

State of New Jersey

State HIT Operational Plan

**Submitted to the Office of the National Coordinator for Health
Information Technology (ONC)**

August 30, 2010



State of New Jersey
OFFICE OF THE GOVERNOR
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TRENTON, NJ 08625-0001

CHRIS CHRISTIE
Governor

August 30, 2010

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:

Attached is New Jersey's HIT Operational Plan which represents a continuation of our planning efforts started in 2009 with the submission to the Office of the National Coordinator for HIT of our State HIT Plan in October 2009 with an additional update in January 2010. Our Operational Plan represents a significant collaborative effort that included:

- New Jersey State Medicaid leadership
- Director of NJ-HITEC, our Regional Extension Center
- Executive Director of the New Jersey HIT Commission
- Director of the New Jersey Office for eHIT Development
- Leadership from our four funded HIEs
- Leaders from several unfunded HIEs
- Representative from New Jersey Hospital Association

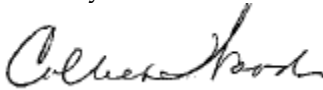
I am very pleased with the result and believe this represents a significant step for the State of New Jersey in bringing fundamental change in the delivery, quality, and value of healthcare in the State. With this Plan we bring:

- A re- commitment for New Jersey to be a national leader in HIT
- A drive to leverage and harness health information to improve, monitor and protect the health of our citizens
- A goal to meet and exceed Federal mandates for each person to have an electronic health record by 2014

As the New Jersey Statewide HIT Coordinator I am committed to working with all state departments and agencies, the healthcare provider community, and other key stakeholders, to implement and facilitate the HIT Strategic and Operational Plans for New Jersey in accordance with nationally recognized Federal standards.

We look forward to your timely review and approval of our HIT Operational Plan and continued collaboration on this vital issue for our country and for the State of New Jersey. We also request timely release of implementation funds for our four ONC funded HIEs.

Sincerely,

A handwritten signature in black ink, appearing to read "Colleen Woods". The signature is fluid and cursive, with the first name "Colleen" being more prominent than the last name "Woods".

Ms. Colleen Woods
New Jersey Statewide HIT Coordinator



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1.0 EXECUTIVE SUMMARY

This HIT Operational Plan serves as the approach and schedule to implement New Jersey's Strategic HIT Plan previously submitted in October 2009 and further refined in January 2010. Execution of this Plan will enhance the quality, delivery, and value of healthcare while supporting New Jersey's hospitals and eligible providers in achieving and demonstrating meaningful use of Health Information Technology (HIT). The State acknowledges that the HIT and HIE landscape at the federal and state levels is evolving, and that this is a living document requiring ongoing review, changes, and refinement. Our plan, by design, is nimble and adaptable to the expected changes and evolution of HIT strategy.

A Unique Approach - Our approach, depicted in **Figure 1.1** below, builds on existing, long-standing HIT projects across the State, combined with newly funded ARRA initiatives to ensure that all expenditures and resources are leveraged in one cohesive, strategic plan. Recognizing that complex and functional HIT systems are already established, and that expertise is available and willing to be shared, building our plan on a "ground-up" strategy makes perfect sense. The New Jersey Health Information Network (NJHIN) represents a business architecture with a supporting organizational architecture. Realizing that barriers do exist, our leadership is committed to identifying and eliminating barriers, while ensuring that duplication of effort and expenses are avoided.

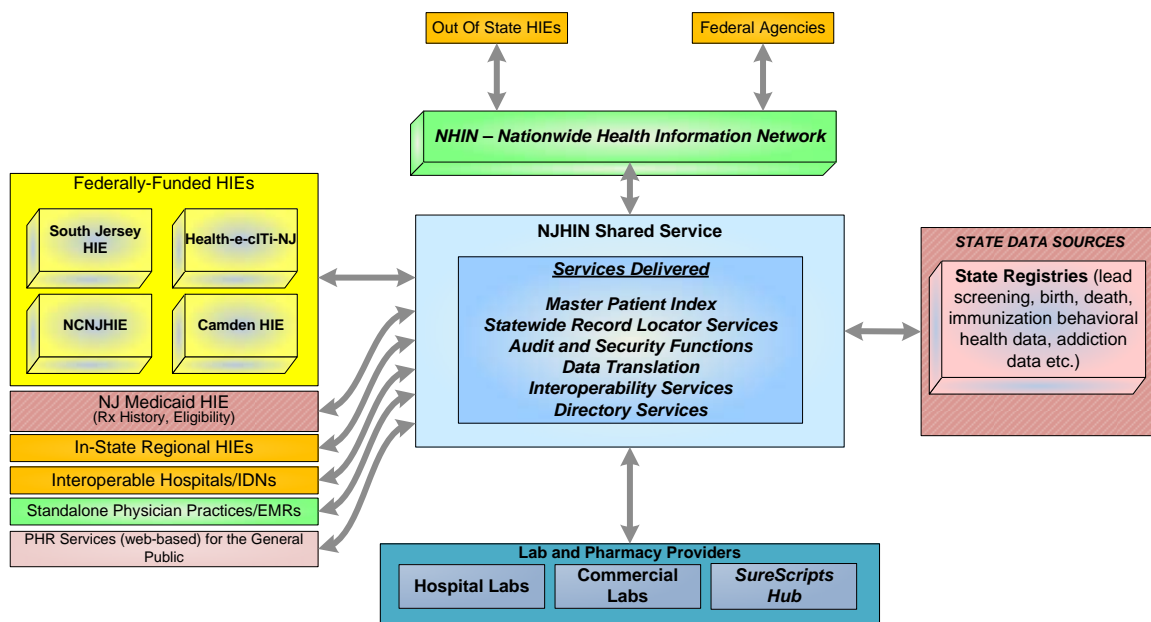


Figure 1.1 New Jersey Health Information Network (NJHIN)



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Our approach recognizes that this is a time of unprecedented change in the Health Information Technology landscape. Simultaneously, the following conditions and projects are occurring across New Jersey:

- Community-based physicians are moving to better understand the impact of adopting certified electronic health record (EHR) technology in order to be eligible for “meaningful use” incentives.
- Hospitals are expanding and upgrading their IT systems to ensure “meaningful use” eligibility as well.
- The newly created regional extension center, the New Jersey Health Information Technology Extension Center (NJ-HITEC) has begun to assist physicians in understanding EHR technology, selecting technology vendors and becoming eligible for “meaningful use” incentives.
- Four ONC funded regional Health Information Exchanges (HIEs) are in various stages of becoming incorporated, developing solution strategies, and building/testing new infrastructure. These four were selected because they were furthest along in development, they provided the necessary geographical coverage and were the best organized in the State, allowing us to leverage the most advanced HIE infrastructures. Health-e-cITI-NJ has been incorporated as a 501(c)(3) organization. Jersey Health Connect has been incorporated and is awaiting 501(c)(3) designation.
- No less than eight distinct HIE models have been identified throughout the State that are in a position to be leveraged into the state plan.
- New Jersey Medicaid is progressing toward its own HIE model and has begun implementation of a crucial Master Client Index project.

The New Jersey Health Information Network (NJHIN) will integrate these various projects and initiatives. As detailed in our Strategic Plan, New Jersey will soon establish a 501(c) non-profit public private partnership that will serve as the governance structure and enable the sharing of clinical and behavioral health data among the HIE’s. In effect, NJHIN consists of a “network of networks” in which centralized shared services will provide:

- The delivery of clinical and behavioral health data between HIE’s.
- The statewide Master Client Index.
- The ability to aggregate data to focus on improving population health through syndromic surveillance.
- A personal health record gateway.
- A focal point for accessing state-managed data (e.g., various state registries).



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- A record locator service (RLS) for locating records within the four new regional HIEs, the Medicaid HIE and the other existing HIE initiatives across the State.
- A conduit to the federal NHIN Direct and NHIN Connect networks.

New Jersey will join several other states who have established a governance structure that leverages private industry successes combined with government guidance and oversight. In addition to the services listed above, this entity, along with the State HIT Coordinator's office will focus on outcomes of the overall NJ HIT Program. NJHIN will be established with specific "lines of business" and monitored for success by measuring the delivery of the following:

- Safe and secure delivery of clinical and behavioral health data;
- Chronic care management;
- Healthcare disparities;
- Improvements in safety and public health;
- Expansion of knowledge about what works and doesn't work in healthcare;
- Workforce training and development;
- Innovation in healthcare by using most advanced technology; and
- Education curriculum and medical training focused on outcomes derived from NJHIN.

Key aspects of the NJHIN include:

- Leveraging of significant work in progress through a "ground up" collaborative effort between state HIT leadership and several community-based healthcare organizations within the State.
- A multi-track effort leveraging Medicaid capabilities and funding, local HIE leadership, provider capabilities, NJ-HITEC services, and overall state HIT leadership.
- A centralized approach where appropriate, e.g., Master Patient Index/Master Client Index, while leveraging community based innovation and leadership.
- NJHIN will leverage Medicaid and all the MMIS medical history data that already exists for ~1.3M citizens in our state representing 15% of our population.

Significant effort and investment have already been made in evolving the NJHIN. The release of implementation funding for the four approved HIEs will accelerate the realization of the NJHIN.



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Continuing Our Leadership – New Jersey has been in the forefront of promoting electronic health records. Some historical context includes:

- New Jersey's active interest in electronic systems as a means of increasing healthcare quality and reducing costs began in 1993 through a study to analyze current methods, barriers, and recommendations for achieving savings and administrative simplification in the New Jersey healthcare system.
- This led to the passage of the New Jersey Health Information Network and Technology (HINT) law in 1999 which set a precedent for health information technology standards for interoperability in the Garden State.
- During 2004-2005 the New Jersey Hospital Association began facilitating discussion focused on HIE development and deployment. This led to the emergence of several community-based HIE initiatives which have become the basis of the current NJHIN.
- As early as 2004, some New Jersey hospital systems began developing HIE models, primarily within their corporate structures, and have accomplished sophisticated health information sharing solutions that are ready to be integrated into the statewide plan.
- In 2008 the New Jersey Health Information Technology Act was passed which mandates the creation of a plan to implement a secure, integrated, inter-operative and statewide infrastructure for the sharing of electronic health records. The Act also created a Health Information Technology Commission to oversee the development, implementation and oversight of the plan, in partnership with the Office for eHIT Development.
- In October 2009 New Jersey submitted one of the first State HIT Plans to ONC and received initial approval of the four requested HIE implementation grants.
- In March 2010, through a transformation grant from CMS, the New Jersey Division of Medical Assistance and Health Services (DMAHS) initiated a project to build Phase I of our Master Patient Identifier (MPI) capability which will promote the critical interoperable exchange of Medicaid, Immunization, and Blood Lead Screening databases among New Jersey's departments of Health and Senior Services and Children and Families, Managed Care Organizations, Federally Qualified Health Center (FQHC) providers, hospitals and the Department of Human Services.
- In March of 2010, DMHAS initiated a Planning APD to CMS to secure planning funds to begin the State Medicaid HIT Plan (SMHP) that will be leveraged and integrated into the statewide planning process.



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- Implementation planning is underway for the NJ-HITEC which will promote broad-based adoption of electronic health records. Funding for this effort was received in mid-2010.

Our leadership continues at the national and state level as we aggressively move forward in transforming the healthcare delivery system of New Jersey.

Our Fundamental Strategies – In addition to supporting the strategic direction articulated in our State HIT Plan submitted in October 2009, the following represents the fundamental strategies for our HIT Operational Plan. These strategies include the following:

- Medicaid is a key partner in the execution of this HIT Operational Plan and we will leverage CMS funding to help build the infrastructure for statewide health information exchange.
- A core tenet of the program is the elimination of disparities of care by ensuring that underserved communities, including children, are represented in evolving HIT/HIE efforts. We must also be aware of the potential for a “digital divide” between more affluent segments of the population and those who are underserved.
- We will leverage our 98% broadband coverage (#1 in the US) to ensure all providers and healthcare service recipients have access to the right information at the right time.
- We will leverage all funding sources (public and private) to ensure the financial viability and stability of the HIT program.
- Through effective HIT coordination we will eliminate duplicative efforts and projects across the HIT landscape and ensure efficiency of efforts by centralizing and sharing policies, standards, and infrastructure as appropriate.
- We will effectively manage the transformational change in the New Jersey healthcare community through the efforts of the NJ-HITEC and the Office of the Statewide HIT Coordinator.

Coordinating Our Efforts – Ms. Colleen Woods has recently been named as New Jersey’s Statewide HIT Coordinator. Among her many outstanding qualifications Ms. Woods was most recently the CIO for the New Jersey Department of Human Services providing technology direction to the State Medicaid Program. With her selection, we have adjusted our overall governance structure for the HIT Program pertaining to HIT direction and policy. As depicted below the Program is wide-ranging with a varied and complex set of stakeholders.



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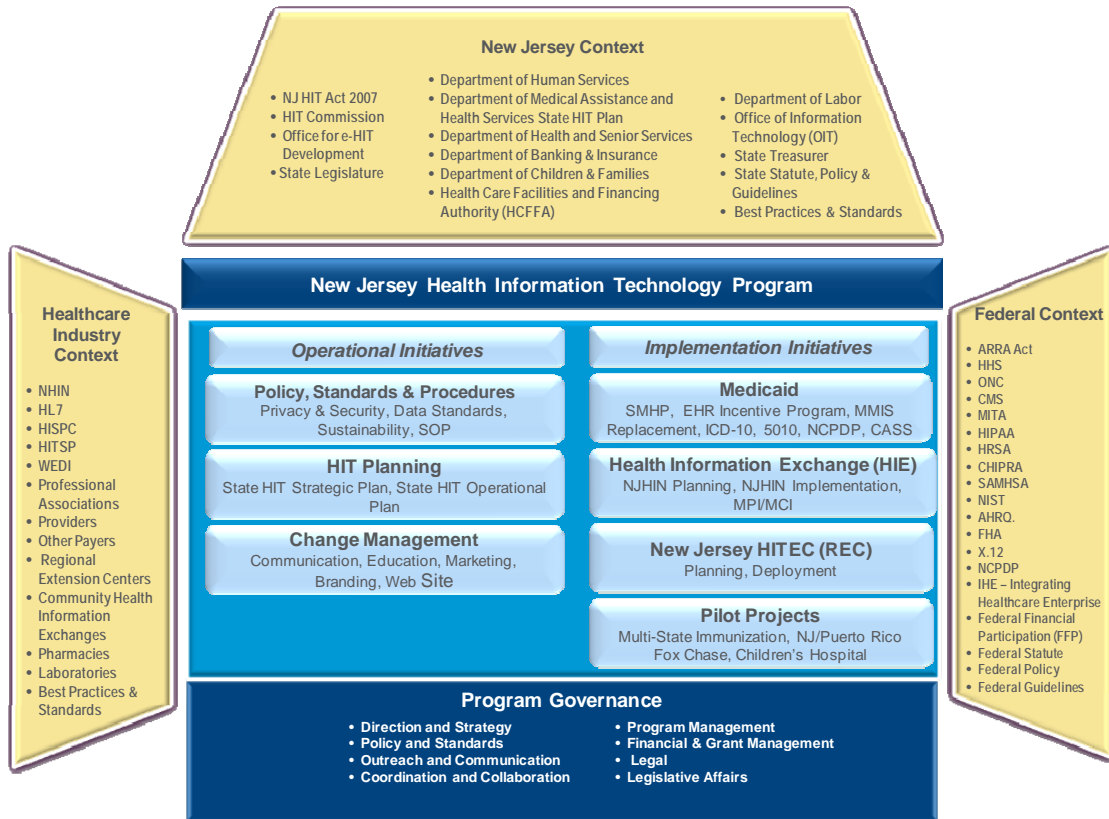


Figure 1.2 New Jersey HIT Program Context

Effective governance is essential. Given this context we have designed and implemented a governance capability to drive successful program performance and results.



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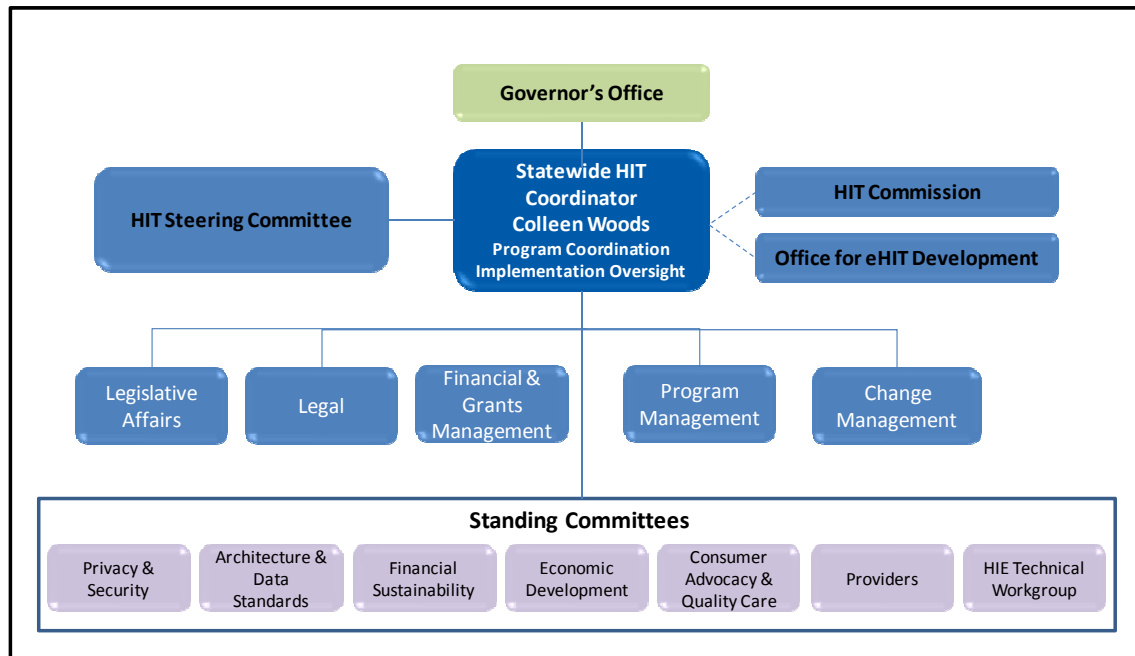


Figure 1.3 New Jersey HIT Program Governance

The ongoing transformation of the healthcare system in New Jersey from a paper-based healthcare information environment to a digital healthcare information environment is complex and will require collaboration between multiple parties with potential conflicting interests. We are confident our approach will build upon our early successes in bringing together the necessary constituents (both public and private) to continue the transformation to provide access to reliable healthcare information that improves the quality and efficiency of care.

As described in this Operational Plan, the State acknowledges and accepts the following HIT program responsibilities:

- To ensure alignment with Medicaid and other public health programs.
- To design and manage a transparent multi-stakeholder process to guide and implement the program.
- To monitor and track meaningful use of HIE capabilities through a well-coordinated and effective communication process.
- To ensure the accuracy, security, and privacy of personal health records.
- To assure all stakeholders that information sharing is consistent with state and federal security and privacy provisions.



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- To ensure effective gap closing strategies related to HIE capabilities for meaningful use exist and are effectively managed.
- To educate the public (patients and providers alike) to understand, embrace, and realize the benefits of EHR technology.
- To take the lead in developing statewide, standardized policies and procedures that are consistent with those established at the national level.

In addition to the technical aspects of establishing the NJHIN, the HIT Operational Plan addresses the regulatory, financial sustainability, governance, and project management approaches to effectively implement our strategies. The sections that follow begin with the HIT Operational Plan requirements (highlighted) from the State Health Information Exchange Cooperative Agreement Program Funding Opportunity Announcement (FOA) and the related Program Information Notice (PIN), dated July 6, 2010, followed by our response.

This HIT Operational Plan is submitted to the Office of the National Coordinator for Health Information Technology (ONC) for review and approval.



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2.0 ENVIRONMENTAL SCAN

Requirement: Within the strategic plan, the environmental scan shall include an overview of the current HIE activities within the state including the penetration of electronic lab delivery, e-prescribing networks and other existing HIE solutions. The environmental scan should include the following measures or similar measures to determine the health information exchange taking place with these important data trading partners:

- % pharmacies accepting electronic prescribing and refill requests
- % clinical laboratories sending results electronically
- % health plans supporting electronic eligibility and claims transactions
- % health departments receiving immunizations, syndromic surveillance, and notifiable laboratory results

Significant health information exchange (HIE) activity occurs within the State of New Jersey. This environmental scan provides an overview of the current HIE activities within the State, including e-prescribing, electronic delivery of lab data, penetration of electronic claims processing, and public health reporting. Also included is a review of health information technology (HIT) adoption by New Jersey hospitals and healthcare providers. The table below addresses specific environmental scan measures.

Table 2.1 Environmental Scan Measures

Measure	Capability Exists (Can)	Actual Exchange (Do)
% pharmacies accepting electronic prescribing and refill requests	85%	15%
% clinical laboratories sending results electronically	100%	>40%
% health plans supporting electronic eligibility and claims transactions	100%	100%
% health departments receiving immunizations, syndromic surveillance, and notifiable laboratory results	100%	100%

2.1 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,

¹ N.J.A.C. 13:39-7.11, et seq.



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among other things, 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. 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 significantly since the aforementioned regulation took effect. New Jersey was ranked 12th in the nation for total prescription routing volume with 2,333,523 electronic prescriptions in 2008. As of the end of 2009, there are 1,609 community active pharmacies capable of filling e-prescriptions. This figure excludes hospital pharmacies, but includes both chain and independent facilities (both retail and closed) and represents an 85% adoption rate across pharmacies in New Jersey. A total of 2,696 physicians routed prescriptions electronically in New Jersey, representing a 15% e-prescribing adoption rate for physicians in New Jersey.²

2.2 ELECTRONIC LAB ORDERING AND RESULTS DELIVERY

Research suggests approximately 70% of clinical decision making is based on and/or assisted by laboratory results.³ Clearly, the exchange of laboratory orders and results through electronic means offers significant opportunities to positively impact the quality and delivery of healthcare.

New Jersey has 5,703 Clinical Laboratory Improvement Amendments (CLIA)-recognized laboratories with various certifications. Of these, there are 85 CLIA-accredited independent clinical laboratories, 4,079 recognized physician office laboratories, and 134 CLIA-accredited hospital-based clinical laboratories in the State.

National laboratories have a large presence in New Jersey. These laboratory companies provide connectivity solutions to many state hospitals and healthcare providers for the exchange of electronic lab orders and results. Three of the largest independent clinical

² Figures were calculated using statistics published by SureScripts® and the American Medical Association Physician Characteristics and Distribution in the US. 2010ed. Note that prescriptions do not include those for controlled substances, which were not eligible under DEA regulations for e-prescribing.

³ American Clinical Laboratory Association (<http://www.clinical-labs.org/issues/value/index.shtml>)



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laboratories in New Jersey (Quest Diagnostics Inc., Laboratory Corporation of America, and Bio-Reference Laboratories) are able to directly interface with numerous electronic health record (EHR) systems. These interfaces allow for EHR systems to send lab orders electronically and receive results that can be downloaded directly into the EHR. Other connectivity solutions offered by laboratory companies in the State include proprietary portals for requesting lab orders and receiving results.

While the capability to exchange lab orders and results exists within the State, healthcare providers and regional health information exchange organizations have had varying levels of success incorporating laboratory data from commercial laboratory companies into their electronic health information exchange environments. Hospitals and health information exchange organizations that want to exchange lab data with independent laboratories are required to build custom interfaces to support these integration points and to incur ongoing transaction costs. The resulting drain on monetary and human resources for these point-to-point interfaces for electronic laboratory data exchange continues to be an adoption-limiting factor in the State. In addition, two of our leading independent labs are requesting transaction fees from the HIE, when either the physician is using the HIE as the primary interface to the laboratory, or when the physician is going direct to the laboratory and the HIE is receiving a shadow copy of the lab results for longitudinal medical record. This is a key point of negotiation.

Electronic sharing of laboratory orders and results within hospitals is already a generally accepted practice for all hospitals in New Jersey. Leveraging this experience, improvements need to be made with the data exchange with commercial laboratories.

A policy-based solution will most likely be needed to address the challenges associated with electronic laboratory data exchange. Leadership and direction provided by the State around requirements for the exchange of clinical laboratory information will help to facilitate the exchange of this critical data.

2.3 ELECTRONIC CLAIMS PROCESSING

New Jersey has been at the forefront of implementing the HIPAA Transaction and Code Sets in order to standardize the processing of healthcare claims electronically. The New Jersey Health Information Network Technology Act of 1999 (NJ HINT), P.L. 1999, c. 154, directed the New Jersey Department of Banking and Insurance (DOBI) to adopt rules requiring the use of the federal HIPAA transaction code sets for all state-based healthcare claims. On October 1, 2001, DOBI adopted N.J.A.C. 11:22-3.7 which mandated that all state-based healthcare payers use the transaction code sets, consistent with the Centers for Medicare and Medicaid (CMS) deadlines for adoption of the code sets by the Medicare and Medicaid programs.

Consequently, all of the nationally recognized transaction code sets are required for processing electronic claims in New Jersey. Impacted transactions include the "837"



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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 electronic claim filed by a healthcare provider. Finally, New Jersey also uses electronic Enrollment, Application and Dental Claim forms.

While the adoption of the HIPAA standardized transaction code sets required significant implementation efforts by the healthcare community, the result of these efforts is that 100% of the health plans in New Jersey can support electronic eligibility and claims transactions. New Jersey's success in the electronic claims processing arena provides evidence that future state policy and legislation can be used to positively shape the direction and adoption of electronic health information exchange.

2.4 PUBLIC HEALTH REPORTING

100% of New Jersey's local Health Departments receive data electronically. As the designated public health authority for the State of New Jersey, the New Jersey Department of Health and Senior Services (DHSS) 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 (e.g., name, address, date of birth, etc.) for the individual who is the subject of the report.

Through monitoring, assessment, and analysis of these reports, DHSS is equipped to proactively intervene in public health issues, 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 subject to mandatory reporting include diseases without reference to etiology (e.g., AIDS, SARS), diseases due to a specific etiology (e.g., work-related asthma, work-related pneumonitis), disease exposure (e.g., pediatric HIV), injuries due to a specific etiology (e.g., traumatic spinal cord injury, work-related fatalities), iatrogenic events (e.g., serious infections caused by hospitals) and various illnesses (e.g., birth defects, childhood lead toxicity, malaria). DHSS also manages systems related to several significant healthcare-related events that are mandatorily reportable, including immunization, birth, death, discharge from an acute care hospital, and open heart surgery.

Of the 162 mandatorily reportable conditions, only 70 were required to be reported electronically as of 2009. In an effort to streamline operations and further the goals of health information exchange, DHSS is planning to require 126 of the 162 mandatorily reportable conditions to be reported electronically by 2011.



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Table 2.2 Status of Electronic Public Health Reporting

Reporting Method	Total Conditions (2009)	Total Conditions (Projected 2011)
Electronically	70	126
Paper or Electronically	73	18
Paper Only	19	18

Additionally, efforts are underway to link some of the department's disparate public data stores. For example, the New Jersey Immunization Registry is already integrated with the State's birth and death registries, and the Master Patient Index initiative will link Medicaid recipients with the Immunization Registry and the Child Blood Lead Screening Registry. Integration of these data sources will provide DHSS with new opportunities for enhanced public health monitoring and intervention.

2.5 PROVIDER HIT ADOPTION

According to Q2 2010 data provided by HIMSS Analytics, 84 New Jersey hospitals self-reported on their level of EHR Adoption.⁴ These 84 hospitals classified themselves as general medical and surgical (57), academic (15), long term care acute (7), and other specialty (5), and thus represent a blend of all hospitals in the State. New Jersey also has two Veterans Health Administration (VA) hospitals in the State, which use the Vista EHR system. Given the 109 unique hospital locations in the State listed by the New Jersey Hospital Association (NJHA),⁵ plus the two VA hospitals, New Jersey can report that it has at least a 77.5% EHR adoption rate among its hospitals, with a high likelihood that the true adoption rate is higher, assuming that some of the non-HIMSS Analytics survey respondents are in fact operating EHR technology. The substantial experience and expertise in installing and maintaining EHRs, both among hospital IT and medical staff, represents a significant resource for technical assistance as the State moves forward with HIT adoption.⁶

As for New Jersey physician practices, the limited survey information available suggests low rates of EHR adoption. A national study of physician EHR adoption found that only 9% to 14% of small, community based physician practices have adopted EHR

⁴ HIMSS Analytics. (http://www.himssanalytics.org/hc_providers/emr_adoption.asp). Accessed Aug. 4, 2010.

⁵ New Jersey Hospital Association (<http://www.njha.com/directories/index.aspx>). Accessed Aug. 4, 2010.

⁶ Gaboda, Nova, et al. Rutgers University. Survey Planning to Support Successful e-HIT Adoption in New Jersey. Oct. 2009.



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solutions, compared with 23% to 50% of larger practices.⁷ DHSS estimates that the adoption rate of EHR technology among New Jersey's private-practice physicians is probably not much higher than 20%.⁸ Barriers to HIT adoption noted by New Jersey medical providers included:⁹

- The high initial cost of purchasing EHR systems
- Uncertainty about financing future maintenance costs
- Confusion about definitions of 'meaningful use' and the implementation of Medicare and Medicaid incentives
- Lack of clarity regarding laws and regulations governing privacy and security of patient health information and liability for security breaches.

While previous studies have suggested a particularly low HIT adoption rate for those practices serving higher percentages of Medicaid/NJ FamilyCare patients,¹⁰ a survey of Medicaid providers conducted for the New Jersey State Medicaid Health Information Technology Plan (SMHP) showed different percentages: Among individual primary care practices, small group primary care practices, single-specialty practices, and multi-specialty practice respondents (excluding dentists), 45% have implemented or are in the process of implementing EHR technology. Further, of that group:

- 52.9% indicated that their EHR system has already been implemented
- 37.1% indicated that their EHR system will be implemented within 12 months.

The table below shows the projected years in which the practices who have already acquired EHRs will complete their EHR implementation.

⁷ DesRoches CM, Campbell EG, Rao SR, et al. Electronic health records in ambulatory care: a national survey of physicians. *N Engl J Med.* 2008;359(1):50-60.

⁸ Testimony of Dr. Poonam Alaigh, New Jersey Health and Senior Services Commissioner to New Jersey Assembly Health and Senior Services Committee on Thursday, June 10, 2010.

⁹ Gaboda, Nova, et al. Rutgers University. Survey Planning to Support Successful e-HIT Adoption in New Jersey. Oct. 2009.

¹⁰ Gaboda, Nova, et al. Rutgers University. Survey Planning to Support Successful e-HIT Adoption in New Jersey. Oct. 2009.



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Table 2.3 Implementation Year of Practices (Excluding Dentists) who have Acquired EHRs¹¹

Projected Year of EHR Implementation Completion	Individual primary care practice	Small group primary care practice	Single-specialty practice	Multi-specialty practice	Response Totals
Currently utilizing an EMR / EHR	59.0%	57.7%	48.4%	57.1%	52.9%
Within 12 months	33.3%	26.9%	41.8%	35.7%	37.1%
Within 1-2 years	0.0%	0.0%	5.5%	7.1%	3.5%
Within 3-4 years	0.0%	0.0%	1.1%	0.0%	0.6%
5+ years	0.0%	3.8%	0.0%	0.0%	0.6%
Don't know	7.7%	11.5%	3.3%	0.0%	5.3%

¹¹ New Jersey State Medicaid Health Information Technology Plan



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3.0 PLAN TO MEET STAGE 1 INFORMATION EXCHANGE MEANINGFUL USE

Requirement: Operational plans shall describe how the state will execute the state's overall strategy for supporting Stage 1 meaningful use including how to fill gaps identified in the environmental scan. Specifically, states and SDEs shall describe how they will invest federal dollars and associated matching funds to enable eligible providers to have at least one option for each of these Stage 1 meaningful use requirements in 2011:

- E-prescribing
- Receipt of structured lab results
- Sharing patient care summaries across unaffiliated organizations

For each of these areas, the Operational Plans shall:

- Outline a clear and viable strategy to ensure that all eligible providers in the state have at least one viable option in 2011;
- Include a project timeline that clearly illustrates when tasks and milestones will be completed;
- Provide an estimate of all the funding required, including all federal funding and state funding, used to enable stage one meaningful use requirements;
- Indicate the role both in funding and coordination of the state Medicaid agency in achieving the state strategy;
- Identify potential barriers and risks including approaches to mitigate them; and,
- Identify desired technical support and coordination from ONC to support the state strategy.

3.1 ELIGIBLE PROVIDER MEANINGFUL USE STRATEGIES

Our immediate priority is to ensure that all eligible providers within the State have at least one option available to meet the Meaningful Use HIE requirements for 2011 to enable the following three HIE capabilities:

- e-Prescribing
- Receipt of structured lab results
- Sharing patient care summaries across unaffiliated organizations



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Table 3.1 provides a summary of the meaningful use targets:

Table 3.1 Meaningful Use Targets

Meaningful Use General Requirement	Current State	Gap
ePrescribing: At least 40% of all permissible prescriptions are transmitted electronically	Currently only 15% of pharmacy orders are submitted electronically. ¹²	25%
Laboratory Results: At least 40% of all clinical lab test results ordered are incorporated in certified EHR technology as structured data	Currently at least 40% of all lab test results are transmitted electronically.	0%
Patient Care Summaries: At least 50% of patient transitions or referrals are supported by an electronic summary of care record.	Currently there is minimal activity related to the electronic exchange of patient care summaries.	50%

The following describes our strategies for closing the gaps.

¹²State of New Jersey Application: Office of the National Coordinator for Health Information Technology State Health Information Exchange Cooperative Agreements Program Project Narrative, October 2009.



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HIE Capability: e-Prescribing

Stage 1 Meaningful Use Requirement: A certified EHR (or eRx module) must be able, at a minimum, to generate and transmit permissible prescriptions electronically. In order for an eligible provider (EP) to meet the eRx objective for meaningful use, more than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology. (42 CFR Parts 412, 413, 422, and 495)

Strategy to Meet Requirement:

- Physicians in the process of evaluating EHR technology will be encouraged to select a “preferred EHR,” as designated by the NJ-HITEC, which will select up to six (6) EHRs that have functionalities to meet all applicable meaningful use requirements.
- The National e-Prescribing Patient Safety Initiative (NEPSI) offers and supports the use of free e-prescribing software based on Allscripts ePrescribe Basic from Allscripts™. This tool is a standalone, web-based solution that is secure, allows access to drug reference and formulary information, and provides data for potential allergy and drug-drug interactions and some types of edits for pregnancy factors and extremely high doses. The NEPSI application provides an electronic repository of prescription and patient history information. Horizon Blue Cross Blue Shield (New Jersey’s BlueCross/BlueShield provider) is the regional sponsor for the NEPSI program and supports this initiative; moreover, Horizon supports its internal e-prescribing software, e-Prescribe®.
- Through NJ-HITEC’s educational programs, community physicians will be encouraged to adopt the NEPSI or e-Prescribe® solutions as an alternative.
- The HIE Technology Workgroup has identified Medication Histories (e.g., RxHub as a web link, for filled retail prescriptions, NJ Medicaid Medication database (1Q2011), and Hospital-dispensed medications (i.e., non-retail medications)) as one of the primary use cases to address.
- Through a campaign program that will be implemented as part of the State Medicaid Health Information Technology Plan (SMHP), providers will be educated on HIT and the EHR incentive program, and be encouraged to participate in e-prescribing.



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HIE Capability: Receipt of Structured Lab Results

Stage 1 Meaningful Use Requirement: For an EP, eligible hospital or CAH to meet Stage 1 meaningful use requirements, more than 40% of all clinical lab test results ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data (42 CFR Parts 412, 413, 422, and 495)

Strategy to Meet Requirement:

- The Architecture and Data Standards Committee will be responsible for addressing legal and technical requirements to facilitate the exchange of structured lab results among commercial and private laboratories, physician EHRs, and regional HIEs.
- The Office of Statewide HIT Coordinator will pursue statutory and regulatory avenues in 2010/2011 that will require commercial and private laboratories to make electronically interfaced laboratory result transactions available to physician EHRs and regional HIEs at no extra cost to physicians (replacing traditional means such as faxing of results). Furthermore, the State will pursue statutory and regulatory avenues to require EHR and HIE vendors to accept interfaced formatted laboratory results into their EHR and HIE systems. Several regional HIEs have capabilities of accepting structured lab results from commercial and private laboratories. By 2012, all regional HIEs are expected to have these capabilities.
- Physicians will be encouraged to select a "preferred EHR," as designated by the NJ-HITEC. The NJ-HITEC will select up to six (6) EHRs that have functionality to meet all applicable meaningful use requirements; including receipt of structured lab results.
- Through a campaign program that will be implemented as part of the State Medicaid Health Information Technology Plan (SMHP), providers will be educated on HIT and the EHR incentive program, and be encouraged to submit and receive laboratory results electronically.



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HIE Capability: Sharing Patient Care Summaries Across Unaffiliated Organizations

Stage 1 Meaningful Use Requirement: The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals (42 CFR Parts 412, 413, 422, and 495)

Strategy to Meet Requirement:

- Physicians will be encouraged to select a “preferred EHR,” as designated by the NJ-HITEC, which will select up to six (6) EHRs that have functionalities to meet all applicable meaningful use requirements - including sharing patient care summaries across unaffiliated organizations - and that are certified by the ONC-ATCB (once that entity is defined by the ONC and commences testing and certification of EHRs)
- The Office of Statewide HIT Coordinator will encourage pursuing statutory and regulatory avenues in 2010 that will require EHR vendors to produce Continuity of Care Documents (CCDs) as a standard function in their EHRs, and to have outbound interoperability functionality as a standard feature. Such functionalities shall be made available by the vendors no later than 2012.
- New Jersey is pursuing statutory and regulatory avenues that will require HIEs to support the exchange of Patient Care Summaries (PCS) with Physician EHRs and other HIEs in order to be eligible for state-sponsored funding and related state benefits.
- Patient Care Summaries (PCS), in the form of CCDs, will also be available through New Jersey’s regional HIEs. The HIE Technical Workgroup has identified Care Summaries (e.g., Discharge Summaries for acute and emergency care; Continuity of Care Records for hospital outpatient services and physician office services) as one of the priority use cases to address.
- Through a campaign program that will be implemented as part of the State Medicaid Health Information Technology Plan (SMHP), providers will be educated on HIT and the EHR incentive program, and be encouraged to submit and receive patient care summaries.

3.2 ROLE OF NEW JERSEY’S REGIONAL EXTENSION CENTER

NJ-HITEC is New Jersey’s designated Regional Extension Center (REC). Pursuant to its regulatory mandates and in support of the strategies noted above, NJ-HITEC is currently developing a Request for Information (RFI) to select six (6) preferred vendors who will offer their physician community EHRs and associated services at discounted rates. To be selected, these vendors must demonstrate the ability of their EHRs to



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manage e-prescribing, laboratory results, and patient care summaries (in the form of Continuity of Care documents). NJ-HITEC plans to complete its preferred vendor selection in mid-September 2010.

The following is the schedule for achieving the overall mission of the NJ-HITEC:

- **October through December 2010** - The NJ-HITEC will provide training to Medicaid Healthcare providers on how to achieve Stage 1 meaningful use for 2011.
- **January/February 2011** - The NJ-HITEC personnel (trainers and IT resources) will perform assessments at local physician offices. In parallel, the NJ-HITEC will develop workflow redesign and provide recommendations regarding vendors, financing options, etc. The goal is to sign-up 5,000 physicians for NJ-HITEC services.
- **June/July 2011** - The goal of the NJ-HITEC is to have 3,000-4,000 healthcare providers achieve meaningful use by June/July 2011.

As healthcare providers implement technologies to achieve meaningful use, including leveraging NJ-HITEC's designated list of preferred vendors, there will be an ongoing need for ONC's guidance with the certification requirements.

3.3 ACHIEVING MEANINGFUL USE THROUGH THE HIES

New Jersey's HIE Technical Workgroup, which consists of the four ONC-funded HIEs and some privately funded HIEs, has been meeting regularly to design and implement the State HIT Operational Plan. Its work has focused on key components of the Plan, including the prioritization of use cases, and addressing various issues for HIE-to-HIE communications throughout the State.

With the Stage 1 meaningful use requirements in mind, the HIE Technical Workgroup has selected Care Summary and Medication History use cases as priorities (as discussed in [Section 8](#)):

Table 3.2 New Jersey's Priority Use Cases

Use Case	How Obtained
Care Summary	<ul style="list-style-type: none"> • Acute Care - Discharge Summary • Emergency Care - Discharge Summary • Hospital Outpatient Services - Continuity of Care Record • Physician Office Services - Continuity of Care Record
Lab Results	<ul style="list-style-type: none"> • Lab LOINC with SNOMED CT for Indications



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Use Case	How Obtained
	<ul style="list-style-type: none"> • UCOM for units of measure • CPT crossmap for procedure context
Medication History	<ul style="list-style-type: none"> • RxHub as a web link, for filled, retail prescriptions • NJ Medicaid Medication database • Hospital-dispensed medications (i.e., non-retail medications)
Medication Allergies	<ul style="list-style-type: none"> • As contained in a Continuity of Care Record
Radiology Reports	<ul style="list-style-type: none"> • SNOMED CT for Indications, Impression • CPT crossmap for procedure context

3.4 FUNDING AND COORDINATION

The State Medicaid Office, as a division of the Department of Human Services, will play a significant part in achieving the State strategy, and will provide oversight on the administration of the Medicaid provider incentive plan. The overall strategy is primarily to leverage the architecture funded by Medicaid (See [Section 4](#)).

The State Medicaid Office, along with NJ-HITEC, will be tracking EHR adoption among the Medicaid providers. NJ-HITEC plans to track the Medicaid providers using the customer relationship management (CRM) software tool provided by ONC.

The funding required to achieve the State strategy includes three resources:

1. Partial allocation of the \$23 million federal grant that was received by the NJ-HITEC will be allocated to providers for activities that will lead to achieving meaningful use.
2. The \$11.4 million for the State Health Information Exchange Cooperative Agreement Program expected to be received from ONC will also aid the four funded HIEs to develop the infrastructure to exchange data in a way that meets meaningful use requirements.
3. The State Medicaid Health Information Technology Plan (SMHP) will include a request for funding the EHR incentive program to be administered by the State. That program is designed to increase the EHR technology adoption rate and the level of health data exchanged in the State.



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3.5 ISSUES AND BARRIERS

The Department of Human Services - State Medicaid and Office of the Statewide HIT Coordinator will work on behalf of the HIEs to help establish policies around lab information. The Architecture and Data Standards committee will be responsible for determining included data standards. One current issue for the HIEs is the inconsistencies in agreements among the national labs such as Quest Diagnostics and LabCorp including the actual data exchange process.

A second barrier is the overall hesitancy of organizations to enter into information sharing arrangements with HIEs or other, non-affiliated entities due to uncertainty around privacy issues and fear of litigation. This plan will utilize state influence to define policy and inter-organization agreements that make the rules of sharing health information easier for HIEs and Integrated Delivery Networks (IDNs).



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4.0 COORDINATION WITH MEDICAID

*Requirement: Because of the importance of the Medicaid program in setting state level HIT policy, states and SDEs are required to describe their coordination with Medicaid in their Strategic Plans. **Required Activities:***

1. The state's governance structure shall provide representation of the state Medicaid program.
2. The grantee shall coordinate provider outreach and communications with the state Medicaid program.
3. The grantee and the state Medicaid program shall identify common business or healthcare outcome priorities.
4. The grantee, in collaboration with the Medicaid program, shall leverage, participate in and support all Beacon Communities, Regional Extension Centers and ONC funded workforce projects in its jurisdiction.
5. The grantee shall align efforts with the state Medicaid agency to meet Medicaid requirements for meaningful use.

Encouraged Activities:

1. The state's HIE program is encouraged to obtain a letter of support from the Medicaid Director. If a letter of support is not provided, ONC will inquire as to why one was not provided and the lack of a letter may impact the approval of a state plan, depending on circumstances.
2. Conduct joint needs assessments.
3. Conduct joint environmental scans.
4. Collaborate with the Medicaid program and the ONC-supported Regional Extension Centers to provide technical assistance to providers outside of the federal grant for Regional Extension Centers' scopes of work.
5. Leverage public help desk/call center contracts and services between the State HIE Program, Medicaid and the REC.
6. Conduct joint assessment and alignment of privacy policies at the statewide level and in the Medicaid program.
7. Leverage existing Medicaid IT infrastructure when developing the health information exchange technical architecture.
8. Determine whether to integrate systems to accomplish objectives such as making Medicaid claims and encounters available to the health information exchange and information from non-Medicaid providers available to the Medicaid program.
9. Determine which specific shared services and technical services will be offered or used by Medicaid.
10. Determine which operational responsibilities the Medicaid program will have, if any.
11. Use Medicaid HIT incentives to encourage provider participation in the health information exchange.
12. Collaborate during the creation of payment incentives, including Pay for Performance under Medicaid, to encourage participation by additional provider types (e.g. pharmacies, providers ineligible for incentives).



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There are many coordination and integration points between New Jersey Medicaid and statewide health technology initiatives. Coordination with New Jersey Medicaid is described below.

4.1 PLANNING

The New Jersey State Medicaid HIT Plan (SMHP) is currently in progress. The landscape assessment has recently been completed and the remaining components of the SMHP will be completed by the end of calendar year 2010. The SMHP vision and roadmap will be informed by the State's overall vision and roadmap for health information technology, and will include Medicaid-specific elements. New Jersey expects alignment and close coordination between Medicaid plans and the State's plans.

New Jersey's SMHP project steering committee includes a variety of leaders, including the leaders of the federally-funded HIEs and the Statewide HIT Coordinator. This further assures coordination between Medicaid and overall state-planned activities.

Leaders from New Jersey Medicaid participated in the development of this State HIT Operational Plan.

4.2 EHR INCENTIVE PROGRAM

The SMHP will describe the program to administer incentives to healthcare providers who adopt and become meaningful users of EHR technology. As meaningful users, providers will need to connect to and share information using the NJHIN described in this Plan. New Jersey expects to have its incentive program in place in 2011, in coordination with other HIT-related state-planned activities.

4.3 TECHNOLOGY

New Jersey Medicaid is leading the Master Client Index (MCI) project, which is intended to link beneficiaries among New Jersey's Medicaid program, Immunization Registry, and Blood Lead Screening Registry. The MCI project includes a comprehensive data cleanup activity to help ensure data integrity across the systems. When the MCI project is complete, Medicaid providers will have easier access to more accurate immunization and blood lead screening information about their patients. The MCI project is currently in progress and is planned for completion in the first quarter of 2011.

New Jersey's Enterprise Service Bus (ESB) is designed to provide the infrastructure needed for data exchange. The technology components used to support the MCI and the ESB are expected to provide a base, which will be expanded for the fully functioning NJHIN. This puts Medicaid at the forefront in the State's plans for statewide interoperability. More details of this will be described in New Jersey's State Medicaid



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HIT Plan (SMHP) Vision, and Roadmap. The funding to implement and operate the HIE will be included in the SMHP Implementation Advanced Planning Document (IAPD). That document will estimate the costs for: (1) design, development, and implementation (90% CMS support); (2) ongoing operation (75% CMS support); and administration (50% CMS support). This will be closely coordinated with the Statewide HIT Coordinator and statewide HIT plans.

New Jersey Medicaid will soon begin a pilot project that, once proven successful, will enable all of the Federally Qualified Health Centers (FQHCs) in New Jersey to access the full range of New Jersey Medicaid data directly from the New Jersey Medicaid Management Information System (MMIS). This data will include doctor visits, hospital visits, prescription drug histories, and more. This pilot project will include one FQHC. The system will then be implemented by all FQHCs.

As a separate project in 2009 with the FQHCs, New Jersey Medicaid began allowing Health-e-cITi-NJ Medicaid care givers, including two FQHCs, to process a query against its real-time medication history. Health-e-cITi-NJ is an HIE bringing together the care givers within the greater Newark community as well as surrounding regional healthcare industry stakeholders. Health-e-cITi-NJ is an effort to share clinical patient health information in a densely populated, highly urban area containing a high concentration of poor and medically underserved communities.

Discussions are currently underway between New Jersey Medicaid and the Certification Commission for Health Information Technology (CCHIT) for New Jersey to be a beta site for EHR adoption and certification testing.

4.4 OUTREACH

New Jersey Medicaid and NJ-HITEC are working together to coordinate campaign and communications plans. Furthermore, New Jersey Medicaid plans to share provider data with the NJ-HITEC for its outreach programs, and NJ-HITEC plans to extend its help desk to support Medicaid providers when they have questions about the incentive program. These two organizations will continue to look for opportunities to coordinate their efforts on common initiatives.

New Jersey Medicaid and the NJ-HITEC plan to work with related healthcare providers to improve EHR adoption and facilitate meaningful use. In particular, the primary care providers (e.g., family practice physicians and pediatricians) will benefit from the coordination between Medicaid and NJ-HITEC. Health outcomes and healthcare provided to the underserved citizens of New Jersey are also expected to significantly improve as a result of the increased adoption and meaningful use of electronic data exchange.



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4.5 GOVERNANCE

The position of Statewide HIT Coordinator for New Jersey has recently been established. This position reports to the Governor's office and is responsible for working with all State Departments and Agencies (including Medicaid), the healthcare provider community, and other key stakeholders, to implement and facilitate the HIT movement across the State in accordance with nationally recognized federal standards. In this highly visible role, the Statewide HIT Coordinator will need to solidify the business and clinical cases for moving forward, build consensus around the vision for HIT among principal stakeholder groups early on, and then leverage the experience and expertise of knowledgeable resources from the public and private sectors to help the State achieve its goals.

Medicaid will play a key governance role; Medicaid occupies positions in the planned governance structure, as described in Section 12.0 Governance of this report.

To better manage the Medicaid-related projects, New Jersey Medicaid established a program management office (PMO) function. The PMO is coordinating many Medicaid projects and managing their integration points with other state initiatives.

4.6 SUPPORTING THE HIT PROGRAM

With access to actionable, real-time data provided by these initiatives, New Jersey's healthcare providers can and will improve healthcare quality and efficiency of care, benefitting New Jersey's citizens as well as New Jersey's healthcare communities. New Jersey Medicaid intends to continue working with the Statewide HIT Coordinator to further HIE in New Jersey by jointly planning HIT implementation.

Finally, the New Jersey Medicaid Director supports this Operational plan and Medicaid's involvement in it. Please see a copy of the director's letter of support at the end of this document.



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5.0 ARRA COORDINATION

Requirement:

- *A description of plans to coordinate with Regional Centers that serves providers in their state.*
- *If applying concurrently as HIE and RC recipient, a description of their RC project plans (e.g. projections of the geographic coverage and provider reach)*
- *Workforce development goals and strategies (i.e. how and when trained professionals from ONC's workforce development programs will be utilized to support statewide HIE)*
- *Broadband goals and strategies (e.g. how and when broadband will be available to healthcare providers across the state)*
- *A description of plans to coordinate with Beacon Communities that serves providers in their state.*

The New Jersey Statewide HIT Coordinator's office will be the central point of coordination for all ARRA initiatives related to New Jersey, including program and change management; provider communication and outreach; state department coordination including Medicaid; Regional Extension Center alignment; and federal government communications and funding coordination.

Figure 5.1 shows the context for and key stakeholders within the New Jersey HIT Program.



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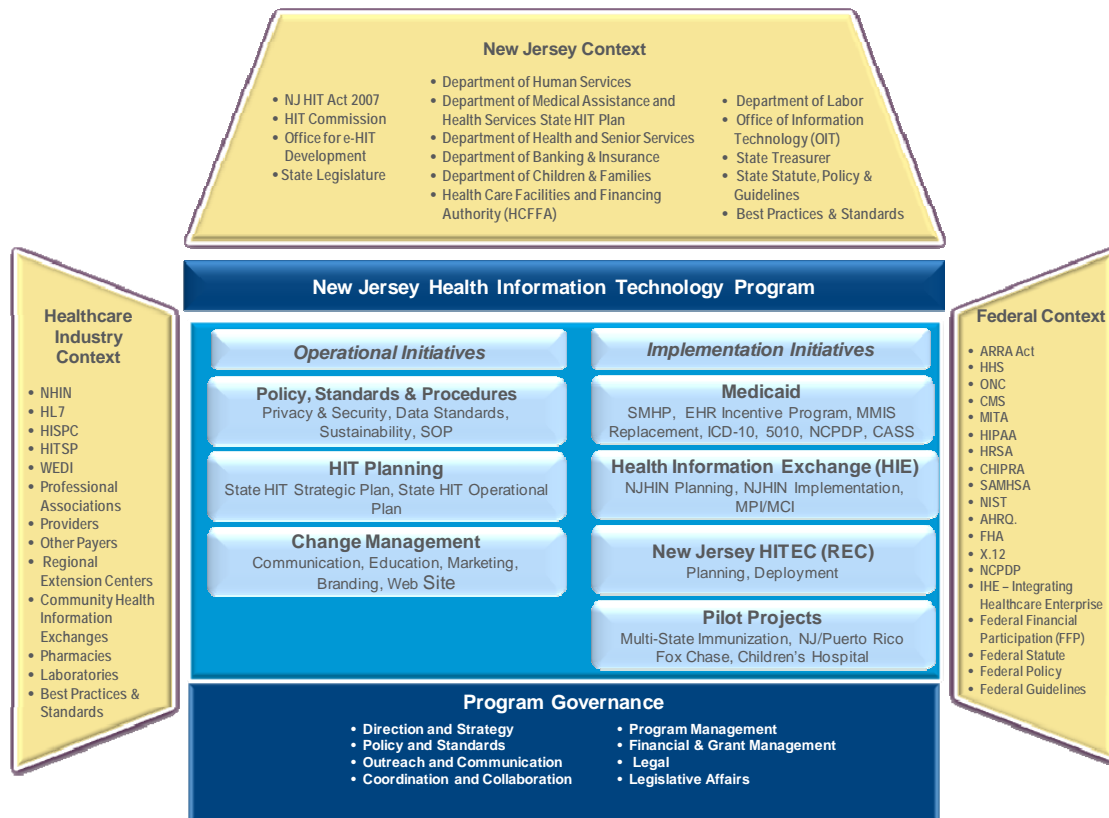


Figure 5.1 New Jersey HIT Program Context

5.1 REGIONAL CENTER PLAN AND COORDINATION

In April 2010, the New Jersey Institute of Technology (NJIT) was approved to receive \$23 million to establish the New Jersey Health Information Technology Extension Center (NJ-HITEC). This funding will be used to promote the use of HIT to enable New Jersey Primary Care Providers (PCPs) to be educated, equipped, and assisted to qualify as “meaningful users” of certified EHR technology. Provider groups other than PCPs may also utilize the services provided by the NJ-HITEC, at a cost. There are more than 18,000 PCPs in New Jersey, including:

- Internal medicine physicians
- Family practice physicians
- Pediatricians
- Obstetrics/Gynecology physicians
- General practice physicians
- Nurse practitioners
- Physician assistants



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To fulfill its mission, NJ-HITEC is planning a comprehensive set of activities that align with the overall New Jersey HIT program, including Medicaid SMHP activities. NJ-HITEC will work closely with both the Statewide HIT Coordinator and Medicaid to ensure a well-coordinated overall New Jersey HIT effort. The Statewide HIT Coordinator will in turn leverage NJ-HITEC activities to ensure all are pointed toward the broader goals and strategies of the New Jersey HIT program.

Some key NJ-HITEC activities are described below:¹³

- Education and outreach to providers – NJ-HITEC will work with partner agencies and hospitals to inform PCPs about seminars conducted around the State to educate PCPs about the case for EHR adoption, the role of NJ-HITEC, and the range of services available from NJ-HITEC to help PCPs become meaningful users of EHR technology.
- National learning consortium – NJ-HITEC will work with federal and other state programs to share work in the areas of project management, reporting, assessment, best practices, tools, and technologies.
- Vendor selection and group purchasing – NJ-HITEC will obtain preferred pricing and develop a list of preferred vendors based on considerations of cost, interface style, and model of implementation.
- Implementation and project management – NJ-HITEC will provide overall project management support and implementation services, and will rely on outsource partners/subcontractors to provide the required services.
- Practice and workflow design – NJ-HITEC will provide professional assistance to PCPs to determine how workflow in the PCPs' offices will change once patient records are digitized. NJ-HITEC will provide assistance and advice on how to capitalize on these changes.
- Functional interoperability and health information exchange – Software and hardware systems will be vetted for compatibility and interoperability with ONC-funded HIEs in the State.
- Privacy and security best practices – NJ-HITEC will identify and disseminate information about privacy and security best practices.
- Progress toward meaningful use – NJ-HITEC will review PCP practices to look for ways to facilitate the achievement of meaningful use and communicate common barriers to ONC.
- Local workforce support – NJIT, working with NJ-HITEC, has and will continue to augment programs, including degree programs, in information technology management and hospital systems management.

¹³ This information was gleaned from the NJ HITEC Project Narrative and interviews in May, 2010



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Some key milestones in NJ-HITEC efforts include the following:

- Application submitted to Department of Human Services – November 2009
- Business Plan Completed – June 2010
- Drafted Operational Plan – July/ August 2010
- Launched EHR vendor qualification questionnaire – August 2010
- First Board of Trustees Meeting – August 4, 2010
- One day workshop to review specifications – comments to be collected – August 2010

5.2 WORKFORCE DEVELOPMENT GOALS AND STRATEGIES

Section 3016 of the HITECH Act authorizes the creation of a program to assist in the establishment and/or expansion of education programs designed to train a highly skilled workforce of health information technology professionals to effectively put in place and enable the use of secure, interoperable electronic health record systems.

Given the demand for upgrading and implementing new HIT initiatives, a real threat to the industry is a shortage of health information experts to meet this tremendous demand. Workforce development serves our population entering the workforce and provides required expertise in the rapidly expanding HIT industry.

Under that authority, the Office of the National Coordinator for Health Information Technology (ONC) has awarded \$84 million in funding for the **Health IT Workforce Development Program**. The Health IT Workforce Development Program focuses on several key resources needed to rapidly expand the availability of skilled health IT professionals to support broad adoption and use of health IT in the provider community. These resources include:

- A community college training program to create a workforce that can facilitate the implementation and support of an electronic healthcare system
- High quality educational materials that institutions of higher education can use to construct core instructional programs
- A competency examination program to evaluate trainee knowledge and skills acquired through non-degree training programs
- Additional university programs to support certificate and advanced degree training.

New Jersey and NJ-HITEC have several community colleges that are participating in the program as part of the Tidewater Community College consortia. Some of the participants include:

- Brookdale Community College



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- Burlington Community College
- Camden County Community College (Camden)
- Essex County Community College (Newark)
- Passaic County Community College (Paterson)
- Ocean County Community College
- Raritan Valley Community College

NJ-HITEC will work closely with the New Jersey Community College network and the Tidewater Community College, with a particular focus on supporting Health IT workforce development.

The program established through this grant will help train more than 10,500 new health IT professionals annually by 2012. An expanded workforce of skilled health IT specialists is an essential component of the New Jersey HIT Plan's goal of supporting providers as they transition to the use of electronic health records.

5.3 BROADBAND GOALS AND STRATEGIES

New Jersey is number one in the nation for providing broadband access, with coverage over 98% of the State. New Jersey plans to leverage its broadband coverage to ensure all providers and healthcare service recipients have access to the right information at the right time. New Jersey has many successful telemedicine projects that leverage this "broadband advantage" including Passaic County's Domestic Violence Telemedicine Initiative.

Earlier this year, the Commerce Department's National Telecommunications and Information Administration (NTIA) awarded \$2 million from the State Broadband Data and Development Grant Program for New Jersey's broadband mapping efforts.

The New Jersey Statewide HIT Coordinator plans to continue leveraging the State's extensive broadband coverage, coordinating these grants with other statewide goals and strategies to ensure coverage and access to broadband for all New Jersey healthcare providers.

5.4 PLANS TO COORDINATE WITH BEACON COMMUNITIES

The Beacon Community Cooperative Agreement Program provides funding to communities to build and strengthen their health information technology infrastructure and exchange capabilities. By demonstrating the use of health information technology and serving as models for other institutions to follow, Beacon Communities play a key role in any state's strategy to support electronic health record adoption. At the time of this writing, New Jersey has not received any Beacon Community grant awards.

Recognizing the importance of the participation of Beacon Communities in the statewide plan, the New Jersey Statewide HIT Coordinator is in the process of developing an



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informal network of New Jersey Beacon-like communities to support the overall HIT Plan and NJ-HITEC in promoting the adoption of electronic health record technology.

New Jersey is actively reaching out to and coordinating with these willing Beacon-like participants to support provider communities as they begin their journeys toward health IT adoption. These efforts include participation in a *New Jersey HIT Innovation Summit* planned for late 2010. A New Jersey State-hosted event, the Summit will provide a public forum to share success stories and challenges around electronic health record adoption and meaningful use. New Jersey Beacon-like communities will be active participants in this forum.

In addition, there are two Beacon applications that have been submitted to the federal Beacon Community grant program. A brief summary of each follows:

- **Autism Online Network of New Jersey (AON-NJ)** – This Beacon Community application is to support the increasingly growing challenge of autism in New Jersey. New Jersey has the country’s highest rate of autism, with one in 94 children affected. This application will help connect individuals who have Autism Spectrum Disorders (ASD) with a network of providers, to improve overall healthcare support for this patient community.
- **The Camden Coalition of Healthcare Providers** – The Camden Coalition, and its leader Dr. Jeffrey Brenner, are applying for a Beacon Community grant to expand the support for inner-city Camden providers in their use of electronic health records.

5.5 ARRA COORDINATION SUMMARY

In summary, the Statewide HIT Coordinator’s office will organize and coordinate the New Jersey HIT program and associated funding streams to successfully implement this program across the State. **Table 5.1** below shows the status of all ARRA-related funding for New Jersey. These funding streams will be carefully coordinated across the program to enable a successful implementation of a New Jersey HIT Operational Plan with special attention placed on Medicaid and CMS grants to support provider incentives for meaningful use of electronic health records (i.e., implementing the State Medicaid HIT Plan (SMHP)).

Table 5.1 Status of ARRA-related Funding Streams

Program	Federal Agency	Total \$\$	NJ Award Opportunity	Status
Broadband Technology Opportunities Program (BTOP) -To support deployment of broadband infrastructure in underserved areas. Spurs <u>job creation</u> and stimulates <u>long-term economic growth</u> .	Department of Commerce	\$4.7B	\$2M	Awarded



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Program	Federal Agency	Total \$\$	NJ Award Opportunity	Status
Health Information Technology Extension Program – Provides grants for the establishment of HIT Regional Extension Centers that will offer technical assistance, guidance, and information on best practices to support EHR adoption.	ONC ¹⁴	\$750M ¹⁵	\$23M	Awarded
State Health Information Exchange Cooperative Agreement Program – Supports the establishment of health information exchange (HIE) capacity among healthcare providers and hospitals.	ONC	See Above	\$11.4M	Awarded
State Medicaid Health Information Technology Planning (SMHP) – Provides planning support for a state Medicaid HIT plan and Roadmap for implementing a provider incentive program for meaningful use of EHRs. Based on HITECH Act ³ .	CMS		\$5.7M	Awarded
Beacon Community Program – Provides funding to communities to build and strengthen their health information technology infrastructure and exchange capabilities to demonstrate the vision of meaningful health IT.	ONC	\$220M	1-Camden Coalition - \$2.5M. 2- Autism Online Network of New Jersey, \$17.5M	Pending Award
Curriculum Development Centers – Provides grants to institutions of higher education to support health information technology curriculum development.	ONC	\$10M	\$1M	Pending Award
Community College Consortia to Educate Health Information Technology Professionals – Creates health IT education and training programs at community colleges, or expands existing programs. Training programs will be intensive, non-degree training programs that can be completed in 6 months or less.	ONC	\$70M	~\$5-8M	Pending Award
Program of Assistance for University -Based Training – Increases the availability of individuals qualified to serve in specific health IT professional roles requiring university training.	ONC	\$32M	~\$1.5M	Pending Award

¹⁴ Office for the National Coordinator for Health Information Technology

¹⁵ On 2/12/10 HHS Secretary announced over \$750M in grants for two cooperative programs to enable widespread meaningful use of Health IT.



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Program	Federal Agency	Total \$\$	NJ Award Opportunity	Status
<p>Medicaid/Medicare payment incentives - Medicaid/Medicare providers who demonstrate “meaningful use” of EHRs are eligible to receive incentive payments based on the HITECH Act³. Note: The SMHP will lay foundation planning to determine incentive funding amount to providers. All funding is through CMS and State Medicaid Programs.</p>	CMS/States	\$34B ¹⁶	Estimated at \$800M+ (~18K PCPs)	In Development
<p>EHR Loan Program - DHHS working through the Office of the National Coordinator (ONC) will provide grants to the states and Indian tribes, who will use the grants to provide loans to healthcare providers for EHR adoption</p>	ONC	TBD	NA	In Development
<p>New Technology Research and Development Grants - National Institute of Standards and Technology (NIST) will work with the National Science Foundation (NSF) to offer competitive grants to higher education institutions and/or federal government labs to generate innovative approaches to enterprise integration of health information.</p>	NIST/NSF	TBD	NA	In Development

¹⁶ The Health Information Technology for Economic and Clinical Health (HITECH) Act authorized the outlay of approximately \$34 billion between 2011 and 2016 as adoption incentives through Medicare and Medicaid to qualified health care providers who adopt and use electronic health records (EHRs.) The incentive programs are in development.



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6.0 MULTI-STATE COORDINATION

Requirement: A description of multi-state coordination activities, including the sharing of plans among states and establishing an interstate approach for secure HIE.

This section describes New Jersey's activities and plans for multi-state HIT coordination. Included is a summary of activities for the sharing of plans among states, directed at establishing a unified approach for secure HIE.

Currently, New Jersey participates in multiple activities related to the sharing of plans and ideas around interstate approaches for HIE:

- **ONC and CMS Sponsored Conference Calls** – These calls focus on sharing of best practices, ideas and lessons learned, review of funding approaches, and technical support, among many other topics. These calls have assisted New Jersey in learning of the progress other states have made, and what is needed to prepare an approach for secure interstate sharing of health information.
- **Targeted Conferences and Learning Events** – ONC has recently conducted regional conferences specifically targeted at state HIT Coordinators. These conferences allow multiple states to gather in one location to learn of current thinking and direction from the ONC, and provide a chance for states to share ideas and progress in their plans for secure HIEs. A recent example is the Providence, Rhode Island ONC Regional Meeting in July, 2010.
- **New Jersey HIE Technical Workgroup** – This workgroup includes New Jersey's four funded HIEs, plus a cross section of state participants including Medicaid, the Statewide HIT Coordinator, the HIT Commission, and Departments of Health and Senior Services, Human Services, and Banking-Insurance. This workgroup focuses on the development of the State's plan for HIE, as well as coordinating interstate secure HIEs.
- **New Jersey and Delaware Valley HIMSS Coordination** – New Jersey is working closely with the two HIMSS chapters in this region to support and coordinate interstate secure HIEs. Both HIMSS chapters are combining on an event in September 2010 with special focus on multi-state HIE coordination.
- **NASCIO Sponsored Events and Publications** - New Jersey continues to monitor and leverage information sources like the National Association of State Chief Information Officers (NASCIO) regarding multi-state collaboration plans. Sources include various targeted events, state CIO information sharing forums, and a variety of valuable publications relevant to HIT and interstate HIEs.



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Note that all multi-state HIE coordination initiatives New Jersey is exploring will be in accordance with NHIN standards for communication and interaction.

New Jersey has additional plans in process for multi-state coordination activities:

- **Hosting a multi-state collaboration event** - New Jersey plans to host its own multi-state collaboration event with surrounding states, to focus on sharing of plans and establishing an interstate approach for secure HIE.
- **Project Management focus on multi-state pilots** - New Jersey plans to assign full-time project management support to oversee and coordinate several interstate secure HIE pilot initiatives.
- **Regional HIE data exchange** - Three regional HIEs (South Jersey HIE, the Virtua HIE, and the South Jersey Health System HIE) have plans to exchange data in late 2010/early 2011 with Fox Chase Cancer Center's HIE, located in Philadelphia, Pennsylvania.
- **State Health Policy Consortium** - New Jersey will be applying for a grant, sponsored by ONC, to obtain support services that will engage a multi-state effort to resolve policy issues and, in particular, privacy and security issues at a concrete level, in practical terms, to exchange health information across States.

Table 6.1 summarizes current multi-state health information exchange efforts in New Jersey:

Table 6.1 Multi-state Initiatives to Support Interstate HIE

Interstate initiative	Description	Contact
Intestate Immunization Data Exchange (NJ-NY)	The New York City Health Department and the State of New Jersey Department of Health and Senior Services conducted a pilot program for the exchange of childhood immunization data where patients were identified on one system, but with applicability in the other. The pilot, completed in February 2007, was very successful and the immunization data was exchanged successfully. A total of 9,317 new doses were added as a result of this exchange. Total cost savings realized for just this one pilot was estimated at \$560K.	Statewide HIT Coordinator and Office for eHIT Development**



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Multiple Interstate Immunization Data Exchange	By leveraging the above-mentioned pilot, New Jersey has plans to participate in a multi-state immunization data transfer program that includes several mid-Atlantic states from Virginia through New York.	Statewide HIT Coordinator and Office for eHIT Development
Children's Hospital Data Exchange	<p>The is a pilot program to exchange children's hospital clinical data between CMS Regions 1 and 2 and the Commonwealth of Pennsylvania and the State of New Jersey. Initial meetings between both parties have taken place to begin this pilot.</p> <p>Next steps include a meeting between both state governor's offices and both CMS regions including PA and NJ HIT Coordinators, Medicaid and Office for eHIT Development.</p>	Statewide HIT Coordinator and Office for eHIT Development
CMS Region 2 Immunization Data Exchange	This immunization data exchange pilot is targeted within CMS region 2, between Puerto Rico and the State of New Jersey. This exchange is to focus on supporting a large segment of the population that travels between these two destinations, and to provide interoperable immunization exchanges for patients traveling back and forth between these two destinations.	Statewide HIT Coordinator and Office for eHIT Development
Connection to Fox Chase Cancer Center (Pennsylvania's HIE)	Three regional HIEs (South Jersey HIE, the Virtua HIE, and the South Jersey Health System HIE) have plans to exchange data in late 2010/early 2011 with Fox Chase Cancer Center's HIE, located in Philadelphia, Pennsylvania.	HIE Technical Workgroup Chair, Statewide HIT Coordinator and North Central HIE CIO

** Office for eHIT Development was created by the New Jersey Health Information Technology Act signed in to law in January of 2008. This entity is in the Department of Banking and Insurance and is charged with collaborating with the HIT Commission in the development of a comprehensive plan for the creation of a statewide health IT network.



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7.0 HIE SUSTAINABILITY PLANS

Requirement:

- *A detailed cost estimate for the implementation of the Strategic Plan for the time period covered by the Operational Plan.*
- *A description of the staffing plan.*
- *A description of financial policies, procedures and controls that are in place to maintain compliance with generally accepted accounting principles (GAAP) and relevant OMB circulars.*

New Jersey understands that the long-term viability of statewide health information technology and interoperability depends upon a well-planned and widely supported financial self-sustainability model. Thus, the State is in the process of evaluating several revenue sources by leveraging the diverse group of stakeholders that comprise the Financial Sustainability Committee (described below), which will evaluate and analyze several potential revenue sources. The State’s plan calls for the evaluation to be complete and the recommendations to be defined by the end of calendar year 2010.

The scope of the sustainability plans being considered by New Jersey includes the New Jersey Health Information Network (NJHIN) and the four federally-funded regional HIE organizations. This scope is more fully described in Section 8.0 HIE Architecture and Standards.

Budget estimates have been developed for each of the four ONC-funded regional HIE organizations. These estimates have been submitted to ONC for review and include startup costs and operational costs for the first four project years. The estimated budget includes the federal funding amounts and the amounts from HIE organization budgets (minimum and full amounts) and is summarized in **Table 7.1**:

Table 7.1 Budget Estimates

Timeframe	Total Federal Budget	Minimum Budget Match	Budget Match
Calendar Year 2010	\$5,230,315	\$0	\$2,314,525
Calendar Year 2011	\$2,716,933	\$271,693	\$2,951,752
Calendar Year 2012	\$1,726,846	\$241,758	\$3,699,692
Calendar Year 2013	\$1,734,500	\$572,385	\$2,029,977
Total	\$11,408,594		



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The budgets presented in **Table 7.1** are planning estimates for the first four project years, and could be revised. It is possible that actual experience will determine the need for additional funding. The cost factors included in these estimates are:

- Management
- Office staff
- IT support
- Implementation and training
- Operations
- Communications and marketing
- Consultant support
- Software development
- Technology (hardware and software)
- Typical business expenses

The business plan and the budget estimates to establish and operate the NJHIN are under development. As mentioned in Section 4.0 Coordination with Medicaid, the Medicaid HIE and its expandability to assume statewide functions as a component of the NJHIN will be further described, and its costs estimated, in New Jersey's SMHP Vision, Roadmap, and Implementation Advanced Planning Document (IAPD). New Jersey expects to provide this estimate as part of the SMHP.

New Jersey will operate as efficiently and effectively as possible to minimize operational complexity and cost and to achieve results faster. To that end, the principals from each HIE organization have been meeting for the past several months to collaborate on data exchange technology and vision, legal agreements, and the ways they will cooperate as health data exchange extends statewide. The group has demonstrated a high level of cooperative spirit, recognizing the obvious benefits of collaboration as they work through the issues related to health data exchange.

Revenue-generating models that have been used in other states and that are under review by the Financial Sustainability Committee include the following:

- Membership Model – Members pay a one-time membership fee and recurring subscription fees to participate.
- Transaction Fee Model – Participating organizations pay for data exchange services.
- Program and Service Fee Model – Organizations pay to participate in programs or services that are offered by the HIE. Revenues could also be generated based on outcomes that result from these programs.
- Vermont Model – A tax for use of the network.
- General Funds – The funds would be taken from the general state funds.



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- Combination Model – Multiple revenue models as described above could be deployed.

The Financial Sustainability Committee will review these models along with any other revenue sources that may be identified during the Committee's work. The selected model will encourage participation in and utilization of the health information exchange, and take into account stakeholder input.

The formation of the Financial Sustainability Committee is nearly complete. The chairperson has been named and a plan and outline to guide the committee's work have been produced. Many of the committee members have been identified. It is expected that all committee members will be identified by the end of August 2010. Membership will include the following stakeholder groups:

- New Jersey Department of Banking and Insurance
- New Jersey Division of Medical Assistance and Health Services (Medicaid)
- New Jersey Health and Senior Services
- New Jersey Health Information Technology Commission
- Health Plans
- Commercial Laboratories
- Physicians
- Hospitals
- Regional HIE

The Financial Sustainability Committee expects to complete its work by the end of calendar year 2010. Representatives of Departments of the State of New Jersey will be involved in the Committee's work and will provide guidance and direction, as needed. The New Jersey Hospital Association will provide a healthcare economist to guide the discussion. Executive involvement is also needed, to understand, as early as possible, the way forward once the Committee makes its recommendation.

The Committee's recommendation will include:

- Definition of the nature of the organization to own and operate the NJHIN (State Authority vs. 503 (c) (1) corporation) and its governance model
- Potential Business Models for the organization that owns NJHIN, including potential costs and amounts of seed capital and revenue needed for sustainability
- Proposed operational revenue sources and sources of seed capital funding
- Stakeholder-specific value propositions for each participant stakeholder group
- Timeline for implementation and projection of cost and revenues, annually, until 2015.



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The schedule to complete is as follows:

August 2010

- Finalize selection of committee members
- Research and assess existing state HIE business models versus needs of the State of New Jersey
- Seek key stakeholder feedback primarily through telephone interviews and/or online surveys
- Finalize agenda and scheduling of kick-off meeting
- Finalize consultant resource

September - October 2010

- Hold kick-off meeting. Goals of the meeting include:
 - Finalizing objectives, deliverables and work plan through year end
 - Reviewing existing models, stakeholder feedback, and State requirements
 - Selecting 1-2 business models for further assessment
 - Establish whether the organization that owns NJHIN will be a State Agency or a 503 (c) (1) corporation
- Assess feasibility of model to generate required revenue
- Develop implementation approach and timeline
- Begin development of stakeholder-specific value propositions
- Develop plans to review recommendations with stakeholders

October - November 2010

- Review recommendations with stakeholders
- Refine recommendations and finalize stakeholder-specific value propositions

December 2010

- Release final recommendations

Regardless of the final recommendations, the New Jersey Health Care Facilities Financing Authority (HCFFA), the grantee that will be responsible for disbursing the funds, will require annual reporting by, and external financial audits of, the funded HIEs. The audits will review the finances of HCFFA itself and the funded regional HIEs in compliance with OMB Circular A-133. This will ensure proper accounting of the funds according to generally accepted accounting principles (GAAP). In addition, each of the regional HIEs has a Finance Committee that will oversee and approve the external financial reporting.



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8.0 REQUIRED HIE SERVICES

Requirement: A description of the technical solutions that will be used for HIE, and particularly supporting 2011 meaningful use criteria, including and particularly HIE services to support 2011 meaningful use criteria (as per Section 10c of the Strategic Evaluation Criteria)

The HIE Technical Workgroup, which consists of key stakeholders from New Jersey State government (Statewide HIT Coordinator, HIT Commission, Office for eHIT Development, and Medicaid officials), NJ-HITEC, the existing HIEs within the State, and others, evaluated and prioritized use cases that describe how health information will be exchanged in the State. By defining these use cases at the outset of the effort, the Committee was able to ensure that the subsequent statewide architecture could be designed from the ground up to support the prioritized use cases, while reducing the risk of having to undertake a significant re-architecture downstream.

The architecture and phased approach to implementation will be discussed in more detail in [Section 9](#).

8.1 PRIORITIZED USE CASES

The prioritized list of use cases is a key driver of the statewide implementation plan. The initial focus is on selecting the use cases that have a direct impact on achieving Stage 1 meaningful use. The phased approach to implementation is covered in more detail in [Section 9](#) of this document. The following table lists the prioritized use cases.

Table 8.1 New Jersey’s Priority Use Cases

Use Case	How Obtained
Care Summary	<ul style="list-style-type: none"> • Acute Care – Discharge Summary • Emergency Care – Discharge Summary • Hospital Outpatient Services – Continuity of Care Record • Physician Office Services – Continuity of Care Record
Lab Results	<ul style="list-style-type: none"> • Lab LOINC with SNOMED CT for Indications • UCOM for units of measure • CPT crossmap for procedure context
Medication History	<ul style="list-style-type: none"> • RxHub as a web link, for filled, retail prescriptions • NJ Medicaid Medication database • Hospital-dispensed medications (i.e., non-retail medications)



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Use Case	How Obtained
Medication Allergies	<ul style="list-style-type: none">• As contained within a Continuity of Care Record
Radiology Reports	<ul style="list-style-type: none">• SNOMED CT for Indications, Impression• CPT crossmap for procedure context

Our plan is to implement these priority use cases based on the following sequence:

1. Medicaid Medication Database
2. Lab Results
3. Care Summaries
 - i. Discharge Summaries
 - ii. Continuity of Care Record
4. All Other Medication History
5. Medication Allergies
6. Radiology Reports

Note: MCI development is part of the infrastructure and will be developed concurrently with the use cases.

8.2 NJHIN SERVICES TO BE DELIVERED

The following is a list of the services to be offered by the NJHIN, which are discussed in more detail in terms of phased implementation approach and timing in [Section 9](#). These services will enable the achievement of meaningful use throughout the life of the NJHIN.

- Master Patient Index / Master Client Index (MPI/MCI)
- Directory of Participating entities
- Patient Identifier Cross-Reference (PIX) service
- Patient Demographics Query (PDQ) service
- Basic Patient Privacy Consent (BPPC)
- Audit Trail and Node Authentication (ATNA) services

8.3 SECONDARY USE CASES

Following the implementation of the initial use cases to support Stage 1 meaningful use, the Committee will work to identify additional use cases for implementation during subsequent implementation phases. These use cases will support both additional meaningful use stages as well as other public health-related applications. A list of secondary use cases to be considered is in the following table.



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Table 8.2 Secondary Use Cases

Secondary Use Cases	
1	Provider does a medication reconciliation on a patient it received from another setting of care
2	Submission of electronic data to Immunization Registries or Immunization Information Systems
3	Influenza Surveillance and Response
4	Reportable Disease Investigation
5	Asthma Surveillance
6	Maternal and Child Health Surveillance
7	Bio-surveillance alerting and response
8	Syndromic Surveillance Counts



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9.0 HIE ARCHITECTURE AND STANDARDS

Requirement:

- *A description of the state-level technical architecture.*
- *A description of how the technical architecture will secure patient data and protect patient privacy rights, protect health data, reflecting business and clinical requirements determined via the multi-stakeholder planning process.*
- *A description of how the architecture will align with NHIN core services and specifications, specifically the NHIN messaging platform, security architecture, authorization framework, and auditing requirements, and services for the discovery and exchange of health information.*
- *A description of HHS adopted interoperability standards and certification requirements that the state or SDE has implemented (e.g coding, storage, interfaces and security regimens [including access and authentication protocols, data recovery, back-up, continuity, and auditing], organizational processes and technical functions for data sharing).*
- *Within the operational plans, States and SDEs shall describe the technical approach taken to facilitate data exchange services within the state based on the model being pursued.*

Over the past several years a number of healthcare integrated delivery networks in the State of New Jersey have been aggressively planning and developing regional Health Information Exchanges. The efforts of the regional HIEs have addressed, among other things, business requirements, use case definitions, architectural definitions and selection, sustainability, and HIE-to-HIE interactions. In the past twelve months the State has worked to develop its own interoperable infrastructure, with the goal of creating a Master Client Index with links to several state systems, including Immunization, Lead Screening, and Medicaid Recipient data. The State has also become increasingly involved in the HIE integration efforts of the ONC-Funded Regional Exchanges (see **Figure 9.1** below for a summary of the HIE landscape of New Jersey).



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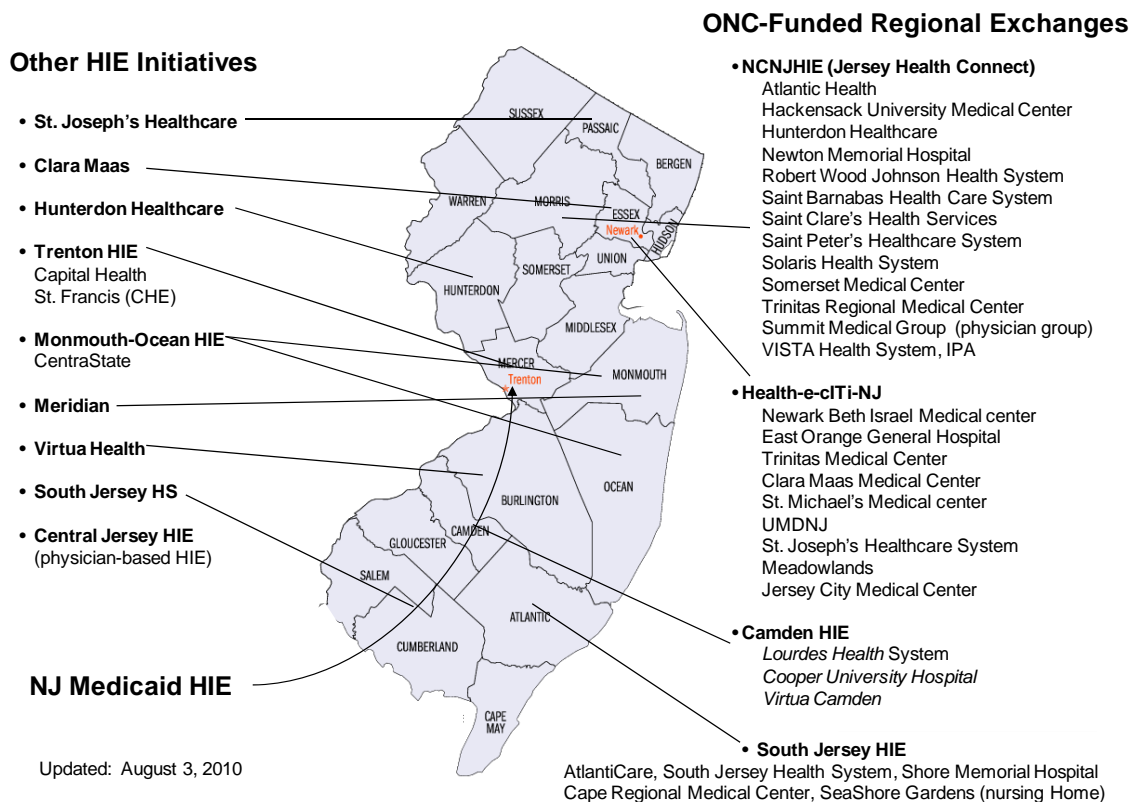


Figure 9.1 HIE Landscape of New Jersey

Given the grassroots nature of how the HIE infrastructure has developed within the State, the architecture plan is more of a “network of networks,” with the State assuming several roles:

- Data provider (Medicaid data, various state registries, etc.)
- Data consumer (of data from other HIEs)
- An entry point for out-of-state HIEs to access New Jersey health records
- A conduit to the federal NHIN Direct and NHIN Connect networks.

9.1 ARCHITECTURAL MODEL AND DATA FLOW

New Jersey and the HIE Technical Workgroup have begun the process of defining the technical architecture to enable the successful implementation of the use cases described in Section 8. Assuming the needs of the State and its regional HIEs will evolve over time, New Jersey and the HIE Technical Workgroup are leveraging existing network infrastructure and existing data exchange standards (such as those from HITSP, the Healthcare Information Technology Standards Panel) to foster a NJHIN that is scalable,



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sustainable, and encourages participation for all providers, while leveraging all work that has already been implemented or is in progress. In addition, discussions with healthcare payers will take place to determine if they have any data that would provide a unique contribution to the overall NJHIN.

The architectural vision of the New Jersey healthcare information network (NJHIN), when fully implemented, will have the following technical capabilities:

- Individual HIE-to-HIE standards-based connections and data exchange
- HIE- to- NJHIN standards-based connections and data exchange
- NJHIN stored “master” Record Locator Service for Standalone EHRs and out-of-state provider access
- State-provided data from key registries (Immunization, Lead, Public Health, etc.)
- State-provided data on Medicaid Medication History
- State-provided Master Patient Index/Master Client Index (MPI/MCI)

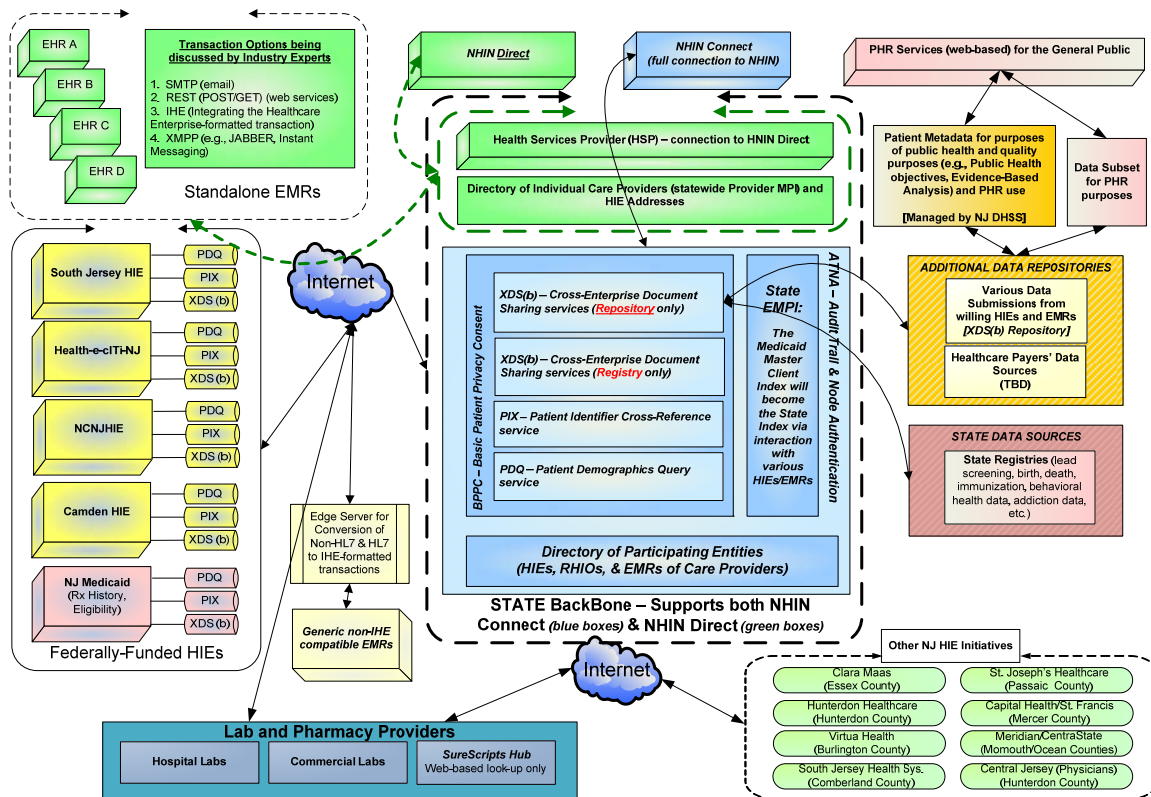


Figure 9.2 Jersey Health Information Network (NJHIN) Vision - Detail View

In addition, an application layer in the NJHIN will be constructed, and will host an array of applications that would use limited data sets from the HIEs for analysis and reporting on subjects such as public health, quality improvement of care, and other healthcare



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areas of interest. This application layer will be modular and flexible to allow the integration of additional applications as the need or the opportunity arises.

New Jersey has a significant number of regional HIEs that will provide data to the NJHIN. These HIEs are in various stages of implementation. The architectural models used by the regional HIEs include centralized, federated, and hybrid models. A brief definition of each is contained in the following table.

Table 9.1 HIE Architectures in New Jersey

Model	Description
Centralized Model	<ul style="list-style-type: none"> • A central database operated by the HIEs' operators that contains a consolidated record of all people and their medical data • "Feeder" systems are required to periodically supply data to the central database • Sets standards for communications (e.g., HL7, IHE) for data formats, message types and communications techniques • Can support real-time messaging or batch communications depending on the capabilities of the participating member systems
Federated Model	<ul style="list-style-type: none"> • The Federated Model uses a centralized hub to support critical HIE utilities such as RLS, MPI and Consent management, but otherwise stores data in decentralized (aka: federated) systems. • A user must first access the centralized hub and then will be directed to decentralized systems for access to the data. A central entity (or hub) supports a registry of records that are located in member HIEs ("federated" membership). • The entity also contains a master index of all patients contained in all participating systems, but does not contain the actual clinical records. • Participating systems are identified in the index as possessing data for a particular patient. • Sets participating system standards for communications (e.g., HL7, IHE) for data formats, message types and communications techniques.
Hybrid Model	<ul style="list-style-type: none"> • Any combination of the above models.



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9.2 PHASED IMPLEMENTATION APPROACH

In an effort to achieve the architectural vision, a phased implementation approach will be used to ensure the achievement of meaningful use in 2011 (and beyond); to ensure that stakeholder engagement is maintained; and to ensure that the realization of the benefits of healthcare information exchange is achieved early on in the implementation, and builds over time. The following schedule with estimated target completion dates was developed with the assumption that funding will be made available no later than September 1, 2010, and that any delays to that anticipated funding date will result in corresponding changes to the following schedule.

9.2.1 Implementation Phase 1 – HIE Interconnectivity

Phase 1 of the implementation focuses on interconnecting the regional HIEs as well as connecting them with New Jersey Medicaid Management Information System (MMIS) to provide medication history for Medicaid participants.

Estimated Completion: Q1-2011 (Note that Health e-CTi has already accomplished Phase 1).

9.2.2 Implementation Phase 2 – Initial State Registry Linking

This phase will link the State's Immunization Registry and Blood Lead Screening Registry. This functionality will use IHE-formatted and point-to-point HL7 transactions.

Estimated Completion Q1-2011

9.2.3 Implementation Phase 3 – Connecting Shared Services

This phase adds the connection of the following services offered by the NJHIN:

- Master Patient Index / Master Client Index (MPI/MCI)
- Directory of Participating entities
- Patient Identifier Cross-Reference (PIX) service
- Patient Demographics Query (PDQ) service
- Basic Patient Privacy Consent (BPPC)
- Audit Trail and Node Authentication (ATNA) services

In Phase 3, the architecture will support the transaction assumptions for being a node on the NHIN Direct network, which manages messages based on a provider directory. The connection with the NHIN will be in accordance with federal NHIN standards and protocols.

Estimated Completion Q3-2011



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9.2.4 Implementation Phase 4 - Expanded State Registry Linking

This phase adds additional state-managed databases such as Public Health, Birth Registry, Death Registry and Bio-surveillance, thereby providing other connected HIEs with data that only the State has in its possession.

Estimated Completion Q4-2011

9.2.5 Implementation Phase 5 - Initial Record Locator and NHIN Connection

In this phase the capabilities of the NJHIN will be increased to include a Record Locator Service using XDS(b) (Cross-Enterprise Document Sharing) services to minimally include an index of state records. This service will allow the NJHIN to be connected to NHIN Connect.

Estimated Completion Q1-2012

9.2.6 Implementation Phase 6 - Expanded Record Locator

This phase expands the Record Locator Service within the NJHIN to include an index of records that are located in any HIE within the NJHIN.

Estimated Completion Q4-2012



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9.3 IMPLEMENTATION TIMELINE

The following provides the implementation timeline for each HIE. Health-e-cITi-NJ is scheduled to be the initial implementation for each Phase and provide lessons learned for subsequent implementations by the other HIEs. To summarize the Phases are:

- Phase 1 - HIE Interconnectivity
- Phase 2 - Initial State Registry Linking
- Phase 3 - Connecting Shared Services
- Phase 4 - Expanded State Registry Linking
- Phase 5 - Initial Record Locator and NHIN Connection
- Phase 6 - Expanded Record Locator

Regional HIE	CY 2010		CY 2011				CY 2012			
	QTR 3	QTR 4	QTR 1	QTR 2	QTR 3	QTR 4	QTR 1	QTR 2	QTR 3	QTR 4
Health-e-cITi-NJ	Phase 1 Complete									
<i>Phase Implements</i>		Phase 2	Phase 3	Phase 4	Phase 5			Phase 6		
South Jersey HIE										
<i>Phase Implements</i>		Phases 1&2		Phase 3		Phase 4	Phase 5			Phase 6
North/Central NJ HIE										
<i>Phase Implements</i>		Phases 1&2		Phase 3		Phase 4	Phase 5			Phase 6
Camden HIE										
<i>Phase Implements</i>		Phases 1&2		Phase 3		Phase 4	Phase 5			Phase 6



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9.4 AUTHENTICATION AND SECURITY

The implementation of the NJHIN is constructed using a standards-based security network to ensure that all parties can operate with a high degree of confidence, and that all parties jointly protect the NJHIN from intrusion or data compromise.

The NJHIN security requirements are based on industry standards and legal requirements (e.g., HIPAA, HITECH, etc.) as well as specific state privacy legislation. New Jersey will be evaluating the Health Information Trust Alliance (HITRUST) Common Security Framework (CSF) as a foundation to enable participating organizations to certify that they have correctly implemented the CSF safeguards.

As the NJHIN is developed and expanded through the interconnection of the existing HIEs, it is necessary to have a security framework in place that will ensure the secure exchange of Personal Health Information (PHI). This security framework includes technical components such as firewalls, software, networks, applications, and protocols, as well as security services which will provide for data audit, user authentication and authorization, data protection, auditing and reporting, event management, etc.

The security framework will serve as a key input into the security requirements that must be met for individual HIEs to connect to the NJHIN. While the security levels of an individual HIE may surpass the baseline requirements as defined by the data exchange agreement, it cannot fall below the baseline of the common security framework.

NJHIN will utilize existing resources to develop a security risk assessment that will be used to identify potential security problems and offer recommended solutions to mitigate risks that are found. This risk assessment template will be made available to eligible providers and hospitals to address the Stage 1 core meaningful use requirement: *“Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process”*.

9.5 STANDARDS AND INTEROPERABILITY

The NJHIN will require all connecting entities to utilize the NHIN interoperability standards which include, but are not limited to, the following standards:

Table 9.2 NJHIN Standards

Messaging	HL7 IHE standards
Terminology	ICD



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	CPT NDC LOINC RxNorm SNOMED Multum FDB Medispan Gold Standard
Document	CCD

NJHIN will also implement NHIN standards to enable integration and interoperability between other states and their networks, whether at the level of the state or an individual HIE.

9.6 NJHIN FINANCIAL SUSTAINABILITY

Section 7 explains our plan and process for ensuring the financial sustainability of the HIT program, including the NJHIN and the four federally-funded regional HIE organizations. The State is in the process of evaluating several revenue sources by leveraging the diverse group of stakeholders that comprise the Financial Sustainability Committee (described below), which will evaluate and analyze several potential revenue sources. The State's plan calls for the evaluation to be complete, and the recommendations to be defined, by the end of calendar year 2010.



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10.0 OPERATIONAL CONSIDERATIONS

Requirement:

- A description of how the state or SDE will leverage the NHIN protocols/standards or state-level shared services for locating health information, securing health information exchange, and providing data analysis, terminology, and aggregation services.
- An explanation of how standard operating procedures and processes for HIE will be developed and implemented
- A description of existing shared directories and repositories (e.g. healthcare providers) and how existing HIOs may leverage existing sources, both public and private.

Desirable:

- Plans for training and technical assistance to be developed, implemented, and coordinated with Regional Centers (e.g. technical training to ensure successful use of HIE technologies).
- A methodology for regular review of implementation progress.
- A process for project management and reporting, including escalation and issue/risk resolution.
- A process for updating strategic and operational plans.

The NJHIN will leverage the NHIN protocols and standards to promote interoperability. Initially, the strategy is to leverage hospital-based HIE models to match patients' records with the intent to utilize the Master Client Index managed by the State NJHIN. The NJHIN will coordinate the use of the State Master Client Index between the HIEs and the State (referenced in [Section 9](#)). The State MCI will then connect with the NHIN utilizing the NHIN protocols and standards.

Eventually, it is the State's plan to utilize the NJHIN to incorporate additional continuity of care data such as addiction services and mental health services.

10.1 HIE STANDARD OPERATING PROCEDURES AND PROCESSES

The New Jersey Statewide HIT Coordinator has six standing committees responsible for contributing to the development of Standard Operating Procedures:

- Privacy and Security
- Architecture and Data Standards



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- Financial Sustainability
- Economic Development
- Consumer Advocacy and Quality Care
- Provider

These standing committees along with the Office of the Statewide HIT Coordinator will focus on the State’s core HIT implementation areas and provide guidance and recommendations on all HIT-related initiatives. The goal is to have draft Standard Operating Procedures (SOP) by December 2010.

In addition, the HIE Technical Workgroup has drafted a HIE-to-HIE agreement to use as standard operating procedures as the HIEs share data among themselves.

10.2 SHARED DIRECTORIES AND REPOSITORIES

As discussed in the State Medicaid Health Information Technology Plan (SMHP) Landscape Assessment Report, it is important for operational planning and coordination that the NJHIN addresses state registries and public health databases, including but not limited to coordination with the Centers for Disease Control and Prevention on epidemiology and laboratory programs and data-related meaningful use requirement(s). There are numerous population-based registries in New Jersey that collect important healthcare information. A significant portion of these registries are maintained by the Department of Health and Senior Services. Below is a list of selected New Jersey public health registries, databases, and information systems.

Table 10.1 Shared Directories and Repositories in NJ Department of Health and Senior Services

Public Health Issue	Health Registry, Database or Information System
Immunizations	New Jersey Immunization Information System. Official immunization registry for the State of New Jersey. Consolidates immunization history records of children and adults. Populated with electronic birth records from New Jersey hospitals. Web-enabled; interoperable.
Blood lead levels	Component of Family Health Services Childhood Lead Poisoning Prevention Surveillance System which collects lab reports on the results of blood lead tests on children and notified local health departments. The web-based data/surveillance tracking system is called Lead Tax. This data is also viewable in the New Jersey Immunization Information System.
Newborn hearing screening	New Jersey Immunization Information System



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Public Health Issue	Health Registry, Database or Information System
Newborn metabolic and genetic test screening	New Jersey Newborn Genetic and Biochemical Screening (testing for 54 disorders mandated by New Jersey law) Obtains referrals, in part, from New Jersey Special Child Health Services Registry (this is a component of the case management and tracking process).
Communicable disease reporting	Communicable Disease Reporting and Surveillance system, paper forms (by fax and mail); have Laboratory Response Network
Cancer	New Jersey State Cancer Registry
HIV testing and reporting	No electronic reporting, by fax and mail
Tobacco use reduction	Comprehensive Tobacco Control Program performs tobacco surveillance
Injury control	Environmental and Occupational Health Surveillance program data sources
Occupational Safety and Health	Environmental and Occupational Health Surveillance program data sources: including but not limited to occupational lung disease and work related asthma registries, fatal occupational injuries
Vital statistics	New Jersey Bureau of Vital Statistics and Registration registers New Jersey Electronic Birth Certificate and Perinatal database
Violent deaths	New Jersey Violent Death Reporting System (includes suicide)
Emergency preparedness and public health response	Collaborative effort at both State and Federal level. Incident command system, National Incident Management System, Communicable Disease Reporting and Surveillance System; can link through CDC Epi-X system, have Laboratory Response Network. Trauma management and reporting
World Trade Center Health Registry	Developed and maintained by New York City Department of Health and Mental Hygiene, in partnership with the federal Agency for Toxic Substances and Disease Registry to collect information on people most directly exposed in the World Trade Center collapse and those individuals who assisted in the rescue, recovery and cleanup efforts.

Personal health information (PHI) within state registries is kept confidential under law, with aggregate non-PHI data reported to other agencies (including federal agencies).



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For example, New Jersey law requires that every baby born in New Jersey be screened for 54 disorders that can result in serious health issues and can potentially lead to health problems such as mental retardation, disability, and death. The results of the test, along with the screening specimen¹⁷, are securely stored by DHSS and are only used for newborn screening, except in special circumstances allowed by parental consent or court order. Another example of a registry within DHSS is the New Jersey State Cancer Registry (NJSCR) which contains population-based cancer cases diagnosed and/or treated in New Jersey.

10.3 PUBLIC HEALTH SURVEILLANCE

Public health surveillance is the ongoing, systematic collection, analysis, and interpretation of health-related data essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of such data to those responsible for prevention and control¹⁸. Surveillance (recognition, reporting, analysis, and action) of health data that has an impact on public health includes the tracking of:

- Infectious diseases
- Bioterrorism (such as the 2001 anthrax attacks on federal agencies)
- Cancer registries
- One time illnesses such as stroke
- Chronic diseases such as diabetes
- Social issues such as child abuse
- Workplace hazards, injuries and exposures
- Adverse drug event reporting
- Pharmaceutical drug/biological/medical device recalls

Reporting of such information may involve multiple federal agencies, with the Department of Health and Human Services (HHS) acting as the primary federal agency responsible for the nation's health and medical response. Within the HHS, agencies that may be involved include but are not limited to Centers for Disease Control and Prevention, US Food and Drug Administration, National Institutes of Health, and the Office of Emergency Preparedness. Depending on the circumstance, other federal agencies may be involved such as Department of Labor's Occupational Safety Health Administration, Department of Homeland Security's Federal Emergency Management Agency (FEMA) and the Departments of Justice and Defense.

¹⁷ Specimens are kept for 23 years.

¹⁸ Centers for Disease Control and Prevention, Epidemiology Program Office.



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For disease reporting, New Jersey uses a secure, NEDSS-compatible, web-based system for reporting communicable diseases, known as the Communicable Disease Reporting System (CDRS). Cases can be entered by NJDHSS professionals, local health departments, hospitals, regional public health networks, laboratories¹⁹, and healthcare providers at hospitals or medical centers.

With regard to immunization registries, interoperability, and integration, New Jersey has done the following:

- In 2007, met with New York City and New York State to create electronic, internet-based, open source immunization registries. Bulk transfers of immunization data occurred between New York City and New Jersey, and data sharing agreements and memorandums of understanding were drafted. This work was directed under the auspices of **New Jersey Health Information Privacy and Security Collaboration (NJ-HIPSC)**, working under the Office of e-HIT.
- New Jersey Immunization Information System (NJIIS) has created, via application integration of user access through a portal, a unified view of immunization, newborn hearing screening, and blood lead registries. Interfaces exist with payers, multiple types of providers, CDC, public health, and vital records systems. It provides two-way access in that immunization information can be extracted and uploaded electronically. In addition to information exchanged from an EHR system, flat file formats are also utilized in data exchange. A limited form of process interoperability exists, as there is a peer-to-peer EHR-like exchange, in which a physician can initiate a query for other patient record information and receive that information. NJIIS will be integrated into the New Jersey Master Client Index project by calendar Q1 2011.

10.4 PLANS FOR TRAINING

The NJ-HITEC and the State Department of Human Services (DHS) – Medicaid office have jointly collaborated to provide and fund training and outreach to the New Jersey Medicaid healthcare providers with special emphasis on federally qualified health centers (FQHCs). NJ-HITEC and DHS have reached an agreement with the 19 New Jersey community colleges to provide training services and will utilize a “train-the-trainer” approach.

The NJ-HITEC has contracted a vendor to develop a training packet to educate healthcare providers on meaningful use and EHR adoption, and will complete the development of the training material by the end of August 2010.

¹⁹ Results reported vial automated electronic laboratory reporting.



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At the end of August 2010, NJ-HITEC will meet with the representative community colleges to discuss the approach and timeline. In September, the NJ-HITEC will train the community college trainers, and the community colleges will conduct the training from October to the end of the year.

In addition, the NJ-HITEC will utilize the Customer Relationship Management (CRM) tool provided by ONC to track the progress of the EHR adoption and meaningful use rate for the Medicaid healthcare providers. Entries for all state Medicaid providers have been loaded into the CRM tool.

The CRM tool will aid in tracking:

- Training attendance
- EHR Readiness Self-Assessment
- Site Assessment by the NJ-HITEC
- Completion of the NJ-HITEC participation agreement
- Achievement of meaningful use stages 1, 2, and 3

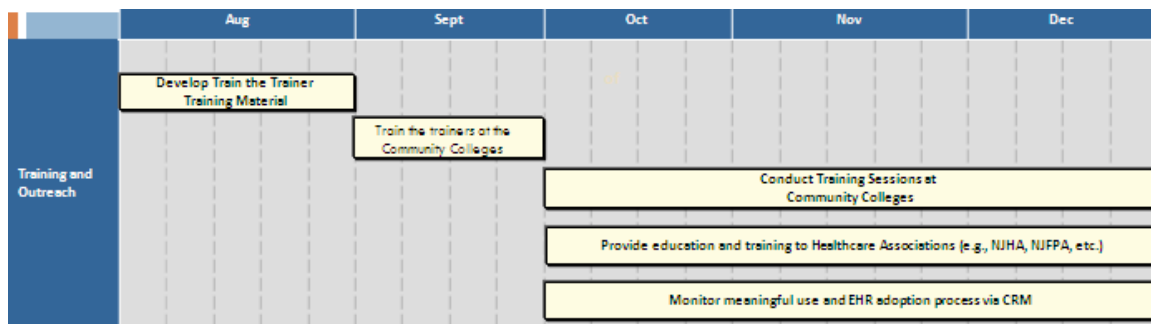


Figure 10.1 NJ-HITEC and DHS - Medicaid Office Healthcare Provider Training Timeline

10.5 PLANS FOR TECHNICAL ASSISTANCE

The Department of Human Services – Medicaid Office will provide staff, along with the NJ-HITEC, to manage the provider incentive program including providing technical assistance.

NJ-HITEC plans to hire interns from the New Jersey Institute of Technology and other consultants to provide the following services:

- Technical Help Desk
- Computer Support
- On-site implementation and troubleshooting support
- Provide follow-up to physicians every 4-6 months to optimize their processes



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10.6 PROJECT AND PROGRAM MANAGEMENT

For all project and program management special considerations, see [Section 13](#).

For all Risk Management special considerations, see [Section 14](#).

10.7 FINANCIAL SUSTAINABILITY

[Section 7](#) explains our plan and process for ensuring the financial sustainability of the HIT program including the NJHIN and the four federally-funded regional HIE organizations. The State is in the process of evaluating several revenue sources by leveraging the diverse group of stakeholders that comprise the Financial Sustainability Committee (described below), which will evaluate and analyze several potential revenue sources. The State's plan calls for the evaluation to be complete, and the recommendations to be defined, by the end of calendar year 2010.



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11.0 PRIVACY AND SECURITY

Requirement: Within the Operational Plans, States and SDEs shall develop and fully describe their privacy and security framework including the specific policies, accountability strategies, architectures and technology choices to protect information. The state privacy and security framework shall be consistent with applicable federal law and policies. To assist the states, ONC will provide guidance on security and privacy policies and programs in the near future. The state plan shall contain a description of the analysis of relevant federal and state laws as related to HIE and the plans for addressing any issues that have been identified. If an analysis hasn't been done, the state or the SDE shall provide a description of the process and the timeline for completion. Furthermore, states should describe the methods used to ensure privacy and security programs are accomplished in a transparent fashion. If a complete framework is not available, the state or the SDE shall describe the process they will use to fully develop such a framework. The framework must address all the principles outlined in the HHS HIT Privacy and Security Framework including:

- Disclosure Limitation
- Individual Access
- Correction
- Openness and Transparency
- Individual Choice
- Collection and Use
- Data Quality and Integrity
- Safeguards
- Accountability

Desirable:

- A description of processes for addressing noncompliance with federal and state laws and policies applicable to HIE.
- A description of processes and timeframes for conducting amendments to privacy and security policies.
- A description of the methods for developing and securing data sharing agreements that share risk and liability fairly among all trading partners.
- A description of existing trust agreements that enable the secure flow of information among parties.
- Draft of a statewide trust agreement and plan to update state laws/regulations to comply with DURSA.

New Jersey understands that the privacy and security of health information, including confidentiality, integrity, and availability of information, are integral to fostering statewide health information exchange. Without appropriate privacy and security measures in place, concerns around “ownership” of data, unclear rules for data sharing, and litigation will continue to be barriers to effective health information exchange.



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Multiple initiatives have moved the State closer to defining a policy framework that supports New Jersey's statewide exchange, while maintaining compliance with federal and state provisions and principles. However, New Jersey's privacy and security framework will continue to require additional development as the model for NJHIN is further defined, designed, and implemented. The Privacy and Security section of the Operational Plan provides an overview of the initiatives completed to date in support of New Jersey's privacy and security framework, and the approach and processes that will be used to more fully develop this framework.

11.1 RECENT PRIVACY AND SECURITY INITIATIVES

In support of the need to develop a privacy and security framework to support the overall statewide plan for HIE, the HIT Commission and the Office for e-HIT Development formed a Policy committee. One of the Policy committee's primary objectives is to evaluate the information privacy and security needs of the State and develop recommendations that support the exchange of health information.

11.1.1 Analysis of Selected New Jersey Confidentiality and Patient Approval Regulations

In the *New Jersey HIT Commission and the Office for Electronic Health Information Technology Development, Implementation and Deployment Joint Interim Report* (July 2010), the Policy committee published an extensive analysis of selected New Jersey confidentiality and patient approval regulations. The analysis identifies pertinent state regulations and the rules and exceptions that may impact healthcare providers as they participate in health information exchange activities. The analysis also offers considerations and recommendations for potential policy changes.

New Jersey views this type of analysis as a critical component for understanding the current regulatory landscape, and for subsequently using this understanding as the foundation for driving policy changes necessary to support the statewide exchange of health information. This initial analysis, while detailed, focused primarily on private sector healthcare providers. New Jersey understands that each healthcare stakeholder will have its own unique barriers and constraints related to participation in health information exchange, and that the State's overall policy approach must accommodate these varying needs. Therefore, similar analyses will need to be conducted to understand how other healthcare stakeholders such as Medicaid, federal care delivery organizations such as the VA and DoD, patients, technology vendors, etc. are impacted by the currently enacted privacy and security laws in New Jersey, and whether changes are required to support participation in HIE by these stakeholders as well.

11.1.2 Privacy and Security Public Forum and Recommendations

The committee on Policy also held a Privacy and Security public forum on April 12, 2010. The forum was intended to identify and discuss key policy issues impacting



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health information exchange activities in New Jersey and to develop recommendations. Some of the recommendations later reviewed and approved by the full Health Information Technology Commission on May 6, 2010 included:²⁰

1. New Jersey should adopt an "OPT-OUT" approach to electronic health information exchange. In this model, patients and their data are included in the statewide exchange of health information by default, with proper consent. Patients would then be required to actively "opt-out."
2. Comprehensive legislation or regulation will be needed to update state laws to better enable electronic HIE between private facilities and through the statewide network. Such legislation would address the following key elements:
 - a. Access to information through the exchange will be limited to physicians and other healthcare providers authorized to utilize data for the patients they are treating.
 - b. Aggregated, de-identified data may be accessed by the Department of Health and Senior Services, the Department of Human Services, the Department of Banking and Insurance, the Department of Children and Families, and any departments and agencies with statutory authority.
 - c. When consenting to the release of data at the point of care, patients will be opted into the exchange, except under circumstances involving sensitive data (e.g., HIV status, genetic information, sexually transmitted infections, etc.). These sensitive data will always be behind a "break glass" requiring a higher level of "proof" of authority to access such information.
 - d. Patients/consumers will have a standard right to access the data about themselves that reside in the information exchange/network when they request it.
 - e. Any existing state law or requirement that conflicts with the enacted legislation would be superseded by the new legislation.
 - f. New legislation on electronic health information exchange must make clear the permissibility and prohibitions on secondary uses (to be defined) of information in the exchange/network.
 - g. Requirements related to breach notification through multiple HIE participants should be consistent with HITECH and DHHS regulations.
 - h. Limited immunity should be granted to providers who are producers of electronic data on their patients, insofar as they are not responsible for

²⁰ New Jersey Health Information Technology Commission and The Office for Electronic Health Information Technology Development, Implementation and Deployment Joint Interim Report. July 2010.



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future treatment decisions made by providers who use that information to treat the patients for whom the electronic data were collected.

3. To guarantee the privacy and security of patient data, each regional HIE and the New Jersey statewide network must develop security standards consistent with HIPAA and HITECH guidelines, as well as meeting emerging security standards from NIST/HITSP/NHIN. Each new participant that joins an HIE must undergo a screening process to ensure its security standards meet these thresholds.

These recommendations will be considered by the Privacy and Security Standing Committee in developing the privacy and security framework for the State. The opt-out recommendation has already been accepted and will be included in the framework.

11.2 PLANNED ACTIVITIES IN HIE PRIVACY AND SECURITY

While significant efforts have been pursued and initial recommendations have been made to begin to define New Jersey's privacy and security framework, this framework is certain to evolve as the model for NJHIN is further developed. For example, elements of the technical architecture that leverage the State's enterprise service bus (ESB) may be able to leverage the ESB's audit trail capabilities and reduce potential concerns around liability. Fortunately, New Jersey has an abundance of experienced resources who are prepared to address the legal, technical, and medical issues related to HIE and will help to ensure privacy and security are considered throughout.

Regardless of the eventual model, New Jersey will need to develop, enact, and enforce policy requiring all NJHIN participants to comply with a common set of privacy and security guidelines and policies. This Operational Plan defines the approach the State intends to use to develop and implement a privacy and security framework.

11.2.1 Privacy and Security Governance

The HIT Commission and Office for e-HIT Development recommend that a state-level, multi-disciplinary governing entity be entrusted with the oversight of the privacy and security activity related to statewide health information exchange. This entity, under the direction of the New Jersey Statewide HIT Coordinator, shall be responsible for developing the privacy and security framework that will support New Jersey's NJHIN model. This governing entity should seek to include individuals with clinical, policy, and HIT/HIE expertise.

11.2.2 Process for Developing the Privacy and Security Framework for HIE

The following steps provide an overview of the major activities that New Jersey will conduct in order to develop and implement a privacy and security framework that will support statewide health information exchange. While a more comprehensive and



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tactical plan will be developed, the key steps required to design and implement a privacy and security framework for New Jersey include the following:²¹

- 1. Define All Decision Items, Issues, and Actions Required.** The first step New Jersey plans to pursue is to catalogue all of the privacy and security related topics that must be evaluated in connection with developing a statewide privacy and security framework. In this way, the State can evaluate topic-specific issues in a methodical manner, and determine specific actions required to address the related privacy and security issues.
- 2. Gather, Review, and Analyze Available Resources.** Several member organizations and government-funded projects have generated research whitepapers, reference documents, and other resources that cover privacy, security, and other related legal topics. For instance, over the last few years NJ-HISPC has reviewed various privacy and security topics. In addition, over the last year, the Office of National Coordinator has posted numerous documents, samples and helpful whitepapers from privacy law projects around the nation. Other private sector organizations have also completed legal preemption projects, and developed various privacy and security resources for their respective memberships. It is anticipated that many of these resources may be materially helpful in reducing the need to perform duplicate legal analyses. Thus, such materials should be identified, gathered, indexed, and reviewed in a purposeful manner.
- 3. Review State Laws.** In order to fully understand how New Jersey's various regulations, statutes, and case law affect each decision item with regard to privacy and security, it is necessary to have a meaningful and specific understanding of laws currently in effect. Several preemption projects have been completed over the years, however most of these projects are limited in scope and analyze only certain laws that affect a particular sector (e.g., Medicaid), or are not granular enough to offer a true meaningful understanding of the limitations or barriers that specific state law provisions pose to a healthcare stakeholder participating in HIE. Although completed projects can and should be gathered, indexed, and leveraged for work going forward, additional review and analysis of State laws will be necessary to address specific privacy and security topics and decision items for each type of healthcare stakeholder that may participate in HIE. A review of laws from neighboring states such as Pennsylvania, Delaware, and New York should also be included in order to inform future HIE efforts that will span beyond New Jersey borders.
- 4. Understand NJHIN Model and Guiding Principles.** Existing federal and state laws must be reviewed not only in context of their current impacts to health

²¹ Process components developed in part by Helen Oscislowski, Esq., Principal, Attorneys at Oscislowski LLC.



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information exchange, but also in the context of the vision for NJHIN in New Jersey, principles set forth in HHS' "Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health Information." New Jersey will also align with ONC's Privacy & Security Tiger Team to gain insights into future policy changes. Understanding of the intended model for the State's HIE environment and the principles under which HIE should occur will guide the privacy and security framework.

- 5. Propose and Facilitate Legislation to Align and Standardize.** Many New Jersey laws have become "outdated" or incongruous with today's electronic HIE environment. For example, statutes and regulations that apply to different types of healthcare providers do not contain terms that are consistently defined (e.g., what is a "medical record"). Similarly, privacy and security requirements are not always the same depending on the regulatory provisions that apply (e.g., hospital regulations require "patient approval" for disclosures, ACF regulations require "written consent" of the patient, etc.). Thus, to bring general consistency to privacy and security terms, standards, and processes for electronic HIE, legislation or additional rule-making will likely be necessary.

11.3 CRITICAL NEXT STEPS

Under the direction of New Jersey's Statewide HIT Coordinator, the Privacy and Security Standing Committee will define a privacy and security framework by the end of 2010.



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12.0 GOVERNANCE

Requirement: States and SDEs shall coordinate with Medicaid and public health programs to establish an integrated approach including having both programs represented in the state's governance structure and processes.

- *A description of how the state or SDE engages stakeholders, ensures stakeholder representation and defines stakeholder roles.*
- *A description of how the state or SDE will approach HIE oversight (e.g. monitoring and enforcement)*
- *A description of the state Medicaid Agency's and Public Health Agency's role in governance.*
- *A description of how the state or SDE develops and maintains policies (i.e. bylaws, charter and/or articles of incorporation)*
- *A description of how the state or SDE approves financial expenditures.*
- *A description of how the state or SDE determines its strategic direction.*
- *A description of any advisory groups involved in statewide planning.*

This section describes the New Jersey HIT Program Governance, including structure and roles and responsibilities to support effective decision making, and to ensure effective management and controls are in place for successful program execution. **Figure 12.1** below presents the overall context and scope of the New Jersey HIT Program and the responsibilities of Program Governance.



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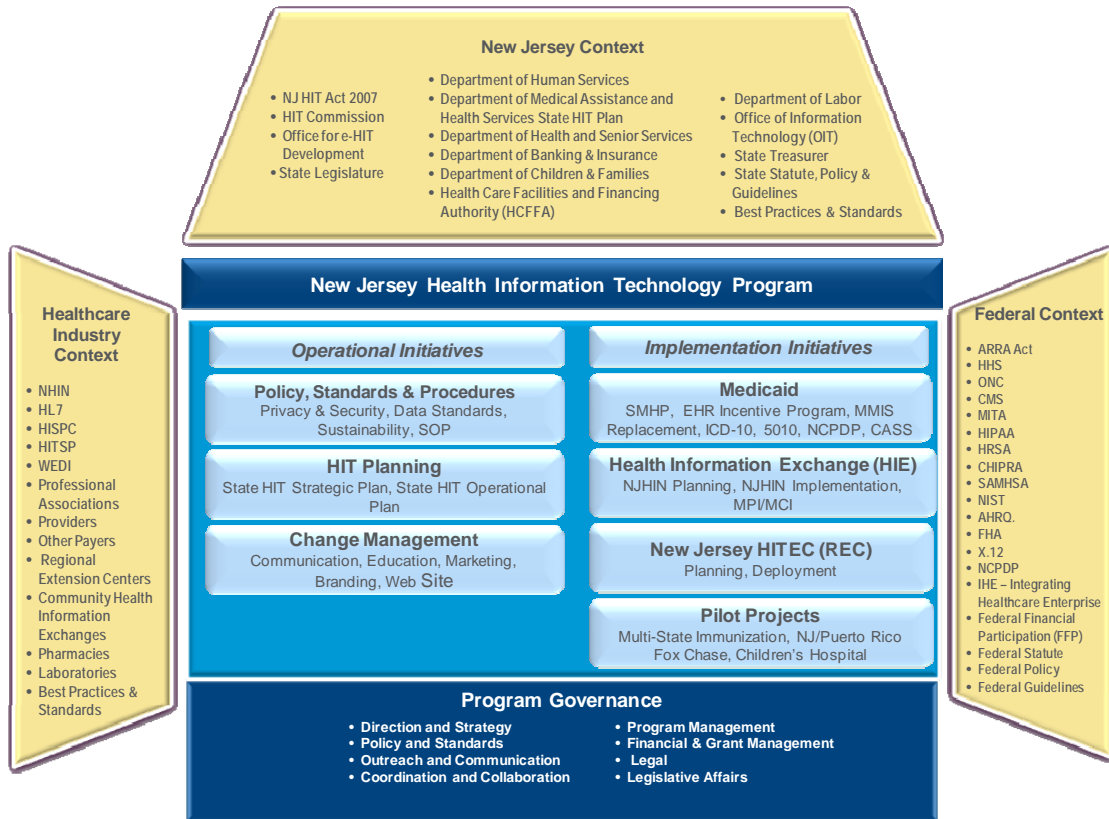


Figure 12.1 New Jersey HIT Program Context

HIT program governance is focused on promoting effective decision making in establishing and coordinating overall program direction and ensuring effective program policy. The following figure presents the New Jersey HIT Program governance structure.



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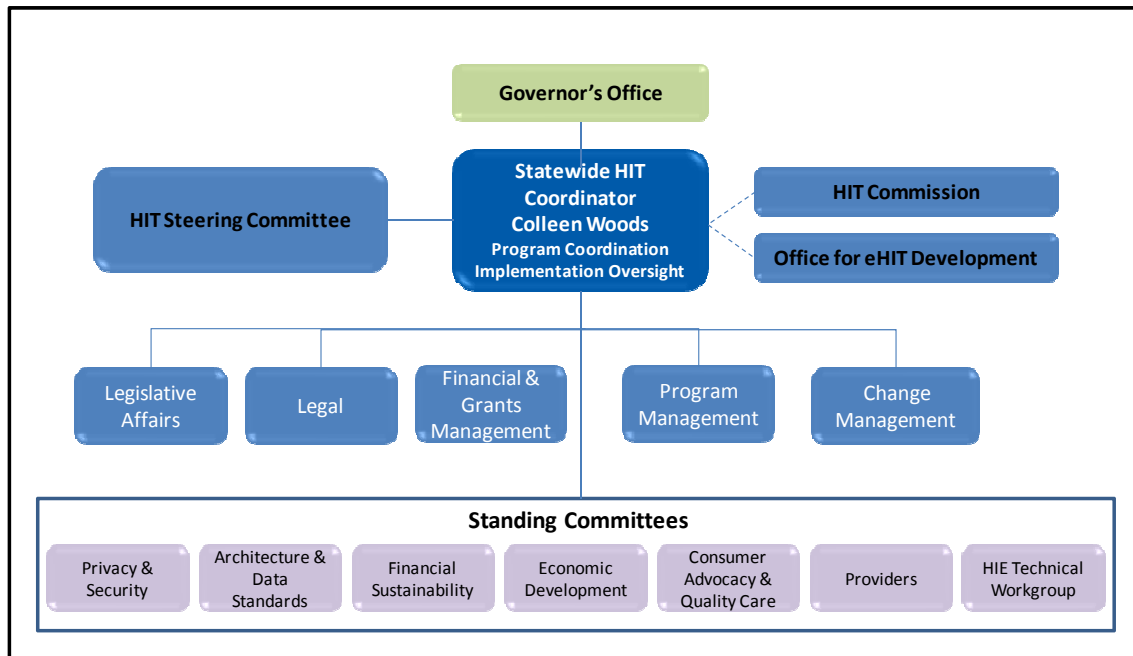


Figure 12.2 New Jersey HIT Program Governance

Ms. Colleen Woods was recently named to the position of Statewide HIT Coordinator, with the responsibility of overall HIT program coordination and implementation oversight. The Statewide HIT Coordinator reports directly to the Governor's Office, and is supported by the HIT Steering Committee for strategic program direction and program risk monitoring. The Coordinator also works closely with the HIT Commission and the Office for e-HIT Development in coordinating the program. The functions within the Office of the Statewide HIT Coordinator include:

- Legislative Affairs
- Legal
- Financial and Grants Management
- Program Management
- Change Management

In addition, a number of standing committees have been formed to further support policy and standards development.



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The table below further describes the roles and responsibilities of the governance structure.

Table 12.1 Governance Roles and Responsibilities

Role Name	Description	Staffing
Statewide HIT Coordinator	Responsible for carrying out the Mission of the HIT Program including: <ul style="list-style-type: none"> Facilitating the vision, goals & objectives of the program including overall direction Ensuring effective program policy Coordinating the development of the HIT Operational Plan Communicating and coordinating with the broad stakeholder community to ensure effective execution of the Operational Plan Provide oversight to all HIT initiatives 	Colleen Woods, Statewide HIT Coordinator
HIT Steering Committee	Responsible for providing critical, high level guidance and direction on all key aspects of the HIT Program including: <ul style="list-style-type: none"> Strategic program direction Organizational structure Risk monitoring Issue resolution 	Senior leadership participation from: <ul style="list-style-type: none"> Medicaid, Michele Romeo NJ-HITEC, Bill O'Byrne Chairs of each Standing Committee HIE Representatives HIT Commission, Executive Director Office for eHIT Development NJHA Representative
HIT Commission	Original commission established to guide the establishment of the HIT program with a continuing role to provide senior level guidance and advice	Existing NJ HIT Commission - Participation from: <ul style="list-style-type: none"> Physicians Labs Health Payers Nursing Association Health Care Quality Institute State government Hospitals
Office for eHIT Development	Responsible for providing regulatory and statutory guidance and oversight	Steven Green



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Role Name	Description	Staffing
Office of Statewide HIT Coordinator - Functions		
Legislative Affairs	Responsible for promoting the HIT Program to the NJ Legislature	Governor's Counsel
Legal	Responsible for providing legal advice and oversight to the program.	Attorney General's Office
Financial & Grants Management	Responsible for managing the financial and grants management aspects of the program.	Lori Jefferson
Program Management	Responsible for establishing and executing a program management process to monitor and assess program performance involving all HIT related initiatives.	Eric Silverman
Change Management	Responsible for planning and executing all aspects of a comprehensive change management plan including: <ul style="list-style-type: none"> • Program communication • Marketing • Education • Branding • Web Site 	Julie Leung
Standing Committees		
Privacy & Security	Responsible for providing analysis, recommendations and guidance focused on data and information privacy and security policy, issues and concerns.	Helen Oscislawski, Chair
Architecture & Data Standards	Responsible for providing recommendations and guidance focused on IT infrastructure, systems and data standards.	Emmanouil Skoufos, Chair
Financial Sustainability	Responsible for providing analysis, recommendations and guidance focused on the short and long-term financial sustainability of the program.	Mary Hall Gregg, Chair
Economic Development	Responsible for providing analysis, recommendations and guidance focused on the opportunities for economic development and work force development that can be leveraged by the program.	TBD, Chair
Consumer Advocacy & Quality Care	Responsible for providing recommendations and guidance to ensure the quality care improvements of the program.	TBD, Chair



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Role Name	Description	Staffing
Provider	Responsible for providing recommendations and guidance to promote EHR provider adoption.	TBD, Chair
HIE Technical Workgroup	Responsible for: <ul style="list-style-type: none">• Recommending updates to NJHIN architecture• Developing HIE to HIE standard operating principles and procedures• Developing standard practices for member participation in the HIE	HIEs (funded & unfunded) Medicaid HIE NJHA HIT Commission. Executive Director Statewide HIT Coordinator



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13.0 PROJECT MANAGEMENT PLAN

Requirement: State Operational Plans shall include a robust project management plan with specific timelines, milestones, resources and interdependencies for all the activities in the state’s HIE project. States and SDEs shall explain their project management approach including the project plan tasks that are managed by vendors in order for ONC to judge the comprehensiveness and the feasibility of the plans. State plans should also describe the change management and issue escalation processes that will be used to keep projects on schedule and within budget. Include identification of resource responsibilities.

13.1 OUR APPROACH TO PROJECT MANAGEMENT

New Jersey’s project management approach is founded on industry standards and best practices (i.e., Project Management Institute’s (PMI) *A Guide to the Project Management Body of Knowledge (PMBOK® Guide) – Fourth Edition*) with the goal to meet program and project requirements while managing risks. New Jersey’s project management approach is collaborative, and designed to reduce the risk in achieving project objectives. Key features of this approach include:

- Founded on standards and best practices
- Effective schedule monitoring and control
- Effective risk management and mitigation
- Effective communications throughout the project
- Establishing deliverable acceptance criteria
- Establishing effective project governance
- Practical and actionable recommendations
- Demonstrated effectiveness on large-scale programs

Essential to the approach is a set of principles that reflect the value of teamwork and shared responsibilities that promote project success. These principles are summarized below.

Table 13.1 Project Management Principles

Principle	Impact
Collaboration	Planning leverages team expertise and reflects best thinking and combined experience.
Transparency	Open, visible information sharing within the team facilitates value-enhancing planning discussions, communications and decision-making.
Consistency	Planning processes are reliable and well understood.



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Principle	Impact
Flexibility	Plans are adaptable when necessary to changing project circumstances.
Accountability	Identifying the persons responsible, milestones to be attained, and time frames for plan achievement permits the team to perform efficiently.
Quality-Focus	Plans need to be tied to quality metrics, which in turn are tied to pre-set project objectives.
Service Orientation	A constant focus on the project's customers and stakeholders drives planning excellence.
Traceability	Understanding how plans have been developed facilitates an understanding of their rationale and contributes to effective future decision making.

The foundations of project activity are viewed as processes, knowledge areas, and phases.



Figure 13.1 Foundations of Project Activities

Project processes and knowledge areas deal directly with the organization and activities related to project management. Processes are what the project manager and team members do, independent of the specific content. Project phases describe the project life cycle and are organized around project activities and deliverables.

PMI identifies nine areas of knowledge (shown in **Table 13.2** below) that are required of the successful project manager. We fully subscribe to the principles that define these knowledge areas.

Table 13.2 PMI Successful Project Management Knowledge Areas

Knowledge Area	Purpose
Integration Management	Ensure delivery of a complete project and to prepare the organization to use the outcome within their culture and environment.
Scope Management	Ensure that the exact work and deliverables required to achieve the organization's goals are clearly defined and managed throughout the life of the project.



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Knowledge Area	Purpose
Time Management	Ensure that services are delivered in a timely fashion.
Cost Management	Ensure completion within budget utilizing a disciplined cost control program so that costs are measured and managed as value is delivered.
Quality Management	Ensure that quality is addressed throughout the delivery of services rather than as an after-the-fact "quality review." This requires the inspection, testing, sampling and piloting of delivery elements to ensure that they consistently meet the needs and expectations of the organization.
Human Resource Management	Support selecting, motivating, and managing the people involved in the delivery of services.
Communications Management	Keep stakeholders and sponsors informed and involved throughout the life of the project.
Risk Management	Identify the possible risks that could affect delivery of services considering technical, organizational and political aspects and then ranking those risks, either through qualitative or quantitative methods, to define mitigation strategies.
Procurement Management	Support standardized and efficient procurement of products and services.

Project management process groups are a series of tasks/activities that describe and organize the work of a project. Every project and project phase, regardless of the project type, passes through "gates" related to the following five key PMBOK process groups as described below.



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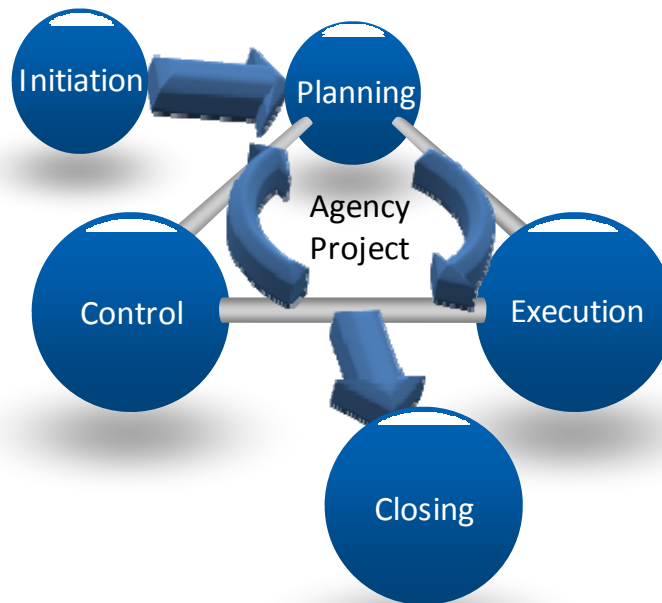


Figure 13.2 PMBOK Project Process Groups

- **Initiation** - Those processes performed to define a new project or a new phase of an existing project by obtaining authorization to start the project or phase.
- **Planning** - Those processes required to establish the scope of the project, refine the objectives, and define the course of action required to attain the objectives that the project was undertaken to achieve.
- **Execution** - Those processes performed to complete the work defined in the project management plan to satisfy the project specifications.
- **Control** - Those processes required to track, review, and regulate the progress and performance of the project; identify any areas in which changes to the plan are required; and initiate the corresponding changes.
- **Closing** - Those processes performed to finalize all activities across all Process Groups to formally close the project or phase.

13.2 PROGRAM MANAGEMENT OFFICE

Within the Office of the Statewide HIT Coordinator we have established a Program Management Office (PMO) to foster and promote collaboration among the various HIT projects, and to ensure each project is supporting the goals and objectives of the overall New Jersey HIT program. The PMO will assist in building awareness among the HIT projects in areas of issues, risks, key milestones, deliverables, and overall timelines that can impact other projects in the program. The PMO is commissioned by the Statewide HIT Coordinator and will assist and provide support in program decision making.



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Each project in the program will have an assigned project manager who is highly experienced and qualified in project management principles and practices, consistent with the Project Management Institutes Body of Knowledge (PMBOK). The PMO will focus on facilitating timely resolution of issues, risks, and any barriers that may hinder the success of the overall program. The PMO will also provide timely status tracking of all projects in the program.

13.2.1 Primary Focus & Key Responsibilities

The primary focus of the PMO includes:

- Consolidated Status Reporting including project/program health assessment
- Monitoring key project interdependencies related to:
 - Issue and risk management
 - Scope management and change control
 - Key Milestones and overall project schedule
 - Deliverable acceptance
- Ensuring project work products and deliverables are shared appropriately among the projects for the benefit of the program

Key responsibilities of the PMO include:

- Gathering initial project management artifacts (project plan, project schedule, project governance) from each project within the program.
- Creating and maintaining a consolidated summary program plan that highlights key project phases and milestones, and project integration points.
- Maintaining regular, scheduled communication (generally weekly) with each project to monitor overall progress against the schedule, isolate issues and risks that could impact the overall program and/or other projects within the program, and identifying any leverage points that could benefit other projects within the program.
- Facilitating issue resolution and risk management across the program.
- Maintaining a HIT Program dashboard to communicate the health of the projects and the overall program.
- Conducting periodic program status meetings with HIT Leadership to discuss each project's status versus the consolidated summary plan, coordinating integration points, defining major issues that affect the projects, and identifying key information to be communicated across the program.
- Fostering a collaborative culture among the projects and the PMO to ensure program goals and objectives are realized, e.g., stakeholder communications.

13.2.2 Operating Principles

The following guiding principles have been established for the operation of the PMO:



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- Maintain a highly collaborative approach between the PMO and the project teams
- Work towards standardized status reporting and creating a program status/health dashboard
- Encourage active participation and sharing of project artifacts between the projects
- Seek to gain leverage across the projects to further HIT program objectives

In addition, it is expected that each project will have:

- A defined set of goals, objectives, and key deliverables.
- A detailed project management plan and schedule that is maintained and current.
- An issue management procedure and an up-to-date issue register.
- A risk management procedure and an up-to-date risk register.
- A weekly status reporting process that includes progress against plan, issues/risks impacting progress, contingencies employed as appropriate, and updated key milestones.
- A named project manager, who manages the project team, detailed tasks and deliverables.

The PMO and the projects will be guided by PMBOK process methodology which addresses:

- Project Planning and Integration Management
- Project Scope Control and Change Control Management
- Issue and Risk Management
- Budget and Cost Management
- Time and Schedule Management
- Quality Management
- Human Resources Management
- Communications Management
- Procurement Management

13.2.3 Scope

Figure 13.3, below, depicts the scope of HIT activity within the responsibility of the PMO, including both HIT operational initiatives and implementation initiatives. As depicted, the three key implementation pillars of the program include:

- Medicaid with the SMHP, the Incentive Payment Program, the new eligibility system and the Medicaid Management Information System (MMIS) enhancements and replacement.
- Health Information Exchange development and advancement through the NJHIN.
- NJ-HITEC build-out to support, promote, and encourage EHR adoption.



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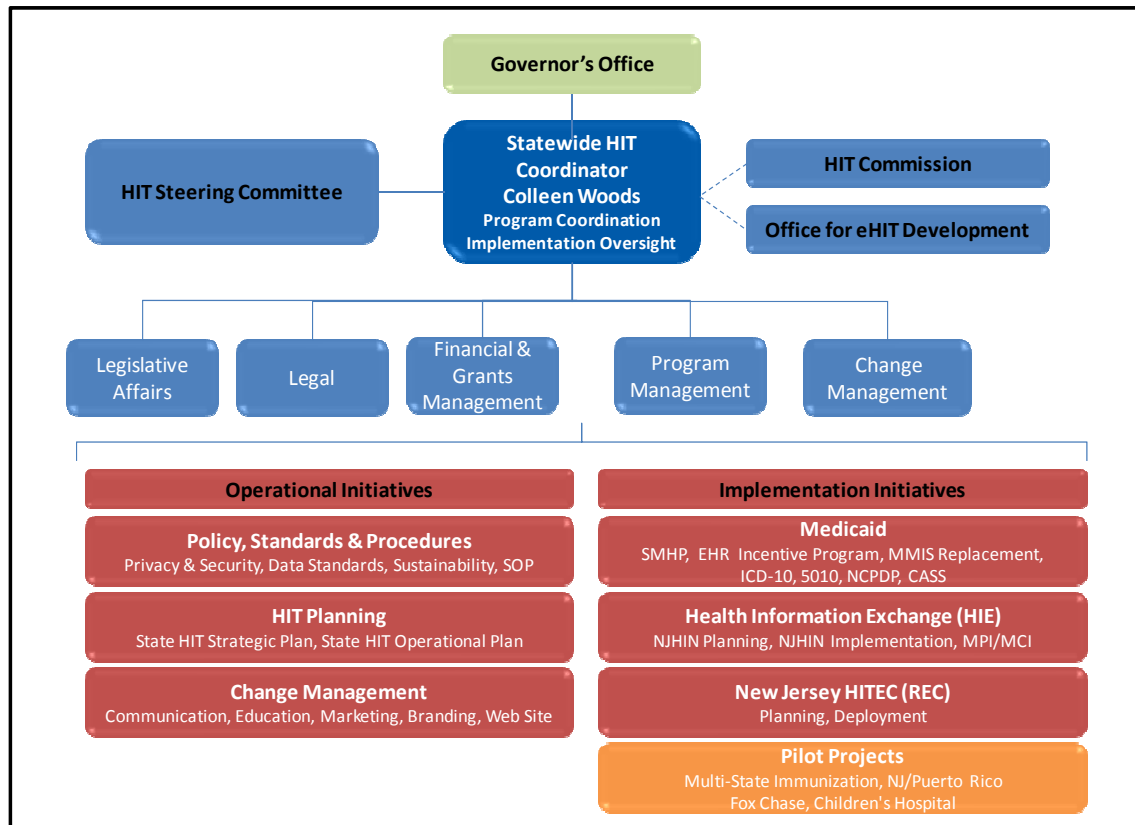


Figure 13.3 New Jersey HIT Program Scope

13.2.3.1 Operational Initiatives

The following tables provide a description of each of the initiatives and projects in terms of key objectives and deliverables.

Table 13.3 Operational Initiatives, with Key Objectives and Deliverables

Policy, Standards and Procedures		
Project	Objectives	Deliverables
Security and Privacy	To develop and enact policy requiring all NJHIN participants to comply with a common set of privacy and security guidelines and policies.	NJ HIE Privacy and Security Framework and Policy
Financial Sustainability	To analyze various financial sustainability options for the program and define an approach for establishing the organization to own the NJHIN.	Financial Sustainability Plan
Standard Operating Procedures	To develop a set of standard operating procedures to guide the HIT Program including architecture and data standards.	NJ HIT SOP



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HIT Planning		
Project	Objectives	Deliverables
Visioning and Alignment	To ensure all key stakeholders contribute to and are aligned to the vision of the HIT program in New Jersey.	Aligned vision
State HIT Planning	To maintain the HIT Strategic and Operational Plan	State HIT Strategic and Operational Plans

Change Management		
Project	Objectives	Deliverables
NJ HIT Change Plan	To define, develop and implement a comprehensive change management plan for the HIT program.	Stakeholder Analysis Sponsorship Communication Marketing Education Branding Web site

13.2.3.2 Implementation Initiatives

The tables below describe implementation initiatives, with corresponding objectives and deliverables.

Table 13.4 Implementation Initiatives, with Key Objectives and Deliverables

Medicaid		
Project	Objectives	Deliverables
SMHP	To develop New Jersey's State Medicaid Health Information Technology Plan, including the roadmap to implement the Electronic Health Record Incentive Program.	Landscape Vision EHR Incentive Program Roadmap IAPD
EHR Incentive Program Implementation	To implement the EHR Incentive Program based on the SMHP and CMS guidelines including business process, organizational and system capabilities.	Operational program



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Medicaid		
Code Set Mandates	To implement the latest code and transaction set standards in the MMIS as set forth in HIPAA 5010, NCPDP Version D.O and ICD-10.	Design and Implementation of the changes
MMIS Replacement Planning	To access the current MMIS based on the MITA framework and develop the requirements to support the procurement and implementation of a MMIS replacement.	MITA Assessment MMIS Vision MMIS Requirements RFP IAPD
Consolidated Assistance Support System (CASS)	To design, develop, and implement an integrated eligibility system across all New Jersey human services programs including Medicaid.	Plan, design and implement CASS

Health Information Exchange		
Project	Objectives	Deliverables
NJHIN Planning	To design the NJHIN based on close collaboration with regional HIEs.	NJHIN Architecture
NJHIN Implementation	To implement the multi-phased plan for NJHIN	Operational NJHIN (multiple phases)
Master Client Index (MCI)	To implement a MCI for Medicaid linking patients from the Medicaid Eligibility System, the New Jersey Immunization Information System and the Child Blood Lead Screening Registry. This represents the first phase of the MCI to be integrated into the NHHIN.	Design and implementation of MCI Phase I

New Jersey-HITEC		
Project	Objectives	Deliverables
NJ-HITEC Planning	NJ-HITEC will assist New Jersey's healthcare providers to achieve meaningful use of health information technology through its program of outreach, consultation and user support.	NJ-HITEC Operational Plan
NJ-HITEC Deployment	To implement NJ-HITEC services and support.	Planning and implementation



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	services
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Pilot Projects		
Project	Objectives	Deliverables
Multi-State Immunization Pilot	To pilot immunization data transfer pilot among several mid-Atlantic and Northeast states. Exchange has been achieved between NYC and NJ.	Pilot results and next steps
NJ/Puerto Rico Immunization Pilot	To pilot an interoperable immunization exchange for patients traveling back and forth between NJ and Puerto Rico – one common health record.	Pilot results and next steps
Connection to Fox Chase Cancer Center (Pennsylvania's HIE)	Three regional HIEs (South Jersey HIE, the Virtua HIE, and the South Jersey Health System HIE) have plans to exchange data in late 2010/early 2011 with Fox Chase Cancer Center's HIE, located in Philadelphia, Pennsylvania.	Pilot results and next steps
Children's Hospital Data Exchange	To exchange children's hospital clinical data between CMS Regions 1 and 2 and the Commonwealth of Pennsylvania and the State of New Jersey.	Pilot results and next steps

Additional projects will be added to the scope as the overall HIT program evolves.

13.2.4 Project Life Cycle

Each project within the program will follow a prescribed project life cycle based on the type of project and the organization responsible for the project. It is important to understand the project life cycle as the life cycle will dictate the key decision points throughout the life of the project. For example, all projects conducted by the Medicaid Fiscal Agent will follow a prescribed System Development Life Cycle (SDLC) required by contract to New Jersey Medicaid. The SDLC used by the Fiscal Agent defines the following key decision points (often referred to as Phase End points or stage gates) tied to key project deliverables:

- General System Design
- Detailed System Design
- Coding
- Unit Testing
- System Testing



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- ITF Testing
- Implementation
- Documentation
- Training

The PMO will consider the project life cycle for each project in developing the consolidated view of the program.

13.2.5 PMO Processes

The following subsections detail PMO processes.

13.2.5.1 Collect Project Status

Individual project status will be submitted to PMO on a regular basis (generally weekly) with follow-up by the PMO to discuss any issues/risks that may impact other projects. It is also intended that this communication will include an as needed discussion of issues, events and work products/deliverables from other projects that can be leveraged.

13.2.5.2 Program Level Issue/Risk Management

A program level issue and risk register will be developed and maintained. Project level open issues will be elevated to the program level if there is potential impact on other projects. The PMO will monitor the issue escalation process to ensure timely resolution. Project level risks will also be elevated to the program level if there is potential impact on other projects. The PMO will monitor and ensure risk mitigation strategies are in place. In addition, the PMO will work closely with the Statewide HIT Coordinator to identify program level issues and risks and to ensure each is dealt with timely.

13.2.5.3 PMO Reporting

On a regular basis the PMO will publish the HIT Program Dashboard providing a snapshot of all HIT projects concerning current status. Elements of the dashboard will assess:

- Progress against schedule
- Risk
- Issues
- Dependencies
- Scope
- Resource management
- Organizational readiness

Initially the PMO will publish a project level dashboard for each project and then develop a dashboard at the program level which will attempt to consolidate the project views into a program view.

A prototype of the dashboard is depicted below in **Figure 13.4**, below:



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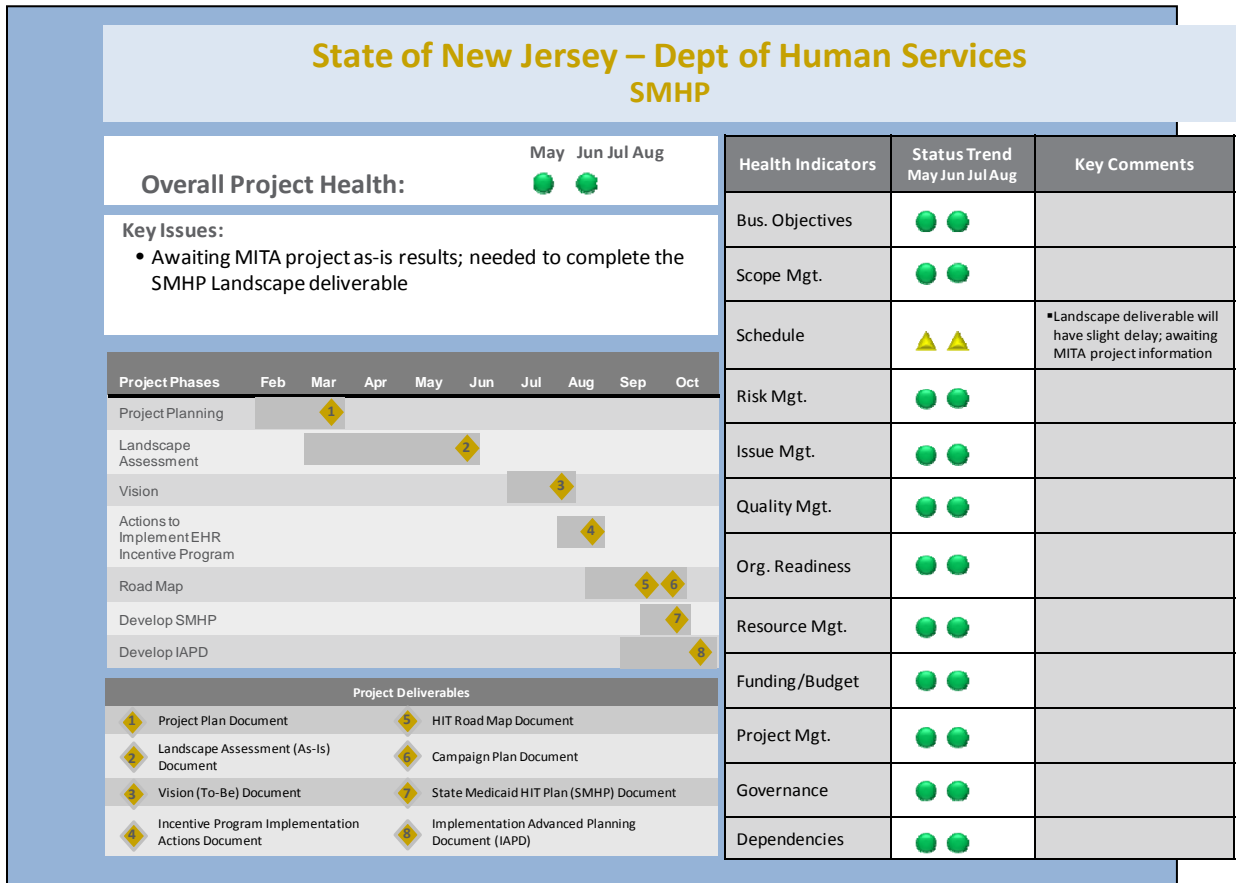


Figure 13.4 PMO Dashboard Prototype

13.2.5.4 New Projects for PMO

The Statewide HIT Coordinator may identify new projects to be included within the scope of the PMO. New projects will be defined to include at least the following:

- Project name
- Project objectives and scope
- Project sponsor and project manager
- Project approach (high level)
- Resource requirements
- Project schedule and key milestones
- Initial risk assessment



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13.2.5.5 Use of Technology

The PMO shall establish a web-based portal to provide a central location for PMO information and projects. It will provide a connection point to all projects with additional individual project sites. A proposed PMO portal would contain:

- Active project list
- PMO documents
- HIT Program Dashboard
- Collaborative Calendar

The approach for the HIT Portal will be coordinated with other State initiatives and will strive to improve communication and sharing of appropriate project information.

13.3 HIT PROJECT PLANNING TIMELINES AND MILESTONES

The PMO will maintain and utilize project plans to track the different discrete project schedules. The schedules will itemize all of the key project deliverables as well as milestone dates and interdependencies between project threads. **Figure 13.5** below presents the current timeline view for the program which includes key milestones, deliverables and interdependencies.



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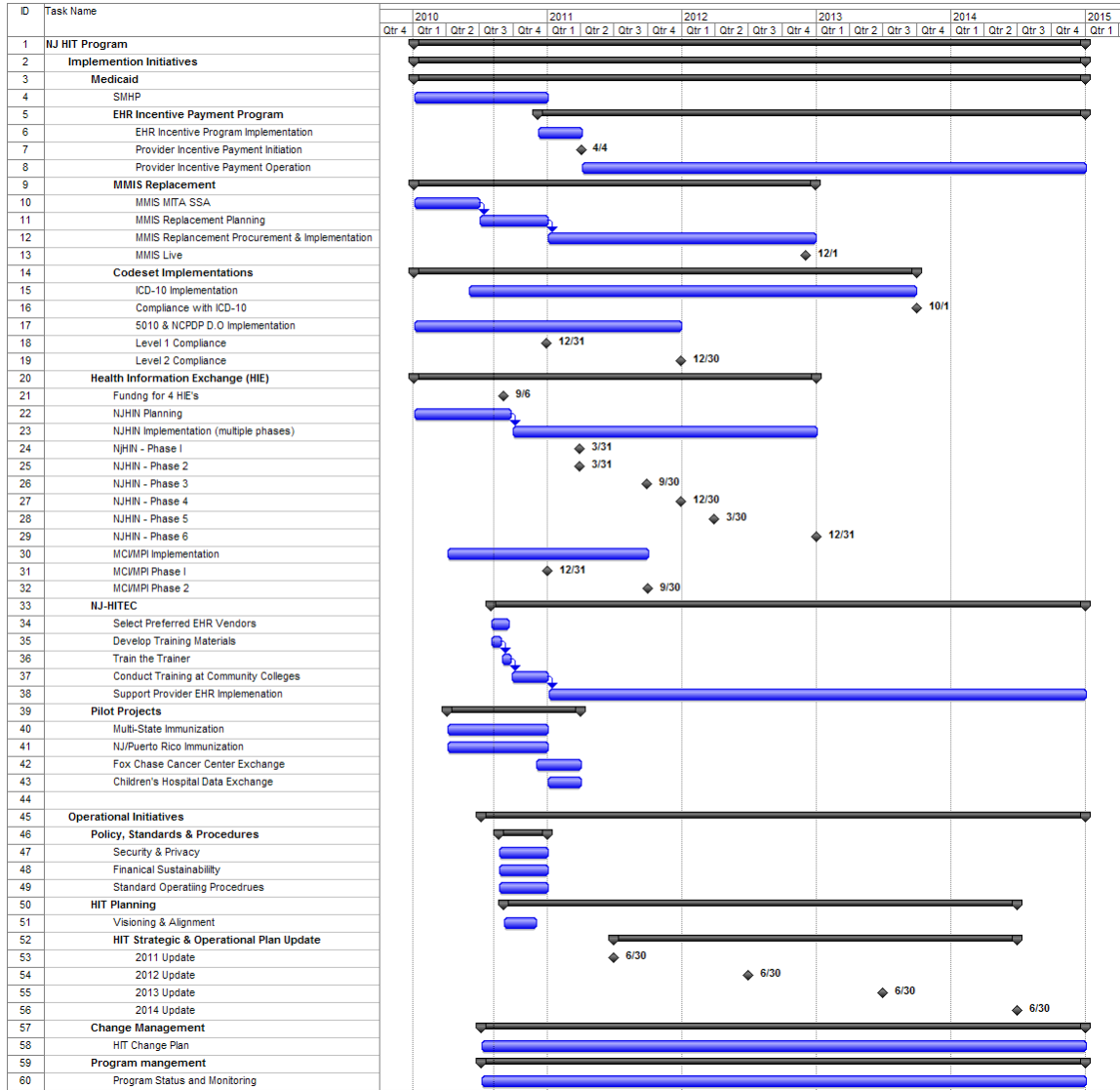


Figure 13.5 HIT Program Timeline



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Figure 13.6 below presents a more detailed timeline through 2011.

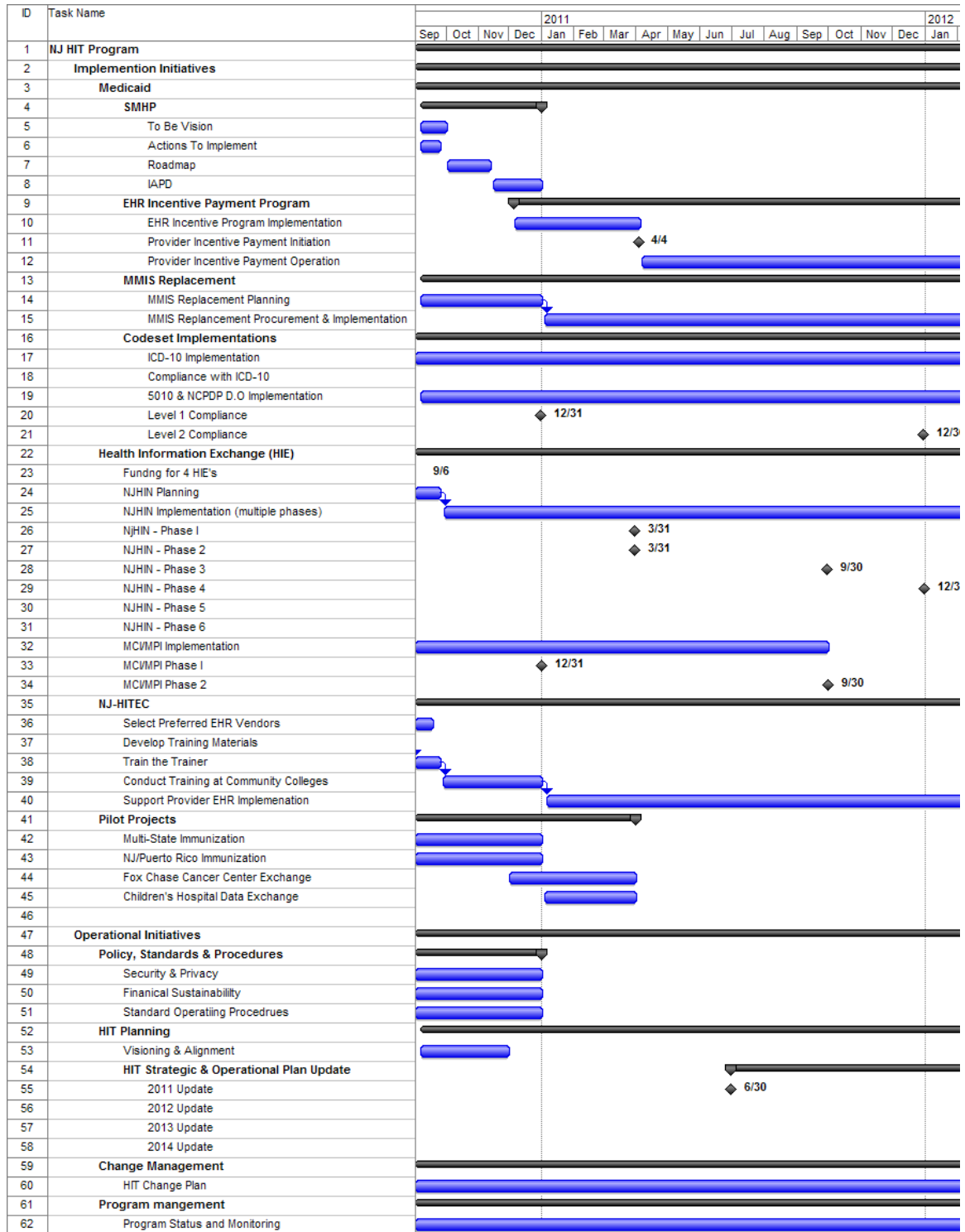


Figure 13.6 HIT Program Detail Timeline Through 2011



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13.4 PROJECT QUALITY ASSURANCE

An internal team will be established that will be comprised of subject matter experts from business and technology areas within the Department to provide quality assurance services for this project. Specifically, the team will participate in critical deliverable walk through meetings, review project deliverables and provide feedback as appropriate. The project team will incorporate the quality assurance team's feedback into the project deliverables prior to seeking formal approval from the department.



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14.0 RISK MANAGEMENT PLAN

Requirement: Managing risk is an important element of successfully building HIE capacity to support meaningful use. Within their Operational Plans, States and SDEs shall identify known and potential risks and describe their risk mitigation strategies. Risks should be prioritized using risk severity and probability. Examples of risks that may be included are: changes in the HIE marketplace, evolving EHR and HIE standards, lack of participation of large stakeholders including Medicaid, breach of personal health information.

Risk management is recognized as a key management discipline required of the overall New Jersey HIT program. Our governance model describes the overall structure and roles and responsibilities to support effective decision making, which includes risk assessment and risk mitigation planning. The project management approach described in the previous section presents our overall approach to risk management. Key aspects of our risk management approach include:

- Each project within the program is required to have a risk management plan and an active risk monitoring process.
- The HIT Program Management Office will review and evaluate these plans on a regular basis and determine those risks that could have a significant impact on the program overall.
- Risk is a standing agenda topic for the monthly HIT Steering Committee meeting.
- Risk is a key indicator on the HIT Program Health Dashboard

14.1 RISK ASSESSMENT

The following presents our current risk assessment at the program level, and provides the basis for ongoing risk management.

The risk assessment is composed with the following attributes:

- **Risk Category** – Risks are grouped into the following categories:
 - Leadership
 - Technology
 - Financial
 - Schedule
 - Privacy/Security
 - Change
 - Resource
 - Legal



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- **Risk Condition** – Identifies the specific risk in terms of specific concerns, problems, or potential future occurrences that could result in negative impacts to program budget, schedule, or quality. Quality is broadly defined to include such important objectives as functionality, performance, usability, and other similar functional, technical, and performance objectives.
- **Implication** – Identifies the negative consequences if the risk occurs.
- **Probability** – (High, Medium, Low) Risks that are very likely to occur are rated High, risks with a 50/50 chance of occurring are rated Medium. All others are rated Low.
- **Impact** – (High, Medium, Low) Risks rated as having a significant negative impact on program budget, schedule, or quality are rated High. Risks that have a material impact are rated Medium. All others are rated Low.
- **Risk Exposure** – (High, Medium, Low) Risk exposure is determined by the intersection of Probability and Impact based on the following:

		Probability		
Impact		High	Med	Low
High		High	High	Med
Med		High	Med	low
Low		Med	Low	Low

- **Mitigation Strategy** – Defines the strategy to mitigate the risk.
- **Owner** – Identifies the owner(s) responsible for the actions to mitigate the risk.



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New Jersey HIT Program Risk Assessment							
Risk Category	Risk Condition	Implication	Probability (H, M, L)	Impact (H, M, L)	Risk Exposure (H, M, L)	Mitigation Strategy	Owner
Financial	Actual costs for HIE Implementation & Sustainability may be more than estimated costs.	Quality and completeness of the HIE implementations could be impacted.	H	H	H	Scan the environment for alternate funding sources.	Financial Sustainability Committee & HIE(s)
Leadership	The delay in approval of the Operational State Plan will impact the project schedule in 2010.	Release of funding is dependent on approval of Operational Plan. Funding is required by September 2010 to ensure planning activities may occur in 2010.	H	H	H	Statewide HIT Coordinator has workgroups, key stakeholders, and consultants updating the NJ HIT Operation Plan.	Statewide HIT Coordinator
Privacy & Security	Data stored and exchanged must be secured to protect personal health information.	Data security breach could impact adoption and consumer confidence.	H	H	H	Complete an analysis of data security and several points in the data sharing process and implement the most secure data plan.	Privacy, Security, and Data Governance Committee



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New Jersey HIT Program Risk Assessment							
Risk Category	Risk Condition	Implication	Probability (H, M, L)	Impact (H, M, L)	Risk Exposure (H, M, L)	Mitigation Strategy	Owner
Legal	Legislation may be required for portions of the project implementation.	If lead time is not identified, required legislation delays could impact the project schedule.	M	H	H	1. Establish the organization that will own the NJHIN as soon as possible to mitigate legislative issues. 2. Discuss and pursue lab result reporting requirements.	HIT Steering Committee
Change	The environmental scan illustrates that providers with low adoption of EHR(s) will impact statewide adoption of Health Information Exchange	Low provider EHR adoption impacts the statewide access to patient information.	M	M	M	NJ-HITEC and other activities must be implemented to increase provider adoption and transition to EHR. Marketing and education strategies.	Provider Committee
Financial	If HIE(s) do not meet target matching contributions, NJ would not meet the	This could impact federal dollars received in the later years.	M	M	M	Monitor the matching contributions of each of the funded HIE(s) for each	Statewide HIT Coordinator - Grant Management



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New Jersey HIT Program Risk Assessment							
Risk Category	Risk Condition	Implication	Probability (H, M, L)	Impact (H, M, L)	Risk Exposure (H, M, L)	Mitigation Strategy	Owner
	requirements of the grant.					budget year. This will identify potential matching risk early.	
Leadership	Different stakeholders may have different project vision and requirements.	Project scope could be increased or delayed as requests are raised and addressed.	M	M	M	Statewide HIT Coordinator has been appointed and diverse workgroups will be used to ensure that project requirements are balanced.	HIT Steering Committee
Leadership	Dual Approach – HIE implementations and the development of the NJHIN must be carefully coordinated to ensure that the plans are in sync.	Lack of adequate coordination could result in duplicate efforts and adverse project schedule impact.	M	M	M	The workgroups that work on the strategic plans and project plans will work to ensure coordination.	Project Management
Legal	Lab participation has been limited	Limited lab transaction	M	M	M	Statewide HIT Coordinator and	HIT Steering Committee



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New Jersey HIT Program Risk Assessment							
Risk Category	Risk Condition	Implication	Probability (H, M, L)	Impact (H, M, L)	Risk Exposure (H, M, L)	Mitigation Strategy	Owner
	related to results reporting transactions	reporting will impact meaningful use achievements.				Office of E-HIT is pursuing action to obtain a stronger commitment via regulations.	
Privacy and Security	Audit trails must be captured to ensure adherence with HIPAA and other applicable laws surrounding PHI	Absence of audit trails could open the NJHIN to liabilities.	M	M	M	This will be added to the NJHIN requirements as a shared service. This may be part of the data sharing agreements. A risk assessment and risk use cases will be incorporated into the project plan.	Privacy & Security Committee
Resource	Personnel resource requirements may increase to maintain the HIE solution.	If sufficient resources are not available the project schedule could be adversely impacted.	M	M	M	Identify and document issues with resource constraints early and develop remediation plans.	HIT Steering Committee



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New Jersey HIT Program Risk Assessment							
<i>Risk Category</i>	<i>Risk Condition</i>	<i>Implication</i>	<i>Probability (H, M, L)</i>	<i>Impact (H, M, L)</i>	<i>Risk Exposure (H, M, L)</i>	<i>Mitigation Strategy</i>	<i>Owner</i>
Schedule	Each component of the NJHIN has project schedules that may have dependent tasks that, if uncoordinated, could cause schedule delays.	Multiple project schedules could be adversely impacted.	H	M	M	Project Management Services will be utilized to identify dependent tasks across multiple project plans to avoid schedule problems.	Statewide HIT Coordinator – Program Management
Technology	EHR Certification process could impact the HIE implementations.	Project Schedule delays and contract re-negotiations could be required.	H	M	M	Select established vendors. Monitor certification requirements. Monitor certification process.	Data Standards and Info Technology Committee & HIE(s)
Technology	Interoperability problems would impact data sharing.	Different EHR software and HIE platforms must be compatible for data sharing to avoid issues during implementation.	M	M	M	Establish Data and MetaData standards.	Data Standards and Info Technology Committee & HIE(s)
Technology	Compatible metadata and	If different entities store data	M	M	M	Establish Data Standards	Data Standards



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New Jersey HIT Program Risk Assessment							
Risk Category	Risk Condition	Implication	Probability (H, M, L)	Impact (H, M, L)	Risk Exposure (H, M, L)	Mitigation Strategy	Owner
	terminology	differently this could impact data sharing and reporting capabilities					and Info Technology Committee & HIE(s)
Technology	Requests for large data files (e.g., requesting every image of a CAT scan) will adversely impact network speed.	If requests for large files are not managed, the access to required information could be impacted.	M	M	M	Create data dissemination rules.	Data Governance and HIT Policy Committee
Technology	The NHIN structure could be a risk to the regional HIE(s)	If providers are granted direct access to the NHIN this may divert usage of the foundation and regional HIEs	M	M	M	The NHIN structure and access will be monitored as plans are developed. NJ leadership will provide input to proposed plans.	HIT Steering Committee
Change	The health and viability of the regional HIE(s) may be adversely impacted by future	Adverse impact on regional HIE(s) could result if impact on the HIE(s) is not evaluated	L	L	L	Evaluate each change request for impact to regional HIEs and NJHIN infrastructure.	HIT Steering Committee



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New Jersey HIT Program Risk Assessment							
<i>Risk Category</i>	<i>Risk Condition</i>	<i>Implication</i>	<i>Probability (H, M, L)</i>	<i>Impact (H, M, L)</i>	<i>Risk Exposure (H, M, L)</i>	<i>Mitigation Strategy</i>	<i>Owner</i>
	changes that may create a competitive HIE environment.	with change requests to legislation and architecture.					
Change	Provider, HIE(s) and other stakeholders will require training on new technology, infrastructure, and policies and procedures	If training is not provided there will be an adverse impact on the NJHIN initiatives.	L	M	L	NJ-HITEC will provide training and support for physicians. Each HIE will develop individual project plans that include training development and execution.	NJ-HITEC
Leadership	HIE policies could influence providers meeting meaningful use.	A policy could, for example, encourage or help facilitate providers meet meaningful use criteria.	L	L	L	HIT Steering Committee to evaluate methods to support meaningful use via the NJHIN.	Data Governance and HIT Policy Committee.
Technology	Gaps in broadband coverage could inhibit providers' ability to utilize the	There is a small percentage of New Jersey areas that are not covered by	L	L	L	A grant was applied for Broadband - Award TBD. Bill O'Bryne also	HIT Steering Committee



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New Jersey HIT Program Risk Assessment

<i>Risk Category</i>	<i>Risk Condition</i>	<i>Implication</i>	<i>Probability (H, M, L)</i>	<i>Impact (H, M, L)</i>	<i>Risk Exposure (H, M, L)</i>	<i>Mitigation Strategy</i>	<i>Owner</i>
	HIE infrastructure.	broadband, which could be an access barrier for providers in that area.				mentioned a tidewater project that may also provide coverage that may be leveraged. The progress on the efforts listed above must be monitored and advanced.	



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14.2 DISASTER RECOVERY PLANNING (DRP)

Disaster recovery planning is another key aspect of managing risk. In order to participate in the NJHIN, all participating HIEs and members will sign a participating agreement that confirms compliance with all HIPAA standards and requirements including disaster recovery planning.

The following describes the status of DRP for each of the four funded HIEs.

14.2.1 South Jersey HIE

South Jersey HIE is currently utilizing Amazon to host their HIE services and have a high-availability agreement which includes a disaster recovery plan. South Jersey HIE is planning to transition to an in-house capability and will develop a DRP as part of this transition.

14.2.2 Health-e-cITi-NJ

Health-e-cITi-NJ has an architectural design that provides for full disaster recovery capability. The implementation of this will be part of the requirements for an ASP bid as the current plan will “outsource” data center infrastructure and operations.

14.2.3 Northern and Central New Jersey HIE (NCNJHIE)

NCNJHIE is in the process of establishing an outsourced operation with Relay which includes a requirement for a comprehensive DRP.

14.2.4 Camden HIE

The Camden HIE is utilizing an ASP model to support HIE operations. The ASP contract has a requirement for a comprehensive DRP.



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APPENDIX A - LETTER OF SUPPORT FROM STATE MEDICAID
DIRECTOR



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PO Box 712
TRENTON, NJ 08625-0712

August 6, 2010

JENNIFER VELEZ
Commissioner

JOHN R. GUHL
Director

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 Mr. Blumenthal,

As Director of New Jersey Medicaid, I am writing to express my enthusiastic support for the State HIT Operational Plan describing the implementation plans for health information technology and health information exchange (HIE) throughout the State.

New Jersey Medicaid believes strongly in the promise of health information exchange to improve the quality and efficiency of care throughout New Jersey. As a result, New Jersey Medicaid has embarked on several initiatives to promote health data exchange in accordance with the State HIT Operational Plan. These initiatives are:

- We initiated a project to build a Master Client Index (MCI), linking Medicaid data with the New Jersey Department of Health's Immunization and Blood Lead Registries, utilizing CMS Medicaid Transformation Grant funding. We believe the MCI is a core component of interoperability and data exchange statewide as well as for Medicaid. In connection with this project, we are also in the process of building an Enterprise Service Bus to provide the technical infrastructure for Medicaid data exchange and the development of a Medicaid Electronic Health Record System for providers who do not yet have a commercial product of their own. We believe there is opportunity for New Jersey to leverage the Medicaid investments in technology and our lessons learned in developing our Medicaid HIE in its development of the Statewide HIE.



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David Blumenthal, MD, MPP

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August 6, 2010

- In September 2009, New Jersey Medicaid began allowing Health-e-cITI-NJ Medicaid care givers, including two FQHCs, to process a query against our real-time medication history. Health-e-cITI-NJ is a HIE bringing together the Newark community care givers as well as the Garden State and surrounding regional healthcare industry stakeholders. Health-e-cITI-NJ is an effort to share clinical patient health information in a densely populated highly urban area with the greatest concentration of poverty, under and not served communities in New Jersey and the Northeast.
- New Jersey Medicaid will soon begin a pilot project that, once proven successful, will enable the FQHCs in New Jersey to access the full range of New Jersey Medicaid data. This data will include doctor visits, hospital visits, prescription drug histories, and more. This pilot project will include one FQHC. Then, we plan to implement the system for all FQHCs.
- Of course, New Jersey is in the process of completing the State Medicaid HIT Plan (SMHP). We understand the importance of coordinating the SMHP with statewide HIT planning and implementation activities and with the State HIT Coordinator. The SMHP Vision and Roadmap will be informed by and be integrated with the State HIT Operational Plan.

With access to actionable, real-time data provided by these initiatives, New Jersey's healthcare providers can and will improve healthcare quality and efficiency of care, which will benefit not only our citizens, but our healthcare community as well. We intend to continue to work with the State HIT Coordinator, to further HIE in our region by jointly planning implementation and expansion of HIE to achieve true meaningful use.

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

Sincerely,

A handwritten signature in black ink, appearing to read "John R. Guhl".

John R. Guhl
Director

JRG:JG



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APPENDIX B – GLOSSARY OF TERMS

Term	Definition
ARRA	American Recovery and Reinvestment Act
ATNA	Audit Trail and Node Authentication. Establishes security measures which provide patient information confidentiality, data integrity, and user accountability.
Beacon Communities	Healthcare provider communities designated under the Beacon Community Cooperative Agreement Program, to build and strengthen health information technology infrastructure and exchange capabilities.
BPPC	Basic Patient Privacy Consents. Provides a mechanism to record the patient privacy consent, and a method to enforce the privacy consent appropriate to the use.
Computerized Provider Order Entry (CPOE)	A computer application that allows a physician's orders for diagnostic and treatment services (such as medications, laboratory, and other tests) to be entered electronically instead of being recorded on order sheets or prescription pads. The computer compares the order against standards for dosing, checks for allergies or interactions with other medications, and warns the physician about potential problems.
CCD	Continuity of Care Document. A specification for an XML-based markup standard intended to specify the encoding, structure, and semantics of a patient summary clinical document for exchange.
CRM	Customer Relationship Management. Systems or processes implemented by an organization to handle its contact with its customers.
DHSS	New Jersey Department of Health and Senior Services
DOBI	New Jersey Department of Banking and Insurance
DRP	Disaster Recovery Planning.
EHR	Electronic Health Record. A real-time patient health record with access to evidence-based decision support tools that can be used to aid clinicians in decision making. The EHR can automate and streamline a clinician's workflow, ensuring that all clinical information is communicated. It can also prevent delays in response that result in gaps in care. The EHR can also support the collection of data for uses other than clinical care, such as billing, quality management, outcome reporting, and public health disease surveillance and reporting.
EMR	Electronic Medical Record. An electronic record of health related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one healthcare organization.
Electronic Prescribing (eRx, or e-prescribing)	A type of computer technology whereby physicians use handheld or personal computer devices to review drug and formulary coverage and to transmit prescriptions to a printer or to a local pharmacy. E-prescribing software can be integrated into existing



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Term	Definition
	clinical information systems to allow physician access to patient specific information to screen for drug interactions and allergies.
FQHC	Federally Qualified Health Center. Community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay.
HIE	Health Information Exchange. The electronic movement of health-related information among organizations according to nationally recognized standards.
HIPAA	Health Insurance Portability and Accountability Act of 1996. A federal law intended to improve the portability of health insurance and simplify health care administration. HIPAA sets standards for electronic transmission of claims-related information and for ensuring the security and privacy of all individually identifiable health information.
HIT	Health Information Technology. The application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making.
HIMSS	Healthcare Information and Management Systems Society, an organization dedicated to improving the quality, safety, cost-effectiveness, and access to, healthcare through the best use of information technology and management systems.
HL7	Health Level Seven, an all-volunteer, non-profit organization involved in development of international healthcare standards. HL7 is also used to refer to some of the specific standards created by the organization (e.g., HL7 v2.x, v3.0, HL7 RIM).
Interoperability	Describes the capacity of one health IT application to share information with another in a computable format (that is, for example, not simply by sharing a PDF [portable document format] file.) Sharing information within and across health IT tools depends on the use of a standardized format for communicating information electronically—both among the components that constitute a doctor’s office EHR (clinical notes, lab results, and radiological imaging and results) and among providers and settings that use different health IT applications. An interoperable health IT system would allow a hospital physician to view the contents of an EHR from a patient’s primary care physician and enable the primary care physician in turn to view all notes and diagnostic tests from the patient’s hospital visit.
MITA	Medicaid Information Technology Architecture. A national framework to support improved systems development and health care management for state Medicaid programs.
MMIS	Medicaid Management Information System. An integrated group of procedures and computer processing operations developed to provide automated claims processing and information retrieval systems for Medicaid programs.



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Term	Definition
MPI	Master Patient Index. A database program that collects a patient's various hospital identification numbers, e.g. from the blood lab, radiology department, and admissions, and keeps them under a single, enterprise-wide identification number.
NHIN	Nationwide Health Information Network. An initiative for the exchange of healthcare information being developed under the auspices of the U.S. Office of the National Coordinator for Health Information Technology (ONC), to tie together health information exchanges, integrated delivery networks, pharmacies, government, labs, providers, payors and other stakeholders into a "network of networks."
NJHIN	New Jersey Health Information Network
NJ-HIPSC	New Jersey Health Information Privacy and Security Collaboration.
NH-HITEC	New Jersey Health Information Technology Extension Center. An organization to assist New Jersey's healthcare providers in their meaningful use of health information technology through outreach, consultation and user support for the state's primary care providers serving at-risk population centers.
ONC	Office of the National Coordinator. A government agency (part of HHS) that oversees and encourages the development of a national, interoperable (compatible) health information technology system to improve the quality and efficiency of health care.
ONC-ATCB	ONC-authorized testing and certification body
ONC-ACB	ONC-authorized certification body
PDQ	Patient Demographics Query. Allows applications to query a central patient information server and retrieve a patient's demographic and visit information.
PHR	Personal Health Record. An electronic application through which individuals can maintain and manage their health information (and that of others for whom they are authorized) in a private, secure, and confidential environment.
PIX	Patient Identifier Cross Referencing. Supports the cross-referencing of patient identifiers from multiple Patient Identifier Domains.
PMI	Project Management Institute
PMO	Program Management Office
REC	Regional Extension Center. An organization to support healthcare providers in adopting and becoming meaningful users of health IT.
RLS	Record Locator Service. An electronic index of patient identifying information that directs providers in a health information exchange to the location of patient health records held by providers and group purchasers.
SMHP	State Medicaid HIT Plan