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Oklahoma's Revised Strategic Plan for the State Health Information Exchange Cooperative Agreement Program (SHIECAP)

Submitted by:

Oklahoma Health Information Exchange Trust
March 11, 2011

Every Oklahoman will benefit from the improved quality and decreased cost of health care afforded by the secure and appropriate communication of their health information to all providers involved in their care, raising the health status of individuals and the entire state population.
– Oklahoma Health Information Exchange Trust Vision Statement

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1. Strategic Plan

1.1. Oklahoma Approach to Health Information Technology

1.1.1. History of Health Information Technology in Oklahoma

For over half a decade, collaborative efforts of public and private entities have established a strong foundation from which Oklahoma draws support for advancing Health Information Exchange (HIE) under the State Health Information Exchange Cooperative Agreement Program (SHIECAP).

In 2004, Oklahoma took an initial step toward development of a state HIE by participating in the Health Information Security and Privacy Collaborative (HISPC) program. Through HISPC, a broad base of stakeholders from Oklahoma's health care community, including providers, payors, government agencies, professional trade organizations and private consumer advocates, collectively identified barriers and studied how to overcome them while promoting a secure HIE. This key work culminated in the enactment of the Oklahoma Health Information Exchange Act, allowing a Standard Authorization Form for sharing protected health information. The form can support exchange of either paper or electronic medical records and serves as a valuable education resource for consumers concerning the scope of exchanges requiring authorization under federal and state privacy law. The initial HISPC collaborative workgroup continues to exist as a council pursuant to a 2008 executive order issued by Oklahoma Governor Brad Henry. (This group is represented in the advisory board of the new Oklahoma Health Information Exchange Trust (OHIET), the state designated entity (SDE) for Oklahoma's SHIECAP funds and activities.)

In 2005, the Secure Medical Records Transfer Network (SMRTNET) became one of Oklahoma's first operational regional health information organizations (HIO). Since that time, a number of other exchanges have emerged within the state, including Heartland HealthNet, Oklahoma Physicians Health Exchange, Greater Oklahoma City Hospital Council Exchange (GOCHC), and the Greater Tulsa Health Access Network (Greater THAN). These exchanges have connected healthcare providers from both urban and rural areas, health systems and public partners for purposes of data exchange.

In 2008, Oklahoma received notice of its selection as one of 12 communities to participate in the Center for Medicare and Medicaid Services (CMS) Electronic Health Records (EHR) Demonstration Project. Although CMS cancelled this project in 2009 to align funding opportunities with those passed under the American Recovery and Reinvestment Act of 2009 (ARRA), Oklahoma's selection reflected the state's record for advancing HIE through multi-stakeholder involvement and readiness for adoption and exchange using Health Information Technology (HIT).

Oklahoma's HIE History at a Glance

Year	Event	Results
2004	OK participates in HISPC	• OK HIE Act • Standard Authorization Form
2005	SMRTNET (state's first HIO) became operational	• Paved way for several other regional HIOs
2008	OK selected for CMS EHR demonstration project	• Acknowledgment of accomplishments of HIE in OK
2009	Health Information Infrastructure Advisory Board (HIIAB) set up by legislature	• OHCA became hub for state agencies exchange
2010	Oklahoma Health Information Exchange Trust (OHIET) set up by legislature GTHAN receives Beacon Community grant	• OHIET became SDE for OK SHIECAP and governance of state HIE • Major new HIE for NE OK

In 2009, the Oklahoma legislature demonstrated Oklahoma's commitment to HIE amongst government agencies by enacting legislation that created the Health Information Infrastructure Advisory Board (HIIAB). The board is comprised of a number of state agencies involved in various aspects of public health. The legislation directed the board to assist Oklahoma's Medicaid Agency, OHCA, in developing strategic approaches for adoption of electronic medical records technologies and HIE. The legislation also directed OHCA to serve as the hub for exchange amongst state agencies.

Finally, Oklahoma's 2010 legislative session enacted SB 1373, setting up a new public trust, the Oklahoma Health Information Exchange Trust (OHIET). OHIET serves as the organizational structure and state-designated entity (SDE) for SHIECAP funding and activities. OHIET is a state-beneficiary public trust created under legislation expressly aimed at establishing an entity capable of serving not only as Oklahoma's permanent SDE during the SHIECAP grant period, but that will also ensure the state meets future meaningful use requirements and the full advancement of HIE throughout the state.

Working closely with the state's Regional Extension Center (REC), Beacon Community, other HIOs, and our broadband initiatives, OHIET will expand existing resources and leverage new and increasing resources to promote future HIE activities and meet the goals set by ONCHIT.

1.1.2. Vision, Mission and Goals of OHIET

Vision Statement**:**

Every Oklahoman will benefit from the improved quality and decreased cost of healthcare afforded by the secure and appropriate communication of their health information to all providers involved in their care, raising the health status of individuals and the entire state population.

Mission Statement:

OHIET will enable all Oklahoma providers to rapidly locate and access sources of patient data maintained anywhere in the state, in accordance with all state and federal laws.

OHIET will facilitate electronic access to shared patient data utilizing a single query which may be submitted either in conjunction with, or separate from, an electronic medical record.

OHIET will operate in a secure environment and will eventually be self-sustaining -- not relying upon state-appropriated funds.

OHIET will ensure that key data elements, as required for Meaningful Use and patient safety, be accessible statewide and nationally, including the Nationwide Health Information Network (Direct) and will include structured lab data, pharmacy data, and immunizations from all willing and available providers whom contract with Medicaid across the state, as relevant for the provider type.

OHIET will work with providers, state agencies, payors and stakeholder organizations to develop and operate statewide HIE capabilities via a network of networks, which will be electronically accessible to all participating providers.

OHIET will work with all stakeholders to provide operational oversight[1] and to create and adopt standards, master patient identification protocols, provider indices, record locator services, and related technical infrastructure to assure statewide access to patient data regardless of which HIE network houses the patient data.

OHIET will ensure seamless and secure integration and transmission of data throughout all HIE networks in Oklahoma and into neighboring networks. OHIET will leverage existing HIE infrastructure, both operational and planned, to close service and care gaps and facilitate urban, suburban and rural connections for all willing hospitals and providers.

OHIET will advocate for the use of HIE/HIT by all providers and patients throughout the state, as well as promote legislation and policies that will enhance and enable effective use of HIE/HIT.

OHIET will assist in the public awareness and education on information, use and merits of the HIE and HIT systems.

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[1] Intended to reflect the participatory management created by the Advisory Board, as well as the "network of networks" concept where individual networks participating in the state HIE manage their own data and operations. This also assures that the state won't usurp operational control of these networks.

OHIET may either subsidize the expansion of coverage into service gap areas with financial support for interface development or related infrastructure needs, and/or contract directly with vendors to address unmet needs, as required. OHIET is not obligated to support or encourage any single HIE effort, but is intended to act in the best interest of the providers and patients of Oklahoma. OHIET may provide financial support for the development of basic needs common to all Oklahoma-based HIE networks.

OHIET will collaborate and coordinate with other ARRA funded initiatives in the state including the Regional Extension Center and Beacon Community efforts to leverage resources, avoid duplication of cost and work efforts, and share best practices.

OHIET Clinical Quality and Performance Improvement Goals include**:**

Oklahoma is one of the worst-performing states in healthcare in the nation. The Commonwealth Fund, both in 2007 and again in 2009, ranked Oklahoma's overall health system 50th among the states in the United States. Public health researchers have observed that Oklahomans born today have a shorter age-adjusted life expectancy than their parents. Clear gaps are evident in the performance of the health systems..

Oklahoma believes a strong HIE infrastructure is a key element to alleviate health disparities in our state and raise the overall health quality. OHIET is collaborating with the REC, our Beacon Community and the regional HIOs in the state, to align efforts to meet HIE goals and objectives.

OHIET Clinical Quality and Performance Improvement Goals		
State Objectives (Qualitative Targets)	Measurable Outcomes (Quantitative Targets)	Anticipated Health IT Outputs (Target Year)
COST-EFFICIENCY	Justification: Oklahoma ranks 45th in the nation in terms of re-hospitalization rates. Improving HIE usage will result in fewer re-hospitalizations and duplicated services, thereby lowering health care expenditures by an estimated 5-7%.	
CE1: Reduce preventable hospitalizations and Emergency Department visits for Ambulatory Care and sensitive conditions	10% reduction in overall hospital readmissions and ED visits regarding asthma, COPD and CHF	Advanced HIE implementation rates and provider adoption rates beyond 75% (2015)
	5-7% decrease in total aggregate State Medicaid and Medicare expenditures	
CE2: Reduce duplicate and inappropriate testing, diagnostic procedures, and specialty referrals	Reduce the number of duplicate lab tests by 10%; reduce referrals to specialty care by 10%	
CE3: Reduce costs for duplicate technologies/eMPI/governance and legal across providers, institutions and other ARRA efforts	TBD	
QUALITY OF CARE	Justification: Connecting underserved populations to HIEs will allow faster access to other facilities and specialists and support improvements to transitions of care. Increasing the number of HIE users leads to better communication and more accurate diagnoses, thereby improving medication reconciliation and reducing the number of adverse drug events or medical errors.	
QC1: Increase timely access to specialty care for rural, tribal, uninsured and other potentially underserved populations	Decrease patient wait times for initial specialist opinion to 10 business days via HIE messaging and e-referrals. (We are testing this data on a regional basis.)	Enhanced communication between healthcare providers (2015)
QC2: Improve transitions of care and patient safety by improving the medication reconciliation process	TBD	

and accuracy across inpatient settings and provider offices		
POPULATION HEALTH	Justification: The Oklahoma State Health Rankings demonstrates how all the goals tie to health disparities. Increasing statewide vaccination rates and prevention screening will improve care for those currently whose needs are currently unmet, thereby reducing health disparities. In addition, chronic disease management efforts can be focused on high-risk populations due to improved HIE tools for communication and epidemiological analysis.	
PH1: Increase the number of patients using preventative services	10% increase in the number of Pneumovax and Influenza vaccinations	Evaluation tools that allow for advanced analytics and performance feedback systems (2015)
	10-20% increase in the number of lipid panels performed	
	3-5% increase in the number of patients having regular mammograms and PSAs	
PH2: Improve public health outcomes for CHF, DM, smoking cessation and alcohol usage	5-10% reduction in smoking rates and alcohol usage. Reduction of 1% in population aggregate HgA1C for DM. Decrease CHF admissions by 10%	

1.1.3. Purpose of OHIET

OHIET has the following items expressly delineated into the articles of indenture for the public trust:

a) Establish and maintain a framework for the statewide exchange of health information, and encourage the widespread adoption and use of EHR systems among Oklahoma health care providers, hospitals, pharmacies, laboratories, payors and patients.

b) Promote and facilitate the sharing of health information among health care providers within Oklahoma and in other states by providing for the transfer of health information, medical records and other health data in a secure environment for the benefit of patient care, patient safety, reduction of duplicate medical tests, reduction of administrative costs and any other benefits deemed appropriate by the trust.

c) Establish and adopt minimum standards and requirements for the use of health information and the requirements for participation in trust-certified

HIEs for persons or entities including, but not limited to, health care providers, payors, laboratories, pharmacies and local HIEs.

d) Establish minimum standards for accessing the HIEs certified by the trust to ensure that the appropriate security and privacy protections apply to health information, consistent with applicable federal and state standards and laws. The trust shall have the power to suspend, limit or terminate the right to participate in certified HIE for non-compliance or failure to act, with respect to applicable standards and laws, in the best interests of patients, users of certified HIE or the public. The trust may seek all remedies allowed by law to address any violation of the terms of participation in certified HIE or applicable statutes and regulations.

e) Identify and overcome barriers to the adoption of EHR systems. Efforts may include assistance with broadband initiatives and researching the rates and patterns of dissemination and use of EHR systems throughout the state. Partner closely with the REC and professional organizations to ensure rural Oklahoma providers, hospitals, laboratories and pharmacies can contribute and receive data via HIE.

f) Solicit and accept grants, loans, contributions or appropriations from any public or private source and expend those moneys, through contracts, grants, loans or agreements, on activities it considers suitable to the performance of its duties.

g) Determine, charge and collect appropriate fees, charges, costs and expenses from certified healthcare provider or entity in connection with its contractual duties.

h) Employ, discharge or contract with staff, including administrative, technical, expert, professional and legal staff, as is necessary or convenient to carry out the purposes stated in this Article III (Please see Appendix 3.3, OHIET Indenture) .

i) To plan, establish, develop, construct, enlarge, remodel, improve, make alterations, extend, maintain, equip, operate, lease, furnish and regulate inter-HIE exchange for the benefit of patients.

j) To construct, install, equip and maintain any hardware, software, technology, equipment and programs necessary for the interoperability of HIEs certified by the trust.

k) To construct, equip and maintain any facilities for the development, maintenance and operation of the interoperability HIEs certified by the trust.

l) To acquire by lease, purchase or otherwise, and to plan, establish, develop, construct, enlarge, improve, extend, remodel, maintain, equip, operate, furnish, regulate and administer any and all physical properties (real, personal or mixed), intellectual properties (copyrights, trademarks, patents, licenses), rights, privileges, immunities, benefits and any other things of value,

designated or needed in establishing, maintaining and operating the core components required for the interconnection of multiple exchanges.

m) To finance, refinance and enter into contracts of purchase, lease-purchase or other interest in, or operation and maintenance of, the properties and other assets listed in paragraphs (e) and (f) above, and revenue thereof, and to comply with the terms and conditions of any such contracts, leases or other contracts made in connection with the acquisition, equipping, maintenance and disposal of any of said properties; and to relinquish, dispose of, rent or otherwise make provisions for properties owned or controlled by the trust but no longer needed for trust purposes.

n) To transact business anywhere in the state of Oklahoma to the extent it benefits the citizens of the beneficiary.

o) To provide funds for the cost of financing, refinancing, acquiring, constructing, purchasing, equipping, maintaining, leasing, repairing, improving, extending, enlarging, remodeling, holding, storing, operating and administering the core components required for the interconnections of HIEs and any or all of the properties and assets indicated in paragraphs (e) and (f) above needed for executing and fulfilling the trust purposes as set forth in this instrument and all other charges, costs and expenses necessarily incurred in connection therewith and in so doing, to incur indebtedness, either unsecured or secured by all or any part of the trust estate and its revenues.

p) To expend all funds coming into the hands of the trustees as revenue or otherwise for the payment of any indebtedness incurred by the trustees for purposes specified herein, and in the payment of the aforesaid costs and expenses, and in payment of any other obligation properly chargeable against the trust estate, and to distribute the residue and remainder of such funds to the beneficiary upon termination of the trust.

1.1.4. Operations Plan Elements

In the Operations Plan that follows, execution of OHIET strategies are outlined in six key areas, as follows. Emphasis, in the Operations Plan for the first year is around executing these elements in pursuit of meeting Stage 1 Meaningful Use in Oklahoma.

1. Develop a **process certifying health information organizations** to ensure that every region of the State is served by a high-quality health information organization. Areas of focus for this activity will include, but not be limited to, evaluations of governance, technology, privacy & security policies and capabilities, and financial stability.
2. Design **grant programs** that fit the overall state strategy to meet S1MU and following meaningful use stages.
3. Ensure the plan, development and implementation of **shared services and technologies that are best suited to centralized, statewide implementation**, in support of the network of health information organizations in the State. Areas of

focus for this activity include a) a state-wide policy for privacy and security, b) an electronic master person, provider, or patient index services and/or standards, c) state agency data services (i.e. immunization registry, vital statistics, etc.) to support all certified HIOs, d) a process and/or technology to enable state-wide reporting of health and healthcare system outcome metrics from the network of HIO networks, and e) and participation in a health insurance exchange for the state.

4. Identify and **assemble policy and statutory changes needed to support ongoing, appropriate, and secure health information exchange** in Oklahoma and provide information and support as needed throughout the legislative, executive, or judicial processes required to achieve the changes.
5. **Coordinate activities** for Inter-HIO, Inter-HIT (i.e., Beacon, Challenge, Benefits Exchange grants) and Interstate HIE, to ensure the seamless exchange of appropriate health information for patients receiving care in multiple states or regions and to streamline efforts and resources expended.
6. **Evaluate and monitor** the continuing HIE activities throughout the state and others that may impact our state HIE endeavor.

1.2. Environmental Scan Outcomes for Oklahoma

1.2.1. Current and Planned HIOs for Oklahoma

The environmental scan depicts Oklahoma's multiple regional HIEs in their varying stages of development or operation. The regional HIEs are the foundation for the statewide "network of networks" and are committed to participate in a statewide interoperable exchange of healthcare data and the attendant enabling activities. Each regional HIE is described further in this section. EHR adoption rates were higher than expected for providers eligible for incentive payments. Understanding of EHR functionality by office staff, however, was shown to be sub-optimal and an area of needed focus to meet OHIET objectives.

All HIEs included in this study are focusing on the core elements of the CCD including demographics, drug allergies, prescription history, coded problems, structured lab data and the ability to both receive data and transmit data. These HIE have contributed to the growing set of standards that will be adopted by OHIET.

Areas of focus for both the REC and OHIET include functionality to meet meaningful use in both e-prescribing and lab ordering and reporting. OHIET, the REC and the regional HIOs have incorporated faculties to ensure all providers, hospitals, pharmacies and laboratories have appropriate information and guidance to enable/select their core EHR and institutional electronic systems and extending these services to all areas of the state.

NHIN Direct may be leveraged as an agent to deliver HIE for those providers and hospitals that choose not to participate in an existing or future network within the OHIET network of networks.

A summary of each HIE follows.

1.2.1.1. Heartland HealthNet

Heartland HealthNet is owned by the Oklahoma State University Center for Health Sciences (OSU-CHS). Its membership is comprised of rural critical access hospitals and OSU faculty. Heartland HealthNet currently exchanges referral data within its HIE. The exchange of clinical data is planned for a summer 2010 implementation. Heartland HealthNet's original mission to connect four small rural hospitals to a large tertiary hospital center has grown to include OSU adjunct faculty and clinics.

Heartland HealthNet is based on Covisint's ExchangeLink product. Cloud applications are available to bring services into a customized view. ExchangeLink also supports interfaces to the majority of EHR vendors.

1.2.1.2. Secure Medical Records Transfer Network of Oklahoma (SMRTNET)

SMRTNET is a public non-profit system of networks including Greater Oklahoma City Hospital Council GOCHC, Norman Physician Hospital Organization (NPHO), Open Access Network for all Oklahoma providers, the northeast Oklahoma network, and the Health Alliance for the Uninsured. SMRTNET has also supplied HIE planning services to the Greater Tulsa Health Access Network (Greater THAN, a Beacon Community network), Tulsa Hospital Council, the state's community health centers, and several other networks currently in development. Networks using SMRTNET share over $2 million in assets and harmonize HIE to HIE data exchange through common policy, consensus management, shared legal documents and shared security measures.

The current shared SMRTNET database includes a master patient index (MPI) of approximately 4 million patients, 16 million diagnoses, 52 million immunizations/results, and data provided by over 11,000 providers from all 77 counties in the state of Oklahoma. SMRTNET is exchanging data across urban, suburban and rural care areas and includes both hospital and ambulatory data. SMRTNET currently includes structured data for diagnosis, immunizations, drug allergies, medications, laboratory results and incorporates e-prescribing through its portal. Thousands of physicians, practitioners and nurses across the state are currently and actively using SMRTNET to provide safe and high quality patient care.

SMRTNET evolved as part of an Agency for Healthcare Research and Quality (AHRQ) effort to develop working model HIEs for the country. The outcome is successfully providing networking services that include private providers, hospitals, Native American tribes, state agencies, universities and mental health facilities. The cost to develop this capacity has exceeded $4 million over a five-year period. Currently, there are 46 entities exchanging data across Oklahoma; 23 in the rural areas and 23 in urban areas.

1.2.1.3. Oklahoma Physicians Health Exchange (OPHX)

Norman Physician Hospital Organization (NPHO) is operating an integrated clinical network using a community EHR. NPHO selected eClinicalWorks as the platform to create a community electronic record for patients. Electronic Health Exchange (eEHX) provides interoperability between the NPHO physicians, ambulatory centers and hospitals connecting their EHRs. Additional data sources and services have been added to the OPHX by joining SMRTNET as an affiliate. Approximately 150 providers in the Norman and Purcell areas participate in the OPHX effort. OPHX currently allows the secure passage of a CCD, electronic messaging, referrals, laboratory orders, results and prescription history.

1.2.1.4. Greater Oklahoma City Hospital Council Exchange (GOCHC)

GOCHC started with nine hospitals to form a regional HIE to improve the efficiency and overall coordination of care to all patients. GOCHC began its initiative three years ago with a special focus on caring for the uninsured presenting in emergency departments. The focus has expanded well beyond the ER to include all providers, hospitals and data contributors in the greater Oklahoma City region. The exchange has grown to 30 hospital members across the state and the Health Alliance for the Uninsured clinics. The GOCHC exchange is a SMRTNET affiliate with a separate governing body.

1.2.1.5. Greater Tulsa Health Access Network (GTHAN)

GTHAN exists to improve health outcomes for the citizens of the greater Tulsa area. The project has received a $12 million Beacon Community grant from ONC. The HIE will provide access to 1,600 providers and improve the care coordination and disease outcomes of their patients. The group has selected Covisint ExchangeLink to accomplish the task and will provide a significant resource for NE Oklahoma, rural, urban and suburban hospitals, providers, laboratories and pharmacies with best practice for EHR adoption to facilitate the expansion of HIE. GTHAN will also provide additional insight as a newly established HIE and collaborative community effort for technology, standards and best practices for HIE to OHIET.

1.2.1.6. Summary of the Current Gaps in HIE in the State of Oklahoma

With a six year maturation of HIEs in the state, Oklahoma has a very good start on coverage. Major HIOs are running and exchanging data in most populated parts of the state. These facilities will be bolstered and improved by the additional funds afforded them by ARRA. Elements of Stage 1 Meaningful Use will be met by all eligible providers through existing and planned HIOs and, where broadband coverage is limited, by ASP models and other functionality made available by SMRTNET. We anticipate no difficulty in meeting Stage 1 HIE access requirements in FY2011.

1.2.2. Broadband

The disparity in broadband infrastructure between the urban and rural areas of Oklahoma is problematic, particularly in areas where bandwidth is unavailable or unaffordable.

Oklahoma has received three grants, through ARRA, that make great headway on bringing broadband access throughout the state.

The Oklahoma Community Access Network (OCAN) received $74 million to build more than 1,000 miles of fiber-optic cable along 13 segments of interstates and highways in 33 counties.

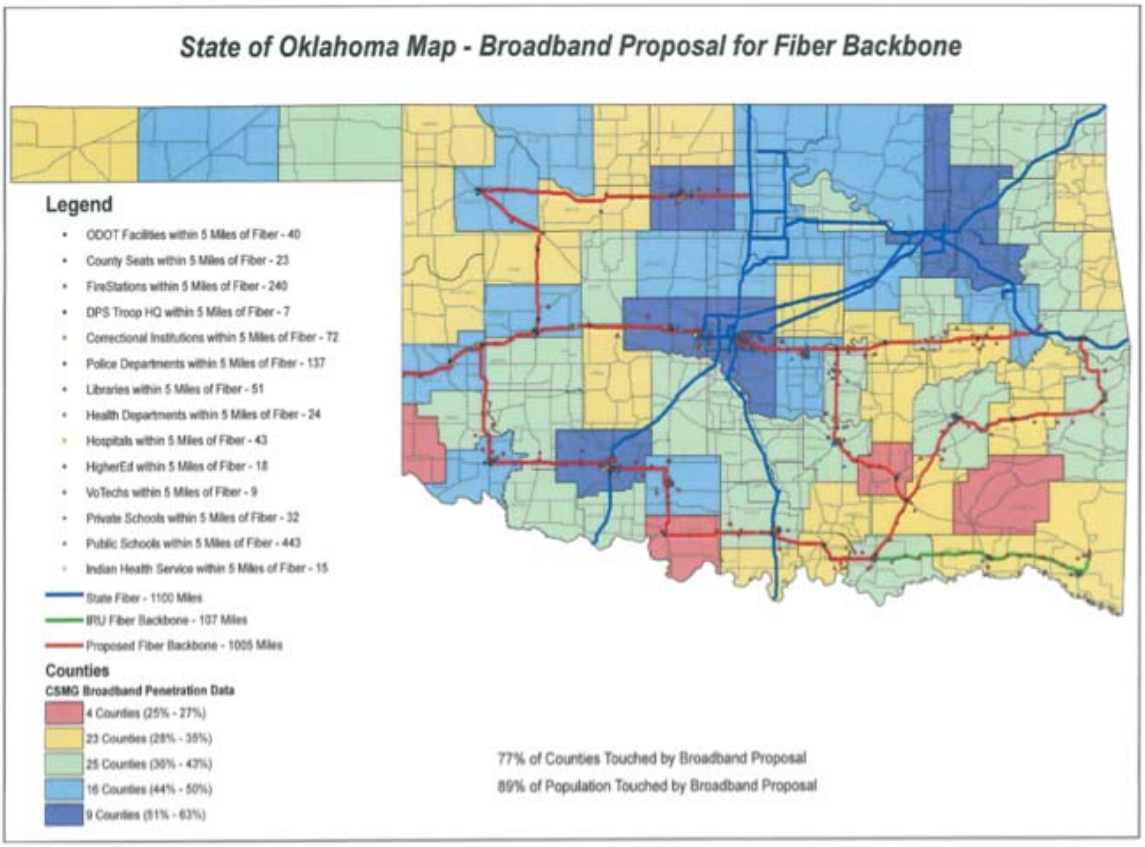


Exhibit 1 – Proposed Broadband Backbone for the State of Oklahoma

An excerpt from the OCAN Executive Summary:

The Oklahoma Community Access Network (OCAN) proposal presents an unprecedented opportunity for Oklahoma to meet the demands of life in the 21st century. Easy and reliable access to technology for Oklahomans to travel along the information highway is as essential in today's world as the construction of rail was to Oklahoma's settlement.

Oklahoma is the 20th largest state in the nation with a population of just over 3.5 million people. Sixty percent of the population resides in the two metropolitan areas of Tulsa and Oklahoma City. The remaining forty percent are spread across the state in communities ranging in size from a few hundred people to 25,000.

The action plan for Oklahoma's future is focused squarely on today's knowledge-based economy requiring highly educated, technology proficient Oklahomans who can access and use investments in technology infrastructure to their benefit. With Oklahoma's significant rural base across a geographically large area, access to broadband is the key to growth and prosperity. Creating access to basic services through technology means Oklahomans in the most remote areas of the state can be in contact with public service providers, can access distant learning and health care services and can communicate with their government and one another more readily.

OCAN's proposal seeks to build 1, 005 miles of new middle-mile fiber infrastructure to connect 32 anchor institutions in underserved and unserved areas of the state where a broadband penetration rate barely reaches 25% in some cases. The fiber route selected touches 35 of Oklahoma's 77 counties, approximately 89% of the state's population, and is on state highway right-of-way. Within five miles of the proposed fiber build are 1,096 schools, libraries, medical or health care providers, public safety entities, community colleges, institutions of higher education, along with other community support organizations and government facilities.

OCAN's middle-mile infrastructure will support a variety of last-mile projects of particular interest to private sector providers who along with local, state and tribal entities have voiced their support for the project's goals. OCAN's impact, as additional fiber connections are constructed, will mean unprecedented access to essential services for rural Oklahomans. A number of state agencies own, manage and maintain telecommunications infrastructures, both wireless and wireline to include the Oklahoma State Regents for Higher Education, Office of State Finance, Oklahoma Department of Transportation, and the Oklahoma Turnpike Authority who have worked for over a year to provide a foundation for OCAN'S application.

OCAN's grant request is $73,998,268 with a proposed cash and in-kind match of 20.4%. OCAN's proposal will leverage existing state assets with federal funding to address the great disparity in broadband access between urban and rural areas of Oklahoma.

OCAN principals have more than thirty decades of experience developing and sustaining public/private partnerships with broadband and telecommunications providers. It is the goal of the OCAN proposal to expand its partnerships with the commercial provider community to provide broadband to all areas of the state in the most cost-effective and efficient manner possible. In addition to the private providers mentioned specifically in the application, other partnerships are being pursued and will continue following the submission of this application. It is anticipated that 863 jobs will be created as a result of this project.

Community Anchor Institutions

Anchor Institution	City	Miles from Backbone	Current Capacity
Community Colleges			
Ardmore Higher Education Center	Ardmore	6.5	2xFE (200)
Carl Albert State College	Poteau	0.2	2xDS3 (90)
Carl Albert State College	Sallisaw	0.1	DS3 (45)
Cheyenne and Arapaho Tribal College	Weatherford	1	
Conners College	Warner	2	DS3 (45)
Comanche Nation Tribal College	Lawton	1	2xT1 (3)
Eastern Oklahoma State College	McAlester	2	DS3 (45)
Eastern Oklahoma State College*	Wilburton	0	DS3 (45)
Northern Oklahoma College	Enid	2	DS3 (45)
Redlands Community College	El Reno	0.7	FE (100)
Seminole State College	Seminole	2	DS3 (45)
Western Oklahoma State College	Altus	0	DS3 (45)
Health Care/Hospitals			
Atoka Memorial Hospital	Atoka		
Mary Hurley Hospital	Coalgate		
Choctaw Hospital	Hugo		
Lawton Indian Hospital	Lawton	0	
Seiling Municipal Hospital	Seiling		
Jefferson County Hospital	Waurika		
Woodward Hospital	Woodward		
Libraries			
Duncan Public Library	Duncan	0	1.54 Mbps
Public Safety			
DPS - Highway Patrol Troop HQ	Durant	0	T1 (1.5)
DPS - Highway Patrol Troop HQ	Enid	0	T1 (1.5)
CLEET	Ada		
Universities			
Cameron University	Duncan		
Cameron University*	Lawton		
East Central University	Ada		
Northwestern OSU	Enid		
Northwestern OSU	Woodward		
Southeastern OSU*	Durant		
Southeastern OSU - McCurtain Co.	Idabel		
Southwestern OSU	Sayre		
Southwestern OSU*	Weatherford		

Additionally, Oklahoma Communication Systems, Inc. (parent company, TDS Telecommunications Corp.) received $3.5 million from the U.S. Department of Agriculture, matched by about $1.2 million in private money. The project brings high-speed Internet service to residents and businesses near Inola, Bristow, Fletcher and Cyril.

Finally, Pine Telephone Co. received about $9.7 million from the USDA to offer 3G universal mobile broadband service in Coal, Latimer, Le Flore and Pittsburg counties within the Choctaw Nation.

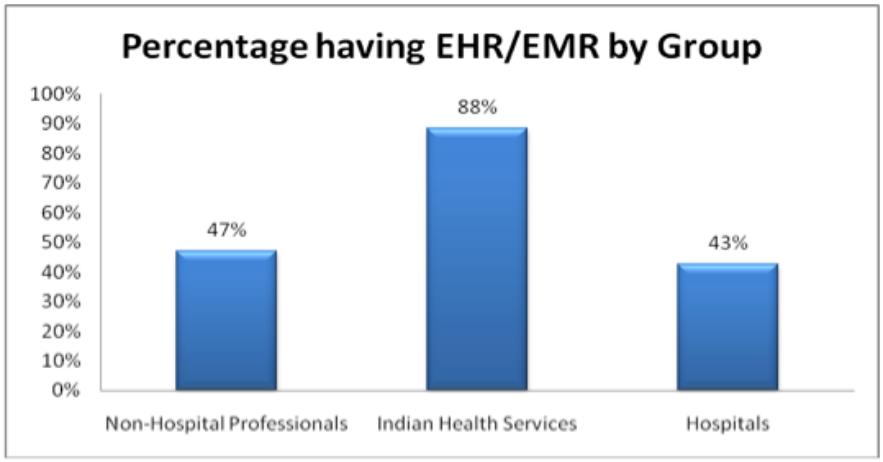
OHIET is in contact with the OCAN team and we will work in concert to ensure alignment of goals and plans. We do not anticipate broadband limitations to impact ability to meet Stage 1 Meaningful Use or future OHIET goals. We believe the OCAN and other broadband plans greatly enhance the HIE plans for Oklahoma.

1.2.3. Levels of Technology Development and EHR Adoption in Oklahoma

Oklahoma's providers and hospitals are in various stages of automation, with larger, more urban organizations generally having partially or fully implemented EHRs versus smaller and rural practices and hospitals including Critical Access Hospitals, on the slower end of adoption. Mid-sized organizations, such as Federally Qualified Health Centers (FQHCs)/Rural Health Clinics (RHCs) and multi-provider groups, fall somewhere in the middle when using, adopting and implementing EHR/EMR solutions.

Exhibit 2 shows the results of overall EHR adoption among eligible provider groups for incentive payments.

Exhibit 2 - Percentage of Providers Reporting EHR/EMR by Group



Indian Health Service (IHS) providers have the highest rate of current EHR adoption of any provider category in Oklahoma. IHS has access to EHR capabilities through the federal Resource and Patient Management System (RPMS). Of the 475 IHS health professionals that responded, 88% indicated they had an EHR/EMR.

Only 23% of the rural hospitals surveyed indicated they had an EHR/EMR. 54% of urban hospitals surveyed have an existing EMR. Of all surveyed, only 64% of hospitals reported having access to broadband services (36% reported no broadband access).

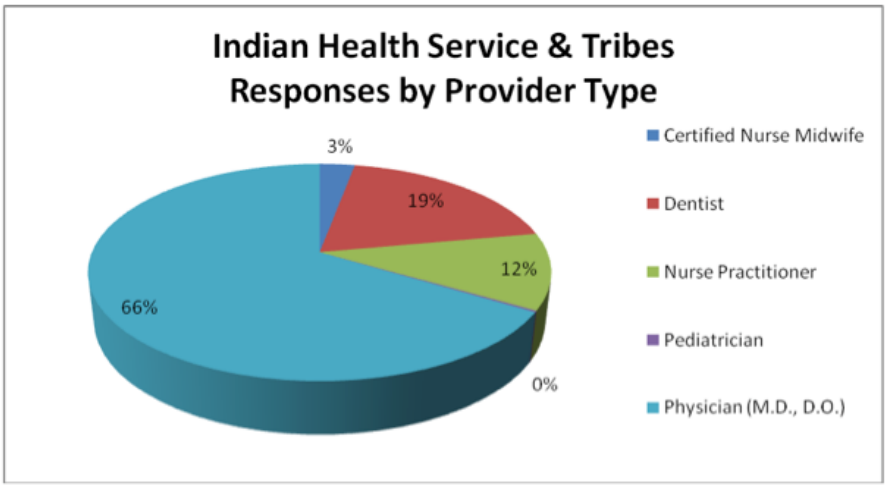


Exhibit 3 - Indian Health Service and Tribal Providers

Regarding Oklahoma's Community Health Center (CHC) organizations, 15 of 17 (88%) have implemented an ambulatory EHR; most CHCs currently have broadband service.

The REC, regional HIOs and OHIET are working together to identify and target most needy areas, set up faculties for guidance and information provision on EHR/EMR, and engineer a set of solutions to meet Stage 1 Meaningful Use.

1.2.4. E-prescribing Readiness and Adoption

Electronic prescribing capabilities are growing in Oklahoma. In 2009, according to SureScripts, 18% of all physicians have systems that allow the routing of prescriptions electronically and 10% of all prescriptions were routed electronically. Only 3% of patient visits, however, resulted in a medication history request.

The Oklahoma Pharmacy Association reports that 85-90% of all pharmacies are currently capable of accepting electronic prescriptions (corporate pharmacies at 100% while independent pharmacies are at 75-80% including rural areas).

OHIET and other state leaders will spearhead activities to drive adoption of e-prescribing by all pharmacies statewide.

OHIET has a program to partner with small pharmacies, which may find the start-up costs of electronic prescribing prohibitive, that offers a financial incentive program to assist them with these costs. To drive EHR adoption and create demand for e-prescribing capability at the pharmacy level, a collaboration between the Oklahoma Pharmacy Association, the REC, and State Medical Associations to assist and guide rural providers on benefits and best practices of EHR. In addition, OHCA (the state Medicaid agency) has aligned with SureScripts to include in their contracts a requirement that state Medicaid participating pharmacies participate in electronic prescribing.

OHIET recognizes that a successful statewide HIE requires complete pharmacy electronic prescription data and that this is a key component for helping all providers and hospitals qualify under Meaningful Use. OHIET also recognizes the challenges for electronic prescribing as they relate to controlled substances and intends to promote the development of protocols to allow this functionality in a seamless fashion for providers and pharmacies as these issues are further clarified.

1.2.5. Laboratory Readiness

Another key component of meeting Meaningful Use criteria for providers and hospitals is the ability to transmit structured lab data. OHIET intends to certify standards by which laboratory data can pass from HIE to HIE via LOINC coding. Ultimately, success of this program is contingent upon the thorough adoption of EHR and, as stated elsewhere in this plan, we will partner with the REC and professional and hospital associations to ensure the infrastructure and services are adequate to meet Meaningful Use by all eligible providers. The initial 2011 goal for OHIET will be for laboratory result reporting with consideration for the submission of laboratory orders in 2013 and beyond.

The analysis of Oklahoma's current laboratory electronic result reporting is taken from data collected by SoonerCare. The top 19 paid laboratories by SoonerCare represent 82% of all SoonerCare dollars paid to labs in 2010. The list follows.

1	DIAGNOSTIC LABORATORY OF OKLAHOMA	OKLAHOMA CITY	OK	73108	$7,563,764.57
2	OK STATE DEPT OF HLTH PUBLIC HLTH LAB	OKLAHOMA CITY	OK	73117	$4,322,648.51
3	REGIONAL MED LAB	TULSA	OK	74114	$3,462,095.35
4	CLINICAL PATHOLOGY LAB	AUSTIN	TX	78754	$1,582,117.03
5	NATIONAL HLTH LAB	DALLAS	TX	75230	$1,529,819.42
6	QUEST DIAGNOSTICS CLINICAL LABORATORY INC	SJ CAPISTRANO	CA	92675	$1,318,773.44
7	SAINT FRANCIS OUTREACH SERVICES LLC	TULSA	OK	74136	$1,066,615.57
8	AMERITOX, LTD	MIDLAND	TX	79705	$844,472.87
9	PACIFIC TOXICOLOGY LABORATORIES	CHATSWORTH	CA	91311	$829,815.66
10	QUEST DIAGNOSTICS CLINICAL LABORATORY INC	IRVING	TX	75063	$825,186.80

11	OUHSC GENETICS LAB	OKLAHOMA CITY	OK	73104	$645,658.89
12	GENZYME GENETICS	SANTA FE	NM	87505	$560,186.32
13	GENZYME GENETICS	WESTBOROUGH	MA	01581	$522,369.12
14	LABORATORY CORPORATION OF AMERICA	SAN ANTONIO	TX	78213	$504,770.25
15	HEARTLAND PATHOLOGY CONSULTANTS PC	EDMOND	OK	73034	$430,464.78
16	WINDSOR PARK MEDICAL CLINIC	OKLAHOMA CITY	OK	73107	$395,238.59
17	MEDICAL DIAGNOSTICS LABORATORIES LLC	HAMILTON	NJ	08690	$365,380.04
18	BIO REFERENCE LABORATORIES INC	ELMWOOD PARK	NJ	07407	$355,268.83
19	DIAGNOSTIC PATHOLOGY SERVICES PC	OKLAHOMA CITY	OK	73112	$344,373.84
					$27,469,019.88

OHIET is in the process of confirming the following set of assumptions:

1. This is representative of the pay portions to labs from all major payors in our state.
2. The 19 labs listed have electronic results reporting capabilities.
3. The remaining 18 to 20% of labs registered in the state are likely draw stations and small laboratories that have access to electronic resulting via their selected reference laboratories.

OHIET recognizes the gap in laboratory reporting will be primarily via rural hospital laboratories including critical access hospitals. The REC and EHR adoption is intended to help close this gap as well as close partnership with reference laboratories to expend their electronic/technologic infrastructure to comply with Meaningful Use for all providers within the state.

OHCA currently requires all laboratories, under contract with their organization, comply with OHIET and HL7 laboratory reporting standards. It is the intention of OHIET to partner with private payors, as well, to facilitate the same actions in their contracts with laboratories.

1.2.6. Additional Statewide Readiness

OHIET believes *EMPI services* will be critical to the success of HIE utilization, adoption and 'network to network' connections. OHIET is currently working on the feasibility of providing a statewide EMPI to regional HIEs .

Provider directories present another challenge for Oklahoma as a primarily rural state. OHIET is presently working on the feasibility of partnering with state HIOs to maintain an updated and cohesive provider directory. This is a pathway to ensure adequate electronic exchange, referrals, reporting and messaging to facilitate the highest quality and the safest patient care.

OHIET has established a working group to define the *minimum requirements of a CCD* for HIE and to develop protocols for 'network of networks' sharing in order to create consolidated views for providers and avoid the need for multiple HIE connections.

OHIET is setting up collaborative teams with payor organizations within the state. Key outcomes of this association are the active participation in the statewide HIE and the preparation for 2013 and beyond for requirements for *electronic eligibility checking and prior approvals*.

OHIET is considering *record locator services, credentialing services, public health reporting services, immunization reporting and consent management services* as areas with potential for leveraged services across the state, overall healthcare cost reduction and as revenue sources for OHIET.

Other platforms, established by our two state university medical programs and large hospitals, provide springboards for OHIET. Oklahoma benefits from a well developed set of telemedicine networks. These networks are operational and provide specialty care to rural and underserved areas. This infrastructure provides a pathway to further the goals of OHIET and meet Meaningful Use.

1.3. Oklahoma's Strategy for Stage 1 Meaningful Use

Element:	**E-prescribing available to all eligible providers**		
Gap Recognized	**Strategy**	**Actions**	**Actors**
1. There are approx 25% pharmacies in the state that do not have e-prescribing faculties. 2. Rural pharmacies not on board because they do not have the 'market pull' by local providers; they see no need to undergo the expense	• Determine areas of greatest need • Reduce capital requirements • Create demand from providers to drive e-prescribing capabilities at the pharmacy-level • Create demand from payors at the pharmacy-level	• Team with small pharmacies and offer financial incentive programs to assist with start up costs • Train local providers on benefits of e-prescribing and on alternatives, i.e., internet prescribing and the advantages to the end users (patients) • Develop curriculum to educate end users, providers and pharmacies • OHCA and SureScripts have contract req's for Medicaid participating pharma's to provide e-prescribing – leverage this and encourage other payors to participate similarly	• OHIET/OPA/REC/OSMA • OHIET/OPA/REC/OSMA • OHCA/SureScripts/Payors

Element:	**Receipt of structured lab results available to all eligible providers**		
Gap Recognized	**Strategy**	**Actions**	**Actors**
1. The large labs are in compliance. For the smaller labs, especially those associated with rural providers, it is unknown. 2. Rewards for MU are not as apparent for labs	• Focus on laboratory result reporting first; confirm capabilities of large labs and those receiving payment from largest payors in OK • Provide incentives to labs • Demonstrate benefits	• Form team with labs to understand landscape and areas requiring most intervention • Create education/awareness campaign with key benefits for labs and stakeholders • OHCA requires labs under contract to comply with OHIET and HL7 lab reporting standards; work with private payors to develop same	• OHIET/Labs/Payors • OHIET/REC/HIOs • OHIET/OHCA/Payors

Element:	**Sharing patient care summaries across unaffiliated organizations available to all eligible providers**		
Gap Recognized	**Strategy**	**Actions**	**Actors**
1. Sharing patient care summaries will require HIE connectivity to hospitals and EP's. Less than 5% of EP's are live with HIE. 2. HIE Networks will need to share and combine CCD's to EP's on other HIE networks. 3. EMPI and Provider Registries will be a rate limiting factor of cross connections 4. HIPAA and HITECH Implications of internetwork connections.	• OHIET will endorse a network of networks and will support the existing and new HIE networks connections to EP's • OHIET will collaborate with the REC and EP's and MU funding to support their HIE connectivity • OHIET will help establish standards for network to network connectivity and security protocols and messaging protocols consistent with Direct. • OHIET will work with existing networks, new networks and potentially create services for EMPI and Provider Registries for the State • Exploration of DURSA (sp) and current state HIE legal policies	• Incentive programs for HIE's and EP's in areas of low penetration of HIE. Particularly rural areas. • Collaboration between the REC and HIE networks to do support and offerings of HIE with EHR to EP's. • Education to EP's and marketing to EP's of the benefits and use case of HIE. • Establish inter-network HIE connection standards for security and privacy. • Assess current EMPI and provider directory services live in the state as well as proposed solutions to ensure the success of a network of networks model. Awareness that OHIET may have to create an add on service to parallel the network of networks. • Exploration of current legal and governance agreements, DURSA and develop a strategy to protect EP's who have contributed data to HIE in case of a data breach or end user misuse of HIE data.	• OHIET • REC • Agencies • Existing Networks • New Networks • EP's • Medical Associations

Element:	**Ensuring broadband access availability**		
Gap Recognized	**Strategy**	**Actions**	**Actors**
1. 36% hospitals report no access to broadband 2. Disparity of access to broadband between rural and urban parts of state	• Align project with ~$90M ARRA funds for state broadband initiatives • Provide awareness and guidance to providers/pharma/labs on EHR/HIE • Enable work-arounds to areas without broadband access	• Work with OCAN and others to dovetail technology req'ts and goals for access throughout the state • Create consultancy, communications, education to assist rural constituents • Team with vendors to create array of solutions for rural providers	• OHIET/OCAN/OSU/Sec'y of State • OHIET/REC/HIOs • OHIET/Vendor community

Element:	**Promoting effective use by all eligible providers**		
Gap Recognized	**Strategy**	**Actions**	**Actors**
1. 23% of rural and 54% of urban hospitals have EMR 2. 47% of non-hospital professionals have EHR	• Create 'pull' by providers • Provide help, guidance and education to direct users of the HIE and the end users of healthcare • Ensure compliance with state and fed req'ts that result in better health outcomes for the state	• Establish valuable products and services that will be standardized centrally and made available through local HIOs: vital stat's; eMPI; immunization registries, etc. • Provide continuing incentives for providing by working with policies and legislation that promote HIE and better quality health outcomes for the state • Team with REC, Beacon, universities and others to provide survey, analysis, education, guidance, etc. to providers • Set up clear governance and policies and avenues for providers to achieve S1 MU and other req'ts	• OHIET/HIOs/vendors • OHIET/REC/HIOs/Univ/Trainers • OHIET/REC/legislators

1.4. Health Information Exchange Coordination Strategies

Coordination of strategies is hardwired with the Oklahoma authority responsible for Medicaid.

The Oklahoma Health Care Authority (OHCA) is the state's Medicaid agency and they were the State Designated Entity (SDE) in the SHIECAP proposal process (prior to OHIET's establishment in the 2010 state legislative session) . OHCA has contributed many resources to the SHIECAP effort from the response to the ARRA FOA to the continued work in domain areas determining, documenting and implementing the strategic and operational approaches to a statewide HIE. In parallel process, OHCA staff have authored and received approval on the State Medicaid HIT Plan (SMHP). This set up has ensured a dovetailing of strategies between these efforts.

Collaboration will be preserved between OHIET and OHCA in that John Calabro, the former OHCA Chief Information Officer who co-chaired the Statewide Oversight Committee for SHIECAP, was appointed by Governor Henry of Oklahoma as the state's first permanent Health Information Technology Coordinator. Mr. Calabro led an effort that focused on inclusiveness and collaboration of key stakeholders and ensured plans were coordinated with concurrent activities of HIIAB, Oklahoma's REC, our Beacon Community grantee, OKHISPC and others.

Regarding outreach to educate providers on the Medicaid EHR Incentive Program, the SHIECAP oversight work group coordinated with professional associations such as the Oklahoma Medical Association, Oklahoma Osteopathic Association, Oklahoma Hospital Association, Oklahoma Primary Care Association the FQHCs and RHCs, and the REC through operational provider workshops and quarterly meetings.

<u>Medicare Coordination Along With Other Federal Programs</u>

OHIET and the HIIAB are collaborating to attain widespread use of HIE by healthcare providers. Through partnerships with the REC, Beacon Community and professional and hospital organizations, OHIET will align incentives and drive adoption of EHR along with CMS, Medicaid and other federal programs.

The OHIET 'network of networks' will result in an effective statewide HIE that will allow healthcare providers to exchange clinical information through their local HIEs, such as medication histories and laboratory results, electronic prescription history and medical summaries via a CCD at the point-of-care, and make better informed decisions with their patients. These plans will promote and support the effort of eligible professionals who wish to achieve Meaningful Use.

The planned OHIET 'network of networks' will also outline Oklahoma's current and future strategies to leverage existing EHR capacity, investment and broad stakeholder commitment to advance the HIE goals in Oklahoma.

As indicated earlier in the Strategic Plan, the EHR incentive payments for Meaningful Use are a cornerstone of the Oklahoma HIE initiative and, supporting the ability of Medicare providers to participate in the Oklahoma EHR Incentives Program is a key objective. Oklahoma's environmental scan and results of statewide HIE planning efforts have

indicated that the inclusion of Medicare data, along with other federal programs in statewide and interstate HIE, will be critical to the widespread use and sustainability of HIE in the state.

OHIET will continue to request its federal partners make this data available so that Oklahoma providers can use the data and achieve Meaningful Use. OHIET is willing to work with Medicare, IHS, Department of Defense, Veterans Administration, and other federal programs to create a workable data exchange.

1.5. Domain Area Strategies

1.5.1. Governance

1.5.1.1. Structure to Achieve Results

The Oklahoma Legislature passed Senate Bill 1373 (Appendix 3.2), which Governor Brad Henry signed into law on June 10, 2010. This legislation expressly approves the creation of a state-beneficiary public trust named the Oklahoma Health Information Exchange Trust (OHIET). The trust has a governing board of seven trustees appointed by state officials as follows: three by the Governor; two by the Senate; and two by the House of Representatives. (Trustees are indentified in Exhibit 4.) OHIET is Oklahoma's state designated entity (SDE) to facilitate and expand the electronic movement and use of health information among organizations within Oklahoma and to ensure the goals of SHIECAP station behalf of Oklahoma. An Advisory Board, consisting of representatives from 18 to 25 organizations, will provide input and support to the board of trustees. (Exhibit 5, following.)

OHIET recognizes that core infrastructure must be obtained via EHR's for eligible providers, hospitals, laboratories and pharmacies in order to facilitate HIE and Meaningful Use criteria for the state. As previously mentioned in this plan, OHIET intends to promote the installation and adoption of EHR technology through partnerships with the REC, the regional HIOs, the university systems and others to provide training, guidance, consultation and information.

OHIET will assure the development of statewide HIE standards based upon consensus of local and regional HIOs. In addition, standards will be inclusive of criteria for laboratory reporting, electronic prescribing and CCD receipt, generation, transfer and re-generation . OHIET will monitor compliance with these standards. OHIET will disseminate best practices, help to ensure understanding of HIE and its policies and work to promote and sustain electronic HIE within Oklahoma.

OHIET will ensure there are a clear strategic plan and a shared vision for the development of the statewide collaboration (short-term and long-term) and a fair representation of networks in the statewide governing body – in keeping with the "network of networks" model.

Oklahoma's Health Information Technology Coordinator also serves as the Executive Director of OHIET. The State HIT Coordinator, Mr. John Calabro, was appointed by the Governor Henry. Mr. Calabro sets the charter for the organization as decreed by the trustees, oversees the daily operations of OHIET, and serves as the public face of the organization. Mr. Calabro is in process of evaluating additional supporting staff; budgeted are a Chief Operating Officer, charged with top level management and daily outcomes in all domain areas, a business analyst to provide data collation, synthesis and analysis, and executive support. Each domain area is additionally supported by Advisory Board task forces and by paid industry experts. The Executive Director is an ex-officio member of the board of trustees without voting privilege.

Exhibit 4, OHIET Board of Trustees

Trustee	Appointer and Term
Robert H. Roswell, MD, *Board Chairman*	Gov. Henry July 31, 2014
Jenny Alexopulos, DO, *Board Vice Chair & Secretary*	Rep. Benge July 31, 2013
Samuel T. Guild *Board Treasurer*	Sen. Coffee July 31, 2012
Julie Cox-Kain	Gov. Henry July 15, 2015
Craig W. Jones	Rep. Benge July 31, 2015
David Kendrick, MD	Sen. Coffee July 31, 2015
Brian Yeaman, MD	Gov. Henry July 31, 2011

1.5.1.2. Decision Making Authority

All powers granted to OHIET under the Oklahoma Public Trust Act and other applicable local, state and federal laws will be exercised by and under the authority of the trustees. Additionally, the property, business and affairs of OHIET will be managed under the direction of the trustees in a manner consistent with the trust indenture (Appendix 3.3) and the bylaws of the trust (Appendix 3.4).

The number of trustees will be seven (7) as prescribed in Oklahoma law. The conduct of the trust, including specifics of trustee terms, voting requirements, meeting procedures and so forth are prescribed by the trust indenture.

OHIET will have an Advisory Board to provide representation of major constituencies served and to assist in the activities of the trust (Exhibit 5). Recommendations from the Advisory Board will be presented as an agenda item at a duly called meeting. The

trustees will give deference to and due consideration of the recommendations of the Advisory Board. The Advisory Board also will perform such other functions as may be directed by the trustees in connection with or in furtherance of OHIET.

Subject to the approval of the trustees, the Advisory Board will be entitled to establish rules, regulations, policies and procedures relating to its operation, and standing and ad hoc committees and workgroups, in furtherance of its functions.

1.5.1.3. Set Up and Membership Representation

OHIET trustees will have a working knowledge of HIE and background in health care.

The OHIET Advisory Board provides broad stakeholder representation to the organization and will be composed of not fewer than 17 nor more than 25 persons including, at a minimum, one representative from each of the following:

Exhibit 5 - Advisory Board Member Organizations

1.	Oklahoma Health Care Authority [Medicaid], Lynn Puckett, Director Contract Services
2.	Oklahoma State Department of Health [Public Health], Rebecca Moore
3.	Oklahoma Department of Mental Health and Substance Abuse Services, Terri White, OK Sec'y of Health
4.	University of Oklahoma Health Sciences Center, Kevin Elledge, ED of Ops
5.	Oklahoma State University Center for Health Sciences, Dr. James Hess, COO
6.	A nominee of the Indian Health Service Office responsible for Oklahoma, Dr. Farris, CMO
7.	A representative of Tribal interests, Mitch Thornbrugh, Cherokee Nation
8.	Oklahoma Hospital Association, Rick Snyder, COO
9.	Oklahoma Osteopathic Association, Dennis Carter, DO
10.	Oklahoma Pharmacy Association, Jim Spoon
11.	Oklahoma State Medical Association, Dr. Kent T. King
12.	Oklahoma State Chamber of Commerce, Matt Robison, VP Small Business & Workforce Development
13.	Security and privacy representative nominated by the Oklahoma Health Information Security and Privacy Council, Robn Green, OSDH and Vice Chair of OKHISPC
14.	A HIE representative as nominated by the OHIET Board, Joseph Walker, Greater THAN
15.	A consumer appointed by the Governor, pending
16.	A nominee of the Oklahoma Regional Extension Center steering committee, Jonathan Kolarik, RN, Director of HIT
17.	Oklahoma Association of Health Plans, Bill Hancock, VP & GM, CommunityCare Managed Health Plan
18.	Representative of Oklahoma rural providers, Val Schott, Oklahoma State University
19.	A second HIE representative as nominated by the OHIET Board, Mark Jones, SMRTNET
Representation from up to six additional organizations	

The trustee board may add up to eight additional memberships to the Advisory Board, from what is described in the trust indenture, as need for additional expertise and representation becomes evident. One representative of rural providers and one additional representative of HIE expertise have been added to the original 17 named in the indenture.

1.5.1.4. Oklahoma HIT Coordinator

The Oklahoma HIT Coordinator (HITC) exists to provide leadership, direction, management and coordination of HIT strategy for the state of Oklahoma, which includes the implementation of federal and state requirements for HIT and HIE efforts. The HITC works cooperatively with multiple stakeholders, including healthcare providers, health plans, health profession schools, consumers, technology vendors, public health agencies and healthcare purchasers to identify existing resources, needs, commonalities of interest and project priority. Additionally, the Oklahoma HITC manages the plan that prescribes activities necessary to facilitate and expand the electronic movement and use of health information among organizations consistent with both state and federal HIT strategic plans.

Oklahoma's HITC also serves as the Executive Director of OHIET and he must carry out the responsibilities of this position along with the other duties of HITC. (Appendix 3.5 – Oklahoma HIT Coordinator Position Description used to guide the selection team in the process of identifying and choosing the office holder.) John Calabro, former CIO of OHCA, was selected and appointed by Governor Brad Henry as Oklahoma's first permanent HIT Coordinator. Mr. Calabro took office on December 1, 2010.

1.5.1.5. Alignment with Nationwide Health Information Network (NHIN) Governance

OHIET's governance model is designed to be compatible with emerging NHIN governance principles and functions. A pathway to Stage 1 Meaningful Use compliance is OHIET becoming the certifying authority of HIE in Oklahoma. Alignment with NHIN governance is designed as part of this certification process. In further compliance with developing policies and procedures from NHIN and ONCHIT, OHIET and our partners have planned curriculum and guidance to assist providers with both. Should entities fall outside of the OHIET network of networks, alignment directly with NHIN is Oklahoma's strategy for Stage 1 Meaningful Use.

1.5.1.6. Alignment with State Medicaid Hit Plan (SMHP)

This Strategic Plan, as well as the Operational Plan, under separate cover, are written in coordination with the initiatives set forth on the SMHP by the Medicaid agency, OHCA. The OHCA Chief Information Officer, Mr. John Calabro, (Mr. Calabro is now the appointed

State HIT Coordinator for Oklahoma) co-chaired the Statewide Oversight Committee for the SHIECAP, and OHCA staff members participate on each of the domain area workgroups to ensure coordination of planning efforts. Emphasis is placed on collaboration of stakeholders and coordination of activities. This plan and the operational plan were developed for OHIET, by representatives from the Health Information and Infrastructure Advisory Board, Oklahoma's Regional Extension Center, Beacon grant awardee, the Oklahoma Regional Extension Center, and key stakeholders throughout the state of Oklahoma. (A full list can be seen in Appendix 3.8).

Outreach to educate providers on the Medicaid EHR Incentive Program was coordinated with professional associations such as the Oklahoma Medical Association, Oklahoma Hospital Association, Oklahoma Primary Care Association, the FQHCs and RHCs, and the REC through operational provider workshops and quarterly meetings to educate providers and minimize duplication of efforts.

Collaboration with OHCA to assist providers in meeting Stage 1 Meaningful Use include contract provisions, set out by OHCA, with pharmacies, labs, and providers that enforce use of the OHIET network of networks.

1.5.1.7. Standards

OHIET's execution strategy is around development and promulgation of standards within the state in the following four, key areas:

1. Develop a process for evaluating and certifying health information organizations to ensure that every region of the state is served by a high-quality health information exchange. Areas of focus for this activity will include, but not be limited to, evaluation of governance, technology, privacy and security policies and capabilities, and financial stability.
2. Consider, plan and implement services and technologies that are best suited to centralized, statewide implementation, in support of the network of health information organizations in the state. Areas of focus for this activity may include:
    a. Establishment of a statewide policy for privacy and security;
    b. Provision of electronic master indices services for person/provider/patient;
    c. Development of state agency data services (i.e., Immunization registry, vital statistics, etc.) to support all certified HIOs;
    d. The creation of a process and/or technology to enable statewide reporting of health and healthcare system outcome metrics from the network of HIE networks; and
    e. The potential establishment and oversight of a 'health benefits exchange' for the state.
3. Identify and assemble policy and statutory changes needed to support ongoing, appropriate, and secure health information exchange in Oklahoma and provide information and support as needed throughout the legislative, executive, and judicial processes required to achieve these changes.

4. Interact and coordinate with equivalent organizations and leadership in neighboring states and regions, as well as the NHIN to ensure the seamless exchange of appropriate health information for patients receiving care in multiple states or regions.

1.5.1.8. Accountability and Transparency

OHIET will employ rigorous accountability and transparency practices that include at least monthly status reports to the board of trustees and to the public. The trust is subject to the Open Meetings Act and adheres to the specific requirements therein. OHIET's website, www.ohiet.org provides an outlet for public review and input.

Financial accountability and transparency practices are set through the public sector and rule-making authority of OHIET, as well as the contractual requirements of the Office of the National Coordinator of Health Information Technology (ONCHIT) and ARRA. OHIET's board of trustees has financial oversight of the organization and is led by treasurer, Sam Guild.

Regional and local HIEs will be held accountable for appropriate implementation of HIE practices through certification and accreditation policies of the governance entity. OHIET vendor contracts articulate accountability and transparency requirements.

1.5.1.9. Continued Opportunities for Improvement

It is critical that all stakeholders have a place at the table in shaping HIE policy in Oklahoma. Experience of the REC, Beacon, existing HIOs, pharmacies, laboratories, hospitals and physicians enhance the success of OHIET. These entities participated and strengthened the work done in the SHIECAP process to date through the oversight work group, task forces in each domain area, and formally through other forums and informally through each member of the large team. As OHIET evolves, it will strive to continually take on new challenges to prepare the stakeholders within the state for later phases of Meaningful Use and become more skilled at optimizing input from valued stakeholders.

OHIET seeks continued input through its advisory board, its consultants and through new channels including the OHIET website and the many planned outreach programs of OHIET and its partners.

1.5.2. Finance

1.5.2.1. Business Model

To further the efforts of OHIET, the trust will establish a budget in line with our four areas of strategic execution, and specifically how these elements work toward meeting Stage 1 Meaningful Use across the state and set up for further meaningful use criteria:

1. Evaluate and certify regional HIOs to ensure that all parts of the state are served by a high quality HIE.
2. Develop and implement services and technologies that are best suited to centralized, statewide implementation.
3. Identify and assemble policy and statutory changes needed to support ongoing, appropriate, and secure health information exchange in Oklahoma.
4. Interact and coordinate with HIEs in neighboring states and regions, as well as the Direct Project.

Key budget categories, in order to conduct OHIET business, include:

1. Human resources and support:
   OHIET plans a skeletal staff, led by the Executive Director and supported by a COO and analysts; overhead for these individuals is kept to a minimum, using donated office space and services where possible.
   They will be aided by legal, business, and domain area consultants to assist in professional execution of OHIET work.
   Financial management, oversight and reporting are required.
   It is anticipated that Advisory Board committees and Trustees will provide critical support in all these areas, allowing minimal levels of staffing in each to accomplish OHIET business.
2. Service and technology development:
   The assessment and development of products and services that would benefit the state and the regional HIOs to centralize. This may include master indices, data registries and vital statistics, reporting and metrics tools, etc. Focus will be on elements that encourage and stimulate the adoption of use of the HIOs/HIE.
3. HIE/HIO development:
   Closing gaps to meet Meaningful Use includes elements from partnering with other organizations to provide education, training and consulting services to eligible providers, to providing financial incentives to outlying cases where the benefits of the HIO/HIE are not immediate (i.e., in rural and/or under-privileged areas of the state).
4. Advocacy and policy:
   Develop of policy for certification and compliance with OHIET and ONCHIT criteria to advocacy and policy development in the legislative arena are required for OHIET's present and future success.

In addition to the requirements set out by SHIECAP and ONCHIT, OHIET understands the need to generate funds at least equal those required for federal matching dollars in initial years of operations and to then be in a position to maintain the operation and administration of the "network of networks" in the future. This strategy is designed to accomplish both. OHIET will build 'value add' products and services with an eye toward market desirability in order to generate required revenues and become self-sustaining.

FFY 2010 began October 1, 2009.

	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	Totals
Budget	$633,000	$3,990,275	$6,096,058	$3,423,565	$2,928,760	$17,071,658
Federal Funds	$633,000	$3,627,523	$4,623,218	$0	$0	$8,883,741
Required Revenues	$0	$362,752	$1,472,840	$3,423,565	$2,928,760	$8,187,917

The bulk of FFY2011 dollars will go toward ensuring Oklahoma meets Stage 1 Meaningful Use criteria. Budget details are included in the Operational Plan, Section 2.

The establishment of statewide HIE, where every hospital and healthcare provider has access to patient information at the point-of-care will cost well beyond the funding available through this grant funding. OHIET will strive to catalyze and promote ways, through existing, planned and future local/regional HIOs, to accomplish this ambitious goal.

1.5.2.2. Approach to Sustainability

The federal stimulus funding is designed to last four years, at which time the Office of the National Coordinator will hold HIEs accountable for sustainable revenue generating business models. The HIE business models will need to deliver value to a wide variety of stakeholders.

Several sustainability models have been considered. Because OHIET is a "network of networks" model, customers are the state's local and regional HIEs. Several discussions between OHIET and representatives from planned and existing HIEs have given rise to many ideas for value added products and services OHIET might provide for fees. Initially, OHIET plans to provide credentialing and certification services for fees to HIOs. Ancillary services to these, such as consultation, data sharing, etc., have revenue potential as well.

Moving beyond the first few years and as the relationships between OHIET and regional HIEs mature, sustainability models will be designed to continually work toward raising patient care, ensuring efficiencies, and continuing to meet state and federal goals.

1.5.3. Technical Infrastructure

1.5.3.1. Interoperability

1.5.3.1.1. NHIN Connectivity

OHIET's interoperability strategy is to facilitate and promote connectivity across the state and also to neighboring states via NHIN. This "network of networks" model provides flexibility for providers, facilities and other health-related workers to join a network that bests suits their geographical location, referral patterns and business model while maximizing the ability to connect systems.

OHIET will assist in the creation of HIE processes that will accommodate both federated and centralized data connections across the state. At this time, Oklahoma intends to federate to bordering states and the NHIN. NHIN connectivity will be prioritized as the national effort moves forward and OHIET includes NHIN standards in certification criteria for HIE networks.

1.5.3.1.2. Standards Adoption

OHIET's bylaws (Appendix 3.4) establish the trust as the standard-setting body for Oklahoma's statewide HIE effort. Oklahoma will adopt ONC standards and HIE certification criteria. OHIET will facilitate the collaboration of state HIEs to determine and develop HIE standards for the state. All entities connecting to OHIET must pass a certification process. OHIET will assist in the streamlining of the certification process for qualified, eligible parties.

1.5.3.2. Enabling Meaningful Use in Oklahoma

OHIET will assist providers in meeting all stages of Meaningful Use criteria. A summary of our plan to help meet Stage 1 Meaningful Use appears in Section 1.3. OHIET recognizes the criticality of meeting these goals by end of fiscal year 2011 and is directing all actions toward this outcome.

Similar plans and operations for meeting goals will be developed as further stages of Meaningful Use are defined by ONCHIT.

1.5.3.3. Approach to Technical Architecture *"Network of Networks" Model*

Oklahoma's statewide HIE technical architecture strategy proposes a federated network model and contemplates a consolidated statewide Enterprise Master Patient Index (eMPI) and record locator service. The federated network creates the connection for the "network of networks" approach adopted by Oklahoma. HIE networks will interconnect to form the statewide HIE, excepting IHS participants and tribal entities (who have established connection with NHIN and will maintain statewide connectivity via NHIN). OHIET services will be those that are leveraged by centrality of ownership, location, purchasing power, etc., to the benefit and use of the local HIEs. This model will be cost effective without recreating a large centralized infrastructure or duplicating costs and efforts of local HIEs. In addition, this will enhance OHIET's sustainability by making it a value-add, low cost organization. IHS and tribal entities may either connect directly or through a local network.

Exhibit 6: Oklahoma Statewide HIE Logical Architecture

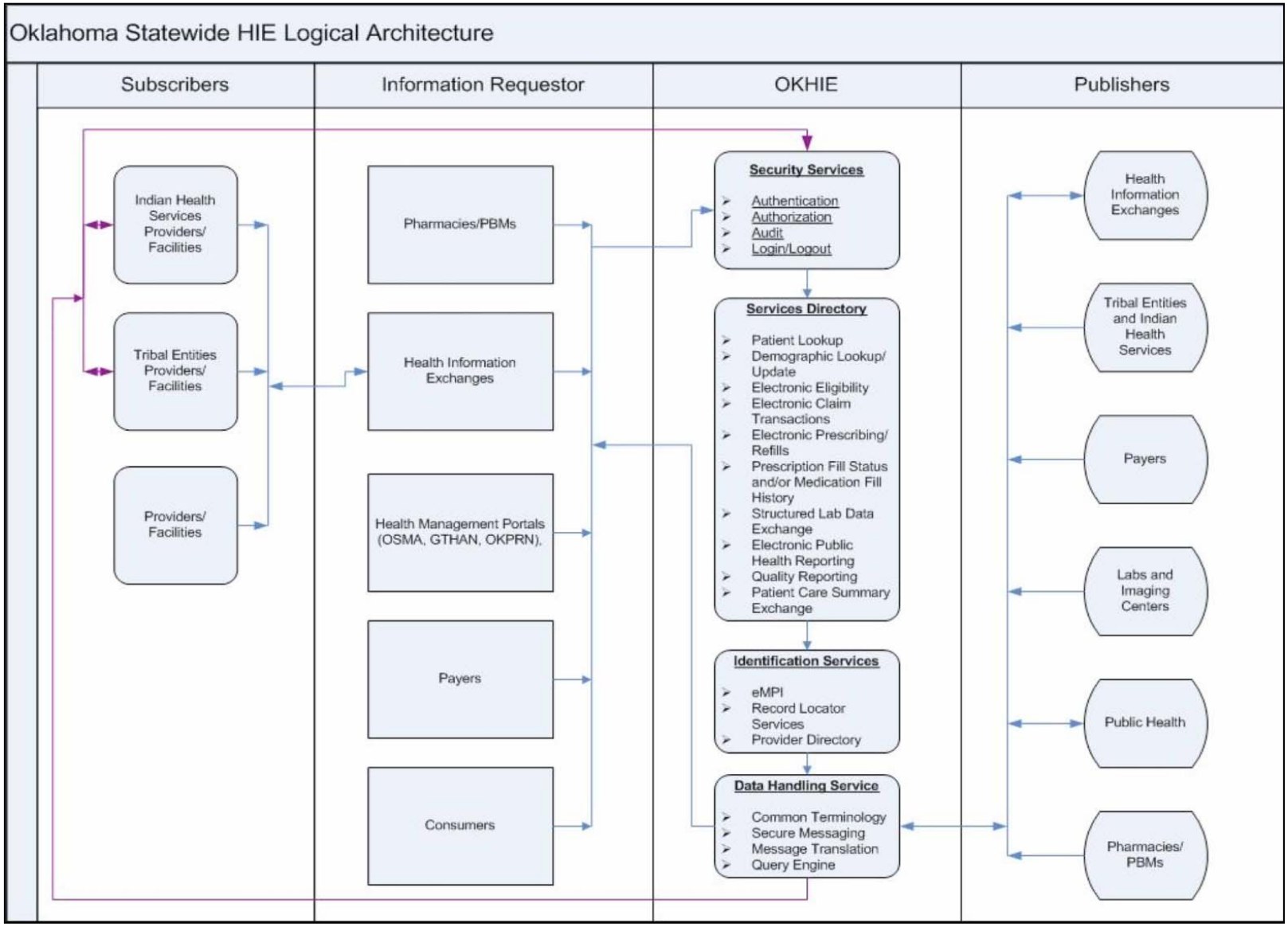


Exhibit 6 depicts the Oklahoma logical statewide HIE technical approach. Networks, IHS and tribal entities will need to be certified before exchanging live data through the statewide network. OHIET will work to assist in timely certification of all participants wanting to use the network.

The payors and state agencies will be encouraged to enhance their infrastructure to connect to state HIE to perform payor-related tasks not associated with direct clinical care of patients. These tasks include electronic claims transactions, eligibility checking and quality reporting. OHIET will facilitate connections with the payors and state agencies for these functions.

1.5.3.4. Health Information Technology Components

1.5.3.4.1. Electronic Health Records (EHR)

Any EHR in the state of Oklahoma will be required to adhere to national standards, including CCD exchange capabilities. All EHRs connected to OHIET must also adhere to policies of privacy and security, data integrity and so forth as promulgated by OHIET. OHIET reserves the right to remove EHRs that do not meet these requirements from the state program.

OHIET's role is to ascertain adoption rates and processes of state providers; identify gaps in uptake and analyze data that lead to patterns; work with state partners and national best practices to establish an array of solutions that will lead to meeting ONCHIT and Meaningful Use criteria; determine roles in implementing solutions and how best OHIET can participate; monitor closely and measure outcomes; adjust until goals are realized.

1.5.3.4.2. eMPI

The eMPI is a key component of the statewide HIE. The statewide HIE strategy to enable cross-network identity management is a pivotal goal for the statewide effort. Tracking patients across networks of care, state lines and the nation to provide a continuum of care is critical to providing patient-centered care.

OHIET is central to establishing an eMPI for the state. At present, OHIET is working on acquiring the bases for this data and a path to complementing it and making it available statewide.

1.5.3.4.3. Scalability

The Oklahoma HIE strategy positions itself for future growth. Initial goals are to bolster EHR adoption, core systems in laboratories and pharmacies and connect existing and planned networks. This will promote use by providers seeking to achieve and demonstrate Meaningful Use and ensure that valuable and needed data is available at the point of care. Scalability is an important factor in meeting OHIET goals to ultimately see HIE coverage over the entire state.

OHIET's role will be to ensure Phase 1 Meaningful Use requirements are met and then to continue to focus on necessary elements to be required in phases 2 and 3 of Meaningful Use, such as electronic eligibility checking, credentialing, and electronic order submission.

1.5.3.4.4. Public Health Technology

The Oklahoma State Department of Health (OSDH) is in the process of planning, designing, developing, upgrading and expanding OSDH systems to allow EHR entities to meet Stage 1 Meaningful Use criteria (capability for OSDH to be able to accept EHR immunization data and verify that the Immunization electronic data submission is successful) and Stages 2 and 3 criteria and timeframes when defined.

Specific OSDH projects have been initiated to upgrade both the Oklahoma State Immunization Information System (OSIIS) and Laboratory Information Management System (LIMS).

Development of an OSIIS replacement is underway to modernize the system to meet industry best practices as well as conversion of the system to Microsoft .NET and SQL Server technologies.

The completed OSIIS product will include an Unsolicited Vaccination Update (VXU) database repository that is envisioned to serve as the primary repository for incoming and future (Stage 2) outgoing Health Level Seven (HL7) messages (current projection is HL7 V2.5.1). Stage 3 meaningful use requirements are unknown at this time.

OSDH is currently compiling information from larger Oklahoma related EHR's and entities for prioritization in establishing and testing standardized processes for data import into the VXU repository. Multiple interoperability prototype projects with messaging partners are under discussion and consideration. Among these is a prototype project with VisionShare (now ABILITY) to receive Immunization VXU messages via DIRECT from EHRs and forward to OSDH using PHINMS transport. This enables Immunization messaging to OSDH via PHINMS or DIRECT.

A Request for Proposal (RFP) for the OSDH LIMS has been developed that includes primary deliverables of HL7 accessioning, results reporting, and data repository interfaces. The RFP is currently transitioning through the procurement process.

Simultaneous to OSIIS and LIMS development, the OSDH is proceeding with the development and incorporation of an internal Enterprise Master Person Index (eMPI) necessary to achieve interoperability between both internal and external systems. The eMPI project is currently focusing on the linkage of OSDH systems including OSIIS, Vital Records, Public Health Client Information System (PHOCIS), and other key databases and registries of the agency. The development of an agency eMPI is considered a priority need in assuring the OSDH can meet expected requirements for Stages 2 and 3 Meaningful Use criteria and to interact with the HIE.

1.5.3.4.5. Broadband

The current status of broadband in Oklahoma is as described in Section 1.2.2 in the Environmental Scan. Access to broadband throughout the state is a concern and OHIET is working with the Secretary of State, Susan Savage, who leads the Oklahoma Community Access Network (OCAN) effort to build a fiber backbone to reach across the state. In the meantime, OHIET is working to identify feasible work-around models that will allow eligible providers to meet Stage 1 Meaningful Use this year. These include ASP models and other technologies currently tested and in use in the state through SMRTNET and others.

1.5.3.5. Approach to Clinical and Quality Assurance Measures

OHIET will regularly collect, report and monitor a set of performance measures to accurately track the Oklahoma HIE effort and assess readiness for new phases of work. In addition to the required measurements, OHIET will use the existing Physician Quality Reporting Initiative (PQRI) model with de-identified patient information and adapt it to meet Meaningful Use criteria and requirements.

OHIET will conduct clinical and quality assurance surveys to establish baselines statistics and update annually to capture changes over time. The planned tasks are:

- Define clinical user specifications, including data sharing requirements, data use agreements and policies, quality-related technology requirements, and data access standards;
- Assist in data collection with state Medicaid and CMS for attestation and verification of Meaningful Use by hospitals and eligible providers;
- Compile performance and evaluation metrics identified by the task forces;
- Identify best practice case studies;
- Determine performance specifications and set quality standards and goals;
- Generate strategies for incorporating best practices, lessons learned and continuous improvement efforts;
- Create a plan, in conjunction with the REC, Beacon, existing HIOs and organizations with high levels of adoption of EHR and HIE for dissemination of best practices and knowledge transfer of strategies for current and future implementations and security and protection of data;
- Highlight areas of non-performance or under-performance and provide analysis on trends, exceptions, etc.

Peformance metrics and methodologies for obtaining, analyzing and reporting are discussed in OHIET's Operational Plan, Section 2.

1.5.4. Business and Technical Operations

1.5.4.1. Implementation

The OHIET Operational Plan (Section 2) provides the particulars of implementation of the work of OHIET. Executive oversight is provided to the organization by the seven-member board of trustees. Trustees have impressive records and knowledge of HIE and the health care industry and provide perspective of clinicians, academics, hospitals, payors, IT professionals, state agencies, regional HIEs, urban and rural settings (please see Exhibit 4). Daily operations of OHIET is performed by OHIET staff: the Executive Director, John Calabro (also the state HIT Coordinator); the Chief Operating Officer and an analyst, both to be named. These three individuals oversee operations conducted in each of the domain areas, with assistance from vendors and consultants. Procurement and contracting procedures to engage domain expertise have been established by the trust, and follow state and federal guidelines.

OHIET benefits from the Advisory Board. An 18-member Advisory Board has been identified in the trust indenture (Appendix 3.3 and Exhibit 5) and an additional seven member organizations are allowed. The Advisory Board provides representation from healthcare providers, including those that serve low income and underserved populations as well as from rural areas, health plans, patient or consumer organizations that represent the population to be served, HIT vendors, health care purchasers and employers, public health agencies, health profession schools, universities and colleges, clinical researchers and other users of HIT such as the support and clerical staff of providers and others involved in the care coordination of patients. The Advisory Board is meant to advise the Board of Trustees as well as augment OHIET staff in each domain area in the implementation phase of this work. Advisory Board members are individuals who enjoy the concurrence on recommendations for their respective organizations. An impressive group of individuals, many Advisory Board members have been advising and working on domain task forces in order to inform this and the operational plan. A list of these representatives is given in Appendix 3.8.

1.5.4.2. Project Management

Classic project management tools and approaches are in use to implement OHIET business and conduct project work. OHIET employs individuals who have been trained and have deep experience in the arena of project management. Project tracking tools include scheduling, cost accounting, reporting on project progress, communications, meeting minutes, assigned responsibilities and so on. Project management extends to procurement in project estimating, vendor identification, due diligence, creation of bid packages, vendor selection, contracting and contract management and oversight as well as performance evaluation by working with vendors to take and report out specific project metrics and to oversee remediation when metrics indicate intervention. It extends to accounts payable by approving invoices and providing parallel tracking of work progress to that of vendors.

Quality control and assurance are key deliverables by the project management team. Final deliverables include work conducted professionally, in keeping with the tone and tenor of ONCHIT, on time, on or under budget and of the highest caliber.

Project management philosophy is 'by exception', enabling streamlining of information for executive staff and boards. Working meetings keep running minutes of assigned tasks with due dates and current status. Goals are established for each task force. Escalation processes are established in line with goals. Tracked tasks and issues are escalated according to an agreed process.

1.5.4.3. Leveraging Existing HIE Capacities and Services

OHIET services will be leveraged through existing HIOs. Multiple regional HIE efforts have or will have HIE capacities that can be shared with the statewide effort: eMPI, e-Rx, immunization data, labs, prescriptions, patient look-up**,** patient demographics, Record Locator Services (RLSs) exist in current networks within the state. These services of existing HIOs will be expanded upon to facilitate the network of networks that will form OHIET. Alternatively, OHIET may choose to engage in new technology or other partnerships to provide additional or extended services. Services or capabilities for the statewide HIE will be competitively bid to take advantage of existing efforts and economies of scale. This will facilitate a cost-effective model without recreating a large centralized infrastructure and duplicating costs and efforts of the existing HIOs. In addition, this will ensure that OHIET is a sustainable organization with low, long-term operational costs.

1.5.4.4. Communications, Education and Marketing (CEM) Strategy

The purpose of the CEM strategy is twofold:

1. To inform, educate and engage health care providers and organizations, the public, and other key stakeholders about the benefits of HIT adoption and use, and HIE-related activities in Oklahoma; and
2. To engage key stakeholder organizations that will be instrumental in helping communicate important information to their members and constituents, and assisting with these activities.

HIE, HIT, EHR, etc., are confusing topics to even the initiated users of such services. Coupled with the myths and misinformation about any emerging technologies or services as well as the confounding elements of healthcare and its ancillary services and the landscape becomes ripe for confusion very quickly. De-mystifying HIE and HIT and articulating end user benefits to a widely segregated market space of direct and indirect users are the key tasks in the CEM strategy.

Topics of the plan include:

1. Overarching themes that describe and define OHIET; these include key values, priority goals, overall mission, etc., and will result in branding, image, and architecture for OHIET messaging.
2. Prioritization of effort aligned with ONCHIT and Meaningful Use goals that are the initial focus of OHIET and a plan to provide CEM to critical areas; this will include targeted communications, public awareness and education to groups essential to achieving Stage 1 Meaningful Use criteria, and then to subsequent initiatives critical to meet the goals and purpose of OHIET.
3. Development of materials to accomplish content of topics 1 and 2; this will include communications packages, image and content for all media, website and user interface, educational materials, and marketing collateral; each targeted to specific market segments.

Generally, the project relies on current ongoing communication activities that have proved to be successful in making information about HIE in Oklahoma available and accessible to stakeholders in the health community. These activities play an important role in the overall communications strategy for this project are selected and employed on an "as needed" basis. Written presentations, meeting minutes, and other materials are available on the OHIET website. An important element of OHIET is the ability to collaborate; this extends to the CEM effort as well. Best practices and partnerships are leveraged to garner the highest efficiencies in connecting with target audiences. OHIET has already successfully collaborated with organizations such as the Oklahoma Hospital Association (OHA), Oklahoma State Medical Association (OSMA), and the Oklahoma Osteopathic Association (OOA) to communicate important information to providers about HIT and HIE. Coordination of education and public awareness campaigns with the REC, OSU and others targeting special needs populations (including work force and training facilities) is woven into the plan. As borne out by the environmental scan, the rural areas and the unaffiliated organizations will be priority targets in order to achieve Stage 1 Meaningful Use.

Interviews of CEM consultants have already resulted in discussions of key messages and communications required to target a multiple segment marketplace. Communications and education are tailored to various stakeholder audiences including Information technology, including professional and social networking sites, are to be incorporated to gain efficiencies and reach a broader audience, wherever possible. This aligns with methods for information dissemination and modalities to adequately 'connect' with the desired audiences including a general audience, policymakers, Oklahoma legislators, health plans, hospitals, long-term care, home health, physician organizations, community clinics, public health departments, local Regional Health Information Organizations (RHIOs), ancillary service organizations (i.e., lab, pharmacy, imaging), vendors, the public, consumer advocates, health care payors, purchasers and employers.

Coordinated messaging with other key groups in the state who are providing public and targeted outreach including the local HIOs, the REC, the colleges and universities and various other groups is in the plan. Also included are activities aimed at broadening existing collaborations to include additional health care organizations, providers and consumers.

OHIET has a value added role to play in the CEM efforts in the state. This is an appropriate 'central' role where the investment will be leveraged across the state. The plan centers on working with the regional HIOs and helping them drive the messages and awareness required for their success.

1.5.5. Legal / Policy

1.5.5.1. Privacy and Security

Oklahoma Privacy and Security Landscape

Oklahoma generally adheres to Health Insurance Portability and Accountability Act (HIPAA) and 42 C.F.R. Part 2 standards for use and disclosure of protected health information (PHI), with limited exceptions for certain classes of information. Hence, Oklahoma usually does not require authorization for exchange of Protected Health Information (PHI) for purposes of payment, treatment or health care operations. Examples of instances where Oklahoma may require authorization for exchange include records containing substance abuse information,[2] reportable communicable or non-communicable disease information,[3] and certain information concerning minors.[4] In these instances, disclosure requires either authorization or additional notice concerning the nature of records subject to disclosure.

Like other states, Oklahoma's privacy laws present some barriers to both intra-state and inter-state exchange by imposing heightened requirements on certain disclosures. Stakeholders from Oklahoma's health care community, however, have actively worked to reduce such impediments. As participants in the HISPC process, these stakeholders studied how to improve the state's privacy laws in order to promote secure and efficient HIE. The HISPC process presently continues, with the initial federally-sponsored collaborative now functioning as a state council (OKHISPC) under a 2008 executive order issued by Oklahoma Governor Brad Henry.

Oklahoma Health Information Exchange Legislation

To date, Oklahoma's HISPC efforts have already resulted in successful enactment of two laws that have improved HIE in the state.

First, the HISPC collaborative worked with the Oklahoma legislature in 2007 to pass the Oklahoma Health Information Exchange Act.[5] The Act directed the Oklahoma Department of Health to adopt and promulgate a uniform authorization for the exchange of health information that complies with both federal and state privacy law. (Appendix

[2] *See* 43A O.S. § 1-109.
[3] *See* 63 O.S. § 1-502.2.
[4] *See* 63 O.S. § 2602.
[5] *See* 63 O.S. §§ 7100.1-7100.7.

3.10) The Authorization, and related patient and provider instructions, expressly sets forth the instances where Oklahoma requires authorization for exchange and makes clear Oklahoma does not generally require authorization for purposes of payment, treatment and health care operations.

Second, OKHISPC worked with the Oklahoma legislature in 2008 to amend the state's patient-physician/psychotherapist privilege to clarify the privilege does not prohibit disclosures of protected health information otherwise permitted under state and federal privacy law.[6]

OKHISPC continues to study future opportunities to foster HIE. Further, many of Oklahoma's HISPC council and collaborative stakeholders will also have an active role in connection with OHIET's efforts to similarly promote HIE.

Privacy and Security Under OHIET

As further set out in Sections 1.5.5.2 through 1.5.5.5 below, OHIET will specifically require compliance with applicable state and federal privacy laws as an express condition under the trust agreements governing participation in the exchange. By incorporating and applying these statutory and regulatory provisions, OHIET will clearly reference the standards by which participants must conduct HIE.

HHS Privacy and Security Framework:

OHIET will achieve, in significant part, the eight objectives of the HHS Privacy and Security Framework through similarly incorporating aspects of these objectives as conditions for participation under trust agreements with exchange participants.

Individual Access:

The OHIET trust agreement will foster individual access to personal health information by requiring exchange participants to provide access to individual records and disclosure accounting in accordance with the Privacy Rule[7] and the HITECH Act.[8] Exchange participants may provide access through a number of means, including but not limited to: a secure web-portal, personal health records, or direct provision of information by the exchange participant to the individual or the individual's designee. Exchange participants will be responsible for putting measures in place to secure the authentication of the individual requesting access to information.

Correction:

The OHIET trust agreement will require exchange participants to comply with the Privacy Rule[9] and provide individuals with the opportunity to request corrections to PHI generated or maintained by the exchange participant. OHIET anticipates the agreement will also contain additional language concerning the specific manner in which exchange

[6] *See* 12 O.S. § 2503(D)(5).
[7] *See* 45 C.F.R. § 164.524.
[8] *See* 42 U.S.C. § 17935(e).
[9] *See* 45 C.F.R. § 164.526

participants must provide notice and documentation of disputed information in connection with disclosures.

Openness and Transparency:

From an organizational standpoint, Oklahoma selected the state-beneficiary public trust as the structure for OHIET in large part due to the inherent openness and transparency of such entities. Oklahoma permits the creation of state-beneficiary public trusts that operate for the express benefit of the state and its citizens. Oklahoma law requires such entities comply with the Oklahoma's Open Meetings Act,[10] Open Records Act,[11] Administrative Procedures Act,[12] Public Competitive Bidding Act,[13] and Public Trust Competitive Bidding requirements.[14] These acts will ensure public access and opportunity for input and involvement in OHIET's efforts to foster HIE in Oklahoma.

From an operational standpoint, OHIET will also encourage exchange participants to exhibit similar openness and transparency concerning participation in the exchange. Specifically, the OHIET trust agreement will recommend exchange participants provide patients and consumers with clear notice, preferably via the participant's Notice of Privacy Practices, regarding how the participant will use and disclose information through the exchange; the choices the individual may exercise with respect to the information (e.g., access[15], accounting of disclosures[16], request for restriction[17]); and the privacy and security measures applied to safeguard such data.

Individual Choice:

OHIET will adopt a consent model that allows for exchange of protected health information amongst participants, in accordance with minimal necessary requirements of the Privacy Rule[18], in all instances where federal and/or state law permit disclosure absent authorization. As noted above, exchange participants should provide individuals with clear notice concerning these uses and disclosures through the exchange; instances where individual authorization is necessary; and the choices individuals may exercise with respect to protected health information.

Collection, Use, and Disclosure Limitation:

OHIET trust agreements will expressly require exchange participants to adhere to the minimum necessary requirements of the Privacy Rule[19] to govern the collection, use and disclosure of information amongst exchange participants. Subject to such requirements, the trust agreements will permit exchange participants to use, collect and disclose

[10] *See* 25 O.S. §§ 3101-312.
[11] *See* 51 O.S. §§ 24A.1-24A.29.
[12] *See* 75 O.S. §§ 250-323.
[13] *See* 61 O.S. §§ 101-138.
[14] *See* 60 O.S. § 176(H).
[15] 45 C.F.R. § 165.524; 42 U.S.C. § 1795(e).
[16] 42 U.S.C. § 17935(c).
[17] 45 C.F.R. § 164.522; 42 U.S.C. § 17935(a).
[18] *See* 45 C.F.R. § 164.502(b); 42 U.S.C. § 17935(b).
[19] *See* 45 C.F.R. § 164.502(b); 42 U.S.C. § 17935(b).

information for treatment, payment, health care operations and public health reporting required by state and federal law.

Data Quality and Integrity:

Pursuant to OHIET's enabling legislation,[20] OHIET trust agreements will make exchange participants responsible for ensuring accuracy and integrity of data utilized for HIE.

Safeguards:

OHIET trust agreements will require exchange participants to comply with the Security Rule[21] provisions in order to achieve administrative, technical and physical safeguards for accessing, maintaining and transmitting protected health information.

Further, OHIET will consider recommending a common set of procedures and mechanisms to verify the credentials and authenticate the identity of persons requesting and accessing information for exchange. OHIET will also consider recommending standard privacy and security training guidelines for review and use by exchange participants.

Accountability:

As further discussed in Section 1.5.5.3, through the express application of the Privacy and Security Rules, along with other applicable state and federal privacy laws, OHIET trust agreements will clearly signal exchange participants must comply with such requirements and bear responsibility for instances of breach or other non-compliance. In addition, the standard procedures and training guidelines referenced immediately above could serve as another resource toward ensuring exchange participants implement appropriate accountability measures on an institutional level.

1.5.5.2. State Laws

OHIET anticipates working in conjunction with OKHISPC and engaging in ongoing efforts to identify and analyze potential changes to state privacy laws to better serve HIE, both within Oklahoma and with other states.

An Oklahoma statute subject to present discussion and analysis concerning potential amendment requires a disclosure statement to accompany an authorization releasing records containing reportable communicable or non-communicable disease information.[22] The statute requires the statement to appear in bold-faced type and inform the individual authorizing release of the potential for inclusion of such information in the disclosure. Stakeholders from Oklahoma's health care community and OKHISPC have expressed concern that the detailed requirements of this statute present a barrier to exchange.

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[20] *See generally* 63 O.S. § 1-132(F).
[21] 45 C.F.R. §§ 145.302-145.318.
[22] *See* 63 O.S. § 1-502.2.

At the time of drafting, however, OHIET does not have any specific plans or proposals to modify this or other state laws. Likewise, although OHIET has not yet entered into discussions or negotiations with other states concerning HIE, OHIET will monitor HIE efforts of other states and pursue communications with other states where doing so could work to further inter-state coordination and secure exchange of health information.

1.5.5.3. Policies and Procedures

OHIET anticipates utilizing the trust agreements discussed under 1.5.5.4 below as the primary means of achieving adherence to uniform practices and procedures.

1.5.5.4. Trust Agreements

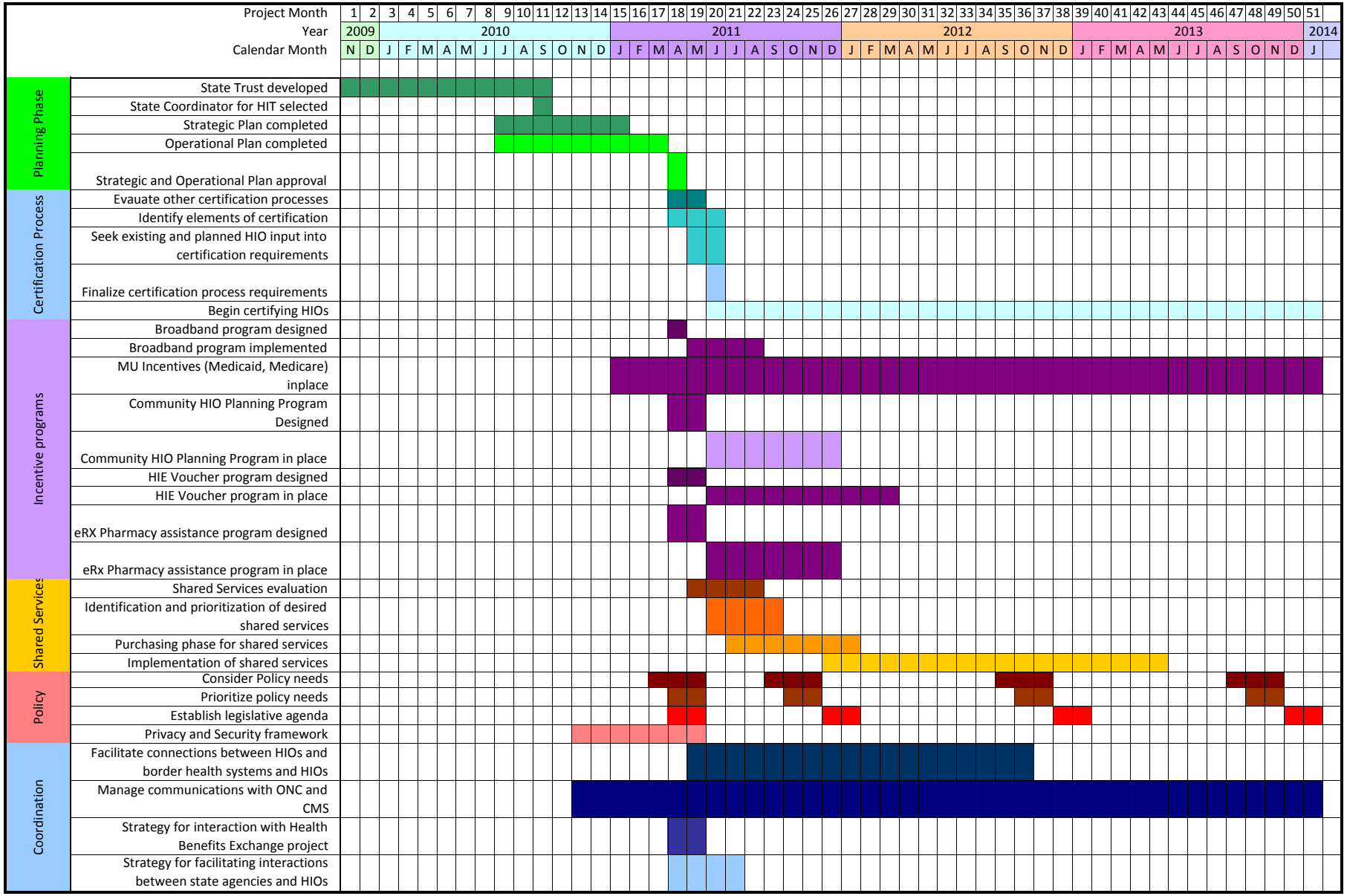
As noted throughout, OHIET trust agreements with exchange participants will serve as the contractual mechanism OHIET will use to achieve uniform adoption of and compliance with the consent model for exchange; the privacy and security requirements under which exchange must occur; and the penalty provisions for acts of breach or non-compliance with federal or state law.

1.5.5.5. Oversight of Information Exchange and Enforcement

OHIET trust agreements will expressly inform exchange participants that oversight authority and enforcement power for breaches and/or other acts of non-compliance with state and federal law rests with the government or regulatory agency charged with such power. The standard policies, procedures, and training materials OHIET anticipates recommending will further serve as best practices to mitigate the probability of breaches or other misuse of information. The trust agreements will require exchange participants, and empower OHIET, to provide notice of breaches and/or acts of non-compliance to appropriate government or regulatory officials where applicable law mandates such action. Finally, the trust agreements will provide for termination of a participant's agreement as a penalty in certain enumerated circumstances involving breach or non-compliance with federal or state law.

End of Oklahoma State Health Information Exchange Cooperative Agreement Program Revised Strategic Plan

Appendices


Project Month
Year
Calendar Month
2009
2010
2011
2012
2013
2014
Planning Phase
State Trust developed
State Coordinator for HIT selected
Strategic Plan completed
Operational Plan completed
Strategic and Operational Plan approval
Certification Process
Evauate other certification processes
Identify elements of certification
Seek existing and planned HIO input into certification requirements
Finalize certification process requirements
Begin certifying HIOs
Incentive programs
Broadband program designed
Broadband program implemented
MU Incentives (Medicaid, Medicare) inplace
Community HIO Planning Program Designed
Community HIO Planning Program in place
HIE Voucher program designed
HIE Voucher program in place
eRX Pharmacy assistance program designed
eRx Pharmacy assistance program in place
Shared Services
Shared Services evaluation
Identification and prioritization of desired shared services
Purchasing phase for shared services
Implementation of shared services
Policy
Consider Policy needs
Prioritize policy needs
Establish legislative agenda
Privacy and Security framework
Coordination
Facilitate connections between HIOs and border health systems and HIOs
Manage communications with ONC and CMS
Strategy for interaction with Health Benefits Exchange project
Strategy for facilitating interactions between state agencies and HIOs

An Act

ENROLLED SENATE
BILL NO. 1373

By: Crain and Johnson
(Constance) of the Senate

and

Schwartz of the House

An Act relating to public health; creating the Oklahoma Plan for Comprehensive Treatment of Chronic Obstructive Pulmonary Disease Act; providing short title; directing the State Department of Health to create a COPD state plan; permitting the Department to use certain existing plans; specifying content of certain plan; approving the creation of the Oklahoma Health Information Exchange Trust; naming beneficiary; making certain approval contingent upon specified conditions; specifying requirement of certain approved declaration of trust; requiring creation of certain advisory board; providing for membership of certain advisory board; specifying membership of the trust; providing for terms of trustees; providing for inclusion of the trust under the Governmental Tort Claims Act; providing for certain immunity; amending 60 O.S. 2001, Section 178, which relates to trustees; providing for exception to certain requirement; providing for codification; and declaring an emergency.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-450 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. This act shall be known and may be cited as the "Oklahoma Plan for Comprehensive Treatment of Chronic Obstructive Pulmonary Disease Act".

B. The State Department of Health shall create a comprehensive chronic obstructive pulmonary disease (COPD) state plan that outlines sustainable solutions for reducing the burden of COPD in Oklahoma through the coordinated implementation of multiple strategies. The Department may utilize existing plans developed by advocacy organizations as a cost-saving means of developing such strategies. These strategies shall include, without limitation, recommendations for:

1. The prevention and early detection of COPD to reduce the incidence of disease;

2. The treatment and management of COPD to ensure that health care providers offer state-of-the-art care;

3. Increasing public awareness, patient education and proper medical management of COPD among the general public and those living with COPD; and

4. Improving COPD outcomes in Oklahoma through increases in COPD funding and resources as well as ongoing effective advocacy by government leaders and people with COPD.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 1-132 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. The state expressly approves the creation of a public trust to be named the "Oklahoma Health Information Exchange Trust", also known as "OHIET", of which the state shall be the beneficiary; provided, however, such approval shall be contingent upon satisfaction of the following conditions:

1. Finalizing the declaration of trust;

2. Adoption of the declaration of trust by an official action of the trustees of OHIET; and

3. Submission of OHIET for acceptance of the beneficial interest and approval as required by Section 177 of Title 60 of the Oklahoma Statutes.

B. The approved declaration of trust shall:

1. Specify that OHIET shall be created as a public trust pursuant to Section 176 et seq. of Title 60 of the Oklahoma Statutes and shall have the same rights, responsibilities, and attributes as any public trust created under such laws;

2. Specify that the primary purpose of OHIET shall be to:

a. serve as Oklahoma's "Qualified State-Designated Entity" for purposes of any grants awarded pursuant to 42 U.S.C., Section 300jj-33 for purposes of facilitating and expanding the electronic movement and use of health information among organizations according to nationally recognized standards, and

b. promote, develop, and sustain electronic health information exchanges at the state level; and

3. To the extent required by law, specify the adoption of bylaws and rules for the due and orderly administration and regulation of affairs of OHIET, which shall require approval in accordance with the provisions of the Administrative Procedures Act.

C. The approved declaration of trust shall also require the trustees of OHIET to establish an advisory board which shall make recommendations to the trustees. The advisory board shall include in its membership representatives of:

1. Health care providers, including providers that provide services to low income and underserved populations;

2. Health plans;

3. Patient or consumer organizations that represent the population to be served;

4. Health information technology vendors;

5. Health care purchasers and employers;

6. Public health agencies;

7. Health professions schools, universities, and colleges;

8. Clinical researchers;

9. Other users of health information technology, such as the support and clerical staff of providers and others involved in the care and care coordination of patients; and

10. Such other entities as may be determined appropriate by the Secretary of Health and Human Services pursuant to 42 U.S.C., Section 300jj-33.

D. OHIET shall have seven (7) trustees, three of which shall be appointed by the Governor, two of which shall be appointed by the President Pro Tempore of the Senate, and two of which shall be appointed by the Speaker of the House of Representatives.

E. The terms of the trustees shall be as follows:

1. Of the trustees first appointed, one member appointed by the Governor shall be appointed for a term of one (1) year, one member appointed by the President Pro Tempore of the Senate shall be appointed for a term of two (2) years, one member appointed by the Speaker of the House of Representatives shall be appointed for a term of three (3) years, one member appointed by the Governor shall be appointed for a term of four (4) years, one member appointed by the President Pro Tempore of the Senate shall be appointed for a term of five (5) years, one member appointed by the Speaker of the House of Representatives shall be appointed for a term of (5) years, and one member appointed by the Governor shall be appointed for a term of five (5) years; and

2. At the expiration of the term of each member and of each succeeding member, the entity who originally appointed such member shall appoint a successor who shall serve for a term of five (5) years. Whenever a vacancy on the trust occurs, the entity who

originally appointed such member shall fill the same by appointment and the appointee shall hold office during the unexpired term. Each member shall hold office until the member's successor has been appointed and qualified.

F. The provisions of the Governmental Tort Claims Act shall apply to OHIET as a state-beneficiary public trust created pursuant to state law. OHIET shall also be immune from liability relating to the accuracy or completeness of any information submitted by a third party to any health information exchange operated by OHIET.

SECTION 3. AMENDATORY 60 O.S. 2001, Section 178, is amended to read as follows:

Section 178. A. The instrument or will creating such trust may provide for the appointment, succession, powers, duties, term, manner of removal and compensation of the trustee or trustees subject to the provisions of subsections C and E of this section, and in all such respects the terms of said instrument or will shall be controlling. Trustees, who are public officers, shall serve without compensation, but may be reimbursed for actual expenses incurred in the performance of their duties as trustees. If the said instrument or will makes no provisions in regard to any of the foregoing, then the general laws of the state shall control as to such omission or omissions. Every person hereafter becoming a trustee of a public trust first shall take the oath of office required of an elected public officer and every officer and employee who handles funds of a public trust shall furnish a good and sufficient fidelity bond in an amount and with surety as may be specified and approved by the persons constituting a majority of each of the governing bodies of the beneficiaries of the trust, such bond to be in a surety company authorized to transact surety business in the State of Oklahoma but in no event shall any bond be required of a trustee. The cost of said bond shall be paid from funds of the trust authority. The oaths of office shall be administered by any person authorized to administer oaths in the State of Oklahoma, and shall be filed with the Secretary of State in trusts wherein the State of Oklahoma is the beneficiary; in the office of the county clerk in a trust wherein any county is beneficiary; and in the office of the clerk of the municipality in a trust wherein any municipality is the beneficiary.

B. ~~Any~~ Unless otherwise specified in another state law authorizing the creation of a state-beneficiary public trust, any public trust that hereafter names the State of Oklahoma as the beneficiary shall have five (5) trustees appointed by the Governor of the State of Oklahoma with the advice and consent of the Senate. The terms of the trustees shall be as follows: of the trustees first appointed, one member shall be appointed for a term of one (1) year; one member shall be appointed for a term of two (2) years; one member shall be appointed for a term of three (3) years; one member shall be appointed for a term of four (4) years; and one member shall be appointed for a term of five (5) years. At the expiration of the term of each member and of each succeeding member, the Governor shall appoint a successor who shall serve for a term of five (5) years. Whenever a vacancy on such trust shall occur by death, resignation or otherwise, the Governor shall fill the same by appointment and the appointee shall hold office during the unexpired term. Each member shall hold office until his successor has been appointed and qualified.

C. Any instrument or will creating a trust which is not within the scope of subsection B of this section shall provide for the appointment of a minimum of three trustees, their succession, powers, duties, term, manner of removal and compensation subject to the provisions of subsection E of this section, and in all such respects the terms of said instrument or will shall be controlling. If the instrument or will makes no provision in regard to any of the foregoing, then the general laws of the state shall control as to the omissions.

D. Meetings of trustees of all public trusts shall be open to the public to the same extent as is required by law for other public boards and commissions. Such meetings shall also be open to the press and any such equipment deemed necessary by the press to record or report the activities of the meetings. In such trusts wherein the State of Oklahoma is the beneficiary, a written notice of trustees' meetings shall be filed with the office of the Secretary of State at least three (3) days prior to the meeting date. Records of the trust and minutes of the trust meetings of any public trust shall be written and kept in a place, the location of which shall be recorded in the office of the county clerk of each county, wherein the trust instrument shall be recorded. Such records and minutes shall be available for inspection by any person during regular

business hours. Every trust created under Sections 176 et seq. of this title shall file a monthly report of all expenditures of bond proceeds with the governing body of each beneficiary and with the Governor, the Speaker of the House of Representatives and the President Pro Tempore of the Senate in the case of a public trust having the State of Oklahoma as beneficiary.

E. Trustees of any public trust may be removed from office for cause, including incompetency, neglect of duty, or malfeasance in office, by a district court having jurisdiction. In the case of persons appointed by the Governor, such persons shall be appointed for terms not in excess of five (5) years, and shall be subject to removal for cause. In the event of removal of a trustee under this subsection, a successor trustee shall be appointed as provided in the trust instrument. Provided, however, in the event a trustee is so removed who is also a member of the governing board of a municipal beneficiary, the successor trustee shall be appointed by the judge of the court wherein the removal occurred; said successor trustee shall serve only until the removed trustee ceases to serve as a member of the governing board of the municipal beneficiary and his successor on said board has qualified.

F. The provisions of this section shall be inapplicable to any public trust created and existing prior to July 1, 1988, if the instrument or will creating such public trust shall have been held to be a valid and binding agreement in an opinion of the Supreme Court of the State of Oklahoma; and nothing in this section shall impair or be deemed to impair the trust indenture or existing or future obligations of such public trust.

SECTION 4. It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.

Passed the Senate the 25th day of May, 2010.

Presiding Officer of the Senate

Passed the House of Representatives the 27th day of May, 2010.

Presiding Officer of the House
of Representatives

OFFICE OF THE GOVERNOR

Received by the Governor this 28th
day of May, 20 10,
at 6:25 **o'clock** P **M.**

By:

Approved by the Governor of the State of Oklahoma the 7th **day of**
June, 20 10, **at** 11:03 **o'clock** P **M.**

Governor of the State of Oklahoma

OFFICE OF THE SECRETARY OF STATE

Received by the Secretary of State this
8th **day of** June, 20 10,
at 4:38 **o'clock** P. **M.**

By:

FILED - Oklahoma Secretary of State #5012286938 09/22/2010 16:54

OKLAHOMA HEALTH INFORMATION EXCHANGE TRUST

TRUST INDENTURE

KNOW ALL MEN BY THESE PRESENTS:

THIS TRUST INDENTURE ("Trust Indenture"), dated as of the 20th day of September, 2010, by and between Jenny Alexopulos, John Calabro, Sam Guild, Craig Jones, David Kendrick, Robert H. Roswell and Brian Yeaman ("Trustors") and the individuals executing this Trust Indenture as Trustees, and their respective successors as provided herein ("Trustees"), is executed for the purpose of forming and creating the Oklahoma Health Information Exchange Trust ("Trust") as set forth below:

RECITALS

A. The Legislature of the State of Oklahoma has passed legislation, Senate Bill 1373, expressly approving the creation of a state-beneficiary public trust named the "Oklahoma Health Information Exchange Trust" or OHIET for the purposes of (1) serving as Oklahoma's "Qualified State-Designated Entity," for purposes of any federal grant money awarded to facilitate and expand the electronic movement and use of health information among organizations according to nationally recognized health standards and (2) to promote, develop, and sustain electronic health information exchange at the State level.

B. In order to further the purposes stated in Paragraph A above, the parties hereto establish this Trust for the benefit of the State of Oklahoma ("Beneficiary"), according to the terms and conditions and for the specific purposes hereinafter set forth.

C. In consideration of the payment by the Trustor to the Trustees of the sum of One Dollar ($1.00), receipt of which is hereby acknowledged, the mutual covenants herein set forth, and other valuable considerations, the said Trustees agree to hold, manage, invest, assign, convey, lease and distribute as herein provided, authorized and directed, such property as Trustor, or others, may from time to time assign, transfer, lease, convey, give, bequeath, devise or deliver unto this Trust or the Trustees hereof.

TO HAVE AND TO HOLD such property and the proceeds, returns, rents, profits and increases thereof unto said Trustees and said Trustees' successors and assigns, but nevertheless in trust, for the use and benefit of the Beneficiary and upon the following trusts, terms and conditions herein stated.

ARTICLE I

CREATION OF TRUST

The Trust is created and established for the use and benefit of the Beneficiary, for the public purposes and functions hereinafter set forth, under the provisions of Title 60, Oklahoma Statutes, Section 176 *et seq.* as amended (the "Oklahoma Public Trust Act") and other applicable statutes and laws of the State of Oklahoma.

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ARTICLE II

NAME

The name of this Trust shall be the "Oklahoma Health Information Exchange Trust", hereinafter referred to as Trust. The Trustees shall conduct all business and execute or authorize the execution of all instruments and otherwise perform the duties and functions required in the execution of this Trust.

ARTICLE III

PURPOSES

The purposes of this Trust are to:

(1) Establish and maintain a framework for the exchange of health information, through a single or multiple health information exchanges, and encourage the widespread adoption and use of electronic health record systems among Oklahoma health care providers, payors and patients.

(2) Promote and facilitate the sharing of health information among health care providers within Oklahoma and in other states by providing for the transfer of health information, medical records, and other health data in a secure environment for the benefit of patient care, patient safety, reduction of duplicate medical tests, reduction of administrative costs and any other benefits deemed appropriate by the Trust.

(3) Establish and adopt standards and requirements for the use of health information and the requirements for participation in any health information exchange(s) established by the Trust by persons or entities including, but not limited to, health care providers, payors, and local health information exchanges.

(4) Establish minimum standards for accessing the health information exchange(s) established by the Trust to ensure that the appropriate security and privacy protections apply to health information, consistent with applicable federal and State standards and laws. The Trust shall have the power to suspend, limit, or terminate the right to participate in the health information exchange for non-compliance or failure to act, with respect to applicable standards and laws, in the best interests of patients, users of the health information exchange, or the public. The Trust may seek all remedies allowed by law to address any violation of the terms of participation in the health information exchange or applicable statutes and regulations.

(5) Identify barriers to the adoption of electronic health records systems, including researching the rates and patterns of dissemination and use of electronic health record systems throughout the State.

(6) Solicit and accept grants, loans, contributions, or appropriations from any public or private source and expend those moneys, through contracts, grants, loans, or agreements, on activities it considers suitable to the performance of its duties.

(7) Determine, charge and collect any fees, charges, costs, and expenses from any healthcare provider or entity in connection with its duties.

(8) Employ, discharge or contract with staff, including administrative, technical, expert, professional, and legal staff, as is necessary or convenient to carry out the purposes stated in this Article III.

(9) To plan, establish, develop, construct, enlarge, remodel, improve, make alterations, extend, maintain, equip, operate, lease, furnish and regulate one or more health information exchange(s) for the benefit of the Beneficiary.

(10) To construct, install, equip and maintain any hardware, software, technology, equipment, and programs necessary for the health information exchange(s) established by the Trust.

(11) To construct, equip and maintain any facilities for the development, maintenance and operation of the health information exchange(s) established by the Trust.

(12) To acquire by lease, purchase or otherwise, and to plan, establish, develop, construct, enlarge, improve, extend, remodel, maintain, equip, operate, furnish, regulate and administer any and all physical properties (real, personal or mixed), intellectual properties (copyrights, trademarks, patents, licenses), rights, privileges, immunities, benefits and any other things of value, designated or needed in establishing, maintaining and operating a health information exchange or multiple exchanges.

(13) To finance and refinance and to enter into contracts of purchase, lease-purchase or other interest in or operation and maintenance of the properties and other assets listed in paragraphs (5) and (6) above, and revenue thereof, and to comply with the terms and conditions of any such contracts, leases or other contracts made in connection with the acquisition, equipping, maintenance and disposal of any of said properties; and to relinquish, dispose of, rent or otherwise make provisions for properties owned or controlled by the Trust but no longer needful for trust purposes.

(14) To transact business anywhere in the State of Oklahoma to the extent it benefits the citizens of the Beneficiary.

(15) To provide funds for the cost of financing, refinancing, acquiring, constructing, purchasing, equipping, maintaining, leasing, repairing, improving, extending, enlarging, remodeling, holding, storing, operating and administering the health information exchange(s) and any or all of the properties and assets indicated in paragraphs (5) and (6) above needed for executing and fulfilling the Trust purposes as set forth in this instrument and all other charges,

costs, and expenses necessarily incurred in connection therewith and in so doing, to incur indebtedness, either unsecured or secured by all or any part of the Trust Estate and its revenues.

(16) To expend all funds coming into the hands of the Trustees as revenue or otherwise for the payment of any indebtedness incurred by the Trustees for purposes specified herein, and in the payment of the aforesaid costs and expenses, and in payment of any other obligation properly chargeable against the Trust Estate, and to distribute the residue and remainder of such funds to the Beneficiary upon termination of the Trust pursuant to Article IX.

ARTICLE IV

DURATION OF TRUST

This Trust shall continue in existence until it shall be terminated as hereinafter provided.

ARTICLE V

THE TRUST ESTATE

The Trust Estate shall consist of:

(l) The funds and property of any type or nature presently in the hands of the Trustees or to be acquired or constructed by Trustees and dedicated by the Trustor and others to be used for trust purposes.

(1) Any and all leasehold rights remised to the Trustees by the Beneficiary or any other entity or person as authorized and empowered by law.

(2) Any and all money, property (real, personal, intellectual or mixed), rights, choses in action, contracts, leases, privileges, immunities, licenses, franchises, benefits, and all other things of value coming into the possession of the Trustees pursuant to the provisions of this Trust Indenture.

The instruments executed for each project, and such issuance of bonds and other indebtedness, shall set out the specific property of the Trust Estate exclusively pledged and mortgaged for the payment of such indebtedness.

ARTICLE VI

THE TRUSTEES

(1) The number and terms of voting Trustees of this Trust shall be consistent with Title 63, Section 1-132 of the Oklahoma Statutes as amended, which provides upon execution of this Trust Indenture that the number of voting Trustees shall be seven (7) in number, with three (3) appointed by the Governor of the State of Oklahoma, two (2) appointed by the President Pro Tempore of the Senate and two (2) appointed by the Speaker of the House of Representatives.

The appointment of Trustees shall be consistent with 42 U.S.C. § 300jj-33 and any other applicable laws. The Trustees so appointed shall be persons knowledgeable about health information exchanges and work in or have experience with the industries or stakeholders directly impacted by health information exchanges and shall be selected from a list of at least three (3) nominees per vacancy submitted by the existing Board of Trustees to the appointing party.

Each Trustee shall serve a term of five (5) years; provided, however, the terms of the first Trustees appointed shall be as follows:

Governor Appointees:

Name	Term End
John Calabro	July 31, 2015
Robert H. Roswell	July 31, 2014
Brian Yeaman	July 31, 2011

Speaker of the House Appointees:

Name	Term End
David Kendrick	July 31, 2015
Sam Guild	July 31, 2012

President Pro Tempore Appointees:

Name	Term End
Craig Jones	July 31, 2015
Jenny Alexopulos	July 31, 2013

At the expiration of the term of each Trustee and of each succeeding Trustee, or whenever a vacancy shall occur by death, resignation or otherwise, the State official who originally appointed such Trustee shall fill the same by appointment, and the appointee shall hold office during the new term or unexpired term, as applicable. Each Trustee shall hold office until his/her successor has been appointed and qualified. A Trustee may be reappointed to succeed himself/herself.

Any Trustee may be removed by the State official who originally appointed such Trustee for cause, including incompetency, neglect of duty, or malfeasance in office, under applicable law and a successor appointed as provided above. All Trustees shall serve without compensation but shall be reimbursed for actual expenses incurred in the performance of their duties hereunder.

(2) A quorum of the Board of Trustees shall consist of a minimum of four (4) Trustees. Except for Amendments to this Trust Indenture (as provided in Article XI) and to the Trust's Bylaws, the affirmative vote of at least four (4) Trustees shall be required to approve any action.

(3) The Trustees may appoint a Chair of the Trustees who shall preside at all meetings and perform other duties designated by the Trustees. The Trustees shall designate the time and place of all regular meetings.

(4) The Trustees may appoint a Vice Chair/Secretary who shall act in the place of the Chair during his or her absence, keep minutes of all meetings of the Trustees and maintain complete and accurate records of all their financial transactions, all such minutes, books and records to be on file in the office of the Trust. The Trustees may appoint one or more Assistant Secretaries to perform such duties as may be assigned to such officers at any time and from time to time by the Trustees.

(5) The Trustees shall appoint a Chief Executive Officer of the Trust (whether designated as President, Administrator, Director or otherwise). To the extent required by applicable law, the Oklahoma Health Information Technology Coordinator shall serve as the Chief Executive Officer of the Trust. The Chief Executive Officer shall act as general manager for the Trust Estate and may cause the Trust to employ such other clerical, professional, legal and technical assistance as may be deemed necessary in the discretion of the Trustees to properly operate the business of the Trust Estate, and may either directly or through his or her designees, fix their duties, terms of employment and compensation. The Chief Executive Officer of the Trust shall administer the business of the Trust Estate as directed from time to time by the Trustees. The Chief Executive Officer of the Trust may be an ex-officio member of the Board of Trustees, but shall have no vote.

(6) Bonds or other evidences of indebtedness to be issued by the Trustees shall not constitute an indebtedness of the Beneficiary, nor personal obligations of the Trustees of the Trust, but shall constitute obligations of the Trust payable solely from the Trust Estate.

(7) Pursuant to Title 60, Oklahoma Statutes, Section 179, the Trustees and the Beneficiary shall not be charged personally with any liability whatsoever by reason of any act or omission committed or suffered in the performance of such Trust or in the operation of the Trust Estate; but any act or liability for any omission or obligation of the Trustees in the execution of such Trust, or in the operation of the Trust Estate, shall extend to the whole of the Trust Estate or so much thereof as may be necessary to discharge such liability or obligation, and not otherwise.

(8) Notwithstanding any other provision of this Trust Indenture which shall appear to provide otherwise, no Trustee or Trustees shall have the power or authority to bind or obligate any other Trustee, or the Beneficiary, in his or its capacity, nor can the Beneficiary bind or obligate the Trust or any individual Trustee.

ARTICLE VII

POWERS AND DUTIES OF THE TRUSTEES

To accomplish the purposes of the Trust, and subject to the provisions and limitations otherwise provided in this Trust Indenture, the Trustees shall have, in addition to the usual powers incident to their office and the powers granted to them in other parts of this Trust Indenture, the authority to do, or cause to be done, all things which are incidental, necessary, proper or convenient to carry fully into effect the purposes enumerated in Article III of this Trust Indenture, with the general authority hereby given being intended to make fully effective the power of the Trustees under this Trust Indenture; and, to effectuate said purposes, the Trustees are specifically authorized (but their general powers are not limited thereby) with the following rights, powers, duties, authority, discretion and privileges, all of which may be exercised by them without any order or authority from any court:

(1) To finance, acquire, establish, develop, construct, enlarge, improve, extend, maintain, equip, operate, lease, furnish, provide, supply, regulate, hold, store and administer any of the facilities designated pursuant to Paragraph (1) of Article III hereof as the Trustees shall determine necessary for the benefit and development of the Beneficiary.

(2) To enter into contracts for the acquisition and construction of property, buildings and facilities authorized to be acquired and constructed pursuant to the terms of this Trust Indenture.

(3) To employ such architectural and engineering firm or firms as the Trustees deem necessary to prepare such preliminary and detailed studies plans, specifications, cost estimates and feasibility reports as are required in the opinion of the Trustees. The cost of such engineering and architectural work shall be paid out of the proceeds of the sale of bonds or from such other funds as may be available therefor.

(4) To enter into contracts for the sale of bonds, notes or other evidences of indebtedness or obligations of the Trust for the purpose of acquiring, equipping or constructing property, buildings, improvements and facilities authorized to be acquired or constructed pursuant to the terms of this Trust Indenture and for that purpose may:

(a) Employ a financial advisor, or committee of advisors, to advise and assist the Trustees in the marketing of such bonds, notes or other evidences of indebtedness or obligations, and to present financial plans for the financing of the acquisition or construction of each project, and to recommend to, or consult with, the Trustees concerning the terms and provisions of bond indentures and bond issues, and may pay appropriate compensation for such work and services performed in the furtherance of the project.

(b) Sell all bonds, notes or other evidences of indebtedness or obligations of the Trust in whole or in installments or series and on such

terms and conditions and in such manner as the Trustees shall deem to be in the best interest of the Trust Estate; and

(c) Appoint, select and compensate attorneys, underwriters, paying agencies and corporate trustees in connection with the issuance of any such bonds, notes, evidences of indebtedness or other obligations of the Trust.

(d) To purchase or redeem said bonds, notes or other evidences of indebtedness in whole or in part prior to the stated maturity thereof as may be stated in any instrument authorizing such issuance or securing the payment of any such indebtedness.

(5) To enter into and execute, purchase, lease or otherwise acquire property (real, personal or mixed), contracts, leases, rights, privileges, benefits, choses in action, or other things of value and to pay for the same in cash, with bonds or other evidences of indebtedness or otherwise.

(6) To make and change investments, to convert real into personal property, and vice versa, to lease, improve, exchange or sell, at public or private sale, upon such terms as they deem proper, and to resell, at any time and as often as they deem advisable, any or all the property in the Trust, real and personal; to borrow money, or renew loans to the Trust, to refund outstanding bonded indebtedness and to execute therefor notes, bonds or other evidences of indebtedness, and to secure the same by mortgage, lien, pledge or otherwise; to purchase property from any person, firm or corporation, and lease land and other property to and from the Beneficiary and construct, improve, repair, extend, remodel and equip buildings and facilities thereon and to operate or lease or rent the same to individuals, partnerships, associations, limited liability companies, corporations and others, including the United States of America, or the State of Oklahoma and agencies or authorities of the United States of America, or of the State of Oklahoma, or of any municipality thereof, and also including all municipal or other political subdivisions of the State of Oklahoma as well as the Beneficiary hereof, and to do all things provided for in Article III of this Trust Indenture, and procure funds necessary for such purpose by the sale of bonds or other evidences of indebtedness by a mortgage, lien, pledge or other encumbrance or otherwise of such real and personal property, buildings and facilities owned or otherwise acquired, leased or controlled by Trustees, and by rentals, income, receipts and profits therefrom, or from any other revenues associated with the ownership, operation or control of the property of the Trust; to lease or sublease any property of the Trust Estate or of which the Trustees may become the owners or lessees.

(7) To fix, demand and collect charges, rentals and fees for the property, buildings facilities, and services of the Trust; to discontinue furnishing of properties, buildings, facilities and/or services to any person, firm or corporation, or public instrumentality, delinquent in the payment of any indebtedness to the Trust; to purchase and sell such supplies, goods, commodities and services as are incident to the operation of its properties.

(8) To make and perform contracts of every kind, including management contracts, with any person, firm, corporation, limited liability company, association, trusteeship, municipality, government or sovereignty; and without limit as to amount to draw, make, accept, endorse, assume, guarantee, account, execute and issue promissory notes, drafts, bills of exchange, acceptances, warranties, bonds, debentures, and other negotiable or non-negotiable instruments, obligations and evidences of unsecured indebtedness, or of indebtedness secured by mortgage, deed of trust or otherwise upon any or all income of the Trust, in the same manner and to the same extent as a natural person might or could do. To collect and receive any property, money, rents, or income of any sort and distribute the same or any portion thereof for the furtherance of the authorized Trust purposes set out herein.

(9) To do all other acts in their judgment necessary or desirable for the proper and advantageous management, investment, and distribution of the Trust Estate and income therefrom.

(10) To have and exercise exclusive management and control of the properties of the Trust Estate for the use and benefit of the Beneficiary. The whole title, legal and equitable, to the properties of the Trust Estate is and shall be vested in the Trustees.

(11) To contract for the furnishing of any services or the performance of any duties that they may deem necessary, or proper, and pay for the same as they see fit.

(12) To select depositories for the funds and securities of this Trust.

(13) To compromise any debts or claims of or against the Trust Estate, and adjust any dispute in relation to such debts or claims by arbitration or otherwise and pay any debts or claims against the Trust Estate upon any evidence deemed by the Trustees to be sufficient. The Trustees may bring any suit or action, which in their judgment is necessary or proper to protect interest of the Trust Estate, or to enforce any claim, demand or contract for the Trust; and they shall defend, in their discretion, any suit against the Trust, or the Trustees or employees, agents or servants thereof. They may compromise and settle any suit or action, and discharge the same out of assets of the Trust Estate, together with court costs and attorneys' fees. All such expenditures shall be treated as expenses of executing this Trust.

(14) No purchaser at any sale or lessee under a lease made by the Trustees shall be bound to inquire into the expediency, propriety, validity or necessity of such sale or lease or to see to or be liable for the application of the purchase or rental moneys arising therefrom.

(15) To adopt, amend and repeal rules and regulations, policies and procedures for the regulation of its affairs and the conduct of its business.

(16) To exercise all other powers and functions necessary or appropriate to carry out the duties and purposes of the Trust in behalf of and for the benefit of the Beneficiary, to the extent and in such manner as now is or hereafter shall be a proper function of the Trust and of the Beneficiary.

ARTICLE VIII

ADVISORY BOARD

The Trust will have an Advisory Board comprised of members who represent health care providers, trade associations, government agencies and other parties with an interest in the implementation and use of the health information exchange as more specifically set forth in the Trust's Bylaws. The purpose of the Advisory Board is to serve as an advisory body to the Trustees regarding the Purposes of the Trust set forth in Article III. All recommendations approved by the Advisory Board shall be presented to and considered by the Trustees as an agenda item at a meeting of the Trustees.

ARTICLE IX

BENEFICIARY OF TRUST

(1) The Beneficiary of this Trust shall be the Beneficiary, under and pursuant to Title 60, Oklahoma Statutes, Section 176 *et seq.*, as amended and supplemented, and other statutes of the State of Oklahoma presently in force and effect. Except as otherwise provided herein, this Trust Indenture shall not be subject to revocation, alteration, amendment, revision, modification or termination from and after the date any indebtedness is incurred by the Trustees.

(2) The Beneficiary shall have no legal title, claim or right to the Trust Estate, its income, or to any part thereof or to demand or require any partition or distribution thereof. Neither shall the Beneficiary have any authority, power or right, whatsoever, to do or transact any business for, or on behalf of, or binding upon the Trustees or upon the Trust Estate, nor the right to control or direct the actions of the Trustees pertaining to the Trust Estate, or any part thereof. The Beneficiary shall be entitled solely to the benefits of this trust, as administered by the Trustees hereunder, and at the termination of the Trust, as provided herein, and then only, the Beneficiary shall receive the residue of the Trust Estate.

ARTICLE X

TERMINATION OF TRUST

This Trust shall terminate in the manner provided by Title 60, Oklahoma Statutes, Section 180; provided, however, that this Trust shall not be terminated by voluntary action if there be outstanding indebtedness or fixed term obligations of the Trustees, unless all owners of such indebtedness or obligations shall have consented in writing to such termination.

Upon the termination of this Trust, the Trustees shall proceed to wind up the affairs of this Trust, and after payment of all debts, expenses and obligations out of the moneys and properties of the Trust Estate to the extent thereof, shall distribute the residue of the money and properties of the Trust Estate to the Beneficiary hereunder. Upon final distribution, the powers, duties and authority of the Trustees hereunder shall cease.

ARTICLE XI

AMENDMENT OF TRUST INDENTURE

This Trust Indenture has been duly approved by the Trustees and by the Beneficiary. This Trust Indenture may be amended without the approval of the Trustor by approval of two-thirds (2/3rds) of the Trustees subject to the approval of the Governor of the State of Oklahoma so long as no outstanding indebtedness is secured by the Trust Estate. If there is any such outstanding indebtedness, such amendment shall be approved by the holders of such indebtedness or any Trustee for the holders of any outstanding bonds or notes. The Trustee for the holders of any such bonds or notes may conclusively rely on the opinion of an attorney for the Trust that any such amendment shall not materially adversely affect the security for such bonds or notes or the ability of the holders to receive timely payment thereon. Any amendments shall be sent to the Governor within fifteen (15) days of their adoption.

ARTICLE XII

ACCEPTANCE OF TRUST

The Trustees accept the Trust herein created and provided for, and agree to carry out the provisions of this Trust Indenture on their part to be performed.

IN WITNESS WHEREOF, the undersigned, in her capacity as both Trustor and Trustee of the Trust, has executed this document as of the date and year first above mentioned.

TRUSTOR:

Jenny J. Alexopulos, D.O.

TRUSTEE:

Jenny J. Alexopulos, D.O.

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this 23rd day of August, 2010, personally appeared Jenny J. Alexopulos, D.O., to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that she executed the same as her free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL the day and year last above written.

Laurie Sterling
Notary Public

My Commission expires:

(SEAL)

LAURIE STERLING
NOTARY
07003503
EXP. 04/10/11
PUBLIC
STATE OF OKLAHOMA

IN WITNESS WHEREOF, the undersigned, in his capacity as both Trustor and Trustee of the Trust, has executed this document as of the date and year first above mentioned.

TRUSTOR:

John R. Calabro

TRUSTEE:

John R. Calabro

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this 27 day of August, 2010, personally appeared John R. Calabro, to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that he executed the same as his free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL the day and year last above written.

Tracy J. Lott
Notary Public

TRACY J. LOTT NOTARY # 07004835 EXP. 05/16/11 PUBLIC STATE OF OKLAHOMA

My Commission Expires:

(SEAL)

IN WITNESS WHEREOF, the undersigned, in his capacity as both Trustor and Trustee of the Trust, has executed this document as of the date and year first above mentioned.

TRUSTOR:

Samuel T. Guild

Samuel T. Guild

TRUSTEE:

Samuel T. Guild

Samuel T. Guild

STATE OF OKLAHOMA)
Washington) SS
COUNTY OF ~~OKLAHOMA~~)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this 24th day of August, 2010, personally appeared Samuel T. Guild, to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that he executed the same as his free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL the day and year last above written.

Martha Lechuga

Notary Public

My Commission expires:
10/29/2013

(SEAL)

NOTARY PUBLIC SEAL
MARTHA LECHUGA
Notary Public in and for the State of Oklahoma
Commission #09009081
My Commission expires 10/29/2013

IN WITNESS WHEREOF, the undersigned, in he capacity as both Trustor and Trustee of the Trust, has executed this document as of the date and year first above mentioned.

TRUSTOR:

Craig W. Jones

TRUSTEE:

Craig W. Jones

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this 24th day of August, 2010, personally appeared Craig W. Jones, to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that he executed the same as his free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL the day and year last above written.

Notary Public

My Commission expires:
5/17/12
(SEAL)

CHRISTOPHER B. KEIM
NOTARY
04004493
EXP. 05/17/12
PUBLIC
STATE OF OKLAHOMA

IN WITNESS WHEREOF, the undersigned, in he capacity as both Trustor and Trustee of the Trust, has executed this document as of the date and year first above mentioned.

TRUSTOR:

David C. Kendrick, M.D.

TRUSTEE:

David C. Kendrick, M.D.

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this 24 day of August, 2010, personally appeared David C. Kendrick, M.D., to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that he executed the same as his free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL the day and year last above written.

Ruth Campbell
Notary Public

RUTH CAMPBELL NOTARY # 02014623 EXP. 08/27/14 PUBLIC STATE OF OKLAHOMA

My Commission expires:
8-27-14
(SEAL)

IN WITNESS WHEREOF, the undersigned, in he capacity as both Trustor and Trustee of the Trust, has executed this document as of the date and year first above mentioned.

TRUSTOR:

Robert H. Roswell, M.D.

TRUSTEE:

Robert H. Roswell, M.D.

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this 19th day of August, 2010, personally appeared Robert H. Roswell, M.D., to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that he executed the same as his free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL the day and year last above written.

Notary Public

My Commission expires:
May 17, 2012
(SEAL)

CHRISTOPHER B. KEIM
NOTARY
04004493
EXP. 05/17/12
PUBLIC
STATE OF OKLAHOMA

IN WITNESS WHEREOF, the undersigned, in he capacity as both Trustor and Trustee of the Trust, has executed this document as of the date and year first above mentioned.

TRUSTOR:

Brian A. Yeaman, M.D.

TRUSTEE:

Brian A. Yeaman, M.D.

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this 19th day of August, 2010, personally appeared Brian A. Yeaman, M.D., to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that he executed the same as his free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND SEAL the day and year last above written.

Notary Public

My Commission expires:
5/17/2012
(SEAL)

CHRISTOPHER B. KEIM
NOTARY
04004493
EXP. 05/17/12
PUBLIC
STATE OF OKLAHOMA

APPROVAL OF
OKLAHOMA HEALTH INFORMATION EXCHANGE TRUST,
a State Beneficiary Public Trust

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, The Attorney General of the State of Oklahoma, has determined that the Trust created by the within and foregoing Trust Indenture is in proper form and is compatible with the laws of the State of Oklahoma and hereby approves the Trust created by the within and foregoing Trust Indenture.

WITNESS, the Honorable Drew Edmondson, Attorney General of the State of Oklahoma, this 20th day of September, 2010.

Drew Edmondson, Attorney General of the State of Oklahoma

ACCEPTANCE OF BENEFICIAL INTEREST
OF OKLAHOMA HEALTH INFORMATION EXCHANGE TRUST,
a State Beneficiary Public Trust

KNOW ALL MEN BY THESE PRESENTS:

The undersigned, The Governor of the State of Oklahoma, hereby accepts the beneficial interest in the Trust created by the within and foregoing Trust Indenture for and on behalf of said Beneficiary, the State of Oklahoma, and in all respects in accordance with the terms of said Trust Indenture.

WITNESS, the Honorable Brad Henry, Governor of the State of Oklahoma, this 20th day of September, 2010.

Brad Henry, Governor of the State of Oklahoma

ATTEST:

SECRETARY OF STATE

OKLAHOMA HEALTH INFORMATION EXCHANGE TRUST

BOARD OF TRUSTEES

BYLAWS

Adopted: October 5, 2010
As Amended: March 1, 2011

OKLAHOMA HEALTH INFORMATION EXCHANGE TRUST

BOARD OF TRUSTEES
BYLAWS

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OKLAHOMA HEALTH INFORMATION EXCHANGE TRUST
BOARD OF TRUSTEES
BYLAWS

ARTICLE I
ORGANIZATION

The Oklahoma Health Information Exchange Trust ("OHIET"), an Oklahoma public trust, is created and established for the use and benefit of the State of Oklahoma ("Beneficiary") under the provisions of Title 60, Oklahoma Statutes § 176 *et seq.* as amended ("Oklahoma Public Trust Act") and other applicable statutes and laws and the Trust Indenture dated September 20, 2010.

ARTICLE II
PURPOSES

OHIET is formed for the purposes of (1) serving as Oklahoma's "Qualified State-Designated Entity," for purposes of any federal grant money awarded to facilitate and expand the electronic movement and use of health information among organizations according to nationally recognized health standards; (2) to promote, develop, and sustain health information exchange at the State level; and (3) for the other specific purposes enumerated in Article III of the OHIET Trust Indenture.

ARTICLE III
BOARD OF TRUSTEES

Section 3.01 Powers and Duties of the Board. All powers granted to OHIET as stated in the Trust Indenture and any amendments and supplements thereto, and under such authority as granted under the Oklahoma Public Trust Act and other applicable local, state and federal law shall be exercised by and under the authority of the Trustees, and the property, business and affairs of OHIET shall be managed under the direction of the Trustees in a manner consistent with the Trust Indenture and these Bylaws. The specific powers and duties of the Trustees are enumerated in Article VII of the Trust Indenture.

Section 3.02 Appointment, Number, Term and Voting. The number of Trustees, the manner of their appointment, their terms in office, vacancies and removal, as well as quorum and voting requirements, will be as set forth in Article VI of the Trust Indenture.

Section 3.03 Relationship with Advisory Board. As provided in Article VII of the Trust Indenture, OHIET will have an Advisory Board to serve as an advisory body to the Trustees regarding the Purposes of the Trust set forth in Article III. All recommendations approved by the Advisory Board shall be presented to and considered by the Trustees as an agenda item at a duly called meeting of the Trustees. The Trustees will give deference to and due consideration of the recommendations of the Advisory Board.

ARTICLE IV
ADVISORY BOARD

Section 4.01 Purpose. The Advisory Board will serve as an advisory body to the Trustees regarding the Purposes of the Trust set forth in Article III. Subject to the ultimate approval of the Trustees, the Advisory Board, or a designated committee thereof, shall be responsible for:

(a) adopting a vision, mission and values statement for OHIET;

(b) participating in the development and review of operating and capital budgets and facility and network planning;

(c) participating in periodic evaluations of OHIET's Director or other executive staff;

(d) recommending any significant changes in services provided by OHIET;

(e) assisting in the development, implementation and coordination of policies and procedures related to organization and operation of the health information exchange(s), including, but not limited to, those related to participation in and access to the health information exchange(s);

(f) helping to assure compliance with requirements of state and federal laws regarding the privacy of health information and any applicable accreditation or certification requirements;

(g) supporting educational and marketing efforts;

(h) fostering community and outreach relationships;

(i) identifying funding sources and opportunities and assisting with the procurement of such funding;

(j) making recommendations regarding successor Trustees, as set forth in Article IX of the OHIET Trust Indenture.

The Advisory Board also shall perform such other functions as may be designated by the Trustees from time to time in connection with or in furtherance or support of OHIET.

Section 4.02 Governance. Subject to the approval of the Trustees, the Advisory Board shall be entitled to establish rules, regulations, policies and procedures relating to its operation, and standing and ad hoc committees, in furtherance of its functions. Members of the Advisory Board are not acting in the nature of corporate directors or trustees and do not have fiduciary obligations to OHIET. No member of the Advisory Board or any officer or member of a committee thereof shall be liable, responsible or accountable in damages or otherwise to OHIET or any Trustee for any action taken or failure to act (even if such action or failure to act constituted the simple negligence of such person), unless such act or omission was

performed or omitted fraudulently or in bad faith or constituted gross negligence or willful misconduct.

Section 4.03 **Membership.** The Advisory Board shall be composed of not fewer than 17 nor more than 25 persons which shall include, at a minimum, one representative of each of the following:

(a) Oklahoma Health Care Authority,

(b) Oklahoma State Department of Health,

(c) Oklahoma Department of Mental Health and Substance Abuse Services,

(d) University of Oklahoma Health Sciences Center,

(e) Oklahoma State University Center for Health Sciences,

(f) A nominee of the Indian Health Service Office responsible for Oklahoma,

(g) A representative of Tribal interests,

(h) Oklahoma Hospital Association,

(i) Oklahoma Osteopathic Association,

(j) Oklahoma Pharmacy Association,

(k) Oklahoma State Medical Association,

(l) Oklahoma State Chamber of Commerce,

(m) Security and privacy representative nominated by the OKHISPC,

(n) Three (3) health information exchange representatives as nominated by the Board of Trustees,

(o) A consumer appointed by the Governor,

(p) A nominee of the Oklahoma Regional Extension Center steering committee (HITREC), and

(q) Oklahoma Association of Health Plans.

Section 4.04 **Appointment and Term of Office.** Advisory Board members from the entities and organizations listed in Section 4.03 shall be nominated by such entity or organization to hold office for a term of one year commencing on the January 1 next following the date on which he or she is appointed by the Trustees and continuing until December 31 of the same year or until his or her successor is appointed. Each entity or organization will promptly notify the OHIET Trustees of any vacancy and any nominations to fill such vacancy.

An Advisory Board member shall be eligible for reappointment by the Trustees. The Trustees shall have the authority to appoint additional Advisory Board members, in consultation with the Advisory Board.

Section 4.05 Vacancies. Any vacant position on the Advisory Board shall be filled by the Board of Trustees, after consideration of a nomination from the entity or organization that originally nominated such Board member, or as otherwise specified in applicable Advisory Board policies and procedures. An Advisory Board member so appointed shall hold office for the unexpired portion of the term of the Advisory Board member whose position has become vacant or until his or her successor is appointed.

A vacancy shall be deemed to exist in case of the death, the resignation or the removal of an Advisory Board member.

No reduction of the number of Advisory Board members shall have the effect of removing any advisory director prior to the expiration of his or her term.

Section 4.06 Resignations. An Advisory Board member may resign at any time by giving written notice of his or her resignation to the entity or organization that nominated him/her and to the Board of Trustees or the Chair of the Advisory Board. Any such resignation shall take effect at the time specified therein or, if the time when it shall become effective is not specified therein, immediately upon its receipt. Unless otherwise specified therein, the acceptance of a resignation shall not be necessary to make it effective.

Section 4.07 Removal. The Trustees, upon recommendation of the Advisory Board or at their own discretion upon consultation with the Advisory Board, may remove any Advisory Board member for cause such as, but not limited to, dereliction of duty, conflict of interest or commission of a crime or behavior that adversely affects the reputation or operations of OHIET. An Advisory Board member may be removed for any reason by the entity or organization that originally nominated him/her.

Section 4.08 Officers and Committees. The Advisory Board may, through the development of policies and procedures, provide for the election and appointment of any officers and standing or ad hoc committees that it deems necessary to fulfill its purposes and duties.

Section 4.09 Meeting Schedule and Notice. The Advisory Board shall hold regular and special meetings as indicated in its, policies and procedures or as deemed necessary by the Board, but shall meet at least once per quarter. Notice of regular meetings shall require at least 7 days notice and special meetings shall require at least three days notice. All notices required in this section shall be given by written notice delivered personally or sent by mail, e-mail or facsimile to each Advisory Board member at his or her address as shown by the records of OHIET. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail in a sealed envelope so addressed, with postage thereon prepaid. If notice be given by e-mail, such notice shall be deemed to be delivered when the e-mail is transmitted to the e-mail address of record. If notice be given by facsimile, such notice shall be deemed to be delivered when the facsimile is transmitted to the facsimile number of record. Any Advisory Board member may waive notice of any meeting. The attendance of an Advisory Board

member at any meeting shall constitute a waiver of notice of such meeting. Neither the business to be transacted at, nor the purpose of, any regular or special meeting of the Advisory Board need be specified in the notice or waiver of notice of such meeting.

Section 4.10 Quorum and Voting. A majority of the Advisory Board members shall constitute a quorum and a majority vote of those present will be required to approve any action. Proxy voting shall not be permitted.

Section 4.11 Informal Action. No action of the Advisory Board shall be valid unless taken at a meeting at which a quorum is present except that any action which may be taken at a meeting of the Advisory Board may be taken without a meeting if a consent in writing (setting forth the action so taken) shall be signed by a majority of Advisory Board member then in office.

Section 4.12 Telephonic Meetings. Members of the Advisory Board may participate in a meeting through use of a conference telephone, video-conferencing or similar communications equipment or other electronic meeting venues, so long as all Advisory Board members participating in such meeting can communicate with one another. Participation in a meeting, pursuant to this paragraph, constitutes presence in person at such meeting.

ARTICLE V
NOMINATING COMMITTEE

Section 5.01 Purpose.

(a) The Advisory Board, acting as a whole or a committee thereof, will serve as a Nominating Committee to prepare and present a slate of candidates to the Board of Trustees. for any vacancies related to the expiration of a term, death, resignation or otherwise. The Nominating Committee will accept nominations from Advisory Board members and the State Health Information Exchange Cooperative Agreement Program ("SHIECAP"), to the extent SHIECAP continues to exist. The Oversight Work Group of SHIECAP will act as the Nominating Committee for the initial Trustees and will submit a slate of nominations directly to the State Official responsible for making the appointments.

(b) The Nominating Committee will: (a) determine the candidates' desire to serve; (b) obtain declarations of conflicts of interest to serve; (c) confirm the suitability of candidates for specific category of nomination; and (d) conduct any interviews, background reviews or searches it deems necessary. The Nominating Committee will rank the selected candidates for each position with the goal of diversifying the Board of Trustees taking factors including, but not limited to, the following into account: (a) geography; (b) urban/rural; (c) osteopathic vs. allopathic physician; (d) physicians actively seeing patients vs. research or retired physicians; and (e) gender/age/ethnicity.

Section 5.02 Nomination Process.

(a) The Nominating Committee will nominate candidates for each Trustee position as set forth in the following table:

Governor App't	1st Term	Category	Senate App't	1st Term	Category	House App't	1st Term	Category
Trustee #1	1 yr.	Physician	Trustee #2	2 yr.	Payor	Trustee #3	3 yr.	Physician
Trustee #4	4 yr.	State Agency	Trustee #5	5 yr.	Physician	Trustee #6	5 yr.	Hospital
Trustee #7	5 yr.	At Large						

(b) After ranking the candidates, the Nominating Committee will submit the slate of candidates to the Board of Trustees for consideration. The Board of Trustees will consider the slate of nominations as a recommendation of the Advisory Board as set forth in Article VIII above prior to submitting a slate of nominees to the State Official responsible for making the appointment.

ARTICLE VI
OFFICERS

Section 6.01 Chair and Vice Chair/Secretary. The Board of Trustees shall appoint a Chair and a Vice-Chair/Secretary to perform the general duties indicated in Article VI of the Trust Indenture. The Board of Trustees may appoint one or more Assistant Secretaries to perform such duties as may be assigned to such officers at any time and from time to time.

Section 6.02 Election and Term of Office. Officers are elected by a majority vote of the Board of Trustees. The term of office for any officer is for one (1) year. Officers may serve successive terms.

Section 6.03 Chair. In addition to the general duties of the Chair indicated in Article VI of the Trust Indenture, the specific responsibilities of the Chair of the Board of Trustees are:

(a) Keeps the mission of the organization foremost and articulates it as the basis for all board action.

(b) Understands and communicates the role and functions of the Board, committees, and management

(c) Understands and communicates the responsibilities and accountabilities of individual Board members, Advisory Board members, board leaders, and committee chairs.

(d) Acts as liaison between the Board, management, and the Advisory Board.

(e) Plans agendas and meetings for general Board meetings.

(f) Presides over the meetings of the Board.

(g) Attends or designates another Trustee to attend and serve as a liaison to the Advisory Board.

(h) Ensures compliance with OHIET and Board policies and procedures.

(i) Establishes Board goals and objectives and translates them into annual work plans.

(j) Orientates new Board members and arranges continuing education for the Board as needed.

(k) Ensures that effective board self evaluation occurs.

(l) Builds cohesion among the Board of Trustees and the Advisory Board.

(m) Leads the chief executive officer/director performance objective and evaluation process.

(n) Plans for board leadership succession.

Section 6.04 Vice-Chair/Secretary. In addition to the general duties of the Vice-Chair/Secretary indicated in Article VI of the Trust Indenture, the specific responsibilities of the Vice-Chair/Secretary of the Board of Trustees are:

(a) Participate in continuing education and development to prepare for future service as Chair.

(b) Perform the duties of the corporate secretary.

(c) Perform specific duties as assigned by the Board of Trustees or Board Chair.

Section 6.05 Treasurer. Pursuant to Article VI of the Trust Indenture, the Board of Trustees establishes the officer position of Treasurer. The specific responsibilities of the Treasure are:

(a) Perform the duties of the corporate treasurer.

(b) Perform specific duties as assigned by the Board of Trustees or Board Chair.

Section 6.06 Oklahoma Health Information Technology Coordinator. The responsibilities of the Oklahoma Health Information Technology Coordinator, who shall serve as chief executive officer of the Trust, shall include the following and any other duties and responsibilities delegated by the Trustees and/or set forth in the Coordinator's job description:

(a) Maintains a positive and ethical work climate that is conducive to attracting, retaining, and motivating a diverse group of top quality employees at all levels.

(b) Coordinates communication between the Board of Trustees and the Advisory Board.

(c) Develops and recommends to the Board a long term strategy and vision for OHIET that is consistent with the national and state goals of implanting and expansion of health information exchanges and leads to creation of organizational value.

(d) Ensures that the day to day business affairs of OHIET are appropriately managed.

(e) Consistently strives to achieve a high level of communication and working relationship with the Board of Trustees and the Advisory Board.

(f) Consistently strives to achieve OHIET's mission, financial, and operating goals and objectives.

(g) Stays up to date on developments regarding electronic medical records and the transmission of health information through health information exchanges and the regulatory, legal, technical and operational issues related thereto.

(h) Oversees the employment and supervision of OHIET staff including development of personnel policies and practices, compensation plans and employee benefit plans.

(i) Ensures, in cooperation with the Board of Trustees, that there is an effective succession plan in place for the Chief Executive Officer position.

(j) Serves as the chief spokesperson for OHIET.

ARTICLE VII
BOARD MEETINGS

Section 7.01 **Meeting Schedule.** Regular meetings of the Board of Trustees shall be held at times determined by the Board and shall meet at least once per month. Special meetings of the Board of Trustees may be called by the Chair or any three (3) of its members. Regular and special meetings shall require notice consistent with the State of Oklahoma statutes. Meetings shall be held at such locations and in such manner as permitted by applicable laws and regulations, and may include videoconference meeting and attendance in such a manner as permitted by applicable laws and regulations.

Section 7.02 **Quorum and Voting.** Quorum and voting requirements of the Board of Trustees are set forth in Article VI of the Trust Indenture.

Section 7.03 **Attendance.** The Chair of the Board shall notify the Governor of the State of Oklahoma whenever a member of the Board of Trustees has missed three (3) consecutive meetings.

ARTICLE VIII
COMMITTEES

Committees may be appointed by the Chair as deemed necessary and desirable. Any such committee shall have limited authority of making recommendations to the Board.

ARTICLE IX
CONFLICT OF INTEREST

All Trustees shall meet the requirements of Oklahoma's conflict of interest law to qualify for service on the Board of Trustees. All Trustees will annually identify all known potential conflicts of interest in which they may be involved. During deliberations or discussions at any Board Meeting, a Trustee will identify potential conflict of interest. Having so disclosed the potential conflict of interest, such Trustee shall not participate in the discussion on that agenda item, nor participate in voting on that issue. Trustees, officers, and employees will refrain from utilizing and disseminating confidential and proprietary information obtained in the course of their association with OHIET for private gain or benefit directly or indirectly.

ARTICLE X
INDEMNIFICATION

All Trustees, officers, members of the Advisory Board, standing and special committees and agents of OHIET shall be indemnified to the extent as permitted by law.

ARTICLE XI
BYLAWS, POLICIES, RULES, AND REGULATIONS

The Bylaws may be amended at a meeting of the Board of Trustees. The Board of Trustees may develop policies, procedures, rules, or regulations to fulfill or meet their responsibilities. Such policies shall be maintained as a written record of the Board. Policies, rules, and regulations shall be reviewed and approved by the Board at least every three (3) years.

ARTICE XII
ADOPTION

These bylaws are adopted as of the date of this regular meeting of the Board of Trustees of the Oklahoma Health Information Exchange on the _____ of _____, 2011.

Adopted by:

_____
Chair of the Board

_____
Vice Chair of the Board

APPROVAL OF
OKLAHOMA HEALTH INFORMATION EXCHANGE TRUST BYLAWS,
a State Beneficiary Public Trust

KNOW ALL MEN BY THESE PRESENTS:

Pursuant to Title 60, Oklahoma Statutes, Section 178 C., the undersigned, The Governor of the State of Oklahoma, hereby approves the Bylaws of the Oklahoma Health Information Exchange Trust.

WITNESS, the Honorable Mary Fallin, Governor of the State of Oklahoma, this _____ day of _____, 2011.

_____

Mary Fallin, Governor of the State of Oklahoma

STATE OF OKLAHOMA

Job Description

Job Title: Oklahoma Health Information Technology Coordinator

Agency:	Oklahoma Health Information Exchange Trust ("OHEIT")
Reports To:	State of Oklahoma Governor
Date Completed:	March 31, 2010
Salary Range:	TBD (depending upon experience)

PART I: DESCRIPTION OF POSITION

Position Purpose:

This position exists to provide leadership, direction, management and coordination of healthcare information technology strategy for the State of Oklahoma which will include the implementation of federal and state requirements for healthcare information technology (HIT) and health information exchange (HIE).

This individual will work cooperatively with multiple stakeholders including health care providers, health plans, health profession schools, consumers, technology vendors, public health agencies, and health care purchasers to identify existing resources, needs, commonalities of interest, project priority, and to develop a plan which prescribes the needed activities to facilitate and expand the electronic movement and use of health information among organizations consistent with the both state- and federal- health information technology strategic plans.

Principal Activities: The principal activities and responsibilities include the following:

- Provide health informatics leadership, vision, and direction to the HIT office in collaboration with the Oklahoma State Health Information Exchange Governance Committee.
- Provide expertise, including research and analysis required to establish and maintain a strategy for implementing health information exchange in Oklahoma
- Identify new grant opportunities; serve as principle investigator (PI) as needed for grants and direct the preparation of grant applications for funding for planning and implementing HIT/HIE in Oklahoma.
- Review grant proposals to evaluate informatics components for issues relating to readiness, collaboration, interoperability and certification.
- Assist HIT projects with conducting studies of existing and proposed information systems and their impacts.
- Collect and analyze data on statewide HIT systems.
- Prepare written and oral reports, manuscripts and other communications summarizing the findings of analyses and studies and disseminate the results.
- Present data, study findings and recommendations to the Governance Board, Advisory Board, state agencies, legislators and other partners/stakeholders as needed to support the statewide HIT/HIE system decision-making process.
- Act as the State lead for HIT/HIE and participate in state, regional and national health/scientific meetings focused on HIT/HIE.

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- Act as the designated Oklahoma representative at meetings related to HIE and associated grants
- As needed, serve as an interface between the partners/stakeholders and the OHEIT staff on identifying and addressing informatics issues.
- Coordinate statewide activities related to the implementation of HIT/HIE in Oklahoma in order to improve the efficiency and effectiveness of health data collection, analysis and use to improve the health of individuals and their communities.
- Provide direction in the development of the state HIT/HIE strategic plan.
- Coordinate resources and activities to assist with readiness assessments of public and private health care entities to implement electronic information systems that meet federal and state requirements and fit within the state HIE plan.
- Solicit input from relevant public and private partners/stakeholders, including consumers, about the needs and barriers to implementing HIE in Oklahoma including barriers to interoperability and ways to utilize opportunities and reduce barriers.
- Foster pilot projects and coordinate HIE-related activities in collaboration with public and private healthcare providers and health plans.
- Collaborate with federal standards and policy committees to develop common data reporting formats and methods of transmission within Oklahoma and across state borders for all pertinent health data.
- Maintain relationships with public and private partners/stakeholders for the purpose of insuring coordination of all electronic health information systems planning, development, implementation and interoperability.
- Provide training and information on ONC, NHIN administrative and technical requirements for system interoperability and secure data exchange using the Web and other communication methods.
- Perform other duties in support of the statewide HIT activities.
- Represent Oklahoma on national HIE/HIT issues and activities.

Supervisory Responsibilities: This position has supervisory responsibilities.

PART II: KNOWLEDGE AND BACKGROUND REQUIREMENTS

Qualifications:

This position requires a strong leader possessing excellent health informatics skills and strong experience with information systems and information technology. The work of this position requires expert knowledge of healthcare processes and systems both private and public, program management, technological planning, organizational behavior, public policy development and analytical evaluation and research skills. It requires the incumbent to develop a strong working knowledge of the statewide private sector healthcare infrastructure; information technology, medical informatics, legislative processes and operation of state agencies.

Preference: Preference will be given to applicants with the following qualifications:

- An individual with an advanced clinical degree including nursing, medicine, dentistry or pharmacy.
- An individual with clinical practice experience.

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- Masters or higher degree.
- Significant expertise and knowledge in HIT/HIE, particularly related to improving clinical quality.
- Significant knowledge and experience in HIT/HIE public policy.
- Recognized leadership skills and experience in managing, creating or developing health information technology.
- Extensive knowledge of information management principles, information technology strategies and trends, and systems oversight abilities.

Qualified candidates will possess the following:

Education: Post baccalaureate degree from an accredited college or university with additional training in business administration, public administration, finance, management information systems, public health, health care management, or medical informatics.

Experience: Seven (7) years of pertinent work experience within the healthcare and/or public health or industry. Three (3) years of program or project management experience which include:

- Analyzing business processes and outcomes
- Financial reporting
- Planning, developing, and implementing information technology systems
- Managing large projects
- Writing and administrating grants
- Facilitating meetings Researching, interpreting and explaining technical information such as laws, regulations and requirements.

Language Skills: Ability to read, analyze, and interpret technical documents, general business periodicals, professional journals, technical procedures, or governmental regulations. Ability to write reports, business correspondence, and procedure manuals. Ability to effectively present information and respond to questions from stakeholders.

Mathematical Skills: Ability to work with mathematical concepts such as probability and statistical inference with the ability to apply concepts to practical situations.

Reasoning Ability: Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.

Computer Literacy: Knowledge of health information technology concepts, including hardware, software, networking, and associated costs and budgeting. Must have significant knowledge of healthcare data standards (vocabularies, messaging, and security) and experience in communicating these complex topics to learners and listeners at all levels.

Physical Demands/Work Environment: Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

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Brad Henry
Governor

September 10, 2009

David Blumenthal, M.D., MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: **ARRA State Grants to Promote Health Information Technology Planning and Implementation Projects EP-HIT-09-001; CFDA 93.719**

Dear Dr. Blumenthal:

On behalf of the State of Oklahoma, I am pleased to convey my unequivocal support of the state initiative on health information technology. The grant funds will allow the State of Oklahoma, its agencies, partners, and stakeholders to improve and expand health information exchange services over time to reach all health care stakeholders in an effort to improve the quality and efficiency of health care.

Through the American Recovery and Reinvestment Act of 2009, the HITECH Act, the State of Oklahoma has an opportunity to improve the efficiency and quality of health care. In my capacity as Governor of Oklahoma, I have named the Oklahoma Health Care Authority as the state designated entity for this grant opportunity. The contact person is:

John Calabro, Chief Information Officer
Oklahoma Health Care Authority
State of Oklahoma
4545 North Lincoln Blvd, Suite 124
Oklahoma City, OK 73105
Office: 405-522-7424 Fax: 405-530-3400
John.Calabro@okhca.org

One of the goals of my administration is to increase access to health care and improve health outcomes for all Oklahomans. This grant initiative will provide a means to accomplish both, and, as a result, I am delighted to provide my support for the grant application of the State Health Information Exchange Cooperative Agreement Program. The efforts to improve and expand health information exchange outlined within this proposal will improve health outcomes and promote cost effectiveness for Oklahoma.

Sincerely,

Brad Henry
Governor

To: Advisory Board Member Organization

RE: Appointment of Personnel to Serve with the Oklahoma Health Information Exchange Trust Advisory Board

Dear _____ :

Recently passed into Oklahoma Legislation by Senate Bill 1373 was the establishment of a public trust, the Oklahoma Health Information Exchange Trust (OHIET). The purpose of OHIET is to ensure complete coverage of the state by health information exchanges (HIEs) and transmission of electronic health data both intra- and interstate thereby raising the overall quality of health of the population while making access more effective and affordable.

Your organization has already made significant contribution to this (the Oklahoma State Health Information Exchange Cooperative Agreement Program) and other areas of HIT/HIE. Because of your commitment and leadership, we have included your organization as a founding member of OHIET's Advisory Board.

Request:

The Board of Trustees of OHIET requests that you nominate one individual to serve as your representative. This individual should be a leader in your organization; they should represent a consensus opinion of your organization; they should bring a deep level of understanding of your organization and the constituencies you serve; they should be willing to collaborate with a diverse set of views and devise creative paths and solutions; they should be critical thinkers and have the ability to understand and eliminate bias.

Depending upon the role your representative takes, the time commitment from him/her will range from one to four hours per week. We ask that representatives serve for a minimum term of one year.

We very much appreciate your generosity in allowing this valuable employee to work with us. We believe, with the assistance of organizations like yours, we will improve the overall quality of care for the citizens of Oklahoma.

Once you have selected your representative, please send notification to this office, _____. We look forward to learning your member individual by October 15, 2010.

Thank you once again the effort you and your organization put toward these endeavors.

Signed by Trustees

Follows: more information about the position, Advisory Board and OHIET.

Position Purpose:

To represent the views and desires of your organization, to collaborate with several other concerned constituents, and to add leadership and expertise to the Oklahoma Health Information Exchange Trust (OHIET) and towards its intentions to meet stated goals. To provide opinion and advice to the Board of Trustees; to work on task forces at a domain-specific level in order to make learned recommendations to the Board; to perform discrete tasks as might be necessary.

Advisory Board Member Organizations:

1.	Oklahoma Health Care Authority [Medicaid],
2.	Oklahoma State Department of Health [Public Health],
3.	Oklahoma Department of Mental Health and Substance Abuse Services,
4.	University of Oklahoma Health Sciences Center,
5.	Oklahoma State University Center for Health Sciences,
6.	A nominee of the Indian Health Service Office responsible for Oklahoma,
7.	A representative of Tribal interests,
8.	Oklahoma Hospital Association,
9.	Oklahoma Osteopathic Association,
10.	Oklahoma Pharmacy Association,
11.	Oklahoma State Medical Association,
12.	Oklahoma State Chamber of Commerce,
13.	Security and privacy representative nominated by the Oklahoma Health Information Security and Privacy Council,
14.	A HIE representative as nominated by the HIE workgroup,
15.	A consumer appointed by the Governor,
16.	A nominee of the Oklahoma Regional Extension Center steering committee,
17.	Oklahoma Association of Health Plans,
18.	Representation from up to eight additional organizations

About OHIET:

Vision Statement:

Every Oklahoman will benefit from the improved quality and decreased cost of health care afforded by the secure and appropriate communication of their health information to all providers involved in their care, raising the health status of individuals and the entire state population.

Mission Statement:

OHIET will enable all Oklahoma providers to rapidly locate and access sources of patient data maintained anywhere in the state, in accordance with all state and federal laws.

OHIET will provide electronic access to shared patient data utilizing a single query which may be submitted either in conjunction with, or separate from, an electronic medical record.

OHIET will operate in a secure environment and will eventually be self-sustaining -- not relying upon state-appropriated funds.

OHIET will ensure that key data elements as required for Meaningful Use and patient safety be accessible statewide and nationally, including the National Health Information Network (NHIN).

OHIET will work with providers, state agencies, payors and stakeholder organizations to develop and operate statewide HIE capabilities, which shall be electronically accessible to all providers.

OHIET will work with all stakeholders to provide operational oversight[1], to create and adopt standards, to master patient identification protocols, provider indices, record locator services, and related technical infrastructure to assure statewide access to patient data regardless of which HIE network houses the patient data.

[1] Intended to reflect the participatory management created by the Advisory Board, as well as the "network of networks" concept where individual networks participating in the state HIE manage their own data and operations. This also assures that the state won't usurp operational control of these networks.

OHIET will ensure seamless and secure integration and transmission of data throughout all HIE networks in Oklahoma and into neighboring networks. OHIET will leverage existing HIE infrastructure, both operational and planned, to close service gaps and facilitate new provider-based HIE networks when necessary to complete statewide coverage.

OHIET will advocate for the use of HIE/HIT by all providers and patients throughout the state, as well as promote legislation and policies that will enhance and enable effective use of HIE/HIT.

OHIET will assist in the public awareness and education on information, use and merits of the HIE and HIT systems.

OHIET may either subsidize the expansion of coverage into service gap areas with financial support for interface development or related infrastructure needs, and/or contract directly with vendors to address unmet needs, as required. OHIET will neither encourage nor facilitate exclusive HIE efforts based upon geography, provider status or other criteria. OHIET may provide limited financial support for the development of these basic needs common to all state-based HIE networks.

OHIET Clinical Quality and Performance Improvement Goals include:

Oklahoma is one of the unhealthiest states in the nation. Oklahoma is also a low-income state, with a median household income ranking the 44th lowest in the United States at $41,567, and many parts falling at least $5,000 below that level. Income is a barrier to health because it leads to high rates of uninsured or under-insured individuals. Also, the increasing cost of food is forcing many citizens to choose unhealthy, high-calorie foods that are low-cost in order to feed their families.

One of Oklahoma's greatest opportunities to overcome these health and income disadvantages lies within a vast HIE infrastructure. Oklahoma, through advanced HIE networks and in collaboration with the REC and Beacon funding opportunity announcement (FOA), designed its project's goals and objectives to alleviate the aforementioned health disparities.

OHIET Clinical Quality and Performance Improvement Goals		
State Objectives **(Qualitative Targets)**	**Measurable Outcomes** **(Quantitative Targets)**	**Anticipated Health IT Outputs** **(Target Year)**
COST-EFFICIENCY	**Justification:** Oklahoma ranks 45th in the nation in terms of re-hospitalization rates. Improving HIE usage will result in fewer re-hospitalizations and duplicated services, thereby lowering health care expenditures by an estimated 5-7%.	
CE1: Reduce preventable hospitalizations and Emergency Department visits for Ambulatory Care and sensitive conditions	10% reduction in overall hospital readmissions and ED visits regarding asthma, COPD and CHF	Advanced HIE implementation rates and provider adoption rates beyond 75% (2015)
	5-7% decrease in total aggregate State Medicaid and Medicare expenditures	
CE2: Reduce duplicate and inappropriate testing, diagnostic procedures, and specialty referrals	Reduce the number of duplicate lab tests by 10%; reduce referrals to specialty care by 10%	
QUALITY OF CARE	**Justification:** Connecting underserved populations to the HIE will allow faster access to other facilities and specialists and improve transitions of care. Increasing the number of HIE users leads to better communication and more accurate diagnoses, thereby improving medication reconciliation and reducing the number of adverse drug events or medical errors.	
QC1: Increase timely access to specialty care for rural, tribal, uninsured and other potentially underserved populations	Decrease patient wait times for initial specialist opinion to 10 business days via HIE messaging and e-referrals.	Enhanced communication between healthcare providers (2015)

OHIET Clinical Quality and Performance Improvement Goals		
State Objectives **(Qualitative Targets)**	**Measurable Outcomes** **(Quantitative Targets)**	**Anticipated Health IT Outputs** **(Target Year)**
QC2: Improve transitions of care and patient safety by improving the medication reconciliation process and accuracy across inpatient settings and provider offices	20% fewer reported adverse drug events or medical errors	
POPULATION HEALTH	**Justification:** The Oklahoma State Health Rankings demonstrates how all the goals tie to health disparities. Improving these disparities will increase State-wide vaccination rates and prevention screening. In addition chronic disease management efforts can be focused on high risk populations due to improved HIE tools for communication and epidemiological statistics.	
PH1: Increase the number of patients using preventative services	10% increase in the number of Pneumovax and Influenza vaccinations	Evaluation tools that allow for advanced analytics and performance feedback systems (2015)
	10-20% increase in the number of lipid panels performed	
	3-5% increase in the number of patients having regular mammograms and PSAs	
PH2: Improve public health outcomes for CHF, DM, smoking cessation and alcohol usage	5-10% reduction in smoking rates and alcohol usage. Reduction of 1% in population aggregate HgA1C for DM. Decrease CHF admissions by 10%	

Purpose of OHIET:

OHIET has the following items expressly delineated into the articles of indenture for the public trust:

a) Establish and maintain a framework for the exchange of health information, through a single or multiple HITs, and encourage the widespread adoption and use of EHR systems among Oklahoma health care providers, payors and patients.

b) Promote and facilitate the sharing of health information among health care providers within Oklahoma and in other states by providing for the transfer of health information, medical records and other health data in a secure environment for the benefit of patient care, patient safety, reduction of duplicate medical tests, reduction of administrative costs and any other benefits deemed appropriate by the trust.

c) Establish and adopt standards and requirements for the use of health information and the requirements for participation in any HIEs established by the trust by persons or entities including, but not limited to, health care providers, payors and local HIEs.

d) Establish minimum standards for accessing the HIEs established by the trust to ensure that the appropriate security and privacy protections apply to health information, consistent with applicable federal and state standards and laws. The trust shall have the power to suspend, limit or terminate the right to participate in the HIE for non-compliance or failure to act, with respect to applicable standards and laws, in the best interests of patients, users of the HIE or the public. The trust may seek all remedies allowed by law to address any violation of the terms of participation in the HIE or applicable statutes and regulations.

e) Identify barriers to the adoption of EHR systems, including researching the rates and patterns of dissemination and use of EHR systems throughout the state.

f) Solicit and accept grants, loans, contributions or appropriations from any public or private source and expend those moneys, through contracts, grants, loans or agreements, on activities it considers suitable to the performance of its duties.

g) Determine, charge and collect any fees, charges, costs and expenses from any health care provider or entity in connection with its duties.

h) Employ, discharge or contract with staff, including administrative, technical, expert, professional and legal staff, as is necessary or convenient to carry out the purposes stated in this Article III.

i) To plan, establish, develop, construct, enlarge, remodel, improve, make alterations, extend, maintain, equip, operate, lease, furnish and regulate one or more HIEs for the benefit of the beneficiary.

j) To construct, install, equip and maintain any hardware, software, technology, equipment and programs necessary for the HIEs established by the trust.

k) To construct, equip and maintain any facilities for the development, maintenance and operation of the HIEs established by the trust.

l) To acquire by lease, purchase or otherwise, and to plan, establish, develop, construct, enlarge, improve, extend, remodel, maintain, equip, operate, furnish, regulate and administer any and all physical properties (real, personal or mixed), intellectual properties (copyrights, trademarks, patents, licenses), rights, privileges, immunities, benefits and any other things of value, designated or needed in establishing, maintaining and operating a HIE or multiple exchanges.

m) To finance, refinance and enter into contracts of purchase, lease-purchase or other interest in, or operation and maintenance of, the properties and other assets listed in paragraphs (e) and (f) above, and revenue thereof, and to comply with the terms and conditions of any such contracts, leases or other contracts made in connection with the acquisition, equipping, maintenance and disposal of any of said properties; and to relinquish, dispose of, rent or otherwise make provisions for properties owned or controlled by the trust but no longer needed for trust purposes.

n) To transact business anywhere in the state of Oklahoma to the extent it benefits the citizens of the beneficiary.

o) To provide funds for the cost of financing, refinancing, acquiring, constructing, purchasing, equipping, maintaining, leasing, repairing, improving, extending, enlarging, remodeling, holding, storing, operating and administering the HIEs and any or all of the properties and assets indicated in paragraphs (e) and (f) above needed for executing and fulfilling the trust purposes as set forth in this instrument and all other charges, costs and expenses necessarily incurred in connection therewith and in so doing, to incur indebtedness, either unsecured or secured by all or any part of the trust estate and its revenues.

p) To expend all funds coming into the hands of the trustees as revenue or otherwise for the payment of any indebtedness incurred by the trustees for purposes specified herein, and in the payment of the aforesaid costs and expenses, and in payment of any other obligation properly chargeable against the trust estate, and to distribute the residue and remainder of such funds to the beneficiary upon termination of the trust.

List of Participants in Oklahoma SHIECAP Planning

Name		Organization
Alexopulos	Jenny	OSU
Anderson	T	AS Tribe
Anthony	Melody	OHCA
Barnard	Marilyn	OHCA
Blackstock		OKAFP
Bragg	Leon	OHCA
Bratzler	D.	OFMQ
Bray	Jason	OSU
Brookins	Laura	OK Healthplans
Calabro	John	OHCA
Caldwell	Tatum	OSU
Chou	Ann	OUHSC
Cox	K	Department of Mental Health
Crawford	Jim	OK PCA
Cross	Pam	HAU Online
Cross	Charles	HIS
Davis	Patti	OKOHA
Dickens	Rickard	HIS
E	Mike	OK Dept of Health
Ed	Ona	OK Nurses Ass'n
Evans	Carrie	OHCA
Fondren	Ronald	Chickasaw Nation
Forducey	Pam	Integris Health
Forgarty	Mike	OHC
Forsyth	Larry	HCA Healthcare
Gifford	Lisa	OHCA
Golder	Dan	OFMQ
Gomex	Nico	OHCA
Gordon	Kevin	Crowe & Dunlevy
Greene	Robn	OK Dept of Health
Guild	Sam	JPMC
Hackler	Jeff	OSU

List of Participants in Oklahoma SHIECAP Planning

Name		Organization
Hancock	Bill	Community Care
Hawkins	J	Department of Mental Health
Heater	Buffy	OKCA
Herndon	Mike	OHCA
Hillemeier	Ashley	ODPH
Holland	Kim	OID
I	Tom	OK Dept of Health
Johnson	Mark	Mercy Hospital
Johnson	Debra	OHCA
Johnson	Melissa	OK Medical Ass'n
Jones	Tracy	Chickasaw Nation
Jones	Craig	OKOHA
Jones	Kent	UH Center
Kaiser	Corie	OSU
Keenan	Paul	OHCA
Keim	Chris	Crowe & Dunlevy
Keim	Chris	Crowe & Dunlevy
Kendrick	David	OUHSC
Kilgore	Jo	OHCA
King	Kent	OK Medical Ass'n
Kinnard	Robin	HIS
Knife Chief	Charlie	BCBSOK
Knutson	Craig	OID
Kolarik	J	OFMQ
Kox	Julie	OK Dept of Health
L	Keith	OK Dept of Health
Leaker	DK	CNHSA
Leeper	Tracy	Department of Mental Health
Leiserling	Patsy	OK Dept of Health
Lieser	Derek	OHCA
Lowry	Jon	OCCHD
Maren	Adolf	OHCA
McClain	Lynnette	OKOSTEO

List of Participants in Oklahoma SHIECAP Planning

Name		Organization
McCurdy	Carol	Chickasaw Nation
Mitchell	Lynn	OK Dept of Health
Mitchell	Sue	OK Dept of Health
Moore	Yvonne	OK Dept of Helath
Nantois	Nicole	OHCA
Neal	Roger	Duncan Regional Hospital
Nelson	Diddy	HIS
Nicholson	Joe	BCBSOK
Olson	Kevin	SSMHS
P	Kevin	OK Dept of Health
Peterson	Ron	RP Consulting
Petherick	JT	Cherokee Nation
Puckett	Lynn	OHCA
Roberts	Cindy	OHCA
Rogers	Kevin	HIS
Roswell	Robert	OUHSC
Rubin	Amy	HIS
Schott	Val	OSU
Smith	P	OFMQ
Snyder	Mark	OK Dept of Health
Snyder	Rick	OKOHA
Splinter	Garth	OHCA
Stastny	MJ	Saint Francis Hospital
Teel	Brenda	Chickasaw Nation
Tew	David	Mercy Hospital
Tolman	Julie	OUHSC
Vilines	Bobby	HIS
Walker	Joe	OUHSC
White	L	OKOHA
Wilborn	B	OKPCA
Willis	Mike	OHCA
Yeaman	Brian	Norman Regional Hospital
Young	Marc	OID

Glossary of Acronyms

AARP:	American Association of Retired Persons
AHRQ:	Agency for Healthcare Research and Quality
ARRA:	American Recovery and Reinvestment Act of 2009
BNDD:	Bureau of Narcotics and Dangerous Drugs.
BSE RDAC:	Biostatistics and Epidemiology Research Design and Analysis Center
CCD:	Continuity of Care Document
CDR:	Clinical Document Repository
CEM:	Communications, Education and Marketing
CHF:	Congestive Heart Failure
COPD:	Chronic Obstructive Pulmonary Disease
CMS:	Center for Medicare and Medicaid Services
DM:	Diabetes Mellitus
eEHX:	Electronic Health Exchange
EHR:	Electronic Health Record
EIS:	Entity Identification Service
eMPI:	Electronic Master Patient Index
EMR:	Electronic Medical Record
EOY:	End of Year
FLEX:	Medicare Rural Hospital Flexibility
FOA:	Funding Opportunity Announcement
FQHC:	Federally Qualified Health Center
FTE:	Full-time Employee
GAAP:	Generally Accepted Accounting Principles
GOCHC:	Greater Oklahoma City Hospital Council
GSA:	General Services Administration
Greater THAN:	Greater Tulsa Health Access Network
HHS:	Health and Human Services
HIE:	Health Information Exchange
HIIAB:	Health Information Infrastructure Advisory Board

Glossary of Acronyms

HIPAA:	Health Insurance Portability and Accountability Act
HISPC:	Health Information Security and Privacy Collaborative
HIT:	Health Information Technology
HL7:	Health Level Seven
IHS:	Indian Health Service
IIS:	Immunization Information System
LIMS:	Laboratory Information Management Systems
MOU:	Memorandum of Understanding
MPI:	Master Patient Index; also Master Provider Index
NHIN:	National Health Information Network
NIH:	National Institute of Health
NPHO:	Norman Physician Hospital Organization
OCAITHB:	Oklahoma City Area Inter-Tribal Health Board
OFMQ:	Oklahoma Foundation for Medical Quality
OFMQHIT:	Oklahoma Foundation for Medical Quality Health Information Technology
OHA:	Oklahoma Health Association
OHAP:	Oklahoma Health Access Portal
OHCA:	Oklahoma Health Care Authority
OHIET:	Oklahoma Health Information Exchange Trust
OHRP:	Oklahoma High Risk Pool
OID:	Oklahoma Insurance Department
OKHIE:	Oklahoma Health Information Exchange
OKHISPC:	Oklahoma Health Information Security and Privacy Collaborative
OMB:	Office of Management and Budget
ONC:	Office of the National Coordinator for Health Care Information Technology
ONCHIT:	Office of the National Coordinator of Health Information Technology
OOA	Oklahoma Osteopathic Association
OPHX:	Oklahoma Physicians Health Exchange
OSDH:	Oklahoma State Department of Health

Glossary of Acronyms

OSIIS:	Oklahoma State Immunization Information Systems
OSMA:	Oklahoma State Medical Association
OSU-CHS:	Oklahoma State University Center for Health Sciences
OSUMC:	Oklahoma State University Medical Center
PHI:	Protected Health Information
PHL:	Public Health Laboratory
PPACA:	Patient Protection and Affordable Care Act
PQRI:	Physician Quality Reporting Initiative
REC:	Regional Extension Center
RFP:	Request for Proposal
RHC:	Rural Health Clinic
RHIO:	Regional Health Information Organization
RLS:	Record Locator Service
RPMS:	Resource and Patient Management System
SDE:	State Designated Entity
SHIE:	State Health Information Exchange
SHIECAP:	State Health Information Exchange Cooperative Agreement Program
SHIP:	Small Hospital Improvement Program
SMHP:	State Medicaid Health Information Technology Plan
SMRTNET:	Secure Medical Records Transfer Network of Oklahoma
SWOT:	Strengths, Weakness, Opportunities and Threats
TCC:	Tulsa Community College
WSCA:	Western States Contracting Alliance

OKLAHOMA STANDARD AUTHORIZATION TO USE OR SHARE PROTECTED HEALTH INFORMATION (PHI)

I. INDIVIDUAL INFORMATION (FOR PERSON WHOSE INFORMATION WILL BE SHARED)

Name	Date of Birth	
Address	City	
Area Code & Telephone Number	State	Zip

II. SCOPE & PURPOSE FOR SHARING INFORMATION

I understand protected health information is information that identifies me. The purpose of this authorization is to allow to share my protected health information.

III. AUTHORIZATION & INFORMATION TO BE SHARED

I authorize as set forth below, to share my protected health information for reasons in addition to those already permitted by law.

A. Person/Organization Receiving Information and Purpose for Sharing

Persons/Organizations Authorized to Receive My Information

(Name, Address, Phone & Fax)	Relationship	Purpose

B. Information to be Shared

1. Check one or more boxes below.

- ☐ Psychotherapy Notes (if checking this box, no other boxes may be checked)
- ☐ Mental Health Records
- ☐ Entire Medical Record (includes all records except Psychotherapy Notes)

☐ Pathology Report	☐ History and Physical	☐ Operation Report(s)
☐ Progress Notes	☐ Consultation Report(s)	☐ Discharge Summary
☐ EKG Report(s)	☐ Laboratory Report(s)	☐ Radiology Report(s)
☐ Physician's Orders	☐ Radiology Films	☐ Alcohol or Drug Abuse Records

☐ Other_____

2. Covering Services Between _____ and _____ (Insert either date(s) or "all.")

IV. EXPIRATION & REVOCATION

A. This Authorization will Expire (must choose one):

☐ 12 months from the date signed in Part V.B. ☐ Other (insert date or event): _____

B. Right to Revoke
I understand I may change this authorization at any time by writing to the address listed at the bottom of this form. I understand I cannot restrict information that may have already been shared based on this authorization.

V. ACKNOWLEDGEMENTS & SIGNATURES

A. Acknowledgements

1. I understand this authorization is voluntary and will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.

2. ☐ If checked and initialed, is authorized to share my protected health information for the purpose of marketing. I understand may receive either direct or indirect compensation for sharing my information in this case. Individual initials _____

3. I understand if the person/organization authorized to receive my protected health information is not a health plan or health care provider, privacy regulations may no longer protect the information.

4. I understand I may inspect or obtain a copy of the protected health information shared under this authorization by sending a written request to the address listed at the bottom of the form.

5. I acknowledge information authorized for release may include records, which may indicate the presence of a communicable or noncommunicable disease.

B. Signature

This document must be signed by the individual or the individual's legal representative.

Signature (Patient or Legal Representative)	Date
Printed Patient or Legal Representative Name	Capacity of Legal Representative (if applicable)

Company Address:

The following information may only be completed by

☐ If checked by — disclosure of Alcohol or Drug Abuse Records is subject to the following restrictions under 42 C.F.R. Part 2:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

MIKE FOGARTY
CHIEF EXECUTIVE OFFICER

BRAD HENRY
GOVERNOR

STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY

August 25, 2010

David Blumenthal, M.D., MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: *American Recovery and Investment Act*
State Health Exchange Cooperative Agreement Program
Award Number: 90HT0035/01

Dear Dr. Blumenthal:

The Oklahoma Health Care Authority (OHCA), the Medicaid Agency for the State of Oklahoma is a strategic partner with the Statewide Health Information Cooperative Agreement Program (SHIECAP) in Oklahoma. OHCA participated in the collaborative development of both the strategic vision and operation planning processes for the statewide health information exchange. OHCA staff actively participated in several domain workgroups charged with the creation of the SHIECAP strategic and operation plans.

It is a pleasure to provide this letter of support and approval for Oklahoma's Strategic and Operational Plans. I look forward to the ultimate goal of interoperable health information to better serve our members.

Sincerely,

Garth L. Splinter, M.D., M.B.A.
State Medicaid Director

c: John Calabro

Oklahoma State Department of Health
Creating a State of Health

August 25, 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:

The Oklahoma State Department of Health (OSDH) is pleased to support and approve the approach embodied in the Oklahoma Health Information Exchange Trust's Strategic and Operational Plans. Key staff from OSDH along with many other stakeholders have been deeply involved with the development of both the Strategic and Operational Plans.

OSDH supports the planning efforts that encourage the robust use of health information technology (HIT) and health information exchange (HIE) throughout Oklahoma. We will work with the Oklahoma Health Information Exchange Trust to explore data sharing opportunities and stress the importance that while technology is a critical tool, the primary focus is on improving health.

OSDH has great confidence in Oklahoma's ability to accomplish its goal of creating an interoperable, statewide HIE. We encourage you to approve the strategic and operational plans so that Oklahoma can move forward in advancing statewide HIE.

Sincerely,

Terry Cline, PhD

Terry Cline, Ph.D.
Commissioner

Commissioner of Health
Terry L Cline, PhD

Board of Health
Jenny Alexopulos, DO, President
Michael D Anderson, PhD
Alfred Baldwin, Jr
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Cris Hart-Wolfe, Secretary-Treasurer
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Ronald Woodson, MD

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DUNCAN
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Department of

Information Technology and Telecommunications

August 19, 2010

Office of National Coordinator for Health Information Technology
Department of Health and Human Services

RE: American Recovery and Reinvestment Act
State Health Information Exchange Cooperative Agreement Program
Opportunity #EP-HIT-09001
CFDA# 93.719

The State of Oklahoma submission of the Strategic and Operating Plans

To Whom It May Concern:

Duncan Regional Hospital is pleased to have been involved in the formulation of the above plans and to support this program for ONCHIT and the State of Oklahoma.

Duncan Regional Hospital is a progressive, not-for-profit community hospital that is constantly evolving to meet the ever-changing needs of the community. Our team of dedicated healthcare professionals is committed to delivering compassionate, personalized service and care to our patients and their families.

The team of healthcare and technology professionals involved in the development of these plans was exceptional and highly qualified. The State of Oklahoma is very fortunate to have such dedicated, hard working individuals who came together for the greater good of healthcare in our state. Physicians, nurses, organizations and hospitals came together to jointly develop a plan that will improve the quality of care and overall lives of many Oklahomans. Duncan Regional Hospital is truly humbled to have been a part of this development team and we appreciate everyone who participated in putting our state plan together.

Thank you for this opportunity. We look forward to working with you on this important program.

Sincerely yours,

Roger Neal, MSTM
Vice President/Chief Information Officer

1407 WHISENANT DR. • DUNCAN, OK • 73533-2000
PHONE: 580-252-5300 • FAX: 580-251-8760

August 19, 2010

Office of National Coordinator for Health Information Technology
Department of Health and Human Services

RE: American Recovery and Reinvestment Act
State Health Information Exchange Cooperative Agreement Program
Opportunity #EP-HIT-09001
CFDA# 93.719

The State of Oklahoma submission of the Strategic and Operating Plans

To Whom It May Concern:

The Norman Physician Hospital Organization and the Oklahoma Physician Health Exchange (OPHX) is pleased to have been involved in the formulation of the above plans and to support this program for ONCHIT and the state of Oklahoma.

OPHX is pleased that the State of Oklahoma is progressing on planning efforts to align HIE as it relates to meaningful use. This effort is important to ensure that efforts are not duplicated and we can ensure that standards and legal support for interconnectivity are established in Oklahoma.

OPHX will continue to operate as an HIE in the State and will continue to contribute man hours, interfaces and expertise to accomplish our goal of a network of networks.

The NPHO and OPHX feel that the State of Oklahoma has assembled an outstanding team to execute the strategic and operating plans. The complexity of this organization includes all of the key contributors of data and State Agencies and Universities to form a well balanced organization with excellent expertise and experience to perform this task.

Thank you for this opportunity. We look forward to working with you on this important program.

Sincerely yours,

Brian Yeaman, MD

NPHO Medical Director of Informatics
OPHX

Norman Physician Hospital Organization

P.O. Box 987 - Norman, OK 73070 - 405.307.2155 - 405.447.3850 (fax)

August 19, 2010

Office of National Coordinator for Health Information Technology
Department of Health and Human Services

RE: American Recovery and Reinvestment Act
State Health Information Exchange Cooperative Agreement Program
Opportunity #EP-HIT-09001
CFDA# 93.719

The State of Oklahoma submission of the Strategic and Operating Plans

To Whom It May Concern:

The Oklahoma State University Center for Health Sciences and Medical Center is pleased to have been involved in the formulation of the above plans and to support this program for ONCHIT and the state of Oklahoma. Oklahoma State University Center for Health Sciences oversees 200 plus interns and residents, with an emphasis being given to the training of doctors of osteopathic medicine in the field of general practice. OSU Medical Center is the largest osteopathic training facility in the nation and OSU's primary teaching hospital with 137 interns and residents, plus 40 medical students train in the facility each day. The hospital serves as a hub (lectures, grand rounds, etc.) for OSU residents in rural programs.

We at Oklahoma State University are committed to the teaching of the future physicians, and the care of our patients. Because of these commitments, we fully support the OHIET project and efforts through our involvement since its inception. OSU is both involved within the leadership and several task forces, and will continue to be involved in all aspects, including our intention to be a 'customer' of OHIET. OSU has had a Health Information Exchange (HIE) for 18 months, and is looking forward to the opportunity to connect its information into OHIET system.

Thank you for this opportunity. We look forward to working with you on this important program.

Sincerely yours,

Jason W. Bray, MBA, MHA
OSU Center for Health Sciences
Chief Informatics Officer (CIO),
Director of Telemedicine, &
OSU Medical Center, Director of IT

SMRTNET

August 24, 2010

Office of National Coordinator for Health Information Technology
Department of Health and Human Services

RE: American Recovery and Reinvestment Act
State Health Information Exchange Cooperative Agreement Program
Opportunity #EP-HIT-09001
CFDA# 93.719

The State of Oklahoma submission of the Strategic and Operating Plans

To Whom It May Concern:

The Secure Medical Records Transfer Network (SMRTNET) has been pleased to have several members of its affiliated networks involved in the formulation of the above plans and to support this program for ONCHIT and the state of Oklahoma.

SMRTNET is an outgrowth of two AHRQ grants to create national models for HIE. After five years and an expenditure of over $ 4 million, SMRTNET has essentially become a statewide network of networks. As a public non-profit, SMRTNET has helped to plan eight of the nine HIEs in Oklahoma. Five are currently operational and others are in construction or awaiting funding. These networks share common legal documents, are self-governed but coordinate policies through a common management system, share security processes, so they can seamlessly and securely share data between HIEs. The common shared database of patients is in excess of 37 million encounters from 11,000 providers and over 16 million diagnoses.

Many of the members of SMRTNET networks are serving and will continue to serve to support OHIET. We feel this is important as they are able to bring practical statewide experience to these groups and can support issues in the areas of legal, privacy, organization, policy, technology, sustainability, planning, HIE to HIE data sharing, and developmental planning.

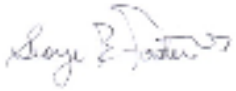
The list of participants in the process that lead to OHEIT has been representative of many significant areas in Oklahoma. This has been helpful to supply a forum for Oklahoma to evaluate what is needed to help move the state forward in this critical area.

124 West Shawnee Street, Suite C
Tahlequah, Ok 74464
info@smrtnet.org

office (888) 789-0298
fax (888) 408-2465

On behalf of the Cherokee County Health Services Council, the administrative body of SMRTNET, we thank you for this opportunity and look forward to working with you on this important program.

Sincerely yours,



George Foster, O.D., Chairman - CCHSC
Secure Medical Records Transfer Network
fosterge@nsuok.edu
918.284.1757

No.	Element / requirement	Found	To Do	Resource re'd	BAY re-write 11-17	DK Notes	
1	Mandated participation by providers is not the sustainability model they seek	2.6.2	make statement on sustainability	bus writing	done in Strategic plan SP	assertion	
2	All eligible providers within every state have at least one option available to meet the HIE req'ts of MU in 2011		need to tie everything in the strategic plan to this	HIE writing; environ sca	done in SP	Need a heat map of loca providers-- use licensure this. Overlay existing p SMRTNET, D2D, and im registry	
3	Outline a concrete and operationally feasible plan to address and enable these three HIE capabilities in the next year:		need more explicit description on how we will do this; need to include in the enviromental scan	HIE writing; environ sca	Done SP		
a.	E-prescribing		need plan for how we will meet Stage 1 MU	HIE writing; environ sca	done SP	Again, mapping of epres helpful. Should map pha can participate and prov systems able to particip flow from this and needs Pharmacies, 2 gap provi with the REC leading the perception is that purch and implmenting it is th REC's responsibility. Ma pharmacies are ableto r transactions is OKHIET	
b.	Receipt of structured lab results		need plan for how we will meet Stage 1 MU; nedto cover in envir scan	HIE writing; environ sca	done SP	Again, if the provider ha technology, we need to results can be received and natively. Thus our r to be in getting the labs connect. DLO/Quest, La and perhaps Integris an Lab are all ok here. How small hospital labs must to. This is the challengin must make sure that the region support PUSH res a structured format. Oth will be a need to create feed from every Lab to office-- not the best opt	
c.	Sharing patient care summaries across unaffiliated organizations		need plan for how we will meet Stage 1 MU; nedto cover in envir scan	HIE writing; environ sca	done SP	This requires that every connected to an HIE pla appropriate policies in p functionality to share a with the HIE	
	Other Meaningful use requirements of the HIE		*Quality metric reporting, HIPAA security audits (at least the HIE portion of this), etc.*		*done SP*	*HIE, whether at the reg level should play an imp reporting quality metrics a critical component of t sustainability model.*	
4	Fulfill the following 6 responsibilities for continued funding as						
1	Initiate a transparent mulit-stakeholder process	3.7; 3.3					
a	convene a representative group of stakeholders including consumers to set goals for the state HIE	3.7; 3.3	we may need to address the consumer group issue	bus writing	I think it is there, bu consumors +/- still	Describe the advisory b processes and procedur	

No.	Element/requirement			Found	To Do	Resource re'd	BAY re-write 11-17	DK Notes	
		b	assess how those efforts can link to and support care delivery and payment reforms		need to make link	HIE/bus writing	done, but could elaborate a bit on payment reform	Advisory board is also e dissemination point for information about care payment reforms. Care process changes should by HIE technology and should be a part of the requirements for HIEs t licensed to operate in O may also be useful to re technologies to serve as statewide communicatio and even to patients if t involved. This would ena communication required achievement of this item	
		c	analyze and fully understand the HIE taking place wtihin the state, complete a gap analysis, and dtermine how the SDE needs to address these gaps to ensure options are available to eligible providers who seek to meet Stage 1 MU for HIE, w/ a focus on 3 capabilities above		need narrative	environ scan	done at length in SP	This is a big one-- what gaps in our gap analysis questions have we not a adequately? We have to order to establish the re	
	2		set baseline, monitor and report on meaningful use HIE capabillity in the state	2.5.2			it is there in sp		
		a	% health plans suporting electroinic eligibiltiy and claims transactions		we don't address this	Ann Chou	not addressed		
		b	% pharmacies accepting electronic presecribing and refill requests	2.5.2			done in sp		
		c	% clinicial lab's sending results electronically	2.5.2			done in sp needs more data from john and bcbs		
		d	% health departments electroinically receiving immunizations, syndromic surveillance, and notifiable lab results	2.5.2			need to do this		
	3		Ensure a privacy and security framework consistent with the HHS HIT Priva		?	Legal check			
	4	a	Strategy and execution plan to meet gaps identified in the environmental scan with focus on three capabilities above; might include:		Do not address this adequately	HIE/Envir scan	done in sp		
		1	Policy, purchasing or regulatory actions, like requiring e-prescribing or electronic sharing of lab results in stae or Medicaid contracts with pharma and clinical labs		need to include in write-up	bus writing	done in sp		
		2	Core services to reduce the cost and complexity of exchang: directories and such that would support and simplify comprehensive interoperability	2.8.1; eMPI, etc.		HIE	done in sp in one section commenting networks will talk to networks and avoid providers needing multiple hie connections		
		3	Shared services for gap areas to serve small labs or pharma or rural that would use both simplified and comprehensive interoperability soltuions.		need to address	HIE/Envir scan	done in sp		
		b	strategies include leadership and direction to stakeholders to do the above		can address more firmly in personnel description	bus writing	done in sp		

No.	Element/requirement			Found	To Do	Resource re'd	BAY re-write 11-17	DK Notes	
		c	policy and purchasing levers to encourage key trading partners that will enable MU		can address	bus writing	done in sp		
		d	Strategy and immediate steps for the following:						
		1	building capacity of public health systems to accept electronic reporting of immunizations, notifiable diseases and syndromic surveillance reporting from providers	1.4.3.4.4			discussed... hiiab and state medicaid HIT plan needs more elaboration perhaps in SP		
		2	enabling clinical quality reporting to Medicaid/Medicare		need to address	John	expand in other federal program collaboration section, needs to be done		
	5	Ensure services funded through this program are consistent with							
		a	national standards	yes; find			done sp		
		b	NHIN spec's				done sp		
		c	federal policies and guidelines				sort of done? Not clear yet		
		d	technologies that are flexible, adaptable and capable of interstate transactions				done sp		
	6	Coordinate with Medicaid and public health programs to es		yes					
			including having both programs represented in the governance structure and processes	yes			done		
	7	ensure state HIT Coordinator do the following:							
		a	focus priorites to make rapid progress on providers meeting Stage 1 MU;		need to be more explicit	bus writing	done in sp		
		1	Collaborate with state health policy makers		need to be more explicit	bus writing			
		2	leverage state purchasing power such as requiring participation in e-prescribing, etc in order to get reimbursed by state		need to be more explicit	bus writing	can be elboarated on via state medicaid hit plan, hiiab plan and ohiet growth strategy		
		3	address legal and policy issues to ensure security and privacy		need to be more explicit	bus writing	done in sp		
		4	harmonize privacy policies, tech, etc. with neighboring states		need to be more explicit	bus writing	could use bolstering		
		b	Coordinate with HIT efforts of Medicaid, public health and other Fed funded programs		need to be more explicit	bus writing	present and done in sp		
		1	advance operational strategies to accelerate HER incentive program and meet MU		need to be more explicit	bus writing	done is sp		
		2	Ensure inclusion of Medicaid, behavioral health, public health, departments of aging, etc. in plan and implementation		need to be more explicit	bus writing	needs to be called out in hiiab and medicaid hit plan section		
		3	coordinate w/ state Medicaid HIT Plans		need to be more explicit	bus writing			
		4	Leverage state resources such as immunization registeries, PH surveillance systems, and CMS/Medicaid funding (ARRA Medicaid 90/10 match to support HIE)		need to be more explicit	bus writing	needs to be called out in hiiab and medicaid hit plan section		
		5	Integrate other relevant state programs into governance structure		need to be more explicit	bus writing	done in sp		
		6	ID, track and convene other fed HIT grantees to leverage and coordinate: RECs, Beacon, Community Colleges, HRSA HIT, broadband, etc.		need to be more explicit	bus writing	done in sp		
5	Environmental scan shall include								
	a	overview of HIE activities with penetration of electronic			needs work	environmental scan	included		
	b	measures include							
		1	% pharmacies accepting e-prescribing and refill		additional scan	environmental scan	included now		
		2	% clinical lab's sending results electronically		additional scan	environmental scan	included now		

No.	Element/requirement			Found	To Do	Resource re'd	BAY re-write 11-17	DK Notes	
		3	% health plans supporting e-eligibilty and claims transactions		additional scan	environmental scan	needs to be added		
		4	% health departments receiving immunicationz, syndromic surveillance, and notifiable lab results		additional scan	environmental scan	needs to be re-done since they didn't receive the grant and alligned with hiiab		
6	Strategy to meet MU								
	a	include overall strategy to meet Stage 1 MU including gap				HIE/environ scan	done		
	b	describe how fed $$ will go to provide at least one option							
		1	e-prescribing		put in narrative	bus write up after scan	done, grant programs for small pharmacies		
		2	receipt of structured lab results		put in narrative	bus write up after scan	education		
		3	sharing pt care summaries across unaffiliiated organizations		put in narrative	bus write up after scan	done at length in setting standards for tech legal and privacy		
	c	plan and strategy to address these elements over course of project							
		1	bullding capacity of public health systems to accept e-reporting of immunizations, notifiable diseases and syndromic surveillance reporting from providers		include in risks sectin	bus write up	HIIAB and state medicaid hit plan need to elaborate this in their remodel		
		2	enabling electronic MU and clinical quality reporting to Medicaid/care		??	John?	EHR vendors will be required and are putting electronic reports to verify MU and clinical and quality reporting for pqri and future programs, add where you want.		
7	Coordination with Medicaid								
	a	decribe mandatory coordination with Medicaid in the following							
		1	representation in the governance structure	yes					
		2	coordinate provider outreach and communications with the state Medicaid program		need to include in Comm	bus/Comm	done		
		3	identify common business or health care outcome priorities		??	John	done		
		4	support all Beacon, REC and ONC funded workshops		Need to include in Comm and these write ups	John	done		
		5	align efforts with OHCA to meet Medicaid MU req'ts		need more explicit	John	done		
	b	describe encourage coordination activities							
		6	letter of support from Medicaid director	yes					
		7	conduct joint needs assessments	yes	need to articulate	bus/John			
		8	conduct joint environmental scans	yes	Need to articulate	bus/John			
		9	provide (w/ REC) tech assistance to providers outside the fed grant for REC scope		?	bus/John	done		
		10	Leverage help desk/call center for OHIET, OHCA, REC		?	bus/John	not discussed... not a bad idea in how to bridge gaps		
		11	joint assessment/alignment of privacy policies statewide and in Medicaid	Yes	need to articulate	bus/John	done in sp		
		12	Leverage existing Medicaid IT infrastructure when developing the HIE tech architecture		?	bus/John	elaborate through hiiab and state medicaid hit plan discussion		
		13	determine system integration for making Medicaid claims		?	bus/John	through ehr to hie and then to state hub		

No.			Element / requirement	Found	To Do	Resource re'd	BAY re-write 11-17	DK Notes	
		14	determine shared services to be leveraged		?	bus/John	done in SP		
		15	determine operational responsibilities for Medicaid		?	bus/John	?		
		16	Use Medicaid HIT incentives to encourage provider participation in HIE		Need to articulate	bus/John	done in sp		
		17	collaborate in creating pay incentives to encourage others (pharma, ineligible providers, etc.) to HIE		?	bus/John	done in sp		
8	HIE Sustainability Plans								
	a	Describe initial thoughts for sustaining HIE activities			need to take a stand	bus write up			
			(foscusing on sustaining info sharing efforts rather than the org).				done in sp		
		1	include any market tests		can include testimonies from existing HIEs	Bus	via existing hie's		
		2	describe how the HIE market might be sustained/enhanced by the SDE including by policy or regulation		?		done at length in sp		
		3	specific plans for sustainability of any directories or authentication services over the 4 year program must be addressed		??		done in sp		
9	Executing strategy for supporting MU								
	a	OP Plan to describe execution of plan to support Stage 1 MU; specifically how monies will be spent			need more articulation in budget narrative	bus writing	needs alignment with sp		
	b	for each of the three areas of capability, Op Plan must:							
		1	Outline a clear strategy to ensure all eligible providers have at least one viable option in 2011.		Need more articulation	HIE	done in sp		
		2	include a project time line that illustrates when task and milestones will be completed		Need to map against the above	bus	need to include rec and beacon and MU milestones in our timeline and pharmacy incentive program and lab and payor contracting changes in timeline as discussed in gap analysis		
		3	provide an estimate of funding required, including all fed and state funding		ensure maps to above	bus	done, but remap		
		4	include role in funding and coordination of OHCA in achieving the strategy		review	John	done is sp		
		5	ID potential barriers and risks including mitigation plans		include those to meet MU Stage 1	bus writing	done in sp		
		6	ID desired tech support from ONC to support state strategy		need to include	HIE/Tech; bus writing	done around narcotic prescribing, need to enhance and needs to happen around state to state connections and MU criteria phase 2 and phase 3 as they are announced.		
10	Project Management Plans								
	a	specific time lines, milestones, resources, and		3.9					
	b	project plans including vendor involvement		3.9					
	c	describe change mgnt and issue escalation processes used		done					
11	Risk Assessment								
	a	ID known and potential risks and describe risk mitigation		done	include other risks with MU	bus writing	I think this is done		

No.	Element/requirement			Found	To Do	Resource re'd	BAY re-write 11-17	DK Notes	
	b		prioritize risks according to severity		do after inclusion of other risks	bus writing	hmm, needs help, see the gaps to define, rural, broadband, small labs and pharmacies and HIE to HIE connection strategies and compliance		
12	HIE Architecture and Standards								
	a		describe technical approach to facilitate data exchange						
		1	describe approach of obtaining statewide coverage of HIE services to meet MU and ensurance of compliance with national standards		more explicit on statewide coverage	HIE/scan	done		
		2	provide detailed specs for direct service offerings (such as directories)		need	Tech	sort of done... I'm not sure we have to go this far? LOINC, HL7 and the elements of the CCD are discussed		
	b		Explicit approach to ensure adoption of standards that will		need				
			in support of meeting MU			HIE	done		
	c		Explain how OHIET will encourage vendors to also adopt						
			data portability, re-use of interfaces, and vendor transition provisions	in			done		
13	Privacy and Security			1.4.5					
	a		describe P&S framework including specific policies,	1.4.5					
			technology choices to protect information	1.4.5			could use this		
	b		describe consistency with applicable fed law and policies	1.4.5					
	c		describe analysis of relevant fed and state lawas as	1.4.5					
			issues (give process and time line for completion if not complete to date)	1.4.5			smrtnet and okhispc have a lot to add here		
	d		describe methods used to ensure P&S programs are transparent	1.4.5			done I think via okhispc		
	e		describe framework to be used including	1.4.5			smrtnet could add a lot here with okhispc		
		1	disclosure limitation	1.4.5					
		2	individual access	1.4.5					
		3	correction	1.4.5					
		4	openness and transparency	1.4.5					
		5	individual choice	1.4.5					
		6	collection and use	1.4.5					
		7	data quality and integrity	1.4.5					
		8	safeguards	1.4.5					
		9	accountability	1.4.5					

Brad Henry
Governor

November 30, 2010

David Blumenthal, M.D., MPH
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: **Request for Change of Oklahoma State Designated Entity for FOA No. EP-HIT-09-001; CFDA 93-719**

Dear Dr. Blumenthal:

On behalf of the State of Oklahoma, I write to request the re-designation of Oklahoma's State Designated Entity ("SDE") under the State Health Information Exchange Cooperative Agreement Program ("SHIECAP") from the Oklahoma Health Care Authority ("OHCA") to the Oklahoma Health Information Exchange Trust ("OHIET").

OHIET is a state-beneficiary public trust created by legislation that I signed into law on June 8, 2010. OHIET is a result of the contributions, cooperation, and participation of Oklahoma's present SDE and an Oversight Workgroup comprised of representatives of virtually every sector of Oklahoma's health care industry. Such representation included members of state and tribal government and agencies; government and private payors; public and private hospitals, health systems, and physicians; professional trade organizations; and Beacon Community and Regional Extension Center members.

These same participants continue to work directly with OHIET through the organization's seven-member board of trustees and eighteen-member advisory board. The broad-based, multi-stakeholder governance structure of OHIET will ensure Oklahoma's path to health information exchange and widespread adoption and implementation of health information technologies.

Now operational, OHIET is working in conjunction with OHCA to transition the state-designated entity status between the organizations. My administration, through Oklahoma's Health Information Technology Coordinator, has worked and continues to work closely with both organizations in this process. I am confident OHIET is well-positioned to serve the people of Oklahoma in this important endeavor, and I am pleased to request making OHIET Oklahoma's State Designated Entity.

Sincerely,

Brad Henry
Governor

STATE CAPITOL BUILDING • 2300 N. LINCOLN BOULEVARD, SUITE 212 • OKLAHOMA CITY, OKLAHOMA 73105 • (405) 521-2342 • FAX: (405) 521-3353

3136 NW 20th Street
Oklahoma City, OK 73107
John.Calabro@Cox.Net

PROFESSIONAL EXPERIENCE

Oklahoma Health Information Technology Coordinator

The Oklahoma Health Information Exchange Trust, Oklahoma City

December 2010 - Present

The Oklahoma Health Information Exchange Coordinator is a dual appointment. First appointment creates the position as a state employee with signature authority. The second appointment is the executive director of the Oklahoma Health Information Exchange Trust – a public trust.

This position exists to provide leadership, direction, management and coordination of healthcare information technology strategy for the State of Oklahoma which will include the implementation of federal and state requirements for healthcare information technology (HIT) and health information exchange (HIE). The OHITC will work cooperatively with multiple stakeholders including health care providers, health plans, health professional schools, consumers, technology vendors, public health agencies, and health care purchasers to identify existing resources, needs, commonalities of interest, project priority, and to develop a plan which prescribes the needed activities to facilitate and expand the electronic movement and use of health information among organizations consistent with the both state- and federal- health information technology strategic plans.

Principal Activities:

- Provide health informatics leadership, vision, and direction to the HIT office in collaboration with the Oklahoma State Health Information Exchange Governance Committee.
- Provide expertise, including research and analysis required to establish and maintain a strategy for implementing health information exchange in Oklahoma
- Identify new grant opportunities; serve as principle investigator (PI) as needed for grants and direct the preparation of grant applications for funding for planning and implementing HIT/HIE in Oklahoma.
- Review grant proposals to evaluate informatics components for issues relating to readiness, collaboration, interoperability and certification.
- Assist HIT projects with conducting studies of existing and proposed information systems and their impacts.
- Collect and analyze data on statewide HIT systems.
- Prepare written and oral reports, manuscripts and other communications summarizing the findings of analyses and studies and disseminate the results.
- Present data, study findings and recommendations to the Governance Board, Advisory Board, state agencies, legislators and other partners/stakeholders as needed to support the statewide HIT/HIE system decision-making process.
- Act as the State lead for HIT/HIE and participate in state, regional and national health/scientific meetings focused on HIT/HIE.
- Act as the designated Oklahoma representative at meetings related to HIE and associated grants
- As needed, serve as an interface between the partners/stakeholders and the OHEIT staff on identifying and addressing informatics issues.
- Coordinate statewide activities related to the implementation of HIT/HIE in Oklahoma in order to improve the efficiency and effectiveness of health data collection, analysis and use to improve the health of individuals and their communities.
- Provide direction in the development of the state HIT/HIE strategic plan.
- Coordinate resources and activities to assist with readiness assessments of public and private health care entities to implement electronic information systems that meet federal and state requirements and fit within the state HIE plan.
- Solicit input from relevant public and private partners/stakeholders, including

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Oklahoma City, OK 73107
John.Calabro@Cox.Net

consumers, about the needs and barriers to implementing HIE in Oklahoma including barriers to interoperability and ways to utilize opportunities and reduce barriers.

- Foster pilot projects and coordinate HIE-related activities in collaboration with public and private healthcare providers and health plans.
- Collaborate with federal standards and policy committees to develop common data reporting formats and methods of transmission within Oklahoma and across state borders for all pertinent health data.
- Maintain relationships with public and private partners/stakeholders for the purpose of insuring coordination of all electronic health information systems planning, development, implementation and interoperability.
- Provide training and information on ONC, NHIN administrative and technical requirements for system interoperability and secure data exchange using the Web and other communication methods.
- Perform other duties in support of the statewide HIT activities.
- Represent Oklahoma on national HIE/HIT issues and activities.

Chief Information Officer

The Oklahoma Health Care Authority, Oklahoma City

June 1994 – November 2010

Manage the Information Services Division: prepare the annual data processing plan in coordination with the Administrator of the Oklahoma Health Care Authority; coordinate and direct all activities of each Authority division relating to long-term data processing and office automation planning; Plan, organize, staff, direct, and control the operations and activities for the data processing services required by the Authority as the administrative head of all data processing activities. Direct the operation of the Authority's network and telecommunication systems; prepare the annual networking and telecommunication plans; coordinate all usage of networks and telecommunications controlled and serviced by the Authority. Serve as the liaison for the Authority on all matters pertaining to telecommunications. Serve on any legislative interim studies, legislative task forces, or testify before the legislature on matters pertaining to the Agency data processing functions. Serve as liaison to the Governor's office as needed or directed by law. Review legislation pertaining to data processing for the Agency and report on the impact of the proposed legislation. Recommend legislation or legal language necessary for the Agency to accomplish its changing mission.

Director, Information Services

University of Oklahoma Family Medicine Health Sciences Center Oklahoma City, OK

August 1987-May 1994

Position serves as the Director, Information Services for all data processing functions in the Department of Family Medicine. Organize, direct and coordinate planning and production of all computer support activities. Interface with division management, first line supervisors, user representatives and act as liaison between the department and all outside entities for departmental computing services. Initiate and develop project feasibility studies, determine associated costs, insure conformance to policies and procedures, assign tasks, schedule staff duties and review work progress.

Data Processing Manager

Advanced System Group The Hertz Corporation Oklahoma City, OK

March 1987-July 1987

Provided the overall management and control for computer systems supporting the on-line point-of-sales system developed by the Hertz Corporation Advanced System staff and used in several national market areas across the country. Duties included personnel management, systems support, administrative support, program development, equipment planning, development of plans and policies and full responsibility for the effective operations for the systems.

J O H N C A L A B R O

Résumé

3136 NW 20th Street
Oklahoma City, OK 73107
John.Calabro@Cox.Net

Project Leader

The Hertz Corporation
June 1983-February 1987

Responsible for the Fleet Ordering System for two years and for two years assigned to the Advanced System. Responsible for the design, analysis and implementation of the entire software application. Supervised a combination of five programmers, programmer/analysts and senior programmer/analysts.

Senior Programmer Analyst

The Hertz Corporation
April 1979-May 1983

Assigned to the areas of system recovery and security for the Worldwide Reservation System. Responsible for the system analysis, design, testing and implementation. Functioned as a small group leader supervising a team of three programmers, provided training and technical guidance.

Programmer/Analyst
The Hertz Corporation
April 1978-March 1979

Responsible for program design, testing and integration of various on-line applications for the Worldwide Reservation System.

Lieutenant/Lead Programmer

USAF, Tinker AFB, Midwest City, OK
June 1974-March 1978

Lead Programmer for a portion of the Automated Telecommunications System developed by the Air Force. Job duties entailed researching the system requirements, determining overlay sizes, furnishing flowcharts and detail documentation, supervising the coding by programmers and supervising the integration into the system. Top Secret security clearance required for the position.

EDUCATION

- *University of Central Oklahoma, Edmond, Oklahoma.* Graduated May 1982 with an MBA.
- *Wilkes University, Wilkes-Barre, Pennsylvania.* Graduated May 1974 with a BA in mathematics.

MILITARY

- *Wilkes University,* Air Force ROTC Cadet; Student Commander; VA and DAR awards.
- *Second Lieutenant;* Commissioned May 1974.
- *First Lieutenant;* Promoted June 1976.
- *Captain;* Offered July 1976 but declined.

CURRICULUM VITAE

Name:	Jenny J. Alexopulos, D.O.
Address:	3328 South Birmingham Avenue Tulsa, Oklahoma 74105
Phone:	(918) 810-6251 (cell)

EDUCATIONAL BACKGROUND

Residency

April 1, 1993 – Dec. 30, 1994	Family Medicine Residency Oklahoma State University College of Osteopathic Medicine Tulsa, Oklahoma
July 5, 1992 – March 31, 1993	Emergency Medicine Residency Tulsa Regional Medical Center Tulsa, Oklahoma

Internship

July 1, 1991 – June 30, 1992	Tulsa Regional Medical Center Tulsa, Oklahoma

Doctor of Osteopathic Medicine

1987 – 1991	Kirksville College of Osteopathic Medicine Kirksville, Missouri

Bachelor of Arts

1982 – 1987	University of Western Ontario, London Ontario, Canada
1986 – 1987	University of Toronto, Toronto Ontario, Canada
1986 – 1987	York University, Toronto Ontario, Canada

High School

1978 – 1982	Markham District High School, Grades 9–13 Markham, Ontario, Canada

CERTIFICATION AND LICENSURE

1995 – Present	Board Certified – American Osteopathic Board of Family Physicians

1992 – Present	Doctor of Osteopathic Medicine, Oklahoma State Board of Osteopathic Examiners
1992 – Present	Oklahoma State Bureau of Narcotics and Dangerous Drugs Control, OBN Certificate Registration
1992 – Present	Federal DEA Registration
1991 – Present	Basic Cardiac Life Support, Certified
1991 – Present	Advanced Cardiac Life Support, Certified
1995 – Present	Neonatal Life Support, Certified

WORK EXPERIENCE

July 7, 2009 – Present	Oklahoma State University Center for Health Sciences Associate Dean of Clinical Services
April 13, 2008 – July 7, 2009	Oklahoma State University Center for Health Sciences Vice President for Academic Affairs and Senior Associate Dean
Dec. 1, 2005 – April 13, 2008	Oklahoma State University Center for Health Sciences Associate Dean of Graduate Medical Education
Nov. 1, 2005 – Dec. 1, 2005	Oklahoma State University Center for Health Sciences Interim Associate Dean of Graduate Medical Education
Nov. 1, 2005 – April 13, 2008	Director of Medical Education Tulsa Regional Medical Center/OSU Medical Center
July 1, 2005 – Present	Oklahoma State University Center for Health Sciences Program Director, Family Medicine Residency
Aug. 24, 2004 – April 13, 2008	Oklahoma State University Center for Health Sciences Chairman, Department of Family Medicine
July 1, 2004 – Aug. 23, 2004	Oklahoma State University Center for Health Sciences Interim Chairman Department of Family Medicine
June 21, 2004 – July 2009	Oklahoma State University Center for Health Sciences OSU Physicians at Physician's Office Building Medical Director/ Clinical Teaching Site
July 2, 2002 – June 21, 2004	Oklahoma State University Center for Health Sciences OSU Physicians at Harvard; Medical Director/Clinical Teaching Site
July 1, 2000 – July 2002	Oklahoma State University College of Osteopathic Medicine OSU Physicians at Brookside / Clinical Teaching Site
Sept. 1, 1998 – June 30, 2000	Oklahoma State University College of Osteopathic Medicine Brookside Family Medicine / Clinical Teaching Site
Feb. 1, 1998 – Aug. 31, 1998	Oklahoma State University College of Osteopathic Medicine Program Director, Family Medicine Residency

Jan.1, 1995 – Jan. 31, 1998	Oklahoma State University College of Osteopathic Medicine Assistant Program Director, Family Medicine Residency
July 1, 2007 – Present	Oklahoma State University College of Osteopathic Medicine Professor, Family Medicine
July 1, 2000 – June 30, 2007	Oklahoma State University College of Osteopathic Medicine Associate Professor, Family Medicine
Jan. 1, 1995 – June 30, 2000	Oklahoma State University College of Osteopathic Medicine Assistant Professor, Family Medicine
Nov. 29, 1993 – June 30, 2007	Shadow Mountain Behavioral Services Medical Consultation
Oct. 28, 2001 – March 2005	Tulsa Regional Medical Center Physician Advisor
January 2002 – February 2004	Tulsa Regional Medical Center Chief of Staff

TEACHING

Winter 2001 – 2006	Hypertension Clinical Clerkship
Summer 1997 – Present	Exercise Stress Testing and Workshop Family Medicine Residency
Summer 1998	Flexible Sigmoidoscopy Workshop: Family Medicine Residency
Fall 1996 – Fall 1998	Intern and Resident Authorship TRMC and OSU–COM
Spring 1997 – 2004	EKG Interpretation Lab and Small Group Facilitator, Osteopathic Clinical Skills, OSU–COM
Spring 1996 – 2009	The Cardiovascular Examination Osteopathic Clinical Skills I, OSU–COM
Fall 1995 – Fall 2000	Non– Cardiac Chest Pain Family Medicine Resident Didactic Session, Clinical Clerkship
Fall 1995 – Fall 2000	Community Acquired Pneumonia Current American Thoracic Society Guidelines Family Medicine Resident Didactic Session
Fall 1995 – Fall 2000	Colposcopy Workshop Family Medicine Resident Didactic Session
Fall 1995 – 2005	National Cholesterol Education Program Adult Treatment Panel II, III Family Medicine Resident Didactic Session Clinical Clerkship

Summer 1996	Colposcopy Workshop Second Annual Primary Care Review Family Medicine Resident Didactic Session Tulsa, OK
Spring 1995 – Fall 2000	Preventative Care Guidelines and Update U.S. Preventative Services Task Force Osteopathic Clinical Skills II Family Medicine Resident Didactic Session
Spring 1995	Intravenous Peripheral Access Lecture and Lab, Clinical Nursing Staff
Winter 1994 – 2004	Clinical Problem Solving, Facilitator
Fall 1994	Thyroid Disease Clinical Science II
Fall 1994 – Fall 2003	Intravenous Peripheral Access and Injections Osteopathic Clinical Skills II
Fall 1994 – Spring 1995	Chest Pain Family Medicine Resident Didactic Session Clinical Clerkship
Fall 1993	Lumbar Puncture and Meningitis Clinical Sciences II

COMMITTEE REPRESENTATION

Department

1995 – Present	Family Medicine Department, OSU–COM
1995 – 1998	Continuous Quality Assurance Committee, OSU–COM Core / Facilitator
1995 – 1998	Clinic Scheduling Committee, OSU–COM
1995 – 1998	Infection Control Committee, OSU–COM
1996 – 1997	Utilization Review Committee, Chairman, OSU–COM
1996 – 1997	Risk Management Committee, OSU–COM

College

July 2004 – Present	Council of Chairs, OSU–CHS
June 2009 – Present	Continuous Quality Improvement - Chair
November 2005 – July 2009	Executive Team, OSU–CHS
November 2005 – July 2009	Management Team, OSU–CHS
November 2005 – July 2009	Faculty Senate, OSU–CHS

November 2005 – April 2008	Osteopathic Medical Education Consortium of Oklahoma (OMECO) Graduate Medical Education Committee – DME Member
April 2008 – July 2009	Osteopathic Medical Education Consortium of Oklahoma (OMECO) Board of Directors – Member
1995 – 1998	Institutional Review Board, OSU–COM
1995 – 1998	Curriculum Committee, OSU–COM
1995 – 1996	Rural Training Curriculum Development – Bristow, OK OSU–COM
1995 – 1996	Rural Training Curriculum Development – Poteau, OK Family Medicine Residency, OSU–COM
1995 – 1996	Rural Training Curriculum Development – Enid, OK Family Medicine Residency, OSU–COM
1995	OSCE Curriculum Development, OSU–COM
2004 – 2005	Promotion and Tenure Committee, OSU–COM
1995 – Present	Medical Student Advisor, OSU–COM, OSU–CHS
1995 – 1998	Admissions Interviews, OSU–COM

Hospital

2002 – 2004	Chief of Staff, TRMC
2000 – 2002	Vice Chief of Staff, TRMC
2004	Joint Commission, JCAHO Accreditation Survey – Task Force Member Tulsa Regional Medical Center
2007 (3 years)	Joint Commission, JCAHO Re–Accreditation Survey – Task Force Member Tulsa Regional Medical Center
2005 – July 2006	Tulsa Regional Medical Center Advisory Board:
July 2006 – October 2008	Oklahoma State University Medical Center Advisory Board
July 2006 – October 2008	Oklahoma State University Medical Center Liaison Committee
July 2006 – April 2008	Oklahoma State University Medical Center Resident– In–Training Committee – Administrative Member
2005 – July 2006	Tulsa Regional Medical Center Adult Medicine Service Line Committee
July 2006 – March 2008	Oklahoma State University Medical Center Adult Medicine Service Line Committee
2002 – July 2006	Tulsa Regional Medical Center Quality Council – Professional Affairs Committee

July 2006 – Present	Oklahoma State University Medical Center Quality Council Professional Affairs Committee
2008	Hospital Bylaws Committee: Member
2003	Hospital Bylaws Committee: Chairman
2001 – 2005	Hospital Physician Advisor
2004 – 2006	Tulsa Regional Medical Center Pharmacy and Therapeutics Committee
	Family Medicine Department, C–TRMC Past Chairman, Past Vice Chairman, Past Secretary – Treasurer
2002– 2004	Managed Care Committee, TRMC – Chairman
2002– 2003	Managed Care Committee, Hillcrest Health Care System
2000 – 2004, 2006 – 2009	Executive Committee of Professional Staff, C–TRMC TRMC, OSU–MC
1995 – 1998, 2005 – Present	Education Committee, C–TRMC, TRMC, OSU–MC
1995 – 2005	Intern and Resident Paper Reviews, C–TRMC, TRMC
2000 – 2001	Mortality and Morbidity Committee, C–TRMC, TRMC
2000 – 2008	Quality Assurance Committee, C–TRMC, TRMC
1998 – 2002	Family Medicine Credentials Committee, C–TRMC
1995 – Present	Family Medicine Teaching Service, C–TRMC, TRMC, OSU–MC, Attending
2000 – 2001	Riverside PHO Committee, TRMC
1998 – 1999	Continuing Medical Education Advisory Committee, C–TRMC

City

November 2010 – Present	Get Lean Tulsa Advisory Board Member – Mayor Appointed
August 2010 – Present	Greater Than Health Access Network (GTHAN) Board – Vice President

State

August 2010 – Present	Oklahoma Health Information Exchange Trust – Speaker of the House Appointed Vice President/Treasurer
2007 – Present	Oklahoma Health Improvement Plan Executive Team Co–Chairman

2007 – Present	Oklahoma Health Improvement Plan Infrastructure Chair
2008 – 2009	ACOFP – Oklahoma State Society President
2007 – 2008	ACOFP – Oklahoma State Society President – Elect
1997	Young Physicians Committee Oklahoma Osteopathic Association

National

1995, 2008, 2009	Board of Delegates – Oklahoma Chapter American College of Osteopathic Family Physicians
2009	Osteopathic Family Medicine Educators Committee American College of Osteopathic Family Physicians
2008, 2009	President – Oklahoma State Society American College of Osteopathic Family Physicians
2007, 2008	President Elect – Oklahoma State Society American College of Osteopathic Family Physicians
December 2009	Oklahoma Health Improvement Plan Infrastructure Section Submission to Oklahoma Legislature

PUBLICATIONS

January 2000	Irritable Bowel Syndrome, Current Review of Pain Shannon Turner Ph.D., Joan Stewart, D.O., Jenny Alexopulos, D.O., Jimmie Sue Hill, D.O. OSU–COM Current Pain and Headache Reports 2000 4:54–59 (1 February 2000)
November 1995	Expanded Curriculum: A Rural Graduate Medical Education Model J.J. Alexopulos, D.O., B. Parker, Ph.D., W.D. Cogan, Ed. D., OSU–COM Academic Medicine 1996 May; 71 (5): 561–2

RESEARCH INVOLVEMENT

July 1, 2007	Are Events of Delivery A Risk For Recurrent Otitis Media? A report of Early Phase Investigation Kayse Shrum, D.O., Jenny Alexopulos, D.O., James D. Hess, Ed.D. Abstract submitted for consideration of publication in February 2008
September 1, 2004 – 2007	HRSA Grant Administrator and Principle Investigator – Three Year Grant – 750K Academic Administrative Units in Primary Care

July 1, 1995 – July 1996	Telemedicine Conferencing, OSU–COM
March 2005	Patient Satisfaction Survey for OSU HealthCare Center Co–Investigator
September 1, 1995 – 1997	Hypobaric Chamber – Effects of Simulated Flight on Human Physiology OSU–COM
September 1995	Apple Newton Pocket Doc – Subject, OSU–COM

PRESENTATIONS

February 2010	Oklahoma Health Improvement Plan Oklahoma State Board of Health Leadership Oklahoma – Invited Speaker
October 2009	Oklahoma Health Improvement Plan Oklahoma Osteopathic Association – Invited Speaker Oklahoma State Board of Health Retreat – Invited Speaker
August 2009	Oklahoma's Health Information Technology and Clinical Health Summit (OKHITECH) – Panelist representing Oklahoma Osteopathic Association (OOA)
July 2009	National Lipid Association Conference Oklahoma City, Oklahoma Case Presentations – Presenter
July 2009	Oklahoma Health Improvement Plan Community HealthNET, Inc. – Invited Speaker
January 2009	Obama Health Care Community Forum OSU–COM Invited Panelist/Speaker
November 2008	American Medical Women's Association (AMWA) OSU–COM Women in Medicine – Invited Speaker
February 2008	Hospital Core Measures OSU–MC Resident and Fellow Council
October 2006	Graduate Medical Education OSU Medical Authority OSU–MC Resident and Fellow Council
April 2006	Physician Workforce Issues Facing Oklahoma Leadership Oklahoma – Invited Speaker
September 2004	Family Medicine HRSA Grant, OSU–CHS Management Team
April 2001	The Last Six Months of Living, OSU College of Osteopathic Medicine
February 1997	Developing an Integrated Primary Care Curriculum Society of Teachers in Family Medicine Orlando, Florida
June 1996	Colposcopy Workshop, 2nd Annual Primary Care Update, Tulsa OK

SPECIAL PROFESSIONAL INTERESTS

Child and Adolescent Medicine, Exercise Stress Testing, Rhinolaryngoscopy, Colposcopy

PROFESSIONAL ORGANIZATIONS

American College of Osteopathic Family Physicians
American College of Emergency Physicians
American Osteopathic Association
Oklahoma Osteopathic Association
Tulsa Osteopathic Medical Society
Iota Tau Sigma
Delta Omega

STATE APPOINTMENTS

July 2005 – July 2014	Oklahoma State Board of Health Governor Appointment Senate Confirmation May 10, 2005
July 2007 – Present	Oklahoma State Board of Health Vice President
July 2006 – July 2007	Oklahoma State Board of Health Secretary Treasurer
January 2005 – Present	Tulsa City–County Board of Health State Board Member Representation

SPECIALTY COLLEGE APPOINTMENTS

April 2008 – May 2009	ACOFP – Oklahoma State Society President
May 2006 – April 2008	ACOFP – Oklahoma State Society President–Elect
March 2008 – Present	ACOFP – Osteopathic Family Medicine Educators Committee Member
April 2006 – Present	ACOFP – In–service Exam Writing Committee Member
February 2005	NBOME – Exam Review Committee

FEDERAL DESIGNATIONS

August 1997	Aviation Medical Examiner for the Administrator of the Federal Aviation Administration

DESIGNATIONS

February 2000	Certified Medical Review Officer American Association of Medical Review Officers

PERSONAL REFERENCES UPON REQUEST

SAMUEL T. GUILD C.P.A.
9916 East 92nd Street North
Owasso, Oklahoma 74055
Phone 918-274-0069
E-mail sguild@clevelandareahospital.com

EXPERIENCE

2001—Present **Hillcrest Healthcare System & Community Partners LLC**
110 West 7th Street
Tulsa, Oklahoma 74019

I am CEO of Cleveland Area Hospital . I have also served Hillcrest and Community Partners, LLC as CEO of Fairfax Memorial Hospital and Pawnee Municipal Hospital. Some of my accomplishments have been:

The Fairfax Memorial Hospital was losing over $250,000 per year. From January 1, 2004 to November 2004 Fairfax Memorial Hospital had a positive EBITDA of $26,000.

Cleveland Area Hospital tied for first place within Ardent Health Services for patient satisfaction in 2005.

Cleveland Area Hospital for 2005 was first place within Ardent Health Services for employee satisfaction.

Cleveland Area Hospital for 2005 had the highest overall quality scorecard within Ardent Health Services.

Cleveland Area Hospital had largest positive variance to budget for 2005 within Ardent Health Services.

1994—2001 **Jane Phillips Medical Center**
3500 Frank Phillips Blvd
Bartlesville, Oklahoma 74006

Regional Administrator: I was responsible for the day to day operations of three rural hospitals and five clinics. I was Administrator of **Pawhuska Hospital Incorporated**, the **Sedan City Hospital** and the **Jane Phillips Nowata Health Center**. I was responsible for clinics in; Barnsdall, Oklahoma; South Coffeyville, Oklahoma; Caney, Kansas and Sedan, Kansas. I was responsible for their financial performance and the quality of patient care. Some of my accomplishments have been:

We successfully improved patient satisfaction at all three hospitals to above the national and regional average.

I improved the three hospitals financial performance from an annual loss of over $1,200,000 to a positive EBITDA.

I stabilized the relationship between Jane Phillips and the three governing boards.

I stabilized and developed a strong relationship with the medical staffs.

I was successful in pushing legislation through the U.S. Congress to change a Medicare regulation penalizing Pawhuska Hospital Inc.

Combined two home health agencies to develop a regional home health agency to maximize reimbursement and enjoy the economies of scale.

1992—1994 **Mimbres Memorial Hospital and Nursing Home**
Deming, New Mexico

Chief Executive Officer and Chief Financial Officer-I was responsible for the operations of a hospital and nursing home. Medicare gave the hospital a “ninety-day” notice to improve or close. The previous administrator was relieved and I was given the task of turning around the facility. Some of my accomplishments were:

The Hospital successfully passed the Medicare survey and we were granted full participation in the Medicare program.

The Hospital successfully implemented a patient satisfaction surveys to dramatically increase patient care.

Developed a strong relationship with the Medical Staff. This was a must because the Medical Staff resented the Board of Trustees and did not trust administration.

The hospital had lost over $3,000,000 in the previous five years. It had a profit of $756,842 in FY 1994.

Improved the employee's attitude toward the facility and thus reduced turnover.

1992 **Logan Hospital and Medical Center**
Guthrie Oklahoma

Chief Financial Officer – Logan Hospital and Medical Center needed a strong CFO to implement basic fiscal leadership, develop and implement meaningful budgets, set adequate staffing patterns, install internal controls and develop accurate financials.

1990-1992 **Cigna Health Plan of Oklahoma**
Oklahoma City, Oklahoma

Chief Financial Officer and Director of Provider Relations-I was responsible for all financial statements and the related analysis. I negotiated all the provider contracts. I was responsible for all corporate reporting and relations.

1988-1990 **High Pointe,** Oklahoma City, Oklahoma

Chief Financial Officer

1985-1988 **First Data Management Company**
Oklahoma City, Oklahoma

Controller

1980-1985 **Grace Petroleum Company** Oklahoma City, Oklahoma

Assistant Controller

1976-1980 **Synergetics, Inc**. Oklahoma City, Oklahoma

Accounting Manager

EDUCATION

1986 **Oklahoma City University** Oklahoma City, Oklahoma

Master of the Science of Accounting

1984 **Oklahoma City University** Oklahoma City, Oklahoma

Master of Business Administration

1977 **The University of Oklahoma** Norman, Oklahoma

Bachelor of Business Administration
Major in Accounting
Minor in Economics

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RESUME

CRAIG W. JONES, FACHE
1904 Windermere Dr.
Norman, Oklahoma 73072

(405) 329-4096 Residence
(405) 427-9537 Business
jones@okoha.com E-mail

EDUCATION

1976 Masters in Health Administration, Washington University School of Medicine, St. Louis, MO (With Final Honors)

1974 Bachelors of Arts – Business Administration, Grove City College, Grove City, PA (Cum Laude)

EXPERIENCE

3/97 to Present **OKLAHOMA HOSPITAL ASSOCIATION**, Oklahoma City, OK
(Representing the operational interests of 129 hospitals and 22 other health care facilities across Oklahoma; offering advocacy and representative services for its members at the state and national levels, along with educational, quality/patient safety, and strategic information services/products to its members)

President (12/98 to the present)

Executive Vice President (3/97 to 12/98)

9/79 to 3/97 **NORMAN REGIONAL HOSPITAL**, Norman, OK
(A public authority community hospital serving a multi-county service area throughout south central Oklahoma. During this time the hospital expanded its capacity from 190 to 283 beds and established regional health services in the areas of cardiac surgery, neurosurgery, cancer management, women's health and community education.)

President and Chief Executive Officer (11/85 to 3/97)
Associate Administrator (9/79 to 11/85)

9/75 to 9/79 **HILLCREST MEDICAL CENTER**, Tulsa, OK
(A 646-bed not-for-profit tertiary care medical center)

Assistant Administrator (8/76 to 9/79)
Administrative Resident (9/75 to 8/76)

PROFESSIONAL AFFILIATIONS

- American Hospital Association
  - -- Chair, Committee of Commissioners, November 2009 to present
  - -- Committee on Nominations, 2005 to 2008
  - -- Regional Advisory Board (OK, AR, TX, LA), 1999 to present
  - -- Numerous task forces, committees and councils
- Joint Commission on Accreditation of Healthcare Organizations, Oak Brook, IL
  - -- Member, Executive Committee, November 2009 to Present
  - -- Chair, Standards and Survey Procedures Committee, 2008 to Present
  - -- Chair, Hospital Advisory Council, 2005 to April 2010
  - -- Task Force on Standards Improvement, 2006 to present
- Oklahoma Healthcare Information Advisory Council
  - -- Chairman, 1999 to 2000
- American College of Healthcare Executives
  - -- Regent for Oklahoma, 1997 – 2001
  - -- Fellowship status in the College, since 1990

COMMUNITY INVOLVEMENT

- Oklahoma State Health Information Exchange Cooperative Agreement Program
  - -- Member, State Steering Committee
- Health Alliance for the Uninsured, Board Member (2005 to present)
- Central Oklahoma Turning Point, Steering Committee (2003)
- Oklahoma Academy (Health Forum, 2002)
- Adjunct Faculty/Lecturer, 2000 to Present
  - -- University of Oklahoma, Masters Program, Health Policy & Administration
  - -- University of Oklahoma, College of Law
  - -- University of Central Oklahoma, Business College
- Norman Chamber of Commerce Board of Directors, 1992 – 1995
- United Way Board of Directors, 1987-88
- Norman Rotary Club, 1985 – 1997
- First Presbyterian Church, Elder and Trustee

AWARDS

- Grove City College, Alumni Achievement Award, 2007
- Oklahoma Hospital Association, W. Cleveland Rodgers Distinguished Service Award, 1996

CURRICULUM VITAE

PART I: General Information

DATE PREPARED: November 27, 2007

Name: David C. Kendrick, MD, MPH
Office Address:
Archimedes, Inc.
201 Mission Avenue, 29th Floor
San Francisco, CA 94105
(415) 490-0400

Home Address:
130 Bayview Avenue
Belvedere, CA 94920
504-339-3297

E:Mail: david@medunison.com **FAX:** 815-346-3441

Place of Birth: Duncan, Stephens County, Oklahoma 73533

Education:

07/04-08/04		Harvard Program for Clinical Effectiveness, Harvard School of Public Health
08/03-12/04	MPH	Tulane University School of Public Health & Tropical Medicine, Clinical Research Curriculum
08/95-05/99	MD	University of Oklahoma College of Medicine
08/90-08/01	BS	University of Oklahoma College of Engineering, Chemical Engineering, Pre-Med: *cum laude*
08/86-05/90		Duncan High School, Duncan, Oklahoma

Postdoctoral Training:

07/04-06/06	Fellow, Medical Informatics, Center for Information Technology Leadership, Partners Healthcare System, Harvard University
06/03-06/04	Chief Resident, Internal Medicine & Pediatrics Program, Tulane University Medical Center
07/01-06/04	Resident, Internal Medicine & Pediatrics Combined Program, Tulane University Medical Center
07/99-07/00	Intern, Internal Medicine & Pediatrics Combined Program, University of Oklahoma Health Sciences Center

Licensure and Certification:

2007-Present	State of California Medical License, #A101350
2007-Present	Fellow of the American Board of Internal Medicine
2004-2007	Commonwealth of Massachusetts Medical License, #222832
2002-2005	Medicine and Surgery License, Louisiana State Board of Medical Examiners, #025746
2001-Present	Diplomate, National Board of Medical Examiners
1995-Present	Basic Life Support (BLS)

1997-Present	Advanced Cardiovascular Life Support (ACLS)
1999-Present	Pediatric Advanced Life Support (PALS)
1999-Present	Newborn Resuscitation (NRP)

Academic Appointments:

08/04-11/06 Harvard Medical School, Research Associate in Medicine

Hospital or Affiliated Institution Appointments:

07/05-11/06 Brigham & Women's Hospital, Research Fellow

07/05-11/06 Massachusetts General Hospital, Graduate Assistant in Medicine, Graduate Assistant in Pediatrics

Other Professional Positions and Major Visiting Appointments:

07/06-Present	Medical Director	Archimedes, Inc.
07/01-Present	Chief Medical Officer	MedUnison, L.L.C.
04/00-06/01	Founder and Chief Executive Officer	MedSynergy, L.L.C.

Hospital and Health Care Organization Service Responsibilities:

2003-2004 Tulane Total Online Evaluation System Project Committee Member

Major Committee Assignments:

National:

2005-Present Member, Hurricane Katrina Community Advisory Group, Harvard Medical School

Regional:

2005-Present	University of Oklahoma Department of Chemical Engineering Board of Visitors
2003-2004	Member, Tulane Total Online Evaluation System Project Committee
1997-2001	Member, Oklahoma State Medical Association (OSMA): Legislative Council
1999-2001	Member, OSMA: Council on Member Services
2000-2001	Chair, OSMA: Council on Professional Communications
1999-2001	Chair, OSMA: Professional Communications Website Subcommittee
1999-2001	Member, Physicians' Campaign for a Healthier Oklahoma Steering Committee

Leadership & Public Service:

2003-2004	President, National Med-Peds Residents' Association
1997-1998	President, University of Oklahoma Health Sciences Center Student Body
1993-1994	President, University of Oklahoma Student Body
1994	Personal Aide, Congressman Dave McCurdy for U.S. Senate Race
1993	U.S. Student Government Ambassador to Russia
1992	Ewing Congressional Fellow to U.S. House of Representatives

Professional Societies:

2003-Present	American Medical Informatics Association	Member
2004-Present	Health Information Management Systems Society (HIMSS)	Member
2003-2004	Society of General Internal Medicine	Member
2003-2004	American Telemedicine Association	Member
2001-2005	Louisiana State Medical Association	Member
1999-Present	American Academy of Pediatrics	Member

1999-Present	National Med-Peds Residents Association	President, 2003
1999-Present	American Medical Association	Member
1999-2003	American College of Physicians/American Society of Internal Medicine	Member
1995-2001	Oklahoma State Medical Association	See Regional Committees above

Community Service Related to Professional Work:

Year	*Role*	*Organization*	*Description*
2005-Present	ARC Public Health Service	American Red Cross, Katrina/Rita Relief Effort	• Directed Field operations in Louisiana (9/29/05-10/15/05) • Established issue tracking and resolution systems, public health surveillance monitoring for staff and client shelters • Developed educational materials for evacuees and ARC volunteer workers • Evaluated feeding and sheltering sites
2001-Present	Board of Directors	Christian Networks, Inc.	• Dedicated to bringing medical missions to the third world
2003	Mission Project Leader	Christian Networks, Inc.	• Opened first Operating Room and implemented first telemedicine in Villa El Salvador, Peru, a community of 800,000 without a hospital.

Awards and Honors:

Year	*Award*
2004	Resident of the Year, 2004, Charity Hospital and Medical Center of Louisiana
2004	Musser-Burch-Puschett Award for Outstanding Clinician, Tulane University Department of Internal Medicine
2004	American Academy of Pediatrics CATCH Grant Awardee to evaluate technology for Special Needs Kids
2003	Alpha Omega Alpha Honor Medical Society
2003	Gary Onady Award for National Contributions to Combined Internal Medicine & Pediatrics
2002	Tulane University Clinical Research Curriculum Award- MPH scholarship program
1997	Lupus Foundation of America Scholar
1997	American Medical Association/Glaxo Wellcome Leadership Award Nominee
1996	Alpha Omega Alpha Honors Research/Excellence in Research Award
1996	Podalirian Award: One Student in the Class of 1999 Demonstrating the Highest Ideals of Medicine
1995	Gold Letzeiser Award for Outstanding Senior Man at the University of Oklahoma
1994	Mortar Board Senior Honor Society
1994	Richard M. Cyert Outstanding Team Award for Administrative Excellence
1993	Tau Beta Pi (TBΠ) National Engineering Honor Society
1993	Regents' Award for Outstanding Junior
1993	Student Government Ambassador to Russia
1993	Golden Key National Honor Society for Juniors
1992	Cortez M. Ewing U.S. Congressional Fellow
1992	Alpha Epsilon Delta Pre-Medical Honor Society
1991	Alpha Lambda Delta Freshman Honor Society
1990	Sir Alexander Fleming Medical Research Scholar at the Oklahoma Medical Research Foundation

1990 National Society of Professional Engineers Scholar
1990 Oklahoma Engineering Foundation Scholar
1990 Dean's Honor Roll
1990 President's Honor Roll
1990 National Merit Scholar
1990 Valedictorian, Duncan High School, Duncan, OK

Part II: Research, Teaching, and Clinical Contributions

A. Narrative report of Research, Teaching, and Clinical Contributions.

David's primary research focus is medical informatics. His current projects include: 1) developing methods and tools for the assessment of value (clinical, financial, and societal) in healthcare information technology, 2) developing and implementing telemedicine applications, distance education systems, and unique physician communication/collaboration systems, 3) creating and implementing electronic medical records systems in resource-poor and institutional environments, and 4) evaluating the use and impact of the aforementioned systems.

B. Funding Information

Year	*Purpose*	*Granting Agency*	*Role*	*Project Title*	*Amount*
2004	Research	American Academy of Pediatrics, CATCH Grant Program	PI	"Improving medical home access with technology"	$10,000
2004	Education	National Institutes of Health Loan Repayment Award Program	NA		$35,000
2005	Research	Oklahoma Applied Research Support Program	PI	"The Doc2Doc Study: Enabling online communication among healthcare providers"	$600,000
2005	Research	National Institutes of Health, 1 R01 MH070884-01A2 from the US Department of Health and Human Services	Advisor	Hurricane Katrina Community Advisory Group, Harvard Medical School	$1,000,000
2006	Research	O'Donnell Foundation	PI	Telehealth Value Assessment	$550,000
2007	Research	Robert Wood Johnson Foundation	Co-PI	Archimedes Healthcare Simulator	$15,600,000

C. Report of Current Research Activities

Project	*Role*	*Status*
CATCH Study of Store & Forward Technology in Pediatrics	PI	In progress
NIH-Loan Repayment Program	NA	Complete
Value of Information Technology in Disease Management	Analyst	Complete
Value of Telemedicine/Telehealth	Analyst	Complete
Enabling online communication among healthcare providers	PI	In progress
Archimedes Healthcare Simulator	Co-PI	In progress

D. Report of Teaching

Undergraduate Medical Courses:

Year(s) taught	*Name of course*	*Teaching role*	*Type of students*
2002-2004	Medical Interviewing	Preceptor	1st year medical students (3-4/year)
2001-2004	Internal Med Clerkship	Teaching resident	3rd & 4th year medical students (20/year)
2001-2004	Pediatrics Clerkship	Teaching resident	3rd & 4th year medical students (20/year)

Graduate Medical Courses:

Year(s) taught	*Name of course*	*Teaching role*	*Type of students*
1999	Using the Internet in Medicine	Lecturer	Internal Medicine Residents (~60)
2003-2004	Systems Analysis for Quality Improvement	Lecturer	Internal Medicine Residents (~80/year)

Invited lectureships:

Year(s)	*Name of course*	*Forum*	*Institution*	*Role*	*Attendees*	*No.*	*Prep*
2000	The Electronic Physicians' Interaction Center (EPICenter)	Pediatrics Grand Rounds	University of Oklahoma Health Sciences Center	Lecturer	Academic & community physicians	150	40 hrs
2002	Practicing Better Medicine Online: The DocSynergy Project	Pediatric Grand Rounds	Tulane University Medical Center	Lecturer	Academic & community physicians	75	40 hrs
2003	Communities of Care: Online Store & Forward Telemedicine	Pediatric Grand Rounds	University of Oklahoma, Tulsa	Lecturer	Academic & community physicians	150	60 hrs
2005	Telemedicine: From Policy to Promise to Proof	Live interactive teleconference	Association for Healthcare Quality and Research National Resource Center	Co-presenter	AHRQ grantees nationwide	50	60 hrs
2007	The Archimedes Model	Internal Medicine Grand Rounds	University of Oklahoma-Tulsa	Lecturer	Academic and community physicians	50	20 hrs
2007	Archimedes, Inc.- An Update	National Legal Forum	Kaiser Permanente	Lecturer	Healthcare Attorneys	150	40 hrs

Continuing Medical Education courses:

Year	*Name of Course*	*Role*	*Prep (hrs)*
1997	*Computers in Medicine*	Course Director	100 hours
2001	*Using the Internet to Practice Better Medicine*	Lecturer	50 hours, given in 5 rural sites around Oklahoma

Supervisory Responsibilities in Clinical Setting:

1999-2004 Resident, Internal Medicine & Pediatrics: Inpt. and outpt. care, team mgmt, teaching
2003-2004 Chief Resident, Internal Medicine & Pediatrics: Organized scheduling, conferences, teaching
2005-2006 Staff, Massachusetts General Hospital, Chelsea Urgent Care facility

Regional and National Invited presentations

Year	*Type of presentation*	*Organization extending invitation*
1997	Seminar	AMA-Medical Student Section: Section 3 Meeting, Oklahoma City, OK
1999	Plenary Speaker	Oklahoma Physicians Research Network, Annual Convocation, Ponca City, OK
2001	Workshop	Oklahoma Physicians Research/Resource Network, Midwinter Convocation, Tulsa, OK
2001	Plenary Speaker	American College of Physicians, Oklahoma Chapter, Oklahoma City, OK
2002	Speaker	Greater New Orleans Pediatrics Society, New Orleans, LA
2001	Workshop	Correctional Telemedicine Conference, Tucson, AZ
2003	Plenary Speaker	Louisiana State Medical Society, New Orleans Section, New Orleans, LA
2003	Seminar	American Telemedicine Association, Orlando, FL
2004	Seminar	Program for Quality Education, Boston, MA
2006	Online Seminar	Association for Healthcare Research and Quality Resource Center

Innovative Educational Programs

Curriculum for Continuous Quality Improvement	Co-creator	Tulane Internal Medicine Residency Program
Online Internal Medicine Curriculum System	Creator	Tulane Internal Medicine Residency Program
Online Curriculum for Clinical Research Training	Creator	Tulane University Clinical Research Training Program

Clinical Activities

Years	*Facility*	*Practice type*	*Experience*
1999-2000	University Hospital	Indigent, public	Inpatient (wards and intensive care) and Outpatient adult and pediatric medicine
	Presbyterian Hospital	Private	
	Children's Hospital of Oklahoma	Public/Private	
	Oklahoma City Veterans Affairs Hospital	Public/Federal	
2001-2004	Charity Hospital of New Orleans	Indigent, public	Inpatient (wards and intensive care) and Outpatient adult and pediatric medicine
	University Hospital	Indigent, public	
	Tulane Hospital	Private	
	Tulane Hospital for Children	Indigent, public	
	Oschner Hospital	Private	
	New Orleans Veterans Affairs Hospital	Public/Federal	
2005-2006	Massachusetts General Hospital Chelsea Urgent Care	Indigent, public	Outpatient, urgent care
	Brigham & Women's Hospital	Private	Ambulatory Sick-visits

Clinical contributions

2003-2004 Tulane Med-Peds Clinic Quality Improvement Committee Chair
2003-2004 Medical Center of Louisiana, New Orleans (MCLNO) Internal Medicine Clinic Committee Member

Clinical Awards:

Local:

2003 Alpha Omega Alpha Medical Honor Society
2004 Resident of the Year, 2004, Charity Hospital and Medical Center of Louisiana
2004 Musser-Burch-Puschett Award for Outstanding Clinician, Tulane University Department of Internal Medicine

National:

2003 Gary Onady Award for National Contributions to Combined Internal Medicine & Pediatrics

Part III: Bibliography

Original Articles

Hurricane Katrina Community Advisory Group Writing Committee: Wang, Kendrick, Lurie, Springgate, Kessler. *Hurricane Katrina's Impact on the Care of Survivors with Chronic Medical Conditions*. Journal of General Internal Medicine, 2007; 22: 1225-1230.

Kendrick, David; Bu, Davis; Pan, Eric; Middleton, Blackford. *Crossing the Evidence Chasm: Building evidence bridges to clinical outcomes*. Journal of the American Medical Informatics Association. Accepted and in press.

Adler-Milstein, Julia; Bu, Davis; Pan, Eric; Walker, Janice; Kendrick, David; Hook, Julie; Bates, David; Middleton, Blackford. *The Cost of Information Technology-Enabled Diabetes Disease Management.* Diabetes Care. Accepted and in press.

Bu, Davis; Pan, Eric; Walker, Janice; Adler-Milstein, Julia; Kendrick, David; Hook, Julie; Cusack, Caitlin; Bates, David; Middleton, Blackford. *Benefits of Information Technology-Enabled Diabetes Management.* Diabetes Care. Accepted and in press.

Eddy, DM; Kendrick, DC. The use of mathematical models to help fill the gaps in evidence. National Academy of Science Press, 2007.

Ivers, LC; Kendrick, DC; Doucette, K. *Efficacy of antiretroviral therapy programs in resource-poor settings: a meta-analysis of the published literature*. Clinical Infectious Disease. July 15, 2005. 41(2):217-24.

Books, Chapters, and Editorials

Bu, Davis; Pan, Eric; Johnston, Douglas; Walker, Janice; Adler-Milstein, Julia; Kendrick, David; Hook, Julie; Cusack, Caitlin; Bates, David; Middleton, Blackford. *The Value of Information Technology-Enabled Disease Management*. Center for Information Technology Leadership. Health Information Management Systems Society. 2007.

Peters, Ronald M: *A Day in the Life of Naisbett's 2000 A.D. by David C. Kendrick*. The Next Generation, University of Oklahoma Press: 1991.

Nonprint Materials

Kendrick, DC, Steffensen, SL: *MedSynergy: Oklahoma Innovations*. [Radio Show] Recorded, February 8, 2001, Broadcast multiple times.

Kendrick, DC: *Up in Smoke? Keeping Oklahoma's tobacco settlement money in medical research*. [Speech] Oklahoma State Legislature, Oklahoma Higher Education Day, February, 1999.

Kendrick, David C: *Thoughts From Your University: Oklahoma's Health Care Future*. The Daily Oklahoman, February 12, 1997, Editorial page.

Kendrick, David C: *Building a Health Care Community*. [speech] Platform Speaker for Ribbon-Cutting of OUHSC Student Center, September 4, 1996.

Kendrick, David C: *Student Response to Alumni Charge*. [speech] University of Oklahoma Commencement Platform Speaker. May 7, 1994.

Abstracts

Heikes, K. Morris, D. Kendrick, D. Arondekar, B. Eddy, D. Validation of a simple screening tool for detecting undiagnosed diabetes and pre-diabetes with the ARIC cohort. American Diabetes Association Meeting, 2008.

Heikes, K. Morris, D. Kendrick, D. Arondekar, B. Eddy, D. Utility of a simple screening tool for identifying risk of future elevated plasma glucose. American Diabetes Association Meeting, 2008.

Samuel, S. Kendrick, D. A model of diabetic eye disease. Late breaking abstracts, American Diabetes Association Meeting, 2008.

Sherbakov, L. Chtcheprov, A. Kendrick, D. Schlessinger, L. Validation of a mathematical model of renal disease. Late breaking abstracts, American Diabetes Association Meeting, 2008.

Kendrick, DC. Parker, M. Nguyen, TQ. Degrace, D. *Evaluating an Innovative System for Online Creation, Tracking and Delivery of Continuing Medical Education*. CME Congress, 2004. Abstract & Poster Presentation.

Kendrick, DC; Kendrick, CG; Wiese JG. Acute *Pustular Psoriasis: Recognition, Differentiation, and Management*. Journal of General Internal Medicine. Vol 18, Supplement 1, April 2003. Page 66. Abstract & Poster Presentation.

Kendrick, D. *Delivery of Graduate and Continuing Medical Education via Low-bandwidth Internet Connections*. Journal of General Internal Medicine, vol 18, Supplement 1, April, 2003. page 114. Abstract & Poster Presentation.

Kendrick, DC; Parker, M; Nguyen, T: *Construction and evaluation of a store-and-forward consultation system for physicians.* Telemedicine and e-Health Journal. Vol. 9, Supplement 1. 2003, page S-41. American Telemedicine Association Annual Meeting, April 29, 2003. Abstract & Oral Presentation.

Kendrick, DC; Parker, M; Nguyen, T: *Evaluating online creation, tracking, and delivery of Continuing Medical Education.* Telemedicine and e-Health Journal. Vol. 9, Supplement 1. 2003, page S-41. American Telemedicine Association Annual Meeting, April 28, 2003. Abstract & Oral Presentation.

Kendrick, DC; Kendrick, CG: *Acute Pustular Psoriasis: Recognition, Differentiation, and Management*. Southern Society for General Internal Medicine, Annual Meeting, New Orleans. February 22, 2003. Abstract & Oral Presentation.

Kendrick, DC; Steffensen, SL; Parker, M; Nguyen, T; Van Horn, M: *Construction and Evaluation of an Online Consultation System for Physicians.* Tulane Research Day, May 1-2, 2002. Abstract & Poster Presentation.

Kendrick, David C: *Point of Service Data Gathering in the Management of Diabetic Retinopathy Using the Newton Personal Digital Assistant*. 1996. Paper and Presentation at AΩA Research Day; November 20, 1996.

Kendrick DC, Lister KA, and McCarty GA: *Analysis of anti-cardiolipin (aCL) and anti-phosphatidyl-serine (aPS) antibodies in several patient groups.* 1992 Abstract & Paper: Undergraduate Research Presentations, University of Oklahoma.

McCarty GA, Kendrick DG [sic], Lister KA: *Auto-antibodies to cardiolipin (aCL) and phosphatidyl serine (aPS) in primary antiphospholipid antibody syndrome patients: New specificity and isotype correlations.* Clin. Research. 39(2), 1991. Abstract.

McCarty GA, Lister KA, Kendrick DC, Bias WB, Petri MA, Reveille DJ, Arnett FC: *Auto-antibodies to cardiolipin (aCL) and phosphatidyl serine (aPS) and HLA-DQ associations in Mexican American and black patients with systemic lupus erythematosus.* Arth. Rheum. 34(9 suppl), 1991. Abstract.

Kendrick DC, Lister KA, McCarty GA*: Analysis of anti-cardiolipin (aCL) and anti-phosphatidyl-serine (aPS) antibodies in several patient groups*. Sir Alexander Fleming Scholar Presentations. 1990.

Kendrick DC, Hollenbeak, J: *Creation of amino acids and nucleic acids in a simulated Jovian atmosphere: An extension of the Miller-Urey Experiments*. Paper and Presentations, Spring, 1990. County, Regional, and Oklahoma State Science Fairs.

Kendrick DC, Hollenbeak, J: *Amino Acids from Primordial Ooze: A Recreation of the Miller-Urey Experiments*. Paper and Presentation, Spring 1989. County and Regional Science Fairs.

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e-mail: robert-roswell@ouhsc.edu

PROFESSIONAL APPOINTMENTS

2004-Present **Senior Associate Dean, Oklahoma University College of Medicine**, Oklahoma City, Oklahoma

Serves as the second highest-ranking officer of the University of Oklahoma College of Medicine's Oklahoma City campus, and assists the Executive Dean in the overall management, planning and conduct of the college's academic, research and service missions. Major responsibilities include oversight of continuing medical education, graduate medical education, veterans' affairs, space and facilities planning, information systems and technology, and hospital-based clinical services.

2002-2004 **Under Secretary for Health, Department of Veterans Affairs, Washington, DC**

Following nomination by President George W. Bush and confirmation by the United States Senate, directed the Veterans Health Administration (VHA) with responsibility for the operation of the nation's largest integrated health care system. VHA has an annual medical care budget of more than $27 billion and employs over 190,000 health care professionals at 163 hospitals, more than 800 community and facility-based clinics, 135 nursing homes, 43 domiciliaries, and 206 readjustment counseling centers. VHA is also the nation's largest provider of

graduate medical education and a major contributor to medical and scientific research.

Facilitated by the extensive deployment of a comprehensive electronic medical record system, VHA attained benchmark levels of performance in the areas of quality, patient safety, and patient satisfaction. VHA was transformed from a system of hospitals to comprehensive healthcare delivery system that includes an extensive network of primary care clinics and homecare services augmented by telehealth and disease management programs, in addition to a full range of tertiary care and rehabilitation services.

1995-2002 **Network Director, Florida and Puerto Rico Veterans Integrated Service Network,** Veterans Health Administration, Bay Pines, Florida

Served as the chief executive officer off an integrated healthcare delivery network that included seven Department of Veterans Affairs medical centers, 38 outpatient clinics, and 8 nursing homes with over 14,000 employees throughout the state of Florida and on the island of Puerto Rico. This network included affiliations with seven schools of medicine and provided a full range of health care services to over 400,000 veterans each year, with an annual operating budget in excess of 1.4 billion dollars.

1994-1999 **Executive Director, Persian Gulf Veterans Coordinating Board**, Washington, D.C.

Coordinated Persian Gulf veterans programs and activities related to medical care, research, and disability compensation between the Departments of Defense, Health and Human Services, and Veterans Affairs. Provided congressional testimony and invited presentations to the National Institutes of Health, the National Academy of Sciences, and other national and international audiences.

1993-1995 **Chief of Staff, Veterans Affairs Medical Center**, Birmingham, Alabama

Served as the head of the medical staff and director of clinical programs and services for a 300 bed, highly affiliated tertiary medical center with over 550 physicians on staff.

1991-1993 **Associate Deputy Chief Medical Director for Clinical Programs, Department of Veterans Affairs** Washington, D.C.

Served as the director of all clinical programs and services in the Veterans Health Administration, with oversight responsibility for these services at over 170 medical centers nationwide.

1989-1991 **Chief of Staff, Veterans Affairs Medical Center**, Oklahoma City, Oklahoma

Served as the head of the medical staff at this highly affiliated tertiary medical center with oversight responsibility for clinical services and programs.

1984-1988 **Associate Chief of Staff for Education**, Senior Staff Physician, Endocrinology Section, Department of Medicine, Veterans Administration Medical Center Dallas, Texas

1982-1984 **Staff Physician**, Oklahoma Memorial Hospital, Oklahoma City, Oklahoma
Staff Physician, Veterans Administration Medical Center, Oklahoma City, Oklahoma

ACADEMIC APPOINTMENTS

2004-present **Professor**, Department of Medicine, Oklahoma University College of Medicine, Oklahoma City, Oklahoma

2004-present **Senior Associate Dean**, Oklahoma University College of Medicine, Oklahoma City, Oklahoma

2004-present **Professor**, Department of Health Administration and Policy, College of Public Health, University of Oklahoma, Oklahoma City, Oklahoma

1998-2002	**Professor**, Department of Environmental and Occupational Health, College of Public Health, University of South Florida, Tampa, Florida
1993-1995	**Professor**, Department of Medicine, University of Alabama at Birmingham School of Medicine
1993-1995	**Associate Dean** of Veterans Affairs, University of Alabama at Birmingham School of Medicine
1989-1991	**Associate Professor**, Department of Medicine, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma
1989-1991	**Assistant Dean** for VA Medical Center Affairs, University of Oklahoma College of Medicine, Oklahoma City, Oklahoma
1984-1988	**Assistant Professor** of Medicine, Endocrinology Section, University of Texas Southwestern Medical School, Dallas, Texas
1982-1984	**Assistant Professor** of Medicine, Department of Medicine, Section of Endocrinology, Metabolism, and Hypertension, Oklahoma University Health Services Center, Oklahoma City, Oklahoma
1978-1980	**Clinical Assistant Professor**, Department of Medicine, Emory University School of Medicine, Atlanta, Georgia

MILITARY EXPERIENCE

Colonel, United States Army (Retired), various reserve assignments from 1980-2002, including Commander of the 73rd Field Hospital, St. Petersburg, Florida from 1998 – 2000.

Active Duty 1978-1980: Captain, Medical Corps, U.S. Army, Martin Army Hospital, Fort Benning, Georgia

Security Clearance: Top Secret

EDUCATION

1980-1982	Endocrinology Fellowship, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma
1976-1978	Internal Medicine Residency, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma
1975-1976	Internal Medicine Internship, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma
1971-1975	**M.D.**, Graduated with Distinction, June 8, 1975, University of Oklahoma School of Medicine, Oklahoma City, Oklahoma
1967-1971	**B.S**., Physiology, May 16, 1971, Oklahoma State University, Stillwater, Oklahoma

SPECIALTY CERTIFICATION

American Board of Internal Medicine, 1978

STATE LICENSURE

Oklahoma, continuously since 1976, #10955

AMA Medical Education #03901751101

National Provider Identifier #1699778126

SELECTED HONORS AND AWARDS

Alpha Omega Alpha Honor Medical Society, 1975

Outstanding Teacher Award, Family Practice Residency Program, Martin Army Hospital, Ft. Benning, Georgia, 1979

Aesculapian Award for Outstanding Clinical Faculty Member, University of Oklahoma School of Medicine, 1983

VA Meritorious Service Award, 1993

First Lady Hillary Rodham Clinton's Certificate of Appreciation, 1993

Medal of Honor, Golden Eagle Physician Recognition Award, Alabama Senior Citizens Hall of Fame, l994

Managerial Federal Employee of the Year, Birmingham Federal Executive Association, 1995

Senior Executives' Association Professional Development League's 1998 Executive Excellence Award for Executive Achievement finalist.

Department Appreciation Award, Disabled American Veterans, 1999

John D. Chase Award for Physician Executive Excellence, Association of Military Surgeons of the United States, 1999

Volunteers of America Honor Award, 2000

Army Meritorious Service Medal, 2000.

Vice President Al Gore’s National Partnership for Reinventing Government Hammer Award, 2001.

Certificate of Outstanding Achievement, National Disaster Medical System, 2001.

Special Recognition Award, Florida Nurses Association, 2001.

Leadership Award, Department of Veterans Affairs, 2002.

Honorary Fellowship, American Academy of Medical Administrators, 2002.

Service Award, Department of Veterans Affairs, 2003.

Honorary Service Award, Military Order of the Purple Heart, 2004.

Oklahoma Governor Brad Henry’s Governor’s Commendation, 2007.

SELECTED LOCAL AND REGIONAL COMMITTEES AND ACTIVITIES

Chairman, Information Technology Work Group, Enterprise Leadership Council, Oklahoma University College of Medicine and OU Medical Center

Executive Finance Committee, Oklahoma University College of Medicine

Chairman, Oklahoma Governor's Health Information Security and Privacy Council

Co-Chairman, Oklahoma Health Information Exchange Cooperative Agreement Program Oversight Working Group

OU Physicians Electronic Medical Record Steering Committee

Provider Access Committee, Oklahoma Insurance Commissioner's Statewide Coverage Initiative

Chairman, Facility Committee, Harold Hamm Oklahoma Diabetes Center

Enterprise Leadership Council, Oklahoma University College of Medicine and OU Medical Center

Anesthesiology Global Contract Oversight Committee, Oklahoma University Medical Center

Oklahoma Insurance Commissioner's Task Force on Health Care Quality and Performance

Chairman, Search Committee for the OU Cancer Institute Director of the Center for Basic and Translational Cancer Research

Steering Committee, Oklahoma Health Information Security and Privacy Collaboration, Office of the Governor and the Oklahoma State Department of Health

Employee Benefit Committee, University of Oklahoma

Picture Archiving and Communications System (PACS) Steering Committee, Oklahoma University Medical Center

Strategic Planning Committee, Harold Hamm Oklahoma Diabetes Center

Board of Directors, Veterans Research and Education Foundation

Chairman, Cancer Institute Site Evaluation and Selection Task Force, Oklahoma University College of Medicine

Chairman, Search Committee for the Dean of the College of Allied Health, Oklahoma University Health Sciences Center

Resource Allocation Committee, Enterprise Leadership Council, Oklahoma University College of Medicine and OU Medical Center

Co-Chairman, Vascular Medicine Institute Planning Committee, Enterprise Leadership Council, Oklahoma University College of Medicine and OU Medical Center

Advisory Board, Oklahoma University Breast Institute

Cancer Institute Planning Committee, Oklahoma University College of Medicine

Faculty Board, Oklahoma University College of Medicine

Solid Organ Transplant Committee, Oklahoma University Medical Center

Facilities Development Committee, Oklahoma University Medical Center

SELECTED NATIONAL COMMITTEES AND CLINICAL ACTIVITIES

Current

IBM Health Care and Life Sciences Advisory Council

Clinician Electronic Health Record Advisory Council, Hospital Corporation of America (HCA)

The Atlantis Group Think Tank on the Future of Health Care

Association of American Medical Schools, Group on Institutional Planning and Government Relationships Representative

Previous

Co-Chairman, Health Executive Council, Departments of Veterans Affairs and Defense

Joint Executive Council, Departments of Veterans Affairs and Defense

Chairman, National Leadership Board, Veterans Health Administration

Chairman, VA Information Technology Advisory Committee

Faculty, Interagency Institute for Federal Health Care Executives, George Washington University

Association of Military Surgeons of the United States Executive Advisory Council, and Second Vice President

Armed Forces Institute of Pathology Board of Directors

House of Delegates, American Medical Association

Long Term Care/Assisted Living Professional and Technical Advisory Committee, Joint Commission on Accreditation of Healthcare Organizations

National Library of Medicine Board of Regents

Council on Graduate Medical Education

Federal Partners, Departments of Homeland Security, Health and Human Services, Defense, and Veterans Affairs

National Surgical Quality Improvement Program Executive Committee, Veterans Health Administration

Council of Teaching Hospitals, Association of American Medical Colleges

President's National Health Care Reform Task Force

Association of American Medical Schools, Deans Liaison Committee

CURRENT RESEARCH FUNDING

Oklahoma Center on American Indian Diabetes Health Disparities
Principal Investigator: J. Neil Henderson, Ph.D.
Pilot Project: "SF-36 Medical Outcomes Survey: Validations and Cultural Adaptation in the American Indian Population with Diabetes", PI: Ann F. Chou, Ph.D., Co-PI: Robert H. Roswell, M.D.
Agency: NIH, National Center for Minority Health and Health Disparities
Type: P20-MD000528

Period: 06/01/07-05/31/12

TEACHING ACTIVITIES

College of Medicine

Professional Ethics and Professionalism, University of Oklahoma College of Medicine, 2005, 2006, 2007, 2008, 2009, 2010

Principles of Clinical Medicine II, University of Oklahoma College of Medicine, 2005, 2006

Neurosciences Problem Based Learning, University of Oklahoma College of Medicine, 2005, 2006, 2007

Physiology Problem Based Learning, University of Oklahoma College of Medicine, 2005, 2006, 2007

- Atrial Septal defect
- Benign Positional Vertigo
- Tardive Dyskinesia
- Chronic Obstructive Pulmonary Disease

Academic Afternoons; Patient Simulation Center Exercises, University of Oklahoma College of Medicine, 2005, 2006, 2007

College of Public Health, MPH and MHA Programs

Course Director, Health Information Systems, University of Oklahoma College of Public Health, 2005, 2006, 2007, 2008

U.S. Health Care System, University of Oklahoma College of Public Health, 2006, 2007, 2008, 2009

Healthcare Human Resources Management, University of Oklahoma College of Public Health, 2005, 2006

Health Administration and Policy: Directed Readings, University of Oklahoma College of Public Health, 2007, 2008, 2009

Public Health Practicum, University of Oklahoma College of Public Health, 2010

Directed Readings in Public Health, University of Oklahoma College of Public Health, 2008

Public Health Grand Rounds, University of Oklahoma College of Public Health, “VA Health Care: A Case Study in Transformation of Delivery Systems”, February 24, 2005

Public Health Grand Rounds, University of Oklahoma College of Public Health, “Health Information Technology: A Transformational Strategy for Oklahoma Health Care”, March, 10, 2009

PUBLICATIONS

Book Chapters

1. "Hormone Action," in Review of Pathophysiology, edited by C.E. Kaufman and S. Papper. Little, Brown and Company, 1983.

2. "Thyroid and TSH," in Review of Pathophysiology, edited by C.E. Kaufman and S. Papper. Little, Brown and Company, 1983.

3. "Reproductive Endocrinology," in Review of Pathophysiology, edited by C.E. Kaufman and S. Papper. Little, Brown and Company, 1983.

4. "The Role of Systems at the Facility and Network Level," in Computerizing Large Integrated Health Networks: The VA Success, edited by R. M. Kolodner. Springer-Verlag, 1997.

Articles

5. Griffiths, W., Downham, W.H., **Roswell, R.H**., and Mohr, J.A., Development of Ampicillin-resistance During Treatment of Haemophilus Influenzae Pneumonia. 1978 Journal of the Oklahoma State Medical Association 71:3-5.

6. **Roswell, R.H.**, Severe Hypercalcemia: Causes and Specific Therapy. 1987 Journal of Critical Illness 2:14-21.

7**. Roswell, R.H.**, Care Patterns Shift in Resource Model. 1988 U.S. Medicine 24:34.

8. **Roswell, R.H.**, Renin-Secreting Tumors. 1990 Journal of the Oklahoma State Medical Association 83:57-59.

9. Blanck, R.R., Hiatt, J., Hyams, K.C., Kang, H., Mather, S., Murphy, F., **Roswell, R.**, and Thacker, S.B., Unexplained Illnesses Among Desert Storm Veterans. 1995 Archives of Internal Medicine 155:262-268.

10. Beach, P., Blanck, R.R., Gerrity, T., Hyams, K.C., Mather, S., Mazzuchi, J.F., Murphy, F., **Roswell, R.**, and Sphar, R.L., Coordinating Federal Efforts on Persian Gulf War Veterans. 1995 Federal Practitioner 12:9-15.

11. Hyams, K.C., Wignall, F.S., and **Roswell, R.**, War Syndromes and Their Evaluation: From the U.S. Civil War to the Persian Gulf War. 1996 Annals of Internal Medicine 125:398-405.

12. Hyams, K.C., and **Roswell, R.H.**, Resolving the Gulf War Syndrome Question. 1998 American Journal of Epidemiology 148:339-342.

13. **Roswell, R.H.**, Van Diepen, L.R., Jones, J.K., and Hicks, W.E., Adverse Drug Reactions: Definitions, Diagnosis, and Management. 2001 Lancet 357:561-562.

14. Khuri, S., Najjar, S., Daley, J., Krasnicka, B., Hossain, M., Henderson, W., Aust, J., Bass, B., Bishop, M., Demakis, J., DePalma, R., Fabri, P., Fink, A., Gibbs, J., Grover, F., Hammermeister, K., McDonald, G., Neumayer, L., **Roswell, R.**, Spencer, J., and Turnage, R., A Comparison of Surgical Outcomes Between Teaching and Non-Teaching Hospitals in the Department of Veterans Affairs. 2001 Annals of Surgery 234:370-382.

15. Mishra, G., Sninsky, C., **Roswell, R.**, Fitzwilliam, S., and Hyams, K.C. Risk Factors for Hepatitis C Virus Infection Among Patients Receiving Care in a Department of Veterans Affairs Hospital. 2003 Digestive Diseases and Sciences 48:815-820.

16. Meyer, M., Ryan, P., Kobb, R., and **Roswell, R.H.**, Using Home Telehealth to Manage Chronic Disease. 2003 Federal Practitioner 20:24-41.

17. Perlin, J.B., Kolodner, R.M., and **Roswell, R.H.**, The Veterans Health Administration: Quality, Value, Accountability, and information as Transforming Strategies for Patient-Centered Care. 2004 American Journal of Managed Care 10 (part 2):826-836.

18. Perlin, J.B., Kolodner, R. M., and **Roswell, R. H.**, The Veterans Health Administration: Quality, Value, Accountability, and Information as Transforming Strategies for Patient-Centered Care. 2005 Healthcare Papers 5:10-24.

19. **Roswell, R.H.**, Doing the Right Thing for the Wrong Reasons. 2008 Health Information Technology Management 3(5): 28-29.

Abstracts and Brief Articles

20. **Roswell, R.H**. and Higgins, J.R., Binding of 24,25-Dihydroxyvitamin D in Fetal Rat Bone Cytosol. 1981 Calcif. Tissue Int. 33:342.

21. **Roswell, R.H.**, The Effect of Cortisol on 1,25-Dihydroxyvitamin D Binding in the Intestine. 1981 Meeting of the Oklahoma Section of the American College of Physicians, Afton, Oklahoma.

22. **Roswell, R.H.**, and Higgins, J.R., Binding of 24,25-Dihydroxyvitamin D in the Rat: Evidence Against a Specific Cytoplasmic Receptor. Fifth Workshop of Vitamin D. 1982, Williamsburg, Virginia.

23. **Roswell, R.H.**, Reproduction of 1,25-DIhydroxyvitamin D by Isolated Intestinal Mucosal Cells. 1982, Endocrine Society Meeting, San Francisco, California.

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25. **Roswell, R.H.**, and Bottomley, S.S., Occurrence of Hypercalcemia in Gaucher Disease: Evidence of Altered Vitamin D Metabolism. Frances and Anthony D'Anna International Symposium on Clinical Disorders of Bone and Mineral Metabolism. 1983, Detroit, Michigan.

26. **Roswell, R.H.**, Etidronate in the Management of Osteoporosis. The Bulletin of the Oklahoma County Medical Society, September, 1990.

27. **Roswell, R.H.**, Overview of Department of Veterans Affairs Persian Gulf Veterans Programs. Presented at the National Institutes of Health Technology Assessment Workshop on the Persian Gulf Experience and Health. l994, Bethesda, Maryland.

28**. Roswell, R.H.**, Health Consequences of Service in the Persian Gulf. Presented at the Association of Military Surgeons of the U.S. Annual Meeting, l994, Orlando, Florida.

29. Kolter-Cope, S., Milby, J.B., **Roswell, R.**, Boll, T., LaMarche, J., Marson, T., Novack, T., and Plasay, M., Neuropsychological Deficits in Persian Gulf War Veterans: A Preliminary Report. Presented at the annual meeting of the International Neuropsychological Society,1996, Chicago, Illinois.

30. Hyde, J.C., **Roswell, R.H.**, Quintana, J.B., and Nick, T.G., Methodological Issues In a Pair-Wise Matched Case-Control Study: The Case of the Persian Gulf War Syndrome. 1996.

31. **Roswell, R.H.**, Long Term Health effects of Low Level Chemical Exposure. Presented at the Association of Military Surgeons of the U.S. Annual Meeting, 1997, Nashville, Tennessee.

32. Burris, J.F., Goldman, M.D., Pierpoint, G.L., Porte, D., and **Roswell, R.H.**, With Respect to Research. 1997 U.S. Medicine, 33:No. 23 & 24: 40-43.

33. **Roswell, R.H.**, Health Status of Gulf War Troops: Lessons Learned. 1998 Proceedings of the Conference on Federally Sponsored Gulf War Veterans' Illnesses Research, the Doubletree Hotel, Pentagon City-National Airport, pp. 60-61.

34. **Roswell, R.H.**, VHA Needs Health Services Research to Continue the Journey for Change. June, 1999 Forum: VA Health Services Research and Development, p. 2.

35. **Roswell, R.H.**, and Dandridge, J. Jr., Special Populations and the VA: Serving Veterans in a Multi-Cultural Society. June, 2000 Forum: VA Health Services Research and Development, pp.1-2.

36. **Roswell, R.**, Mullins, M., Weaver, T., Law, D., Mullins, D., Koenig, K., Boatright, C., Teeter, D., and Gray, E., Weapons of Mass Destruction: An Educational and Experiential Training Model for Healthcare Professionals. Presented at the Association of Military Surgeons of the U.S. Annual Meeting, 2000, Las Vegas, Nevada.

37. Powell-Cope, G., and **Roswell, R.**, Impact of Case-Coordination and Case-Management on Gulf War Veteran Patient Satisfaction. 2001 Conference on Federally Sponsored Gulf War Veterans' Illnesses Research, Alexandria, Virginia.

38. **Roswell, R.H.**, HSR&D Is Poised To Help VA Meet New Challenges. February, 2002 Forum: VA Health Services Research and Development, p.3.

39. **Roswell, R.H.**, The Cost of Providing VA Care: New Service Demands Require Answers to Complex Question. October, 2002 Forum: VA Health Services Research and Development, p. 1-2.

40. **Roswell, R.H.**, The Transformation of the Veterans Health Administration. January, 2003 U.S. Medicine, pp. 19,35.

41. **Roswell, R.H.**, VA Health Care: The Transformation Continues. January, 2004 U.S. Medicine, pp. 10-11, 27, 51.

42. Ann F. Chou, PhD, MPH, Rob C. Wild, MS, MPH, CPH , Steven Mattachione, JD , Robn Green, MPH , **Robert Roswell, MD.** Impact of implementing electronic health records on the occurrence of adverse medical events in hospitals, American Public Health Association, 2009.

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Current Employed Positions

Norman Regional Health System (NRHS) 2005-
- CMIO 2009-
- Director Physician Informatics 2006-2009
- Department Chair of Family Medicine 2008-2010

Family Medicine Physician, Norman Clinic Inc. 2005-
Greater Oklahoma City Hospital Counsel (GOCHC) HIE
- Medical Director of Informatics 2008-

Norman Physicians Hospital Organization (NPHO)
- Medical Director Informatics 2006-
- Oklahoma Physician's Health Exchange Director 2009-

Medical Director Ross Hospice 2006-
Axis Practice Management Founder 2009-

IT Organizations/Committees

Chair Physician's Advisory Committee NRH 2005-
Chair Clinical Informatics Steering Committee VP Level 2009-
AHRQ Grant Advisor NPHO 2009-
Physician Performance Improvement Committee NRH 2005-
HCAC NRH 2005-2008
NRHS Outpatient EHR Physician Coordinator 2007-
Chair CPOE Committee 2007-
Meditech Physician Advisory Board 2007-
Meditech Interdisciplinary Advisory Board 2007-
Central Oklahoma RHIO project physician advisor 2007-

Community and University Involvement and Volunteerism

Medical Explorer Post 901 Leader 2005-
Preceptor University of Oklahoma Family Medicine 2006-
Board of Visitors College of Arts & Sciences Univ. of Oklahoma 2006-
Norman Regional Foundation Medical Proctorship Director 2008-

Presentations

Keynote Oklahoma HIMSS 2009
Keynote Meditech Physician Symposium 2009
Presenter eCW National Conference 2008, 2009
Presenter State OSMA Conference 2010
Presenter State OID Conference 2010
More Upon Request

Honors/Awards
NRHS Physician of the Year Staff Elected 2010
Dr Belknap Heart of Gold Award 2009

Residency Education
Tufts University Family Medicine Residency 2002-2005

Honors/Awards
AMA Foundation Leadership Award
(Awarded to 20 residents from all specialties nationally) 2004-05
NE Society of Teachers of Family Medicine Future Leader Award 2004-2005
Administrative Chief Resident 2004-2005

Activities/Organizations
Administrative Chief Resident 2004-2005
Explorer Post 100 Founder and Leader Medford, MA 2003-2005
Tufts Health Care Institute Certification 2004
Harvard Mind Body Certificate 2003
Tufts Family Health Center Committee 2003-2005

Medical School Education
University of Oklahoma College of Medicine
Oklahoma City, Oklahoma
M.D. (June 2002)

Honors/Awards
Novartis "Humanitarian" Award for class of 2002
Robert M. Pyle Scholarship 2000 (Public Service)
SWMSA scholarship 2000 (Public Service)
Neuroscience Research Scholar 1999
Norman Regional Hospital Foundation Scholar 1998-99 (Norman Resident)

Publications
Sullivan, Landers, Yeaman(co-author), Wilson (2000) Good Memories of Bad Events in Infancy. *Nature* 407, (38-39).
Landers, Sullivan and Yeaman (student) (1999) Vibrissae-Evoked Behavior and Conditioning before Functional Ontogeny of the Somatosensory Vibrissae Cortex. *J. of Neuroscience* 19(12)

Presentations
Neuroscience Research Scholar presentation (amygdala and memory) 1999
Honor's Research Day (conditioning somatosensory cortex) 1998

Activities/Organizations

Student Council Representative 1998, 99, 2000
Dean's Student Advisory Group 1999-00
Children's Miracle Network COM Coordinator 1999-2002
Salvation Army Soup Kitchen COM Coordinator 1998-2001
Adult Leader Boy Scouts of America Troop 777 1998-2002
Swimming Merit Badge Counselor 1998-2001
Explorer Post Leader #901 1998-2002

Employment

Landscaping Service (self-employed) 1998-2001

Undergraduate Education

University of Oklahoma
Norman, Oklahoma
B.S. Zoology (May 1998)

Honors/Awards

President's List
Dean's List
OU Scholar

Activities/Organizations

Representative for the U.S.A. at the International Olympic Youth Camp
Barcelona, Spain 1992
Swimming Merit Badge Counselor 1991-1998
Explorer Post Leader #901 1993-1998

Personal Interests

Exploring, Boy Scouts, camping and hiking.

Personal Data

Born: September 7, 1974 in Norman, Oklahoma
Married to Erin Yeaman, professional Cellist, one daughter