Privacy and Security Solutions for Interoperable Health Information Exchange

NJ-HISPC Implementation Project Summary and Impact Analysis Report

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Executive Summary

This purpose of this document is to report and comment on the work undertaken and the achievements realized by the NJ-HISPC during the Extension Phase, 7/1/07 to 12/31/07. During this period, the New Jersey Collaborative worked on two separate state based projects pursuant to Modification number 7 of the NJ-HISPC contract executed on 7/26/07.

The first project relates to the work that New Jersey has undertaken with New York State (NYS) and New York City (NYC) to establish an interoperable web based electronic exchange of public health Immunization and vaccinations information. NJ-HISPC is pleased to report that we have successfully completed web based bulk exchanges of immunization data from NYC to NJ and from NJ to NYC. We have also preliminarily settled on a final draft of Memoranda of Understanding (MOU) and Data Share Agreements (DSA) that will be executed by NJ, NYC and NYS before the end of the Extension Phase. -Signed documents will allow the flow of data between NJ and NYC to begin with, and will be extended to NYS when their systems are activated in mid-2008.

NJ-HISPC also completed development of a New Jersey based HIPAA privacy and security education package. These basic education packages are directed to providers and consumers in New Jersey with special emphasis on the value of health information technology (HIT), health information exchanges (HIE) and electronic health records (EHRs).

I. Introduction and Overview

a. Current HIT/HIE landscape

New Jersey's active interest in electronic systems as a means of increasing health care quality and reducing costs began in 1993 when the New Jersey State legislature, with the concurrence of the Governor, asked Thomas Edison State College and the New Jersey Institute of Technology (NJIT) to conduct an 18-month study analyzing current methods, barriers, and recommendations for achieving savings and administrative simplification in the New Jersey healthcare system. This project became known as the Healthcare Information Networks and Technology (HINT) study and included a statewide survey on administrative costs, barriers, and privacy issues; the creation of a HINT Advisory Council, which was a public-private collaboration representing a cross-section of healthcare entities; and focus groups. The HINT study contained many of the same recommendations that ultimately were included in the administrative simplification section of the federal HIPAA law of 1996.
By 1999, New Jersey had adopted the HINT Law that requires the New Jersey Department of Banking and Insurance (DOBI) to adopt rules for the deployment of the HIPAA electronic transaction and code set (TCS) in New Jersey. DOBI realized that the HINT Advisory Council working model created in 1993 would serve as a useful platform for a successful implementation of HIPAA's TCS and that a voluntary association of public and private parties would serve as an invaluable resource from which DOBI could gather technical information and develop implementation plans. Consequently, the New Jersey DOBI HIPAA/HINT Task Force was formed to undertake the primary role of identifying,

contacting, convening, and organizing the interested and necessary parties into useful work groups. The work of the Task Force, and DOBI's role, has been to bring the participants together in a cooperative working environment so that they can take the necessary steps to make these complex electronic systems work more effectively.

On January 12, 2006, the HINT Law was amended and directs DOBI, in consultation with the New Jersey Department of Health and Senior Services and Thomas Edison College, to adopt rules and regulations for the development and deployment of electronic health records (EHR) in New Jersey. The DOBI Task Force formed an EHR Workgroup to develop demonstration programs where stakeholders will access a common electronic platform with appropriate privacy and security measures for the exchange of part or parts of the information found in the health records maintained by various types of providers and payers located within a region. The Task Force held general conferences in May and November 2005 and formed a cooperative relationship with many stakeholders in the state. DOBI used the Task Force as the nucleus for identifying the necessary stakeholders to work on the HISPC project.

Fortunately, the opportunities offered by HISPC permitted New Jersey to take the next steps in this journey. New Jersey was able to mobilize around the NJ-HISPC project which now gives us the ability to take significant steps forward. New Jersey has been developing their HIT/HIE capabilities since the mid 90's along with the academic community. The current working environment is inclusive, receptive and collaborative.

Recently, the New Jersey Assembly passed legislation Assemblymen Herbert C. Conaway, Jr., MD, and Upendra Chivukula sponsored to enhance the quality of health care delivered to New Jersey residents through a health information technology (HIT) system. The "New Jersey Health Information Technology Promotion Act" (A-4044) would establish the state's first electronic medical records infrastructure and create a Health Information Technology Commission to oversee the development, implementation and oversight of the program. A hearing is currently scheduled in the NJ Senate Health, Human Services and Senior Citizens Committee on the Conaway Bill with additional amendments proposed by Governor Corzine's Office and accepted by all parties. If this amended legislation is enacted, New Jersey will have a comprehensive HIT/HIE/EHR structure as a strong foundation to move forward into the electronically connected environment.

<u>The most notable current HIT/HIE projects in NJ are</u>:

1. The Commissioners of Banking and Insurance, Health and Senior Services, Child and Family Services and Human Services met with the state IT director and CIO for Medicaid to form the Governor's Health Information Technology Work Group. This group is charged with the responsibility to harmonize the efforts of all state agencies to advance health information technology in New Jersey.

2. A policy decision has been made to proceed with EHR development.

3. Legislation on EHR development is actively moving forward in the Assembly and Senate.

4. The proposed legislation references the HISPC work as a foundation for privacy and security in state law.

4. The legislation hopefully will include public-private partnerships to develop eHEALTH and HIT in NJ.

5. The proposed legislation will create a self-sustaining structure.

6. Separately, the hospital association and Horizon BC/BS of NJ have assembled a task force and developed an implementation plan and requirements for a state hospital RHIO. This report and feasibility study will likely be part of the final proposed legislation and will integrate with the state's public/private partnership.

7. There have been discussions with other interested parties, including Pharma companies, Robert Wood Johnson, and a national bank who recently declared themselves a healthcare clearinghouse to work with the New Jersey in development of EHR structures and plan of operations.

8. Currently two full time state employees work in DOBI exclusively on coordination of EHR development.

9. Proposed legislation will also create a state Office for Electronic Health Information Technology with necessary supporting staff.

10. New Jersey Medicaid applied for and received a Medicaid transformation grant to start developing EHRs for Medicaid children.

11. New Jersey has met with NYC and NYS to create an electronic, internet based, open source immunization registries. Immunization registries have national standards in place. Bulk transfers of immunization data has occurred between NYC and NJ and data sharing agreements are being drafted.

12. Proof of concept and MOU to support interstate state harmonization of Immunization Registry is drafted.

13. New Jersey DOBI adopted rules that require health care payers to only use health care clearinghouses to handle electronic HIPAA transaction and code sets that are accredited as to privacy and security. (N.J.A.C. 11:22-3.8).

14. This project has encouraged New Jersey to work across states in formulating and implementing privacy and security solutions such as the work with NYS and NYC on immunization registries.

15. We have also had general sharing of information on agreements, MOUs and privacy and security issues with Puerto Rico, Florida, Ohio, Connecticut, Guam, Alaska and others.

16. Alpha project—provider based EHR development sponsored by the Medical Society of New Jersey which collects data from physicians on patients with chronic illness, and reports back to the physicians those patients that are compliant with instructions and which patients need to be called in for a visit.

17. RHIO formed in South Jersey, Atlantic and Cape May counties: SJMRX—South Jersey Medical Record Exchange. It is being considered as a site of beta test for state wide RHIO.

18. New Jersey submitted a proposal to CDC to do demonstration project on sharing information with patient, patient's parents, and the clinician.

19. Governor Corzine has established the Commission on Rationalizing Health Care Costs, led by Professor Uwe Reinhardt, Princeton University. The commission includes an IT infrastructure committee that is studying issues related to EHRs and will make recommendations to the governor by the end of 2007. The commission plans to publish a report by the end of 2007 that will include a chapter on EHRs and EHR systems.

b. Privacy and Security landscape prior to HISPC

Before HISPC there was no uniform understanding or consolidation of New Jersey's application of privacy and security laws. Each department in state government enforced its' own laws and regulations without any thought of harmonization or consistency of application. Consequently, there was confusion, misunderstanding and considerable waste. These barriers were rapidly identified in the original HISPC study and plans for resolution were evaluated.

The NJ-HISPC education project of the Extension Phase was developed to assist in these areas. Both consumers and providers presentations schedule begins in December 2007. This is face-to-face training that will be supported by a dedicated website. See below for more information.

c. Current Privacy and Security landscape

The HISPC project has already had a profound impact on the overall level of interest in the promise of administrative simplification and EHR. While HISPC has joined many otherwise divergent interests in a study of the impact of HIT on the universally recognized significance of privacy and security, it has also triggered an immediate commitment to move forward with EHR in New Jersey.

The HISPC project has generated substantial interest and desire in all facets of the health care industry to take the next necessary steps in the long and difficult metamorphosis from paper based record systems to universal EHR. This project has highlighted the great deal of confusion, misunderstanding, lack of knowledge, and faulty interpretation of the

HIPAA requirements in New Jersey and the need to remove these barriers in order to establish a system of secure patient data exchange within and outside of the state boundaries. New Jersey is currently engaged in creating interoperable interstate immunization registries with NYS and NYC. Technology has not been a significant barrier to implementing this interstate exchange. Rather, the real issue to multi state immunization registries has been the privacy and security barriers that are erected around state territorial boundaries. Our current work in the HISPC Extension Project has taught us that we can create and execute mutually agreeable MOUs and DSAs with our sister states to address and resolve these impediments.

We continue to interact with NYS Department of Health to lay the foundation for discussions on creation of a metropolitan area MPI and to harmonize the public health electronic reporting registries that currently exist separately in NY and NJ so that each system registry will synchronize with and between the two states. It also appears that Connecticut and Puerto Rico are interested in linking into the NJ/NY network.

There is also collaboration between New York State Medicaid Services and New Jersey Department of Human Services (NJDOHS) to share the benefits of a Medicaid Transformation Grant awarded to New Jersey to create a single EHR for Medicaid covered children that will be interoperable over state lines. This grant has been awarded to NJDOHS to create EHRs, and NJDOHS has asked NJDOBI to help with privacy, security and composition of EHRs. Most recently, North Dakota and New Jersey (as a direct result of the November 2007 HISPC national meeting) have been sharing information on Medicaid Transformation Grants and a master patient index based on a probabilistic match of data.

All of these on-going activities of necessity have confronted and resolved the privacy and security issues and barriers before any progress can be made.

II. Implementation Project Update

a. Genesis of NJ-HISPC Extension Project

During the HISPC Extension contract, New Jersey has worked on two separate projects both of which evolved directly from the original HISPC study. In the NJ-HISPC Final Implementation Report we determined that there was considerable misapplication of the HIPAA privacy and security regulations. We also learned that protected health information found in public health registries was not being shared across state lines because of unresolved issues of privacy and security. In the case of misapplication of privacy and security regulations, it was apparent that a New Jersey based education program directed at providers and consumers would help to eliminate or limit many of these barriers. In the case of the public health registries, it was resolved to meet with other states in the metropolitan area to determine if there was interest in linking some of all of our public health registries. This lead to an initial meeting with New York City (NYC) and New York State (NYS) on June 1, 2007, at which it was determined that there was mutually shared common interest in working on an interoperable multi-state public health record registry. Thereafter, we gave further attention and consideration to resolving the barriers and the proposed solutions which became a deliverable of the NJ-HISPC Extension Contract.

b-1. Current Progress on the Inter-Organizational Agreements project

We have achieved the following thus far:

1. To date we have had several meeting with NYS and NYC at which we determined that there was a common interest. Connecticut attended the most recent meeting and apparently is ready to join this work even though they did not seek funding under the HISPC 2008 proposals to support their efforts. Furthermore, Puerto Rico has expressed a desire to study the New Jersey Web based Immunization Registry with a view to joining in the structure with NJ, NYC and NYS.

2. On the technology side, there have been tentative agreements reached between NJ, NYC and NYS on data elements, formats, privacy and security safeguards, patient identification, provider assess, data sharing and usage. Technologically, the goals of the NJ-HISPC Extension Project have been proven with further implementation and development waiting for the execution of MOUs and DSAs.

3. Specifically, NJ-HISPC can report the following significant achievements that prove the value of this demonstration project;

a. September 26, 2007 – NJ transmitted a batch test file to NYC with 2906 immunization records. The NJ immunization patient records were selected patient records that had NYS addresses.

b. October 3, 2007 – NYC returned transmitted a batch test file to NJ with 492 immunization records. The NYC immunization patient records were selected patient records that had NJ addresses.

c. October 12, 2007 – NJ processed the NYC test file against the NJIIS test data base. After the test data was found acceptable, NJIIS was updated with the following results.

- Total patients matched: 492
- Total doses received: 7004
- Total doses added to NJIIS: 5594
- Total doses NOT added to NJIIS: 1410 (Note: 217 doses from NYC did not have
- matching CVX codes in NJIIS and 1193 doses were already registered in NJIIS.)

d. November 14, 2007 – NJ transmitted a batch test file to NYC with 8572 immunization records with NYC addresses.

4. We have produced MOUs and DSAs that are in the final stages of completion. The New Jersey DAGs and other state attorneys have drafted, reviewed and approved the documents. We are now in a position to release these documents to NYC and NYS for their

review and approval. It should be noted that there has been close coordination between the parties and their attorneys as these documents have been drafted. Thus, we are not expecting any serious issues to develop during the review by our government partners in NY.

5. Once the documents are executed, we will be ready to proceed with Beta testing of a NJ to NYC and NYC to NJ interoperable electronic public health registry.

6. Thereafter, we will execute the appropriate documents with NYS and be ready to test and implement with them when their technological system is completed in mid 2008.

7. The next phase will be to join Connecticut and Puerto Rico to our NJ/NYC/NYS efforts.

c-1. Issues encountered during implementation and lessons learned

The following issues were encountered and lessons were learned:

1. The technology issues and solutions can only be addressed and resolved by the technologists! Given an opportunity, the technology problems to interoperable exchanges can and will be resolved.

2. Government and departmental attorneys must be involved in all meetings and discussions. They will have many issues, questions and concerns that should be considered and resolved from the outset.

3. Preparation of the legal documents should begin immediately and run in tandem with the technology decisions and solutions. The technologists need to know that the lawyers will address and resolve in the documentation the privacy and security questions that are raised.

4. If possible, all parties should agreed that the technology solutions and testing will continue while the documents are being drafted.

5. Strive for an open source web based platform and supporting generic documents.

6. NJ HISPC can also report that the following technical issues were encountered, lessons learned and barriers resolved in the NJ-NYC information technology departments:

- Test data record format exchanges were based upon NYC's file formats that are used by NYC's CIR. This simplified the technical processes and programming activities for both NYC and NJ technology staffs.

- The data validation processes was accomplished based upon NJIIS as NJ's technology staff performed most of the technical work.

- The NYC-NJ technical activities to prepare the extract systems and respective validation processes of data brought to the surface some data structure discrepancies that existed between the two different immunization systems. The main areas were in the patients name and address. Others areas were specific requirements of each system such as NJ's NJIIS requiring CPT codes for each vaccine given. The CPT code interfaces with the medical practices billing systems. In turn the billing system's provides immunization data to NJIIS. NYC's CIR system requires a CVX code that does not necessarily have a corresponding CPT code. Those types of "technical issues" were resolved by the technical staffs working together with guidance from their respective medical areas.

- Other items that had to be resolved (and were) are inconsistent rules governing NULL fields, inconsistent rules for some numeric fields, format of date fields, and so forth.

d-1. Plans for continuing the project through the end of the year and after the end of the project

NYC and NYS have agreed to continue working with New Jersey until this project is completed. We expect that we will have interoperable exchanges between New Jersey and NYC before the end of 2007. We expect that NYS will become part of this network in mid 2008. ***Also, this project has now evolved into the Inter-Organizational Agreements Collaborative which will continue to show significant forward movement in resolving the privacy and security barriers to interoperable electronic health records, especially that information contained in the Public Health Registries.***

b-2 Current progress on the Education Project.

In the NJ-HISPC Final Implementation Report, we noted that provider and producer education on the value of EHRs and some of the more common misapplications of HIPAA's privacy and security requirements are a major barrier to the interoperability and electronic health information exchanges. Thus, one aspect of our NJ-HISPC Extension Project focused on creation of a basic educational program for providers and consumers. The goal is to inform those stakeholder groups on the reasons why development and deployment of EHRs will enhance of quality of medical care and save limited economic resources. We also address basic issues of privacy and security and the application of HIPAA's "treatment, payment and operations" provisions.

In essence, we believe that we can obtain a high degree of provider and consumer interest in the development and use of EHRs if we present them with a thirty minute face-to-face session using a standard power point presentation on the topics outlined above followed by a 10 to 15 minute question and answer period. We have faith in the ability and understanding of our audience and believe that they will positively respond to a properly presented concise and easily understood promotional package. Consumers and providers should readily grasp the need to embrace interoperable HIT and there is no compelling

reason why we should endeavor to explain complicated, esoteric, hypothetical issues and principles that have little application in the day to day deliver of health care.

By keeping our approach simple and practical, we can easily train our speakers group to present the essential elements of core message. Of course, all speakers will cautioned to refrain from offering legal opinions and to refer the more complex questions to the NJ-HISPC leadership group. At the end of the presentation, the audience will be presented with a set of FAQs, several information sheets, and a complete list of reference sites from which they can obtain information on-line and in some cases, submit questions for specific responses. The training also included a dedicated website where the presentations, all the hand-outs and additional resources are available.

New Jersey recognizes the benefits and continued need for consumer and provider education in the state. Therefore, we plan to train speaking teams that will be provided with the necessary HIE information, power point and documents to enable them to conduct consumer and provider HIE education in the community.

c-2. <u>Issues encountered during implementation and lessons learned</u>

1. The development of a practical presentation takes the thought and work of many people with differing interests and understanding of the presentation areas.

2. The development of a presentation should be backed up with FAQs and other handouts and references.

3. On-going training in these areas can be from a dedicated website and the email list developed during the face-to-face training session.

d-2. <u>Plans for continuing the project through the end of the year and after the end of the project</u>

New Jersey plans to continue the trainings into 2008 until all the forums, and groups on the schedule are provided training.

III. <u>Impact Analysis</u>

<u>a. Milestones - April 2006 through Dec 2007</u>

<u>Prior to April 2006, NJ had</u>:

1. No central coordinated approach to health information privacy and security. Payers, vendors, hospitals, providers, institutions and departments each applied HIPAA and state laws and regulation in their own unique way leading to conflicting and oft time wrong application.

2. No single person or entity devoted to EHR/HIT development.

3. No clear understanding of the institutional and structural barriers that limit or eliminate the flow of protected health information from where it is located to where it is needed.

4. No plan to confront those barriers and to reduce or eliminate them where ever possible.

Since April 2006, NJ has:

1. Created an Office for the development of EHR/HIT development within the New Jersey Department of Banking and Insurance.

2. Established a *de facto* state based point of contact for coordination of HIT in New Jersey.

3. Seen the creation of the state's first RHIO in Cape May and Atlantic Counties.

4. Witnessed the completion of a ground breaking feasibility/business plan for a state hospital records RHIO supported by the NJ Hospital Association and BCBSNJ.

5. Conducted meetings with NYS and NYC on the creation of an interstate private and secure web based interoperable public health registries.

6. Drafted documents, MOUS, and DSAs, to support a metropolitan area interoperable public health registry.

7. Actually conducted private and secure bulk transfers of immunization data from NYC to NJ and from NJ to NYC.

8. Legislation to create a state wide, self sufficient, interoperable, private and secure, health information electronic network drafted and introduced into the NJ Senate and Assembly with the support of the Governor's Office.

9. The industry has a better understand of HIPAA privacy and security, and has come to some consensus as to the interpretation of state law and regulations.

10. Created the consumer and providers presentations and supporting documentation.

b. Specific HISPC impact:

The work of NJ-HISPC has had a dramatic impact on the following:

We now recognize that most EHR/HIT solutions are local and not national. Even if we get excellent support, direction and input from federal initiatives and national trade associations, but we must implement our own use cases and timeframe2. All stakeholders must be involved in working out solutions. 3. All the necessary components must be assembled and committed. It is not good enough to have good ideas, technological solutions and a plan for forward movement. The parties must have the backing of political forces and the commitment of state and local government to undertake the necessary steps to achieve success.

The HIPSC work has created an excitement in New Jersey about what might be. Significant groups of people have now realized that the time for HIT and EHR development is present and there is a realistic plan for progress.

c. Any unanticipated outcomes?

Unanticipated or incidental outcomes include the following:

1. Communication lines with others in NJ and across states.

2. Conferences and meetings have had a positive impact and demonstrated that states can work across state lines to achieve a common purpose.

3. Public-private nature of the work—broad stakeholder involvement.

4. This project led us to identify or interact with stakeholders that we might not otherwise have worked with, i.e., the wide variety of state agencies, payers, hospitals, pharmaceutical companies.

5. This project has served to stimulate the creation, advancement or endorsement of health information exchanges within NJ: The South Jersey RHIO.

6. Questions of HIT/EHR development responsibility and jurisdiction have emerged in state departments that must be considered and resolved before progress can be made. Is HIT only a question of quality medical care or should business model considerations be a fundamental question for consideration.

IV. Future Vision

a. Within the State

i. Any specific challenges to private and secure interoperable identified in Phase I still need resolution?

In terms of governance in NJ, our formal system is evolving. IT may become more formal when state legislation is enacted and stakeholders are all at the table and work toward consensus. HISPC has been the initiating event for this to happen.

ii. <u>What is the plan and/or commitment within the state to resolve these issues?</u>

If the legislation does not pass in this session there is a two-fold plan in place: First, the legislation will be refilled and supported in the next legislative session. Second, NJDOBI and NJDOHS will work together to support informally a public-private partnership to work on EHR / HIE issues within New Jersey until the enabling legislation is passed and signed by the governor.

The Governor's Office has a critical leadership role that must be accepted and acted upon. There are many different and conflicting interests that must be directed and focused on the HIT goal. Strong leadership from the top is critical to success.

b. <u>Multi-State Initiatives</u>

i. <u>Interactions between states that have been of value</u>

In the Extension Contract (7/1/07 to 12/31/07), NJ-HISPC has established a preliminary interstate network with New York State (NYS) and City (NYC) to confront and resolve the technological and legal (privacy and security) obstacles that impact on the exchange of Immunization and Vaccination data across state lines. Currently, NYC and NJ have successfully conducted bulk transfers of immunization data which has been used to populate the respective public health registries. The MOUs and supporting documents are in the final draft process and should be completed shortly. This work will demonstrate the ability to create a metropolitan area master patient index; to harmonize the separate public health electronic reporting registries into one interoperable system across state lines; and to establish a national HIT public health network to address pandemic and bio-terrorism events.

ii. <u>Intended/Future outcomes of Collaborative work</u>

New Jersey will be able to work on the the2008 Health Information Security and Privacy Inter-Organizational Agreements (IOA) with the other states in the collaborative.

Mission – NJ-HISPC's goal to the assist the IOA Collaborative to create the necessary inter-organizational agreements to permit government and non-government organizations to exchange PHI in public health registries, Medicaid EHRs and other public-private networks. These agreements are critical to interoperable HIT development as they will address and resolve the privacy and security barriers that impede the flow of PHI as identified in the HISPC Final Implementation Plans.

Background - Fortunately, NJ-HISPC anticipated this need and undertook the necessary preliminary steps to advance the IOA Collaborative. In the Extension Contract (7/1/07 to 12/31/07), NJ-HISPC has established a preliminary interstate network with New York State (NYS) and City (NYC) to confront and resolve the technological and legal (privacy and security) obstacles that impact on the exchange of Immunization and Vaccination data across state lines. Currently, NYC and NJ have successfully conducted bulk transfers of immunization data which has been used to populate the respective public health registries. The MOUs and supporting documents are in the final draft process and should be completed shortly. This work will demonstrate the ability to create a metropolitan area master patient index; to harmonize the separate public health electronic reporting registries into one interoperable system across state lines; and to establish a national HIT public health network to address pandemic and bio-terrorism events.

New Jersey- 2008 IOA Action Plan

NJ-HISPC will undertake and complete the following activities:

1. Continue to work in the Metro Area with NYS and NYC on NJ-HISPC Extension Public Health Registry Demonstration Project. By 12/31/07, MOUs and related documents should be signed by NJ, NYC and NYS and batch transfers of Immunization Data in place between
NJ and NYC. During 2008, NYS will join the network with NJ and NYC.

2. Work with NYS and NYC in the Metro Area to extend interoperable public health network to other registries such as Lead, Cancer, Contagious Diseases and others.

3. Work to join Connecticut (CT) into Metro Area network with NJ, NYS and NYC. Share Metro Area MOU’s, related documents and lessons learned with IOA Collaborative members.

Unfortunately, the latest HISPC meeting in Washington forced NJ-HISPC to abandon its’ education project just when it was showing real progress. As reported herein, NJ-HISPC has created, tested and is ready to give wide spread release to the Consumer/Provider education program. It was intended to use a relatively small portion of the NJ-HISPC 2008 funding to support the activities of the DOBI Speakers Bureau as they presented this information on the value of EHR and HIT throughout this State. It now appears however that the current level of funding would require a lessening in the IOA Collaborative to support the Education work described herein. Regrettably, at the announced funding level NJ-HISPC has had to reconsider and cannot adequately support the Education aspect of our HISPC Extension Work in 2008.

V. Conclusion

The HISPC projects have been a tremendous launching pad for work within New Jersey. It has created a level of awareness and enthusiasm that reaches directly into the governor's office.

The NJ-HISPC project has created a foundation of stakeholders, work and investment in EHRs, RHIOs, and HIEs within the state that will continue to assist in the replacement of paper medical records with electronic communication of both administrative and clinical information in a protected and secure environment. Most important, there is an understanding that these networks must be constructed with a safe and secure foundation before we can move into the exchange of interoperable EHRs.

Moreover, NJ-HISPC's Extension Project has laid the basis for the 2008 IOA HISPC Collaborative. In the last six months we have had the pleasure of working with gifted and dedicated colleagues from New York State and New York City under the support of the extension contract. We have made good use of this investment by proving that it is possible for two neighboring states, starting with nothing, to create the necessary documentation and technology linkage to conduct interstate interoperable exchanges of public health information contained in electronic public health immunization registries. With the help of the HISPC Extension Contract, we have achieved our goals and shown that multistate private and secure electronic public health registries are possible. Based on this work, we have attracted other states and territories that recognize the value and potential of this work.

The HISPC project has brought the New Jersey health care leaders access to technologic and informational networks across the state and nation. The HISPC project has spawned work within the National Governors Association, within NSMAD and with other groups. The NJ-HISPC inter-state collaborative work between NJ, NYC and NYS will continue in 2008 as we are all willing to make the in-kind work effort that is necessary to achieve our ultimate goals. We also hope that new states and territories will be added with the new 2008 HISPC funding that will allow us to extend this metropolitan network of electronic public health registries to other states and territories.

NJ DOBI will likely continue the NJ-HISPC consumer and education presentations into 2008, with or without new HISPC funding.

New Jersey firmly believes that the federal support of the HISPC projects has done more to foster HIE and HIT than any other federal support or laws and regulations. Unlike many federally funded projects that develop recommendations and reach conclusions, we have been able to actually confront and resolve barriers to interoperable interstate electronic exchange of protected health information. We have resolved those barriers in a private and secure manner that can be replicated throughout this country. We sincerely hope that the federal authorities will recognize the value of this work and will adequately support its' continuation in the future.