



The Office of the National Coordinator for Health Information Technology

Health Information Exchange Strategic and Operational Plan Profile

Overview

The State of New Hampshire boasts high penetration of electronic health records (EHRs) and well developed electronic lab result and e-prescribing exchange capabilities. Almost two-thirds of physicians are employed by or closely affiliated with hospitals and hospital systems that made significant investments in EHRs and health information exchange capabilities among their respective employed and affiliated groups. In addition, the state's Federally Qualified Health Centers (FQHCs) and rural clinics have worked together to develop sophisticated health information technology (HIT) capabilities. The state's healthcare stakeholders have identified, and are now acting on, opportunities to build upon current infrastructure investments, bridge the organizations that have advanced HIT capabilities for care coordination purposes, and fill identified gaps to reach shared healthcare goals. The New Hampshire Department of Health and Human Services (DHSS) has initiated the New Hampshire Health Information Organization (NHHIO) to coordinate the State's various health IT initiatives. The NHHIO was officially established by H.B. 489 and signed into law by Governor John Lynch in July 2011.

Model and Services

New Hampshire healthcare stakeholders are pursuing the following strategies to meet goals around improving care coordination among healthcare stakeholders, reducing medical errors, and enabling cost and efficiency gains:

1. Establish a sustainable organizational, governance, and technical foundation for the achievement of long-term statewide health information goals.
2. Level-set individual providers' abilities to meet Stage 1 Meaningful Use criteria by facilitating e-prescribing, lab results delivery, and patient care summary exchange across the state.
3. Catalyze the efforts of programs focused on HIT adoption.
4. Expand availability of HIE services to providers that do not currently have access to robust capabilities for health information exchange.
5. Collaborate with Legislators to define future policies for governing the HIE purpose and participants.

Phase 1 will provide a platform of core services necessary to facilitate the secure routing of data between existing private, local, and regional HIE partners. These services will facilitate the delivery of summary of care documents (e.g., hospital discharge summaries, referrals, and consultation notes), lab results, and imaging reports, and will be supported by services for security, provider addressing, and auditing. Secure messaging will be built in alignment with the Nationwide Health Information Network (NwHIN) Direct specifications. Future phases may include a patient index, record locator services, and the expansion of services to other healthcare stakeholders.



State:
New Hampshire

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Award Amount:
\$5,457,856

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<http://www.dhhs.nh.gov/hie/>

Other Related ONC funding in New Hampshire:

Regional Extension Center (REC):
Massachusetts eHealth Collaborative (MAeHC): \$6,000,415



Highlights

- **Leverage existing resources:** New Hampshire has high penetration of HIT adoption, but has gaps in inter-organizational electronic exchange of clinical information. The stakeholders agreed that the best approach for the state was to build upon these local investments and allow the existing networks to become nodes on the statewide system. The HIE partners will be tested for standard conformance and will be certified prior to connection to the statewide network; all HIE clusters will demonstrate adherence to content, vocabulary, and security standards, which, once successful, will lead to certification.
- **Alignment with NwHIN:** One of the core principles of the state's architecture is for it to serve as a gateway to the Nationwide Health Information Network (NwHIN) Exchange for all providers in the state. The Phase 1 model deploys a NwHIN gateway immediately in order to lay the foundation for more comprehensive exchange with neighboring states.



Meaningful Use

	Landscape	Strategy
<u>E-Prescribing</u>	Prescribing adoption on the clinician side lags behind very high e-prescribing capability on the pharmacy side. 96% of community pharmacies are activated for e-prescribing, while only 12% of prescriptions are routed electronically.	The NHHIO will formalize a program to assess e-prescribing penetration both within and outside each HIE cluster. Stakeholders will develop interventions to improve e-prescribing adoption and will employ measurement and feedback programs to assess progress over time. The NHHIO does not intend to spend grant dollars on statewide technology infrastructure related to e-prescribing.
<u>Structured Lab Results</u>	The majority of lab orders are processed within hospital systems (93% of lab claims come from 20 hospitals), which have very high electronic results delivery penetration within their own networks. A survey of clinical labs indicated that 75% have the capability to send outpatient lab results via an EHR interface. There is little inter-organizational electronic exchange of lab information at present.	The NHHIO will provide for secure routing of lab results between HIE partners. The HIO will encourage development of lab EHR interfacing capabilities and will encourage labs to shift delivery of results to EHR interface channel through outreach, education, and policy guidance. In addition, the NHHIO will assist HIE partners in obtaining the required level of technical capability to enable exchange with other partners.
<u>Patient Care Summary</u>	There is little exchange of summary of care documentation between organizations and only a small portion of these transactions occur through electronic interfaces. There is almost no document exchange of information with patients. There is some document exchange between the hospitals and long-term care, community health centers, and home health organizations, but this transpires predominantly through portal, fax, and paper channels.	NH HIO will provide for secure routing of patient care summaries between HIE partners. In addition, NHHIO will assist HIE partners in obtaining the required level of technical capability to ensure that the capability exists to enable exchange with other partners. The NHHIO will also encourage unaffiliated providers to either join an existing HIE partner or form an HIE partnership of independent providers.



HIE Inventory

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

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: <http://statehieresources.org/>

