comprising ten significant New Jersey hospitals and health systems, two large physician networks, and a long term care network, NCNJHIE is one of the few collaborative in the state to offer extensive geographical and continuum of care coverage.

We are fully committed partners of the State through our project Northern Central New Jersey Health Information Exchange. We intend to work with the State of New Jersey, in all aspects, to further HIE in our region by jointly planning implementation and expansion of our HIE to achieve true meaningful use.

We also encourage the policy planners in New Jersey to continue adopt plans that encourage the robust use of health IT. The New Jersey Departments of Health and Senior Services and Banking and Insurance, in collaboration with the New Jersey Health Information Technology Commission, the Department of Human Services, the Department of Children and Families, and the Office of Information Technology, have already made significant progress in policy planning for HIE, and I strongly encourage your approval of New Jersey's application for grant funds and its State Plan.

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With access to actionable, real-time data, New Jersey's health-care providers can and will improve healthcare quality and efficiency of care, which will benefit not only our citizens, but our healthcare community as well.

Saint Clare's Hospital

In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Thank you.



Tero Caamano
Director, Information Technology
Saint Clare's Health System
25 Pocono Road
Denville, NJ 07834
Phone: (973)983-5835
Fax: (973)983-5830
Email: tcaamano@saintclares.org



David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

October 12, 2009

Dear Dr. Blumenthal,

I am writing to express my enthusiastic support for the State Plan and grant application submitted by the State of New Jersey for the adoption and facilitation of health information technology and health information exchange (HIE) throughout the State.

We believe strongly in the promise of health information exchange to improve the quality and efficiency of care throughout New Jersey. As a result, we have been involved in HIE activities in New Jersey. This participation has allowed us to become one of the primary sponsors of the Northern Central New Jersey Health Information Exchange (NCNJHIE). Comprising ten significant New Jersey hospitals and health systems, two large physician networks, and a long term care network, NCNJHIE is one of the few collaborative in the state to offer extensive geographical and continuum of care coverage.

We are fully committed partners of the State through our project Northern Central New Jersey Health Information Exchange. We intend to work with the State of New Jersey, in all aspects, to further HIE in our region by jointly planning implementation and expansion of our HIE to achieve true meaningful use.

We also encourage the policy planners in New Jersey to continue adopt plans that encourage the robust use of health IT. The New Jersey Departments of Health and Senior Services and Banking and Insurance, in collaboration with the New Jersey Health Information Technology Commission, the Department of Human Services, the Department of Children and Families, and the Office of Information Technology, have already made significant progress in policy planning for HIE, and I strongly encourage your approval of New Jersey's application for grant funds and its State Plan.

We know that the availability of real-time patient-level health-information is central to achieving both robust HIEs and "meaningful use" of that data, and we support that initiative through the Northern Central New Jersey Health Information Exchange Collaborative.

With access to actionable, real-time data, New Jersey's health-care providers can and will improve healthcare quality and efficiency of care, which will benefit not only our citizens, but our healthcare community as well.

JFK Medical Center • JFK Medical Center Foundation • Muhlenberg Regional Medical Center • Muhlenberg Foundation
JFK Johnson Rehabilitation Institute • JFK Hartwyck Nursing, Convalescent & Rehabilitation Centers
JFK Healthshare • JFK LIFeStyle Institute • New Jersey Neuroscience Institute
Muhlenberg Schools of Nursing & Allied Health • SurgiCare of Central Jersey • Diabetes Center of New Jersey

80 James Street, Edison, New Jersey 08820-3998 (732) 632-1500



In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Thank you.

Best Regards,

A handwritten signature in black ink, appearing to read "Louis Hermans". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Louis Hermans
Vice President and Chief Information Officer
Solaris Health System



Albert R. Gamper, Jr.
Chairman

Ronald J. Del Mauro
President and Chief Executive Officer

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Joseph E. Sullivan
Senior Vice President
Chief Information Officer
(973-322-4020)
jesullivan@sbhcs.com

October 13, 2009

Dear Dr. Blumenthal:

I am writing to express the Saint Barnabas Health Care Systems enthusiastic support for the State Plan and grant application submitted by the State of New Jersey for the adoption and facilitation of health information technology and health information exchange (HIE) throughout the State.

We believe strongly in the promise of health information exchange to improve the quality and efficiency of care throughout New Jersey. As a result, we have been involved in HIE activities in New Jersey. This participation has allowed us to become one of the primary sponsors of the Northern Central New Jersey Health Information Exchange (NCNJHIE). Comprising ten significant New Jersey hospitals and health systems, two large physician networks, and a long term care network, NCNJHIE is one of the few collaborative in the state to offer extensive geographical and continuum of care coverage.

We are fully committed partners of the State through our project Northern Central New Jersey Health Information Exchange. We intend to work with the State of New Jersey, in all aspects, to further HIE in our region by jointly planning implementation and expansion of our HIE to achieve true meaningful use.

We also encourage the policy planners in New Jersey to continue adopt plans that encourage the robust use of health IT. The New Jersey Departments of Health and Senior Services and Banking and Insurance, in collaboration with the New Jersey Health Information Technology Commission, the Department of Human Services, the Department of Children and Families, and the Office of Information Technology, have already made significant progress in policy planning for HIE, and I strongly encourage your approval of New Jersey's application for grant funds and its State Plan.

We know that the availability of real-time patient-level health-information is central to achieving both robust HIEs and "meaningful use" of that data, and we support that initiative through the Northern Central New Jersey Health Information Exchange Collaborative.

With access to actionable, real-time data, New Jersey's health-care providers can and will improve healthcare quality and efficiency of care, which benefits not only our citizens, but our healthcare community as well.

In closing, the Saint Barnabas Health Care System submits its support of this application and State Plan, and encourages you to fund this effort fully and with all available resources.

Very truly yours,

A handwritten signature in black ink, appearing to read "JESullivan", written over a horizontal line.

Joseph E. Sullivan

95 OLD SHORT HILLS ROAD, WEST ORANGE, NJ 07052
Saint Barnabas Health Care System – New Jersey's health care system.

10/13/2009



**SUMMIT
MEDICAL
GROUP**

1 Diamond Hill Road • Berkeley Heights, NJ 07922
908-273-4300 • www.smgnj.com

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

October 12, 2009

Dear Dr. Blumenthal,

I am writing to express my enthusiastic support for the State Plan and grant application submitted by the State of New Jersey for the adoption and facilitation of health information technology and health information exchange (HIE) throughout the State.

We believe strongly in the promise of health information exchange to improve the quality and efficiency of care throughout New Jersey. As a result, we have been involved in HIE activities in New Jersey. This participation has allowed us to become one of the primary sponsors of the Northern Central New Jersey Health Information Exchange (NCNJHIE). Comprising ten significant New Jersey hospitals and health systems, two large physician networks, and a long term care network, NCNJHIE is one of the few collaborative in the state to offer extensive geographical and continuum of care coverage.

We are fully committed partners of the State through our project Northern Central New Jersey Health Information Exchange. We intend to work with the State of New Jersey, in all aspects, to further HIE in our region by jointly planning implementation and expansion of our HIE to achieve true meaningful use.

We also encourage the policy planners in New Jersey to continue adopt plans that encourage the robust use of health IT. The New Jersey Departments of Health and Senior Services and Banking and Insurance, in collaboration with the New Jersey Health Information Technology Commission, the Department of Human Services, the Department of Children and Families, and the Office of Information Technology, have already made significant progress in policy planning for HIE, and I strongly encourage your approval of New Jersey's application for grant funds and its State Plan.

We know that the availability of real-time patient-level health-information is central to achieving both robust HIEs and "meaningful use" of that data, and we support that initiative through the Northern Central New Jersey Health Information Exchange Collaborative.

With access to actionable, real-time data, New Jersey's health-care providers can and will improve healthcare quality and efficiency of care, which will benefit not only our citizens, but our healthcare community as well.

In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Thank you.

A handwritten signature in cursive script, appearing to read "Karen M. Graham".

Karen M. Graham
Chief of Operations
Summit Medical Group
1 Diamond Hill Road
Berkeley Heights, NJ 07922
908-273-4300



30 Prospect Avenue
Hackensack, NJ 07601
201.996.2000

October 12, 2009

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

I am writing to express my enthusiastic support for the State Plan and grant application submitted by the State of New Jersey for the adoption and facilitation of health information technology and health information exchange (HIE) throughout the State.

We believe strongly in the promise of health information exchange to improve the quality and efficiency of care throughout New Jersey. As a result, we have been involved in HIE activities in New Jersey. This participation has allowed us to become one of the primary sponsors of the Northern Central New Jersey Health Information Exchange (NCNJHIE). Comprising ten significant New Jersey hospitals and health systems, two large physician networks, and a long term care network, NCNJHIE is one of the few collaborative in the state to offer extensive geographical and continuum of care coverage.

We are fully committed partners of the State through our project Northern Central New Jersey Health Information Exchange. We intend to work with the State of New Jersey, in all aspects, to further HIE in our region by jointly planning implementation and expansion of our HIE to achieve true meaningful use.

We also encourage the policy planners in New Jersey to continue to adopt plans that encourage the robust use of health IT. The New Jersey Departments of Health and Senior Services and Banking and Insurance, in collaboration with the New Jersey Health Information Technology Commission, the Department of Human Services, the Department of Children and Families, and the Office of Information Technology, have already made significant progress in policy planning for HIE, and I strongly encourage your approval of New Jersey's application for grant funds and its State Plan.

We know that the availability of real-time patient-level health-information is central to achieving both robust HIEs and "meaningful use" of that data, and we support that initiative through the Northern Central New Jersey Health Information Exchange Collaborative.



30 Prospect Avenue
Hackensack, NJ 07601
201.996.2000

With access to actionable, real-time data, New Jersey's health-care providers can and will improve healthcare quality and efficiency of care, which will benefit not only our citizens, but our healthcare community as well.

In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Thank you.

Lex Ferraiola

Lex Ferraiola

Vice President, Information Technology
Chief Information Officer



October 12, 2009

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal,

I am writing to express my enthusiastic support for the State Plan and grant application submitted by the State of New Jersey for the adoption and facilitation of health information technology and health information exchange (HIE) throughout the State.

We believe strongly in the promise of health information exchange to improve the quality and efficiency of care throughout New Jersey. As a result, we have been involved in HIE activities in New Jersey. This participation has allowed us to become one of the primary sponsors of the Northern Central New Jersey Health Information Exchange (NCNJHIE). Comprising ten significant New Jersey hospitals and health systems, two large physician networks, and a long term care network, NCNJHIE is one of the few collaborative in the state to offer extensive geographical and continuum of care coverage.

We are fully committed partners of the State through our project Northern Central New Jersey Health Information Exchange. We intend to work with the State of New Jersey, in all aspects, to further HIE in our region by jointly planning implementation and expansion of our HIE to achieve true meaningful use.

We also encourage the policy planners in New Jersey to continue adopt plans that encourage the robust use of health IT. The New Jersey Departments of Health and Senior Services and Banking and Insurance, in collaboration with the New Jersey Health Information Technology Commission, the Department of Human Services, the Department of Children and Families, and the Office of Information Technology, have already made significant progress in policy planning for HIE, and I strongly encourage your approval of New Jersey's application for grant funds and its State Plan.

We know that the availability of real-time patient-level health-information is central to achieving both robust HIEs and "meaningful use" of that data, and we support that initiative through the Northern Central New Jersey Health Information Exchange Collaborative.

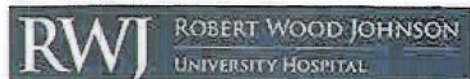
With access to actionable, real-time data, New Jersey's health-care providers can and will improve healthcare quality and efficiency of care, which will benefit not only our citizens, but our healthcare community as well.

In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Thank you.

A handwritten signature in black ink, appearing to read "T. H. Kloos MD". The signature is fluid and cursive, with the letters "T", "H", and "K" being particularly prominent.

Thomas H. Kloos, MD
President and Medical Director
Vista Health System, LLC
thomashkloos@gmail.com



One Robert Wood Johnson Place
P.O. Box 2601
New Brunswick, NJ 08903-2601

Phone: 732-828-3000

www.rwjuh.edu

Suggested Letter of Support for New Jersey HIE Application

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201
October 12, 2009

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In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Thank you,

Robert G. Irwin,
Vice President, Information Systems



Hunterdon Healthcare

Your full circle of care.

2100 Wescott Drive
Flemington, NJ 08822

October 12, 2009

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National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

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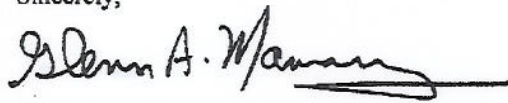
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In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Glenn A. Mamary". The signature is written in a cursive style and is underlined with a horizontal line.

Glenn A. Mamary
Chief Information Officer
Hunterdon Medical Center
2100 Wescott Drive
Flemington, NJ 08822

Phone # 908-788-6680

Fax # 908-237-5473

Email: mamary.glenn@hunterdonhealthcare.org



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David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

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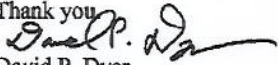
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In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Thank you

David P. Dyer
Vice President of Planning and Chief Information Officer



David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

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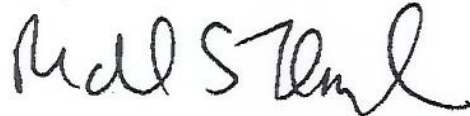
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In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Thank you.

A handwritten signature in black ink, appearing to read "Richard S. Temple". The signature is fluid and cursive, with the first name "Richard" and last name "Temple" clearly distinguishable.

Richard S. Temple
Vice President of Business Integration / Chief Information Officer
AristaCare Health Services
51 Cragwood Road, Suite 100
South Plainfield, NJ 07080
Office# - 908-315-3400
Fax# - (908) 462-3860
Email - rich@aristacare.com

■ ■ ■ **SAINT BARNABAS**
■ ■ ■ **HEALTH CARE SYSTEM**
Saint Barnabas Medical Center

RONALD J. DEL MAURO
Chairman
Board of Trustees

JOHN F. BONAMO, M.D., MS
Executive Director
Phone: (973) 322-5502
Fax: (973) 322-5007

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

October 13, 2009

Dear Dr. Blumenthal,

I am writing to express my enthusiastic support for the State Plan and grant application submitted by the State of New Jersey for the adoption and facilitation of health information technology and health information exchange (HIE) throughout the State.

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OLD SHORT HILLS ROAD ■ LIVINGSTON, NEW JERSEY 07039 ■ (973) 322-5000

Saint Barnabas Medical Center is a major teaching affiliate of UMDNJ-New Jersey Medical School



With access to actionable, real-time data, New Jersey's health-care providers can and will improve healthcare quality and efficiency of care, which will benefit not only our citizens, but our healthcare community as well.

In closing, I submit my support of this application and State Plan, and encourage you to fund this effort fully and with all available resources.

Thank you.

A handwritten signature in black ink that reads "Michael McTigue". The signature is written in a cursive style with a large, sweeping initial "M".

Michael McTigue
Chief Information Officer
Saint Barnabas Medical Center
mmctigue@sbhcs.com



NEW JERSEY HOSPITAL ASSOCIATION

October 15, 2009

David Blumenthal, MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

RE: Letter of Support for New Jersey HIE Application

Dear Dr. Blumenthal,

I am writing to express my enthusiastic support for the state plan and grant application submitted by the State of New Jersey for the adoption and facilitation of health information technology (HIT) and health information exchange (HIE) throughout our state.

We believe strongly in the promise of health information exchange to improve the quality and efficiency of care throughout New Jersey's continuum of care. We have had the pleasure of being directly involved in this HIT planning effort and can assure you of our state's commitment to bringing a statewide HIE to fruition.

We support all policy planning efforts to adopt plans that encourage the robust use of HIT. The New Jersey Departments of Health and Senior Services and Banking and Insurance, in collaboration with the New Jersey Health Information Technology Commission, the Department of Human Services, the Department of Children and Families and the Office of Information Technology, have already made significant progress in policy planning for HIE, and I strongly encourage your approval of New Jersey's application for grant funds and its state plan.

We know that real-time access to patient-level health information is central to improving the quality of care and can only be possible with a robust statewide HIE and the meaningful use of that data at the point of care.

With access to actionable, real-time clinical information, New Jersey's healthcare providers can and will improve the quality and efficiency of care, which will benefit not only our patients, but our healthcare community as well.

In closing, I submit my support of this application and encourage you to fund this effort fully with all available resources. We also hope that funding is available for all those hospitals that have committed time and resources to HIE projects.

Thank you.

A handwritten signature in black ink, appearing to read "Elizabeth A. Ryan", with a long horizontal line extending to the right.

Elizabeth A. Ryan, Esq.
President and Chief Executive Officer