



## Health Information Exchange Strategic and Operational Plan Profile

### Overview

South Dakota HIE's (SDHIE) strategy leverages existing infrastructure including a Medicaid provider directory using a Medicaid secured messaging service, a public health information exchange infrastructure, and implementing an NwHIN Direct service. In the short term, South Dakota will focus on filling gaps by offering secured messaging to make available at least one option for every eligible provider who is ready to achieve meaningful use. South Dakota has adopted a phased approach which will build upon Direct messaging and leverage other state assets including a Medicaid Record Locator Service and a Department of Health database in later phases.

The SDHIE will build a state owned and operated HIE. The SDHIE will act as a Health Information Service Provider (HISP) and will develop a common provider directory, certificate authority services and educational and outreach services to support HIE in the state. The SDHIE will also create a policy framework that will allow other HISPs to develop and also allow service providers to connect to and leverage the SDHIE services.

### Model and Services

Implementation will occur over 2 phases. In Phase I, South Dakota will provide:

- A provider directory to any entity for look up of sender/receiver or verification of an approved certificate issued by the SDHIE. The provider directory leverages an existing South Dakota Medicaid Agency (SDMA) information system and will include identity management and authentication.
- HIE policy development and research for consent management.
- Provision and management of certificate authority. SDHIE will be a certificate authority with a process to manage, acknowledge and certify other HISPs as they emerge.

In the second phase and beyond the SDHIE will use a cautious approach of monitoring HIE developments, adjusting to new PIN requirements and working transparently with stakeholders to implement a robust statewide HIE network. During Phase I, core services that are being developed will support the extension of services into Phase II. Potential developments that may be included in Phase II include:

#### State:



South Dakota

#### HIT Coordinator:

Kevin DeWald

**Award Amount:** \$6.1M

#### Contact:

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#### Website:

[www.eHealth.dsu.edu](http://www.eHealth.dsu.edu)  
<http://doh.sd.gov/default.aspx>

#### Other Related ONC funding in South Dakota:

REC: HealthPOINT \$0.6M,  
Supplemental \$0.3M

Community College Consortia Region  
A Funding Yr1 \$3.4M, Yr2 \$2.8M



- Establishing consent management which was researched in Phase I
- Record Locator Service/Master Person Index
- Bi-directional immunization data exchange
- Medication management applications, history service and drug seeking monitoring
- Integration of LOINC and other coding into laboratory ordering and results reporting
- Public Health Reporting Registry



## Highlights

- **Strong and diverse stakeholder team:** South Dakota exemplifies leadership with a strong and diverse stakeholder team to lead the statewide HIT process, and has become an innovator in integration and collaboration across the Upper Midwestern states.
- **Infrastructure to support intra- and interstate HIE:** South Dakota has done significant work addressing rural states challenges and has infrastructure in place to support success of HIE across the state and between border states. South Dakota has also done significant work on privacy and security and interstate exchange of electronic health records
- **Coordination and collaboration with multiple agencies:** South Dakota has integrated with and leverages multiple resources, including Medicaid and the Department of Health (DOH). They have established provider directory services through the Medicaid IS, secure messaging through the DOH immunization registry and laboratory results reporting through the DOH electronic diseases surveillance system.



## Meaningful Use

	<u>Landscape</u>	<u>Strategy</u>
<b><u>E-Prescribing</u></b>	<ul style="list-style-type: none"> <li>• 80% of South Dakota’s pharmacies are activated for e-prescribing.</li> <li>• 20% of providers are using e-prescribing functionality.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Matchmaking:</b> Monitor eligible provider enrollment with HealthPOINT, to identify the pharmacies with which those providers most frequently interact and identify instances where those pharmacies are not e-prescribing enabled.</li> <li>• <b>Direct Communication with pharmacies:</b> Communicate directly with pharmacies to alert them that their referring prescribers are adopting e-prescribing and encourage them to become e-prescribing enabled.</li> <li>• <b>Direct Communication with providers:</b> Inform the eligible providers about their local pharmacies’ e-prescribing status and encourage them to communicate with their pharmacies about their desire to send prescriptions electronically. HealthPOINT will develop a fax cover sheet that eligible providers can include in their faxed-in prescriptions to pharmacies in their area that are not yet e-prescribing enabled.</li> <li>• <b>Mail-Order pharmacies:</b> Identify mail-order pharmacies that service the state and are e-prescribing enabled and encourage eligible providers to use these pharmacies when local options are not available.</li> <li>• <b>Incentives:</b> In cases where making the transition to e-prescribing would represent a particular hardship to pharmacies serving remote or underserved locations, the SDHIE will consider providing incentives to those pharmacies.</li> </ul>
<b><u>Structured Lab Results</u></b>	<ul style="list-style-type: none"> <li>• Currently working with two large hospital labs to connect to the SDHIE. A third lab to be added.</li> <li>• 30 to 40 labs in South Dakota will ultimately use the SDHIE for exchange.</li> <li>• Most electronic lab results delivery occurs within Integrated Delivery Networks (IDNs).</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Research:</b> SDHIE currently conducting an intensive laboratory survey. Anticipated completion February 28, 2011.</li> <li>• <b>Analysis:</b> SDHIE will work with HealthPOINT to identify eligible providers that are not having their meaningful use needs met through their existing reference lab relationships.</li> <li>• <b>Communication:</b> SDHIE will provide education and outreach to labs regarding options for connecting to the public health infrastructure or leveraging Direct to deliver lab results electronically.</li> <li>• <b>Technical support:</b> South Dakota will also collaborate with Medicaid and HealthPOINT, the regional extension center, to provide targeted technical assistance to laboratories and critical access hospitals.</li> </ul>



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**Patient Care  
Summary**

- Patient care summary document exchange is available within existing health care systems which include 35 hospitals and their affiliated providers; however, there is very little exchange between proprietary systems.
  - The short-term solution is utilizing Direct and HISP services from the SDHIE where needed to allow all eligible providers to meet stage 1 meaningful use in 2011.
  - Providers participating in the SMP provided by the Public Health agency will be able to meet stage 1 MU though this network.
  - Use information through partnership with HealthPOINT to target specific providers needing assistance with electronic exchange.
  - Market secured messaging as an option to meet stage 1 meaningful use in 2011.
  - SDHIE will utilize existing public health infrastructure to allow eligible providers to submit test files containing care summary documents.
  - Leverage Medicaid provider survey to identify current capabilities and gaps among providers.
  - Build and leverage statewide secure messaging infrastructure and provider directory.
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# HIE Inventory

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

