



## Health Information Exchange Strategic and Operational Plan Profile

### Overview

Indiana is a largely agricultural and manufacturing state with only four cities containing more than 100,000 residents. Indiana has a long-standing and well-recognized HIE market. Five major health information organizations (HIOs) operate in the state (Healthbridge, HealthLINC, Indiana HIE, Med-Web, and Michiana Health Info Network), several of which also operate across state borders. All of these HIOs have been operational and sustainable for at least 4 years and when combined, their services provide HIE and meaningful use options that cover the entire state. Indiana's State Plan looks to fill gaps and add value for their provider communities by leveraging and expanding capacity of the existing HIO infrastructure already in place. The state has designated the non-profit organization, Indiana Health Information Technology, Inc (IHIT) to receive the State HIE Cooperative Agreement supporting this work and oversee implementation of the State Plan.

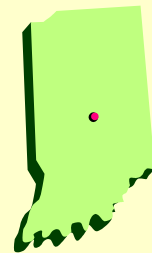
### Model and Services

Indiana's efforts focus on three primary activities – granting funds to subsidize interface development among the neediest providers and labs in the state, establishing the necessary technology and policy infrastructure to support interoperability and HIE between the 5 existing HIOs, and supporting bidirectional interface development between providers and the state immunization registry.

Efforts to establish HIO-to-HIO Interoperability will consist of developing the technical requirements and capacity to query for longitudinal patient care records between all 5 HIOs, data normalization and mapping to overcome a long-standing challenge created by the use of unique systems with unique code compendiums for data, and the development of consistent privacy and security policies needed to support longitudinal record exchange and interstate HIE. HIO-to-HIO interoperability will rest on CONNECT gateways and governance of the HIO-to-HIO interoperability process, including shared entity databases, repositories, and longitudinal record assembly technology, will be provided through the DURSA and Indiana-specific agreements. The process of establishing the policy environment and technical capacity for longitudinal record exchange will also serve to establish minimum requirements for standards compliance and mechanisms for monitoring and ongoing updates to state standards and policies as nationally endorsed standards evolve. In an effort to further encourage use of this longitudinal record capacity, Indiana will offer financial incentives to HIOs based on their use of the technology. Indiana's efforts to support bi-directional interface development for the state's immunization registry will consist of working with existing and potential new EHR vendors commonly used by vaccination for children (VFC) providers, HIOs, and the state's immunization registry to establish interfaces between EHRs and HIOs and then HIOs and the immunization registry.



Office of the National Coordinator for Health Information Technology  
State Health Information Exchange Cooperative Agreement Program  
HealthIT.hhs.gov



State: Indiana

### HIT Coordinator:

Andrew VanZee

### State Designated Entity:

Indiana Health Information  
Technology, Inc. (IHIT)

### Award Amount:

\$10,300,000

### Contact:

Andrew VanZee

317-232-1165

[Andrew.Vanzee@fssa.IN.gov](mailto:Andrew.Vanzee@fssa.IN.gov)

### Website:

<http://www.indianahealthit.com/>

### Other Related ONC funding in Indiana:

Purdue University Regional Extension  
Center \$12,000,000

HealthBridge Inc. Regional Extension  
Center (for select areas in Ohio, Indiana  
& Kentucky) \$9,738,000

Central Indiana Beacon Community,  
Indianapolis \$16,008,431

## Highlights

- **Existing HIE Infrastructure:** Indiana has one of the most advanced HIE environments in the country. Five self-sustaining RHIOs currently operate in Indiana and their service offerings provide HIE and meaningful use options that cover the entire state. Three of the five RHIOs have already developed interoperability that facilitates pushing of clinical messages, providing a basic foundation to inform their efforts to develop more advanced HIO-to-HIO interoperability. As a result of this existing HIE infrastructure, Indiana has many options available to support provider achievement of meaningful use, as well as a wealth of lessons and experience to inform the advanced work they are poised to take on through the State HIE CAP.
- **Focus on Rural Communities and Vulnerable Populations:** To address their identified gap in HIE connectivity among rural hospitals, community health centers, and labs and imaging centers, and to address the identified barrier of lacking funds for interface development, Indiana's Connectivity Matching Grant Program will provide:
  - 30 critical access and sole community hospitals that are not currently connected to a HIO with a grant of \$40,000 to put toward interfacing with a HIO of their choice;
  - 100 community health centers that are not currently connected with a HIO each with a grant of \$10,000 to put toward interfacing with a HIO of their choice; and
  - 50 independent laboratories and imaging centers that are not currently connected to a HIO with a grant of \$10,000 each to put toward interfacing with a HIO of their choice.



# Meaningful Use

	<u>Landscape</u>	<u>Strategy</u>
<b><u>E-Prescribing</u></b>	<ul style="list-style-type: none"> <li>4% of community pharmacies do not accept electronic prescriptions.</li> </ul>	<ul style="list-style-type: none"> <li>Indiana will continue to encourage the e-prescribing services and efforts to expand services currently provided by 4 of their 5 HIOs, Surescripts, and rxHUB.</li> <li>Indiana will conduct targeted outreach to the pharmacies comprising their 4% gap to encourage them to enable e-prescribing. Indiana will set regular goals for reducing the gap and monitor progress against their pharmacy outreach list as well as EHR vendor capabilities to access these pharmacies.</li> <li>Indiana will collaborate with their REC to encourage provider adoption of certified EHR systems that allow them to e-prescribe.</li> </ul>
<b><u>Structured Lab Results</u></b>	<ul style="list-style-type: none"> <li>38% of clinical labs cannot send structured lab results electronically (breaks down to 30% of independent clinical labs, 34% of acute care hospital labs, and 71% of critical access hospital labs unable to send structured results electronically)</li> </ul>	<ul style="list-style-type: none"> <li>Indiana's matching grant program will focus on rural communities in the state with the greatest needs and will subsidize interface development for critical access hospital and independent lab connectivity to HIOs to support electronic delivery of structured lab results.</li> </ul>
<b><u>Patient Care Summary</u></b>	<ul style="list-style-type: none"> <li>Through the clinical messaging services currently offered by 5 Indiana HIOs, all providers have access to services that will support exchange of patient care summaries across unaffiliated organizations.</li> </ul>	<ul style="list-style-type: none"> <li>While all Indiana HIOs currently push clinical messages of the last patient encounter through their clinical messaging services, Indiana will focus resources on establishing capability to create and exchange clinical care summaries from multiple patient encounters. This capability, which will enable health care providers to achieve meaningful use of HIT in this category beyond Stage 1, will be achieved primarily through the HIO to HIO Interoperability and Data Normalization projects.</li> </ul>



# HIE Inventory

Standards		Quality Improvement	
Nationwide Health Information Network Exchange Specifications	<b>X</b>	Care Coordination	<b>X</b>
Nationwide Health Information Network CONNECT	<b>X</b>	Quality Reporting	
Nationwide Health Information Network DIRECT		Behavioral Health Information Exchange	
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications	<b>X</b>	<b>Lab Strategy</b>	
<b>Public Health</b>		Translation services	
Electronic lab reporting of notifiable conditions		EHR interface	<b>X</b>
Syndromic surveillance		Policy strategy	<b>X</b>
Immunization data to an immunization registry	<b>X</b>	Order Compendium	
<b>Patient Engagement</b>		Bi-Directional	
Patient Access/PHR		Alignment with CLIA	
Blue Button		<b>E-Prescribing</b>	
Patient Outreach		Medication History	
<b>Privacy and Security</b>		Incentive or grants to independents	
Privacy and Security Framework based on FIPS	<b>X</b>	Plan for controlled substance	
Individual choice (Opt In/Opt Out/hybrid)	Still determining	Set goal for 100% participation	
Authentication Services	<b>X</b>	Controlled substance strategy	
Audit Log	<b>X</b>	<b>Care Summaries</b>	
<b>Administrative Simplification</b>		Translation services	
Electronic eligibility verification		CCD/CCR Repository	<b>X</b>
Electronic claims transactions		<b>Directories</b>	
<b>Vendor</b>		Provider Directory	<b>X</b>
Planning		Master Patient Index	<b>X</b>
Core Services		Record Locator Services	<b>X</b>
		Health Plan Directory	
		Directory of licensed clinical laboratories	<b>X</b>

Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at: [www.statehieresources.org](http://www.statehieresources.org)

