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

Regarding:

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State Health Information Exchange Cooperative Agreement Program
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Oklahoma's Revised Operational 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*



Oklahoma Health Information Exchange Trust

Operational Plan

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2. Operational Plan

2.1 Introduction to Operational Plan & Detailed Project Schedule

Oklahoma's SHIECAP efforts achieved a major milestone during the 2010 state legislative session with the passage and signing of Senate Bill 1373 creating 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 the secure and appropriate transmission of electronic health data both intra- and interstate. Governor Brad Henry requested transfer to OHIET the distinction of State Designated Entity (SDE) from the Oklahoma Healthcare Authority (OHCA), who had been leading and managing the SHIECAP effort in Oklahoma to that time.

Oklahoma's Strategic Plan and this Operational Plan are a result of the work begun in the SHIECAP process and fine-tuned by the OHIET seven-member board of trustees and advisory board consisting of 20 stakeholders defined by ONC for SHIECAP and bolstered by others identified by the trustees. **(Ref: Section 2.2, Exhibit 4 - Table for Advisory Board members).**

OHIET has been conceived to ensure (short term) that every Oklahoma Eligible Provider (EP) has access to the services that will enable them to meet Stage 1 Meaningful Use (S1MU); and (longer term) that every Oklahoman has the benefit of their complete medical record being available in real time by any provider they see. Additionally, OHIET will ensure the "5 Rights of HIE": right information, right patient, right provider, right timing, right security.

In order to achieve these goals, OHIET's focus is on 6 primary activities:

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.

The implementation of these activities is the focus of this Operational Plan.

OHIET's schedule is in keeping with the requirements set out by ONC and the rigorous requirements of Meaningful Use. Additionally, there are business goals: ramping up, generating revenues, achieving financial sustainability and so forth. Some key milestones that indicate progress in the overall plan are shown in **Exhibit 1**, with a Detailed Project Schedule provided in **Appendix 3.1**. Key events and milestones for OHIET in FY2011 are shown in **Exhibit 2** and an amplification of FY2011 is found in section 2.5, Plan for Stage 1 Meaningful Use Compliance. The operational plan that follows outlines in detail how OHIET intends to make these milestones a reality.

Task	Milestone
Governance	
Conduct first meeting with new Trustees	10/5/2010
Governor appoints permanent HIT Coordinator for OK	10/30/2010
Governor redesignates OK SDE to OHIET	11/30/2010
First Advisory Board Meeting	12/7/2010
Credentialing HIE/HIO approved	7/5/2011
Finance	
Approve FY2011 Budget	4/5/2011
Sign first contracts	4/5/2011
Approve detailed financial plan	8/5/2011
Organization sustained by own financial resources	10/1/2012
Communications, Grants & Coordination	
Start first outreach program	5/3/2011
Award first grant	6/7/2011
First statewide conference	12/1/2011
First regional conference held	3/1/2012
Technical Infrastructure	
Infrastructure plan for statewide coverage complete	5/3/2011
Establish standards and certifications required for each network to participate in the network of networks and ensure interface and operations standards	6/7/2011
Plan for compliance with standards and certifications for interoperability in place	1/1/2013

Exhibit 1 – Project Schedule Milestones

Task	Milestone
Business & Technical Operations	
Describe existing state and regional HIE capacity and other shared services and directories and approach to leverage to meet HIE Strategic Plan	4/5/2011
Develop incremental plan to reach all geographies and providers across the state	4/5/2011
Design SOP to be used	7/5/2011
Clinical Quality/Performance Evaluation/Credentialing	
First credentialing evaluation takes place	7/15/2011
Stage 1 Meaningful Use criteria met in Oklahoma	9/30/2011
Stage 2 Meaningful Use criteria met in Oklahoma	9/30/2012
Stage 3 Meaningful Use criteria met in Oklahoma	9/30/2013
HIE implementation rates and provider adoption rates >75%	9/30/2014
10% reduction in preventable hospital readmissions and ED visits regarding Asthma, COPD, and CHF	9/30/2015
5-7% decrease in total per capita State Medicaid and Medicare expenditures	9/30/2016
Reduce the number of duplicate lab tests by 10%	9/30/2015
Reduce referrals to specialty care by 10%	9/30/2015
Enhanced communications between healthcare providers	9/30/2011
10% increase in the appropriate administration of Pneumovax and influenza vaccinations	9/30/2014
5% increase in the number of lipid panels performed on Oklahomans by age 20	9/30/2015
3-5% increase in the number of patients having regular mammograms and colon cancer screens	9/30/2014
5% improvement in documentation of smoking rates and alcohol use and in number of interventions offered	9/30/2014
BMI captured on 95% patients over 13 years of age	9/30/2014
Legal/Policy	
Sign Trust ByLaws	10/5/2010
Adopt plans for privacy and security statewide and consistency with other states	5/3/2011
Legislation passed to enhance use of HIEs in Oklahoma	5/31/2012

Exhibit 1 – Project Schedule Milestones, cont’d

OHIET Key Events & Deliverables Chart FY2011

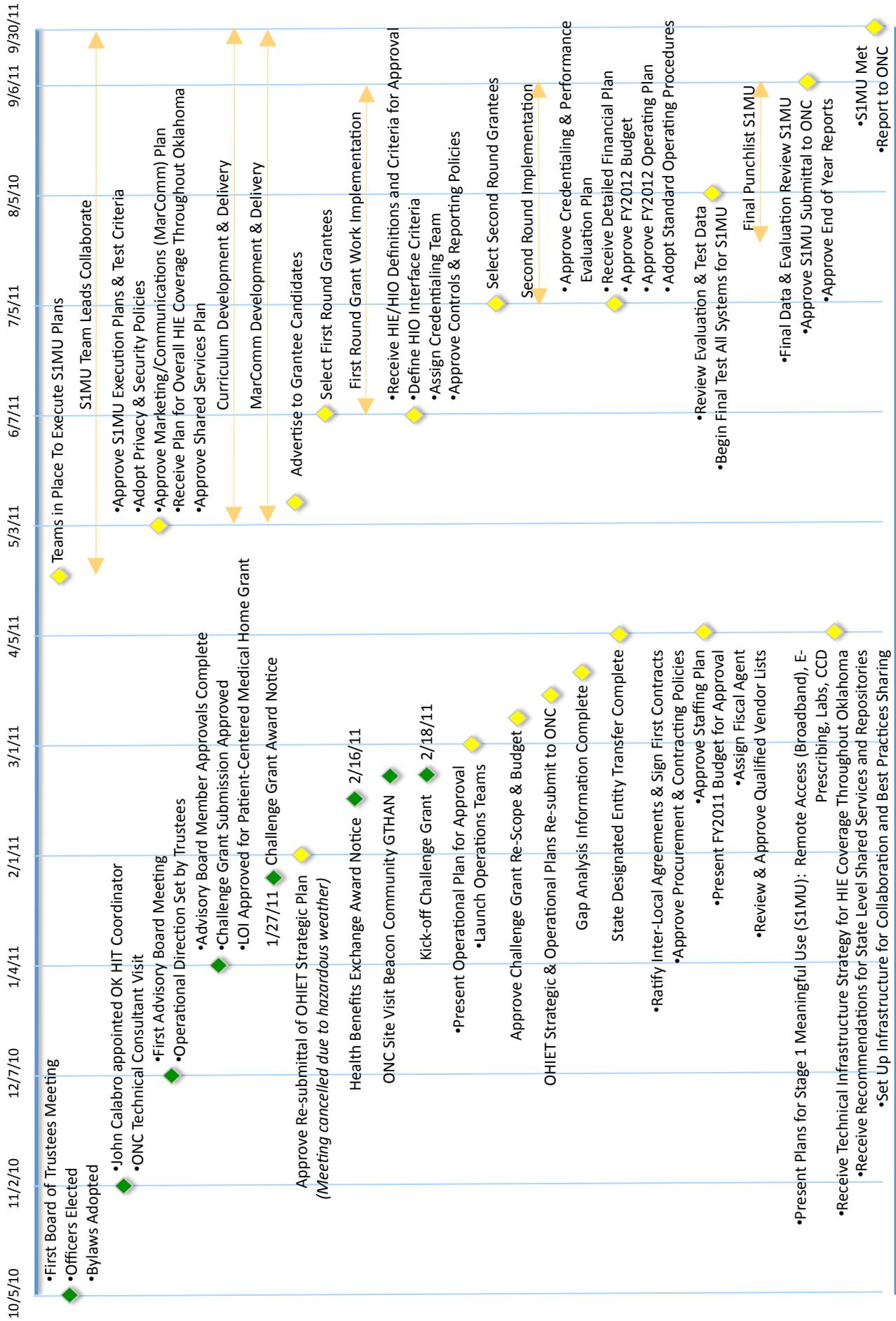


Exhibit 2 – Key Elements and Deliverables

2.2 The Operational Set Up and Program Team

In support of the country's efforts to promote effective health information technology (HIT), ARRA appropriated more than \$45 billion to assist in electronically transforming the health care system. Stakeholders of OHIET greatly value this opportunity to both expand Oklahoma's existing and future HIT/HIE initiatives as well as help offset the provider costs of implementing the electronic information systems required to support Electronic Health Records (EHRs).

Oklahoma's earnestness to complete the tasks set out by ONC is communicated by the quality of people leading the effort in our state.

The OHIET Board of Trustees provides guidance and oversight to the overall effort and directly manages implementation of parts of this plan. Trustees were selected by Oklahoma elected officials as, individually, those possessing good experience with HIE and, collectively, comprising a representation and knowledge of clinicians, practitioners, academics, executives, state agencies, urban and rural, health care organizations from safety net to urban health centers, and the breadth of the geography of Oklahoma. **(Ref: Exhibit 3 - List of Appointed Trustees)**

The OHIET staff will lead and manage the day-to-day business of the organization and drive activities to stated goals. OHIET's executive director also serves as Oklahoma's HIT Coordinator and is an Ex Officio member of the board of trustees. In November, 2010, Governor Henry appointed John Calabro as the state HIT Coordinator and by doing so, identified OHIET's lead officer. Mr. Calabro brings much to the organization having served as deputy HIT Coordinator throughout the SHIECAP process and as our state Medicaid agency's CIO. Mr. Calabro's service in this position ensures a well-knit approach by OHIET with the OCHA and other state agencies' activities that impact OHIET. **(Ref: Mr. Calabro's biographical information in Appendix 3.14)**

As specified in OHIET's indenture, an advisory board supports the trust and provide recommendations, interests and opinions to the trustees. The advisory board has the dual purpose of representing the interests and opinions of their organizations or constituencies and of performing ad hoc investigations required by OHIET. The group of 20 individuals work in task forces largely in line with the original SHIECAP domain areas. As may be required, additional resources, such as domain experts and consultants, will be used to complete tasks. Work will be performed in task forces and small groups. Recommendations, generated from this work, are to be ratified by a quorum of the advisory board and provided to the board of trustees for their consideration. **(Ref: Advisory board organization and individual representatives are provided in Exhibit 4)**

OHIET Trustee	Current Position	Qualifications	Rep (geog)	Nominator/ Term
Jenny Alexopoulos, DO	Sr Associate Dean of Clinical Services; Prof. of Family Medicine, OSU	Physician, clinician, academic; experience in start up HIE	Tulsa	Rep. Bengel, July 31, 2013
Julie Cox-Kain, MPH	Chief Operating Officer, Oklahoma State Department of Health	Experience spans the state's health systems and facilities; represents state agencies and safety net programs	State	Gov. Henry, July 15, 2015
Samuel T. Guild	Sam Guild, Vice President Clinical Services, Jane Phillips Medical Center	Hospital executive with experience in a start up HIE	Bartlesville	Sen. Coffee, July 31, 2012
Craig W. Jones, FACHE	President Oklahoma Hospital Association	Hospital facilitator, helped start Greater OKC HIE network; represents rural, urban, HIS/Tribes, academic and state agency interests in professional role	State	Rep. Bengel, July 31, 2015
David Kendrick, MD	CEO, Greater Tulsa Health Access Network (GTHAN) HIE; As't Provost Strategic Planning, OUHSC; Chief, Div'n Medical Informatics; George Kaiser Chair in Community Medicine, Assoc. Prof. Internal Medicine & Pediatrics, OU School of Community Medicine	Founder, GTHAN; Principle Investigator \$12M Beacon Community CAP; 3 successful healthcare start-ups, 2 in OK; Physician, clinician, academic; Formal training in Medical Informatics and Public Health focused on clinical R&E science	NE OK	Sen. Coffee, July 31, 2015
Robert H. Roswell, MD	Senior Associate Dean, OU College of Medicine, Professor of Medicine in the College of Medicine, Professor Health Administration and Public Policy, OU College of Public Health	Physician, academic and oversees management of an urban medical center; directs a course in Health Information Systems; former chair of the OK Governor's Health Information Security and Privacy Council; previously served as the Under Secretary for Health for the Department of Veterans Affairs	OKC	Gov. Henry, July 31, 2014
Brian Yeaman, MD	Chief Medical Informatics Officer for Norman Regional, Medical Director of Informatics for Norman PHO/HIE, Medical Director of Informatics for the Greater Oklahoma City HIE	Governance and Oversight Workgroup for State HIE effort, Steering Committee member for Regional Extension Center, Physician Support to SMRTNET; start up of two HIEs; PI for SHIECAP Challenge Grant for \$1.7M	Norman, OKC, OHA Hospitals	Gov. Henry, July 31, 2011

Exhibit 3 - OHIET Board of Trustees

	Organization	Appointed Representative
1.	Oklahoma Health Care Authority	Garth L. Splinter, MD, State Medicaid Director
2.	Oklahoma State Department of Health	Becki Moore, Data Warehouse Manager
3.	Oklahoma Department of Mental Health and Substance Abuse Services	Terri White, Commissioner
4.	University of Oklahoma Health Sciences Center	Kevin Elledge, Executive Director of Operations, University of Oklahoma Physicians
5.	Oklahoma State University Center for Health Sciences	Dr. Jim Hess, COO
6.	A nominee of the Indian Health Service Office responsible for Oklahoma	Dr. John Farris, Chief Medical Officer
7.	A representative of Tribal interests	Mr. Mitchell Thornbrugh, Cherokee Nation CIO
8.	Oklahoma Hospital Association	Rick Snyder, CFO and VP, Finance & Information Services
9.	Oklahoma Osteopathic Association	Dennis J. Carter, DO, past president
10.	Oklahoma Pharmacists Association	Jim Spoon
11.	Oklahoma State Medical Association	Kent T. King, MD, past president
12.	The State Chamber of Oklahoma	Matt Robison, Vice President Small Business and Workforce Development
13.	Security and privacy representative nominated by the Oklahoma Health Information Security and Privacy Council	Robn Green, HIPAA Privacy Officer, OSDH, and Vice Chair of OKHISPC
14.	A HIO representative as nominated by the OHIET Board	Joe Walker, Medical Informatics Project Manager, OUHSC, and Director of Operations, GTHAN
15.	A consumer representative nominated by the governor	Sean Voskuhl, Associate State Director AARP Oklahoma
16.	A nominee of the Oklahoma Regional Extension Center steering committee	Jonathan Kolarik, MBA, RN, Director of HIT
17.	Oklahoma Association of Health Plans	Bill Hancock, Vice President & General Manager of CommunityCare Managed Health Plan
18.	Representative of Rural Providers	Val Schott, Director, Rural Health Policy & Advocacy, Director, Oklahoma Office of Rural Health, OSU Center for Health Sciences
19.	A HIO representative as nominated by the OHIET Board	Mark Jones, SMRTNET
20.	A HIO representative as nominated by the OHIET Board	Lynn Puckett, Contracts Service Director for OHCA and PI on the Benefits Exchange Grant

Exhibit 4: OHIET Advisory Board Members

2.2.1 Set Up to Coordinate with Other ARRA Programs

The total ARRA funds awarded to Oklahoma are approximately \$3.2 billion (*February 17, 2009, to December 31, 2010*) with associated jobs totals reported to be 8,675. Of the funds awarded, roughly 55-60% has been received from the federal government to date, leaving ample opportunity for OHIET to impact and leverage other ARRA dollars coming into the state. OHIET’s Executive Director, Mr. Calabro, will be responsible for keeping track of ARRA awards, the recipients and the intent of the funds in order to coordinate with and make the most of all ARRA funding with ties to the State Health Information Exchange Cooperative Agreement Program (SHIECAP). He will coordinate closely with the Oklahoma Secretary of State, who is charged with oversight of ARRA projects and funding, and with the Department of Commerce, who manages much funding within the state.

The individuals listed below are trustees and advisory board members who lend themselves to coordinate with other related efforts taking place both within the state and more broadly. Specifically, to coordinate with other ARRA programs within Oklahoma, the following individuals are point persons.

ARRA Program	Point Person(s)	Orgn/OHIET Role
Medicaid in OK	Garth Splinter, MD	OHCA; AB Member
OK REC	Jonathan Kolarik	REC; AB Member
Beacon Community – GTHAN	David Kendrick Joe Walker	GTHAN; Trustee GTHAN; AB Member
Challenge Grant – NRMC	Brian Yeaman	NRMC; Trustee
Health Benefits Exchange Grant – OHCA	Lynn Puckett	OHCA; AB Member
Work Force Development	Matt Robison	OK State Chamber of Commerce; AB Member
Education	Jenny Alexopoulos, DO Robert Roswell, MD Val Schott	OSUCHS; Trustee OUHSC; Trustee OSUCHS; AB Member
Broadband	Mark Jones	SMRTNET; AB Member

Exhibit 5: OHIET’s Coordination Point Persons

Mr. Calabro, by virtue of his position as both OK HIT Coordinator and as the executive director of OHIET, will provide continuity through all these activities and play an active role to ensure open communication amongst them and alignment of goals.

2.2.1.1. Medicare Coordination Along With Other Federal Programs

The purpose of OHIET is to make HIE availability to all eligible providers throughout the state of Oklahoma. A key result from this effort is the maximum number of Oklahoma Medicare and Medicaid eligible professionals and hospitals qualify and receive

payment incentives for Meaningful Use as defined by federal law and the Center for Medicare and Medicaid Services (CMS) rule. It also encourages the widespread use of EHRs by health care providers allowing them to participate fully in the Oklahoma EHR incentives program available from the federal and state governments under the Medicare and Medicaid programs. Significant incentives, laid out by the OHCA (the Medicare/Medicaid organization in the state) help drive this adoption. OHCA is working closely with OHIET to streamline contract incentive language to encourage HIT/HIE adoption and to meet the goals of the two organizations for providers.

The Oklahoma EHR Incentive Program payments for Meaningful Use are a key impetus to Medicaid providers to employ EHR and participate in HIE. Further, Oklahoma's environmental scan of statewide EHR/HIE adoption revealed that the inclusion of Medicare data, along with other federal programs in statewide and interstate HIE, are critical to the widespread use and sustainability of HIE in the state. OHIET's position is to request federal partners make this data available to enable Oklahoma providers to achieve Meaningful Use. OHIET looks forward to working with Medicare, Indian Health Service (IHS), Department of Defense, Veterans Administration and other federal programs to create a workable data exchange.

OHIET is also responsible to ensure that products and services best suited for central and ubiquitous distribution are developed and available to users. The OHCA is a key collaborator in the development of such products and services and is now, as a recipient of a Health Benefits Exchange Grant (BXG), in a position to make significant strides in this area. OHIET is working closely with OHCA to ensure objectives for both organizations are met without duplicative effort.

Lynn Puckett, PI on the BXG, Contracts Services Manager for OHCA and an OHIET Advisory Board member, is participating in the design and implementation of such services for OHCA and is responsible for steering the daily alignment between the two organizations. This is a top priority for senior management of both the OHCA and OHIET.

2.2.1.2. Oklahoma Regional Extension Center

The Oklahoma Foundation for Medical Quality (OFMQ) and its associated Oklahoma Foundation for Medical Quality Health Information Technology (OFMQHIT) REC is committed to collaborating with OHIET in its efforts to improve the quality and decrease the cost of health care, raising the health status of individuals in the state.

OFMQ HIT recognizes that an important component of working with providers to achieve Meaningful Use will be facilitating interoperability and information exchange. Some specific alliances between the REC and OHIET are as follows.

To enable Oklahoma providers to meet Stage 1 Meaningful Use:

1. On e-prescribing -- Ensure development of curriculum and training to local (primarily rural) providers on advantages to e-prescribing and the alternatives that enable e-prescribing (i.e., internet) where locally unavailable.

2. On electronic receipt of lab results – Create and deliver education and awareness campaigns on key benefits to use electronic transfers to providers.
3. On sharing patient care summaries – Create use case on the benefits of HIE; assist in training of HIE protocols as established/promulgated by OHIET; provide information on incentive programs to local eligible providers.
4. On generally promoting the effective use of HIE – provide assistance on surveying current and future uptake, analysis of gaps and hindrances, education and guidance in field to providers and in bringing OFMQ training and outreach to specialists.

The REC will work with local HIOs, professional associations, and agencies as well as OHIET on the above work.

OFMQ REC is also an integral partner with OHIET on performing the work outlined in the Challenge Grant. The REC is working closely with Dr. Brian Yeaman, PI on the Challenge Grant, on the work of training, hooking up and monitoring effects of HIE in Long Term Care Facilities (LTCFs) in central Oklahoma and to provide analysis and best practices to further this work throughout the state. The second site, as part of the Challenge Grant, is GTHAN in the Tulsa area of the state.

As a point of contact, Jonathan Kolarik, Director of HIT for OFMQ and an OHIET Advisory Board member, will be the ongoing link between the two organizations on the above and other work.

2.2.1.3. Beacon Community

The Greater Tulsa Health Access Network (Greater THAN) was founded in 2009 by health care and community leaders dedicated to the improvement of health and quality of life for all Oklahomans living in the Tulsa region. The charter members of Greater THAN invested significant time and resources in a 100-day planning project which produced a health care IT strategic plan for the region and a roadmap for implementation of that plan.

In May of 2010, Tulsa was named one of 17 Beacon Communities in the U.S., and Greater THAN received a \$12 million award to leverage health care IT in unique and effective ways to improve health in the Tulsa region. The challenge is significant: with high rates of obesity, diabetes, cardiovascular disease deaths and severe mental illness, coupled with low access to care for many in the region, Greater THAN must use health care IT to make a significant difference in these poor health outcomes in a very short period of time.

Recognizing the complexity of this task, as well as the need for resources well beyond those provided by the Beacon program, the leadership of Greater THAN has worked hard from the very beginning to partner with other health care IT-related efforts, especially those funded by ARRA. Greater THAN works closely with local community colleges and universities to establish informatics training programs; partners with the

REC to ensure efficient recruiting of providers and the selection of best technologies; and serves on the leadership associated with OHIET to guide the implementation of the state HIE effort in a way that will complement and even capitalize on the Beacon Community effort.

Three of the seven Trustees of OHIET are from the Beacon region, and Greater THAN members have participated in the governance, technology, finance, and evaluation work groups from the SHIECAP proposal phase to the present. Prior to the SHIECAP program, Greater THAN leaders worked actively to organize the state's HIE effort. GTHAN fully supports OHIET and its efforts to implement statewide HIE.

In addition to providing technical and governance experience to the state effort, Greater THAN hopes to provide a clear pathway forward on technology. The Beacon Program funds enable Greater THAN to bring the following four interventions to the region:

1. **Advanced HIE platform:** Second or third generation software platforms are now available and by purchasing the most advanced HIE solution, we hope the Tulsa region's HIE will set new standards for capabilities and performance.
2. **Community-wide care coordination system:** The Doc2Doc study, a three-year randomized controlled trial of an online community-wide care coordination platform has just concluded, with nearly 60,000 patient referrals and online consultations completed, and more than 1,100 different providers touched. The Beacon Program will expand access to the Doc2Doc platform to many more users and communities in the region.
3. **Community-wide decision support:** As the volume and complexity of data available in HIOs increases, providers and patients will soon become overwhelmed. Left unaddressed, this could dramatically hinder the success of the HIE and certainly could limit the usefulness of the HIE at the point-of-care. By implementing an intelligent decision support system, which automatically combs through the patients' data looking for opportunities to improve care and create clear, concise estimates of risk to educate providers, a decision-support system could be critical to the success of HIE. The Greater THAN Beacon Community plans to implement the Archimedes Indigo decision support tool. Greater THAN will be the first HIE implementation of this tool and could serve as a model for the rest of the state and even the nation.
4. **Advanced analytics:** Nearly every health care organization is faced with the daunting challenge of making intelligent use of the enormous volumes of data they gather to guide business and clinical decisions. This is because of the wide variety of data, from a wide variety of disciplines (medicine, nursing, business, management, etc.) that must be considered, and especially the large number of silos containing that data. The rise of HIE provides a tremendous opportunity to provide a single common source of clinical and business analytics to an entire community. Greater THAN is focused on acquiring or building a Business Intelligence solution that will

meet a variety of use-cases, ranging from public health reporting and disease surveillance to supporting the planning of public transportation based on health care access patterns and needs.

Thus, Greater THAN hopes to serve as a kind of proving ground for technologies and approaches that may become useful throughout the state.

In daily activities, GTHAN is working with OHIET to establish work demarcations between the local HIE/HIOs and OHIET's over-arching structure as network of networks. Strategies and execution plans are being co-designed to effect Stage 1 Meaningful Use. GTHAN is providing lessons learned and best practices to the working teams of OHIET. Coordination of these efforts is being shepherded by Dr. David Kendrick, founder and CEO of GTHAN and an OHIET trustee, and Joe Walker, Director of Operations for GTHAN and an OHIET advisory board member.

2.2.1.4. Challenge Grant

“Improving Long-term and Post-acute Care Transitions.” The OHIET Challenge grant focuses on improving transitions of care between hospitals and LTCFs by implementing electronic information exchange to support patient care during and after patient transfers. In addition to the implementation of the technology to support electronic exchange of patient-specific information, focus will also be on improving the workflow and processes associated with care transitions to ensure effective use of information to improve patient care. There is a clear need to engage LTCF providers in information sharing efforts, especially to support sharing of care summaries across transitions in care and maintenance of an accurate and up to date medication list for patients.

The OHIET Challenge Grant is an 18-month pilot to be followed by 18 months of shared best practice and workflows with other Health Information Organizations (HIO's) across the state. The Beacon Community (GTHAN) is named as the next site.

This three-year collaboration with providers, hospitals, Accountable Care Organizations (ACO's) and payers is to reach meaningful use and state HIE goals related to improved patient safety associated with transitions of care. The continuous monitoring of results, lessons learned and best practices, will be shared statewide through the REC, the Beacon Community and OHIET. Ultimately, OHIET may advocate OHIET policy and/or legislation that would guide acute care and LTCFs on improved patient transfer activities.

Seven to ten LTCFs in one geographically defined area and serviced by the Norman Regional Health System are in the first phase of this program. Desired results are to improve the care for patients by reducing re-hospitalizations through promotion of seamless transitions of care from hospitals to LTCFs (focusing on those LTCFs for which there is intervention). In the second 18 months, working closely with the Beacon community (GTHAN), the project will be scaled to test the usefulness of standardized transfer data elements for LTCFs.

Oklahoma Foundation for Medical Quality (OFMQ), the REC for the state, is providing implementation assistance for the LTCFs, oversight support, measurement and continuous feed back to host organizations. OFMQ is a subcontractor to OHIET on the Challenge Grant.

The Challenge Grant goal is to identify a standardized medication reconciliation and patient transfer protocol that illustrates to other states and nationally the favorable interaction between EHR, HIE and patient outcomes. OHIET is keenly interested in developing scalable interventions that can be shared across our state and beyond.

Dr. Brian Yeaman, Chief Medical Information Officer for Norman Regional Health System and OHIET Trustee, is the Principal Investigator on the Challenge Grant.

2.2.1.5. Work Force Development

OHIET plans for work force development include direct collaboration between higher education, professional education programs and association training programs to provide definitive materials on HIE/HIT; establish needs and opportunities in Oklahoma for HIT/HIE; and design curricula to ensure the smooth execution of state programs and goals regarding HIE/HIT. In direct support of these initiatives are trustees and advisory board members who are leaders of universities, associations, and learning facilities. Matt Robison, with the Oklahoma State Chamber of Commerce, is in charge of work force development there and will lead the effort of collaborative plans on work force development for the trust.

An example of cooperation with another ARRA supported program is the Health Information Technology Program at Tulsa Community College (TCC). TCC is offering "Information Technology Professionals in Health Care: Community College Consortia to Educate Information Technology Professionals in Health Care." The mission of TCC is to offer continuing education certificate programs using nationally developed curricula that provide a trained workforce with the requisite knowledge and skills to support:

- The adoption and implementation of EHR;
- The electronic exchange and use of health information among health care providers, public health authorities, HIE organizations and/or Regional Health Information Organizations (RHIOs);
- Redesign of the workflow within health care settings to maximize efficient and meaningful use benefits of the EHR;
- Maintenance of quality data standards;
- Maintenance of privacy and security standards for health information.

TCC is offering continuing education certification for four of the HIT workforce roles delineated by the ONC. These training roles are as follows:

- Practice Workflow and Information Management Redesign Specialist

- Clinician/Practitioner Consultant
- Implementation Manager
- Trainer

The curriculum packages determine the certificate programs. The training began in late 2010. The anticipated length of the certificate programs is six months or less. There are stipends available to assist students with tuition and fees. The TCC curricula are available via distance learning, hybrid courses and in the traditional classroom setting.

2.2.1.6. Education

This effort is being spearheaded for OHIET by three trustees and physicians, Axelopoulos, Kendrick and Roswell, who are also faculty members and leaders at Oklahoma's two university medical centers. The University of Oklahoma Health Sciences Center (OUHSC) has received 18 ARRA awards (approximately \$7.8 million) from the National Institute of Health (NIH) for research. These funds have greatly increased both basic science and translational research programs at the institution, as well as increased research staff. In addition, these grants have resulted in expanded informatics infrastructure and technical support services at the institution, which through its primary hospital affiliate, the Oklahoma University Medical Center, is already exchanging electronic health information with other providers throughout the state.

As the largest osteopathic hospital in the country, Oklahoma State University Medical Center (OSUMC) is significantly involved in clinical training for medical students, nurses, therapists and technicians from several area schools and colleges. With rural development and outreach programs as one of its primary goals, OSU Center for Health Services (OSU CHS) and the OSU Center for Rural Health received the following funding:

- \$1.6 million grant from the Federal Office of Rural Health Policy to install EHRs in critical access hospitals in rural areas of the state. OSU CHS provided \$650,000 in matching funding to place EHRs in these small rural hospitals.
- \$250,000 and \$290,000 USDA grants dedicated to telemedicine, of which OSU CHS matched at 50% and 25%, respectively.
- A \$297,000 Congressional appropriation for telemedicine equipment.
- And a \$299,000 grant for a mannequin training lab in Enid, Oklahoma, at one of its rural residency training sites.

The OSUMC operates an extensive telehealth network providing a variety of services including approximately 25,000 radiological services monthly to Oklahoma rural hospitals.

The OSU Center for Rural Health manages the Medicare Rural Hospital Flexibility (FLEX) program and the Small Hospital Improvement Program (SHIP), collectively serving 62 Oklahoma rural hospitals with less than 50 beds.

Val Schott, who chairs the OHIET advisory board and directs OSU CHS's programs for Rural Health Policy & Advocacy and the Oklahoma Office of Rural Health will be the point person to coordinate efforts between these programs and OHIET.

2.2.1.5. Broadband

The disparity in broadband infrastructure between the urban and rural areas of Oklahoma is problematic, particularly where bandwidth is unavailable or unaffordable. Oklahoma is by population the 28th largest state and geographically the 20th largest state in the nation with a population of just over 3.7million people¹ . 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.

As reported in the Strategic Plan, Oklahoma has received several grants, through ARRA, that make great headway in bringing broadband across the state.

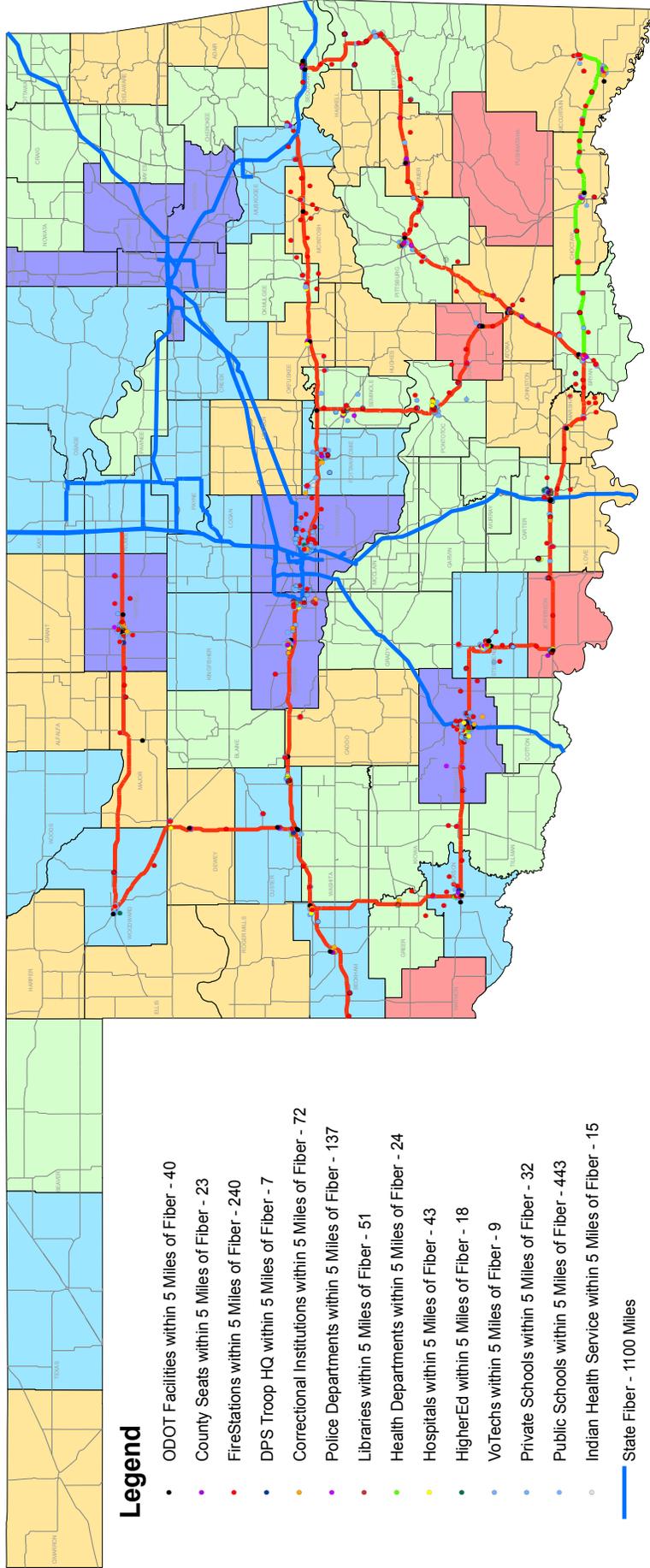
The Oklahoma Community Access Network (OCAN) received \$74 million to place fiber-optic cable along 13 segments of interstates and highways in 33 counties.

The OCAN project will build 1,005 miles of new middle-mile fiber infrastructure to connect 32 anchor institutions in under and un-served areas of the state where a broadband penetration is often less than 25%. 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.

¹ Data for Oklahoma show that the five most populous incorporated places and their 2010 Census counts are Oklahoma City, 579,999; Tulsa, 391,906; Norman, 110,925; Broken Arrow, 98,850; and Lawton, 96,867. Overall population is 3,751,351 people. Source as reported in the 2010 US Census data.

State of Oklahoma Map - Broadband Proposal for Fiber Backbone



77% of Counties Touched by Broadband Proposal
89% of Population Touched by Broadband Proposal

Exhibit 6 – Proposed Broadband Backbone for the State of Oklahoma

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	
Connors 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		

Exhibit 7: Community Anchor Institutions

Other grants include:

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.

Pine Telephone Co. received approximately \$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.

Cimarron Telephone Co. in Mannford, Oklahoma, will partner with the government to bring new broadband services to 21,500 people, 933 local businesses and 35 community institutions in Payne, Osage, Creek, Pawnee and Okfuskee counties, according to the Department of Agriculture. That share represents the bulk of the funding, at \$42.2 million.

Little Rock, Arkansas-based Windstream Communications was chosen as the government's partner to bring new broadband services to 4,000 people in parts of Cherokee and Adair counties in Oklahoma. Wyandotte Telephone Co. was given \$700,000 for additional services for 460 people, and Utopian Wireless Corporation was granted \$300,000 for wireless broadband services around Prague, Oklahoma, for 3,400 people, 100 businesses and 33 community institutions. The federal program's goal is to create jobs and expand economic, health care, educational and public safety services in underserved rural communities. This initiative is the second round of rural broadband expansion for rural Oklahoma in furthering statewide interoperability. Prior to this in March 2010, the Agriculture Department gave \$11.7 million to Pioneer Long Distance Inc. and Panhandle Telephone Cooperative Inc. to develop better services in western Oklahoma and the Panhandle.

These grants provide tremendous impact in the state's connectivity. OHIET is working in concert with these grantees to ensure alignment of goals and plans. For the 10-11% outside the range of these plans, OHIET is developing work-arounds that still allow providers to meet Stage 1 MU criteria. SMRTNET has a working model with Direct that will allow providers to meet Stage 1 criteria. OHIET is working with the REC and others to provide means of placing these solutions where required with eligible providers.

Mark Jones, founder of SMRTNET and OHIET AB member, will spearhead this effort on behalf of OHIET.

2.2.2. Coordination with Other States

There are several vehicles in place for Oklahoma to immediately coordinate with other states and begin to import/export lessons learned and best practices. As a Theme 2 Challenge Grant awardee, Oklahoma commits to work closely with Colorado, Massachusetts and Maryland, the other Theme 2 grantees, as well as the 14 other states that submitted plans for Theme 2 but were not awarded. Oklahoma plans to convene regular meetings with the other grantees, from the beginning of the projects, and set up regular correspondence with the other states. Dr. Yeaman, Principal Investigator, will lead this effort.

A key component of the Health Benefits Exchange is to coordinate with other award recipients. The other states receiving grants were Kansas, Maryland, a multistate consortium headed by the University of Massachusetts Medical School, New York, Oregon, and Wisconsin. This is a group of seven grantees that will work quickly and closely to succeed in their heady goals in this arena. Lynn Puckett, Principal Investigator, will lead this effort.

The Beacom Community grant awarded to GTHAN, has propagated much collaboration between state efforts. Dr. Kendrick, Principal Investigator, leads the effort with the assistance of Joe Walker (OUHSC and OHIET AB member) in coordinating programs, best practices and efforts with the other Beacon Communities.

Oklahoma participates in CMS sponsored Medicaid regional meetings to discuss cross border issues with provider incentive payments, as well as holds regular meetings with border state HIT coordinators.

As a member of Health Information Privacy and Security Collaboration (HISPC), Oklahoma HISPC participated in two multi-state collaboratives focusing on sharing data across state borders.

John Calabro, Oklahoma's HIT Coordinator, is actively representing Oklahoma in interstate and national HIT/HIE endeavors.

2.2.3. Framework with Other State & National Endeavors

2.2.3.1. Health Benefits Exchange Grant

Oklahoma has been awarded \$54.6 million in federal funding to develop information technology products, services and infrastructure that will enable rapid expansion and effectiveness of HIE/HIT within the state and nationally.

Oklahoma received one of seven awards totaling \$241 million to help states design and use information technology needed to operate health insurance exchanges. Exchanges are state-regulated plans in which small businesses and individuals are to pool money to buy health insurance. States are mandated to have the exchanges ready by 2014 so that those residents who do not have insurance can shop for insurance plans.

Oklahoma was selected as an "early innovator" state to develop exchange information technology models to be shared with and tailored by other states. With the grant, the state will have three years to work on the system created in 2003 by the Oklahoma Health Care Authority (OHCA). OHCA, which uses the system for its SoonerCare Online, will receive the multimillion dollar grant. Earlier, the state received a \$1 million federal grant to plan how to establish the required health insurance exchanges.

Oklahoma applied for a grant in October under former Governor Brad Henry's administration. Current Governor, Mary Fallin, continues to support the plan.

OHIET is already in close collaboration with the OHCA. This grant allows Oklahoma to pursue, at pace, development of products and services identified as best suited for centralized development and distribution. As part of OHIET's charter, it will work closely with the OHCA to provide guidelines, performance criteria and standards to the products and services under development in this program. OHIET also provides a neutral hub for all payers to come together to determine and pursue needs. OHIET is already active in this role.

Collaboration is institutionalized between OHIET and OHCA. Lynn Puckett is the Principal Investigator on this grant and serves on the OHIET advisory board. Mr. Calabro, ExDir of OHIET and OK HITC, is involved in both endeavors on a daily basis.

2.2.3.2. Oklahoma Health Access Portal (OHAP)

To enable legislation that certain insurance coverage will need to be obtained through a health insurance exchange, Oklahoma has a connector portal, OHAP. OHAP will provide tools to six key stakeholders in the health care delivery process:

1. Patients will be able to access the portal and research available insurance products. Interactive technologies will gather information needed to recommend plans for which the patient is eligible. The patient will be able to create side-by-side comparisons of the available plans and to seek more information from agents for those plans. In addition, a series of "what if" scenarios will be available for patients to test the performance of all plans under consideration to enable them to choose the best plan to meet their needs. As an example, the interactive "tool" might answer "With plan A, what happens if I lose my job?" or "With Plan B, what if I go on long-term disability from my job?"
2. Payers will interact with the portal to provide information on their plans, including details on eligibility, coverage terms and as much of the "fine print" as can possibly be codified in a database. Payers will be responsible for keeping this information up-to-date—this will be accomplished by establishing, through statute, that the OHAP-listed version of a plan's terms and requirements supersedes any other versions of the plan that have been created. Thus, payors will be incented to keep their listings fresh and up-to-date.

In addition, payors will receive patient references through the site and will use the system to have secure conversations with patients prior to contract execution.

Finally, payors will use the site to interaction with the Provider Credentialing System, described in more detail below under "Providers."

3. Employers will use the site to compare and contrast plans and companies under consideration to become their payor, in many of the same ways that the individual patients would use the system. In particular, "what-if" analyses for employers would have the added dimension of considering the health of the population they

are responsible for and the effects of rare events on the future insurability of that population. Sample questions to be answered here would include “What if one of my employees develops cancer?” or “What if our company institutes a wellness program?”

4. Providers will use the portal system in several ways. First, providers may use the eligibility assessment tools to help connect patients with appropriate insurance products (more below on this). Second, providers will use the site as the primary reference for the terms and obligations of specific plans (as noted in 2 above). Third, providers will utilize the portal to file a standardized credentialing application and follow its progress through each of the payors. This is a critical service that we can offer to providers in Oklahoma, who currently spend thousands of hours each year completing company-specific and in some cases specialty-specific applications for credentials. The entire process can take six to nine months to complete, during which the provider has no information about the progress of their applications, and worse yet, cannot see patients— or at least cannot charge for seeing patients— insured by the companies with whom their application is pending. Standardizing and automating this process will be an enormously valuable service to providers, and is one that should generate revenue for the sustainability plan.
5. Evaluators will use the portal to interact with dashboard level data on the functioning of the system. These reports would show metrics like system utilization, number of connections made, number of and details on patients who fail to qualify for any particular plans, and comparison data on the coverage being offered by price and eligibility profile. It is expected that the tools and reports used by the evaluators would start simple and evolve over time to support increasingly comprehensive views of program performance and opportunities for improvement.
6. Administrators will use the portal to configure user accounts, role-based permissions, review audit trails on any sensitive data or Protected Health Information (PHI) collected by the system.

2.3. Operational Approach By Domain Area

2.3.1. Governance

Governance domain area goals include:

Governance		
#	Goal	Status
1	Set up separate, neutral organization to oversee and protect HIE/HIO operations and effectiveness	Complete
2	Agree upon vision, values and mission for the new organization	Complete
3	Determine purpose of the organization and align structure and roles to achieve	In progress
4	Ensure organization goals and purpose encompass ONC goals and requirements	Complete
5	Develop credentialing program	In progress
6	Define categories of HIE/HIO and associated qualifying criteria for credentialing each	In progress
7	Evaluate and report clinical quality and performance outcomes of HIE/HIO operations throughout Oklahoma	TBD
8	Ensure quality and completeness of goals of all OHIET domain areas	Ongoing
9	Ensure completion of Meaningful Use goals (all stages)	Ongoing
10	Establish quality teams, goals and criteria	In progress
11	Define metrics and create data dictionary	TBD
12	Report outcomes	Monthly report
13	Dynamic update of metrics and evaluation tools to measure most meaningful data	TBD

2.3.1.1. OHIET's Internal Governance

OHIET's enabling legislation ([Appendix 3.2](#)) and Trust Indenture ([Appendix 3.3](#)) establish OHIET's governance structure, which is comprised of a Board of Trustees ([Exhibit 3](#)), Advisory Board ([Exhibit 4](#)) and Executive Director (ExDir) ([Appendix 3.14](#)).

The OHIET Board of Trustees ([resumes are found in Appendix 3.15](#)) is the decision-making body for the trust. Under the terms of OHIET's indenture, the affirmative vote of four (4) trustees is generally required for the trust to take action. The trustees receive administrative and operational support from the ExDir, his staff and consultants, and the Advisory Board.

Oklahoma's Governor, President Pro Tempore of the Oklahoma State Senate, and Speaker of the Oklahoma House of Representatives appoint OHIET's seven trustees. Oklahoma's Attorney General approved OHIET's organizational documents pursuant to Oklahoma's Public Trust Act. Governor Brad Henry signed a formal acceptance of the

benefit of the trust on behalf of the state of Oklahoma and its citizens, and the OHIET's indenture was filed with the Oklahoma Secretary of State. With that filing, OHIET became operational. Governor Henry submitted a request to re-designate Oklahoma's SDE as OHIET. This re-designation is now in process.

At the Board of Trustees first board meeting, held October 5, 2010, the trustees adopted the bylaws (***attached as Appendix 3.4***). The bylaws set forth policies and procedures for the internal operating structure of OHIET. The board also began the process of asking representative organizations for their nominations to the Advisory Board. The first meeting of the Advisory Board was held on December 7, 2010. By early January 2011, all named advisory board positions were filled.

The Advisory Board (AB) is made up of 20 individuals. These individuals represent host organizations or constituencies that include and go beyond those recommended by ONC for input into the SHIECAP process. Elected officials, Val Schott as Chairman and Mitch Thornbrugh serves as Vice Chairman, lead the board activities. Standing meetings are monthly. Tasks are assigned and performed in task forces approximately aligned with the SHIECAP domain areas. The AB develops recommendations for the trustees on assigned tasks and other issues raised from within. The board of trustees is obligated, by statute, to consider all recommendations from the AB. Ongoing communication takes place between boards. Trustee board meetings have a standing agenda item for AB report out and business. The ExDir is an Ex Officio member of OHIET Board of Trustees. He, and the Chairman and/or Vice Chairman of the AB attend monthly meetings of both boards for clarity and continuity.

The OHIET ExDir also serves as Oklahoma's HIT Coordinator. This set up places OHIET in a central position with access to all HIT/HIE activities in the state and provides good communication flow between OHIET and other state and nationally HIE programs. One of the first and, indeed, most defining pieces of business is a task requested of the AB to define 'HIO' and the various categories it might take. These definitions will be the crux of OHIET's basic business in credentialing HIE/Os. Criteria for credentialing will be further defined for each category identified. This work is in process at this writing.

2.3.1.2. Policy Assistance

Policy development and standards identification are underway in the following areas: privacy and security, technology and data usage, contracting and procurement, auditing and reporting, and penalties for violations or breaches of standards or trust participation agreements.

Other areas for policy consideration include

- Consent Model
- Expansion of Good Samaritan protections to HIE
- Limited liability to data sources in error

- Support for HIO sustainability modes
 - o Telemedicine/telehealth
 - o Care coordination support
 - o Care management

Consideration of these initial sets of policies and procedures will occur during the first six months of OHIET's operation as the SDE. Governance is a standing task force of the AB. Monitoring and refreshing policies and procedures are part of their purview.

OHIET also has a dynamic legislative agenda. This plan will be written and led by the OHIET ExDir, John Calabro, who provides a legislative update to trustees as a standing agenda item at monthly board meetings.

2.3.1.3. Certification and Credentialing

A key value-added service OHIET brings to the state HIE/HIO infrastructure is the ability to provide standards, policies and protocols to each HIE/HIO operating here and, in turn, to ensure to the public that each HIE/HIO is operating to these criteria. Certification is to be re-established on an annual basis. This element of OHIET activity is also a major component of our sustainability model. The intent is to earn a fee for these services from the participating HIOs.

Elements to be evaluated and certified include:

- Governance structure, particularly inclusiveness
- Privacy and security framework: Policy and procedures
- Technology:
 - o Security
 - o Standards-based data transmission/storage
- Financial stability
- Ability to report accurately on OHIET's outcome and performance metrics.

2.3.1.4. Clinical Quality and Performance Evaluation

The OHIET certification and credentialing process establishes metrics that all certified HIOs are required to report, including:

- Clinical quality
- Adoption, utilization
- Geographic coverage

And the timing and structure required for reporting on the above.

Surveys to be established include:

- Do no harm arm
- Patient/Provider satisfaction

Additionally, goals for the Clinical Quality and Performance Evaluation domain include:

Clinical Quality/Performance Evaluation		
#	Goal	Status
1	HIE implementation rates and provider adoption rates >75%	2014
2	10% reduction in preventable hospital readmissions and ED visits regarding Asthma, COPD, and CHF	2015
3	5-7% decrease in total per capita State Medicaid and Medicare expenditures	2016
4	Reduce the number of duplicate lab tests by 10%	2015
5	Reduce referrals to specialty care by 10%	2015
6	Enhanced communications between healthcare providers	2011
7	10% increase in the appropriate administration of Pneumovax and influenza vaccinations	2014
8	5% increase in the number of lipid panels performed on Oklahomans by age 20	2015
9	3-5% increase in the number of patients having regular mammograms and colon cancer screens	2014
10	5% improvement in documentation of smoking rates and alcohol use and in number of interventions offered	2014
11	BMI captured on 95% patients over 13 years of age	2014

OHIET has identified a set of metrics to be captured at baseline. **Exhibit 7 (following)** lists measures that the evaluation team will capture to meet the reporting requirements. **Exhibit 8** lists a set of performance metrics. The evaluation team is currently identifying and assessing additional data elements, which will be added for longitudinal data collection and analyses to guide and evaluate the implementation of each phase.

Exhibit 7. Reporting Requirements					
Reporting Requirement	Metric	Method and data source	Initial Target		
Governance					
What proportion of the governing organization do public stakeholders represent?	% of Governance Board representing public entities	# board members from public entities/total number of board members	50%		
What proportion of the governing organization do private sector stakeholders represent?	% of Governance Board representing private entities	# board members from private entities/total number of board members	50%		
Does the governing organization represent government, public health, hospitals, employers, providers, payors and consumers?	Yes or No for each stakeholder type	Count representatives	Yes to all		
Does the state Medicaid agency have a designated governance role in the organization?	Yes or No	Attestation of the state Medicaid agency (OHCA)	Yes		
Has the governing organization adopted a strategic plan for statewide HIT?	Yes or No	Ratification of Strategic Plan	Yes		
Has the governing organization approved and started implementation of an operational plan for statewide HIT?	Yes or No	Requires governance ratified strategic plan and operational plan, both of which have been approved by the ONC	Yes		
Are governing organization meetings posted and open to the public?	Yes or No	Review of meeting policies and communications methods	Yes		
Do regional HIE initiatives have a designated governance role in the organization?	Yes or No	Review of organizational chart, board composition, and self attestation	Yes		
Finance					
Has the organization developed and implemented financial policies and procedures consistent with state and federal requirements?	Yes or No, Narrative description	Independent review of written policies and procedures of the organization	Yes		
Does organization receive revenue from both public and private organizations?	Yes or No, Graphical breakdown	Categorize incoming revenue as public or private sources and chart	Yes, fulfill matching requirements		
What proportion of the sources of funding to advance statewide HIE are obtained from federal assistance, state assistance, other charitable contributions, and revenue from HIE services?	% of total revenues from each type of organization indicated	Track revenues and source. Report proportion of each as a fraction of total revenue	Revenue from sustainable source, fulfill matching requirements		
Of other charitable contributions listed above, what proportion of funding comes from health care providers, employers, health plans, and others (please specify)?	% of total revenues, and % of "other charitable contributions" derived from each stakeholder group.	Track revenues and source. Report proportions as % of total revenues and % of "other charitable contributions" by stakeholders	Revenue from sustainable source		

Exhibit 7. Reporting Requirements				
Has the organization developed a business plan that includes a financial sustainability plan?	Yes or No		Detailed pro forma will be reviewed by independent expert	Yes
Does the governance organization review the budget with the oversight board on a quarterly basis?	Yes or No		Review of meeting agendas and minutes.	Yes
Does the recipient comply with the Single Audit requirements of the Office of Management and Budget (OMB)?	Yes or No		Independent review of processes to determine	Yes
Is there a secure revenue stream to support sustainable business operations throughout and beyond the performance period?	Yes or No		Detailed pro forma evaluated	Yes
Technical Infrastructure				
Is the statewide technical architecture for HIE developed and ready for implementation according to HIE model(s) chosen by the governance organization?	Yes or No		Determined based on 1) initial needs assessments, 2) governance organization decision, and 3) capacity of the technical architecture to meet both governance and technical needs. A document, called the Technical Architecture Plan, will be created to support this assessment and subject matter experts will review this document to determine the answer.	Yes
Does statewide technical infrastructure integrate state-specific Medicaid management information systems?	Yes or No		Determined by cataloging the interfaces planned between the Medicaid Management Information Systems (MMIS) and the HIE system(s).	Yes
Does statewide technical infrastructure integrate regional HIE?	Yes or No		Determined by cataloging the interfaces planned between regional HIEs and the statewide technical infrastructure	Yes
What proportion of health care providers in the state are able to send electronic health information using components of the statewide HIE technical infrastructure?	1. % of providers (by type) who <i>could be sending</i> health information (by type) via the HIE 2. % of providers who <i>actually are sending</i> data		This will be calculated using information on 1) the types of information that must be shared, 2) the preferred protocols for data exchange, 3) number of providers (by type) who currently have systems capable of sending the <i>required</i> information electronically via the preferred protocols, and 4) the number of providers in the process of implementing such systems and their estimated go-live dates (to establish a trajectory that hopefully will intersect with the roll-out of statewide HIE). Metrics 2 and 3 will be used to monitor the progress and success of the roll out.	1. 100% by end of year 2 2. 40% by end of year 2

Exhibit 7. Reporting Requirements				
What proportion of health care providers in the state are able to receive electronic health information using components of the statewide HIE technical infrastructure?	1. % of providers (by type) who <i>could be receiving</i> health information (by type) 2. % of providers who <i>actually are receiving</i> data	This will be calculated using information on 1) the types of information that must be shared, 2) the preferred protocols for data exchange, 3) number of providers (by type) who currently have systems capable of <i>receiving</i> the required information electronically via the preferred protocols, and 4) the number of providers in the process of implementing such systems and their estimated go-live dates (to establish a trajectory that hopefully will intersect with the roll-out of statewide HIE). Metrics 2 and 3 will be used to monitor the progress and success of the roll out.	1. 100% by end of year 2 2. 40% by end of year 2	
Business and Technical Operations				
Is technical assistance available to those developing HIE services?	Yes or No and quantitative report of volume of assistance provided	Recruit technical expertise to provide support. Establish formal technical assistance processes and procedures, including issue tracking and support. Report statistics on new issue tickets and resolution of issues.	50% of open tickets resolved in <24 hours, 90% in 72 hrs.	
Is the statewide governance organization monitoring and planning for remediation of HIE as necessary throughout the state?	Yes or No	Measurements will be a completed assessment of existing HIE, and documented plan for the incorporation of those HIEs into the State Plan from governance, financial, and technical perspectives. As implementation phase begins, milestones in this plan will be tracked and met.	Yes, planned milestones met.	
What percent of health care providers have access to broadband?	% of providers with broadband access by type	There will be a baseline assessment then semi-annually with the Corporation Commission.	100% by end of year 2	
What statewide shared services or other statewide technical resources are developed and implemented to address business and technical operations?	List of statewide shared services and technical resources, stage of implementation of each, and utilization of each.	Catalog statewide-shared services and technical resources, and then track their stages of implementation and ultimately, utilization.	Complete list, with % of implementation complete and % of eligible providers	
Legal/Policy				
Has the governance organization developed and implemented privacy policies and procedures consistent with state and federal requirements?	Yes or No	Written privacy policy and procedure reviewed and evaluated by credentialed independent experts in coordination with OKHISPC	Yes	
How many trust agreements have been signed?	# of agreements signed, % of offered agreements signed	Track the number of potential agreements, number signed and number refused	60% of potential agreements by year 2	
Do privacy policies, procedures and trust agreements incorporate provisions allowing for public health data use?	Yes or No	Written policies reviewed and evaluated by independent experts. <i>Public health data use</i> will be defined by federal guidance and interpreted as necessary by a governance committee (which includes IHS and AI/AN staff representatives).	Yes	

Exhibit 8. Performance Measures	Metric	Method and Data sources	Initial target
Performance measure	Metric	Method and Data sources	Initial target
Percent of providers participating in HIE services enabled by statewide directories or shared services	% of providers using shared services	Number of providers with logins to shared services each month divided by the total number eligible to use shared services.	40% at year 2
Percent of pharmacies serving people within the state that are actively supporting electronic prescribing and refill requests	% of new scripts that are electronic % of refill requests that are electronic	Number of scripts written electronically divided by the total number of scripts filled Number of refill requests submitted electronically to providers by pharmacies divided by the total number of refills completed	40% of scripts should be electronic by end of year 2. 40% of refill requests should be electronic by the end of year 2.
Percent of clinical laboratories serving people within the state that are actively supporting electronic ordering and results reporting	% of lab tests ordered electronically % of lab results delivered electronically	Number of lab tests ordered electronically divided by the total number of lab tests ordered Number of lab test results delivered electronically divided by total number of lab tests	40% ordered electronically 95% of test results delivered electronically
Provider participation in HIE by Meaningful Use requirement met	Identity of providers who demonstrate Meaningful Use % of providers demonstrating Meaningful Use by requirement	Given finalized list of requirements, the HIE will be used to assess the number and identity of providers who meet relevant Meaningful Use criteria	40% of providers meet Meaningful Use criteria
Electronic exchange of clinical summaries	% of clinical summaries available electronically	Number of clinical summaries in HIE divided by the total number of encounters documented	25% available electronically by the end of year 2
Immunizations available via HIE	% of childhood and adult immunizations documented electronically and available in HIE % of providers documenting immunization administration electronically	Number of immunization administrations available electronically divided by the total need for vaccines. Number of providers entering immunization administrations each month divided by the total number of providers in the state	99% of immunization records available electronically by the end of year 2 and 80% of providers documenting immunizations electronically by the end of year 2
Public health reporting	% of reports to state and local public health agencies occurring electronically	Number of electronic reports to public health agencies of vital statistics, reportable conditions, etc. divided by total number of reports	50% of reports via electronic means by the end of year 2

Domains for Evaluation

The OHIET evaluation plan captures and tracks performance measures across five domains. The findings will be utilized for: (1) internal project evaluation and performance improvement activities as directed by the HIT Policy Committee; and (2) external reporting to stakeholders within Oklahoma and for national program evaluation activities. The five domains of evaluation include Adoption, Patient Satisfaction, Provider Satisfaction, Financial and Health Outcomes. Additional measures will be selected and updated as necessary by the Performance and Evaluation Subcommittee.

Adoption measures include all required performance measures to reflect the extent to which Oklahoma providers have adopted EHRs and are successfully demonstrating Meaningful Use through exchange of electronic health information. Data is being collected from each of Oklahoma's 77 counties. It will be examined at the county level and then aggregated to yield statewide data. Individual county adoption and Meaningful Use data is being collected and reviewed in close collaboration with the Oklahoma HIT REC under the leadership of the OFMQ. Adoption measures include the percent of providers participating in HIE services enabled by statewide directories or shared services; the percent of pharmacies serving people within the state that are actively supporting electronic prescribing and refill requests; and the percent of clinical laboratories serving people within the state that are actively supporting electronic ordering and results reporting.

Patient satisfaction measures are included because work conducted through the Oklahoma Health Information Security and Privacy Council has reported concerns about security and privacy of electronic health information as the greatest barrier to patient acceptance of EHRs and HIE in Oklahoma. Patient satisfaction measures are likely to include survey data designed to assess patient confidence in health data security and privacy; patient ability to obtain and share electronic health information with providers ("How readily was your health information data, recorded by one doctor, available at the time of care in another doctor's office?" and "How much information you, as a patient, provided/shared was represented in the exchange and perhaps contributed in your care?"); and, eventually, ease of exchanging data between personal health record software and provider systems. The patients' satisfaction with care is a functional indicator of the tangible impact of HIE. OHIET will endeavor to measure this.

Provider satisfaction measures are being developed to assess the level of satisfaction among physicians and other health care professionals and hospitals about EHR use and HIE in Oklahoma. These survey measures include the level of satisfaction with data security and privacy; ease of obtaining and sharing medical information with other providers; ease of reporting quality measures; and the overall value or return on investment associated with EHR use and HIE in Oklahoma.

Cost measures are included to collect data over time to examine potential association between the use of HIT and per capita health care costs in Oklahoma. It is expected an inverse correlation will be seen as current literature has shown that the use of HIT reduces medical errors, eliminates duplicated tests and services, increases delivery of needed preventive care and evidence based medical services, and improves overall care coordination. The measures also assess the relative cost share for adopting HIT across state, federal, private payor and provider sources. Financial measures include per capita health care expenditures for Oklahoma beneficiaries of Medicaid, Medicare, Veteran Affairs (VA), IHS, private payors and self-pay sources; and provider expenditures for EHR technology purchase and those for connection to the Oklahoma Health Information Exchange (OKHIE) network; and annual cost per provider and hospital bed to access the Oklahoma HIE network. Measures should also include the distribution of monetary benefit of implementing HIE versus the cost of implementing HIE incurred by various health care participants.

Health outcome measures are an essential component of the evaluation plan because the overarching goal of Oklahoma's HIE effort is the improvement of health outcomes for all Oklahomans. Selected measures from the United Health Foundation and Commonwealth Fund annual state health rankings, in which Oklahoma has traditionally performed very poorly, will be used in the evaluation process. Examples of the process of care and health outcome measures include preventable hospitalization rates, immunization rates, geographic disparity index, proportion of adults receiving recommended screening and preventive care, proportion of those with chronic conditions receiving recommended services, and the incidence of preventable adverse medical events in hospitalized patients.

Methodology

Working with the Performance and Evaluation Subcommittee, the actual survey instruments, collection of data and statistical analysis will be performed by OUHSC and OSU Center for Rural Health in an effort to eliminate any bias in the process, guaranteeing the accuracy of results. Previously, both OUHSC and OSU have successfully performed similar support and analytical services for Oklahoma state agencies and health care providers.

The evaluation takes a mixed method approach, including both quantitative and qualitative analyses. Cost and health outcome measures may be derived from databases that the Oklahoma Insurance Department (OID) and the State Department of Health collect and maintain. Working with the state's professional organizations such as the Oklahoma State Medical Association (OSMA) and the Oklahoma Osteopathic Association (OOA), a survey instrument, web- or paper-based, is being completed by a sample of physicians to track HIT adoption and physician satisfaction. Similarly, a sample of patients, recruited through consumer organizations such as American Association of Retired Persons (AARP) or the Oklahoma City Inter-Tribal Health Board (OCAITHB), are being asked to complete a survey on patient satisfaction. Qualitative information regarding the project is collected via semi-structured or

key informant interviews. These interviews are conducted with members of OHIET, stakeholder participants, and OHCA staff, to assess the progress, strengths and weaknesses of the project, and identify ongoing process improvement strategies for the project.

Evaluators

The Department of Health Administration and Policy and the Biostatistics and Epidemiology Research Design and Analysis Center (BSE RDAC) managed by the Department of Biostatistics and Epidemiology, at the College of Public Health, OUHSC, and the Department of Medical Informatics at OU/Tulsa are charged with the task of performing the project's evaluation, tracking performance measures, and reporting. The BSE RDAC's mission includes serving the Health Sciences Center, along with public, community and private health entities by providing biostatistic and epidemiological support for projects and programs that involve clinical or health data. The center has dedicated research facilities and utilizes server space that is maintained and administered according to policies and procedures related to electronic storage of protected health information, security and electronic back-up by the OUHSC Information Technology Department. Data security is further enhanced by the policies and procedures of the center. BSE RDAC staff maintains a variety of software programs and statistical packages and possesses the necessary skill sets to use them.

The Department of Medical Informatics at OU-Tulsa has Oklahoma's only formally trained medical informaticists, as well as substantial expertise in the development and deployment of enterprise clinical information systems. In addition, the informatics team has experience with technology evaluation, systems architecture design and clinical information systems interoperability. The OU informatics team makes wide use of the previously mentioned tools and additionally employs software design and engineering principles to achieve practical systems whose evolution is guided by data.

The OSU Center for Rural Health, a designated state agency housed at the OSU Center for Health Sciences (CHS), will provide consultation on the evaluation related to Oklahoma's rural populations and work closely with the OUHSC evaluation team. The Center for Rural Health is home to Oklahoma's State Office of Rural Health and the Oklahoma Area Health Education Center. The OSU Center for Rural Health's mission includes rural research and program applications. Through these programs, the center works very closely with rural hospitals, physicians and the communities it serves. The center is equipped to provide research and data analysis support, including secure data storage on network servers managed by OSU Information Technology Department and full compliance with human subject protection requirements.

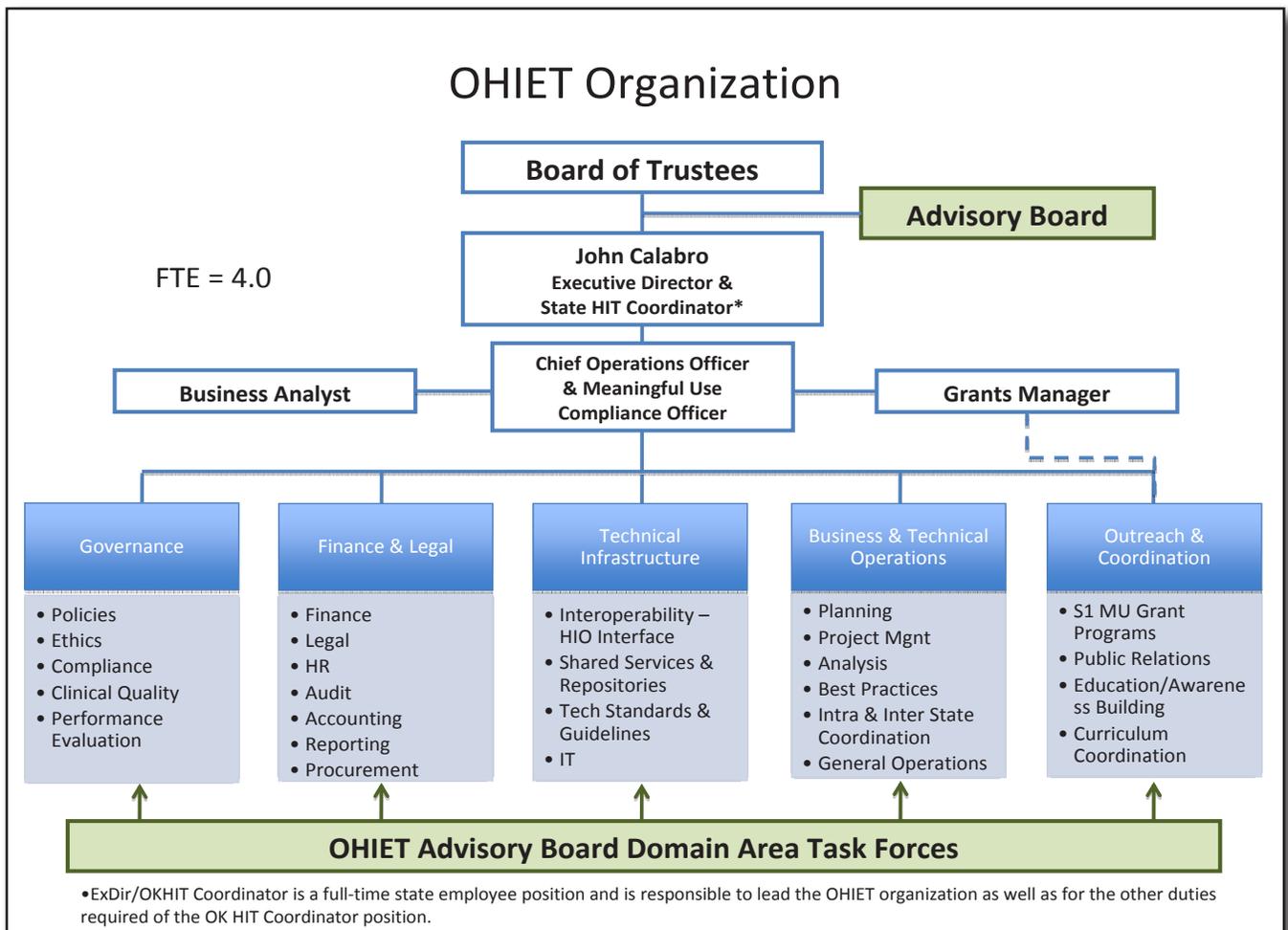
Dr. David Kendrick, OU SOCM faculty and physician, Beacon Community PI, and OHIET trustee is the point person on Clinical Quality and Performance Evaluation.

2.3.2. Finance

Finance goals include:

Finance		
#	Goal	Status
1	Design realistic and appropriate sustainability plan for OHiet	In progress
2	Establish baseline and annual budget and resource plans	In progress
3	Identify, qualify and source staff, experts and non-human assets required	In progress
4	Adopt employment policies	Apr-11
5	Develop and adopt written purchasing procedures	In progress
6	Establish financial controls and reporting	Jun-11
7	Develop detailed financial plan	In progress

2.3.2.1 Cost Estimates and Staffing Plans



Financial summary for OHIET follows.

OHIET EXPENSES and REVENUES

Item	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	Subtotals
Personnel Details						
Oklahoma HIT Coordinator		\$160,000	\$160,000	\$164,800	\$169,744	\$654,544
FRINGE: Retirement [16.5%]		\$26,400	\$26,400	\$27,192	\$28,008	\$108,000
FICA [7.7%]		\$12,320	\$12,320	\$12,690	\$13,070	\$50,400
Insurance [19.9]		\$31,840	\$31,840	\$32,795	\$33,779	\$130,254
Workers Comp [0.7%]		\$1,120	\$1,120	\$1,154	\$1,188	\$4,582
Unemployment [0.3%]		\$480	\$480	\$494	\$509	\$1,964
	\$0	\$232,160	\$232,160	\$239,125	\$246,299	\$949,743
Chief Operating Officer		\$31,250	\$125,000	\$128,750	\$132,613	\$417,613
FRINGE: Retirement [16.5%]		\$5,156	\$20,625	\$21,244	\$21,881	\$68,906
FICA [7.7%]		\$2,406	\$9,625	\$9,914	\$10,211	\$32,156
Insurance [19.9]		\$6,219	\$24,875	\$25,621	\$26,390	\$83,105
Workers Comp [0.7%]		\$219	\$875	\$901	\$928	\$2,923
Unemployment [0.3%]		\$94	\$375	\$386	\$398	\$1,253
	\$0	\$45,344	\$181,375	\$186,816	\$192,421	\$605,956
Business Analyst		\$20,000	\$60,000	\$61,800	\$63,654	\$205,454
FRINGE: Retirement [16.5%]		\$3,300	\$9,900	\$10,197	\$10,503	\$33,900
FICA [7.7%]		\$1,540	\$4,620	\$4,759	\$4,901	\$15,820
Insurance [19.9]		\$3,980	\$11,940	\$12,298	\$12,667	\$40,885
Workers Comp [0.7%]		\$140	\$420	\$433	\$446	\$1,438
Unemployment [0.3%]		\$60	\$180	\$185	\$191	\$616
	\$0	\$29,020	\$87,060	\$89,672	\$92,362	\$298,114
Grants Manager		\$30,000	\$60,000	\$61,800	\$63,654	\$215,454
FRINGE: Retirement [16.5%]		\$4,950	\$9,900	\$10,197	\$10,503	\$35,550
FICA [7.7%]		\$2,310	\$4,620	\$4,759	\$4,901	\$16,590
Insurance [19.9]		\$5,970	\$11,940	\$12,298	\$12,667	\$42,875
Workers Comp [0.7%]		\$210	\$420	\$433	\$446	\$1,508
Unemployment [0.3%]		\$90	\$180	\$185	\$191	\$646
	\$0	\$43,530	\$87,060	\$89,672	\$92,362	\$312,624
Staffing	\$0	\$306,524	\$500,595	\$515,613	\$531,081	\$1,853,813
Personnel Summary						
6.a. Personnel	\$0	\$241,250	\$405,000	\$417,150	\$429,665	\$1,493,065
6.b. Fringe Benefits	\$0	\$108,804	\$182,655	\$188,135	\$193,779	\$673,372
Total Personnel	\$0	\$350,054	\$587,655	\$605,285	\$623,443	\$2,166,437
Travel & Training						
Ground Transportation	\$500	\$3,000	\$5,000	\$5,150	\$5,305	\$18,955
Registration Fees	\$500	\$2,500	\$3,000	\$3,000	\$3,090	\$12,090
Airfare	\$7,500	\$12,000	\$12,360	\$12,731	\$13,113	\$57,704
Overnight	\$5,000	\$8,000	\$8,240	\$8,487	\$8,742	\$38,469
Per Diem	\$1,500	\$1,500	\$1,545	\$1,591	\$1,639	\$7,775
6.c. Travel	\$15,000	\$27,000	\$30,145	\$30,959	\$31,888	\$134,992
Equipment						
IT		\$15,000	\$7,500	\$6,000	\$12,000	\$40,500
Telephone & Toll Charges		\$3,250	\$3,348	\$3,448	\$3,551	\$13,597
Copier & Fax		\$5,000	\$1,000	\$1,030	\$1,061	\$8,091
6.d. Equipment	\$0	\$23,250	\$11,848	\$10,478	\$16,612	\$62,188
Supplies						
Supplies		\$36,188	\$60,750	\$62,573	\$64,450	\$223,960
6.e. Supplies	\$0	\$36,188	\$60,750	\$62,573	\$64,450	\$223,960

OHIET EXPENSES and REVENUES

Item	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	Subtotals
Governance						
Policy Development	\$75,000	\$150,000	\$50,000	\$35,000	\$35,000	\$345,000
Credentialing & Compliance	\$0	\$75,000	\$75,000	\$50,000	\$50,000	\$250,000
Travel & Other Misc Expenses	\$1,000	\$33,750	\$18,750	\$12,750	\$7,500	\$73,750
<i>Total Operations</i>	<i>\$76,000</i>	<i>\$258,750</i>	<i>\$143,750</i>	<i>\$97,750</i>	<i>\$92,500</i>	<i>\$668,750</i>
Clinical Evaluation						
Grad Students, Clerical & Other Support		\$10,000	\$24,000	\$24,720	\$25,462	\$84,182
Outsourced Professional Services		\$57,000	\$115,000	\$118,450	\$122,004	\$412,454
Indirect	\$3,000	\$60,000	\$56,650	\$53,200	\$49,645	\$222,495
Subawards/Consortium/Contractual		\$55,000	\$56,650	\$58,350	\$60,100	\$230,099
Other		\$20,000	\$20,600	\$21,218	\$21,855	\$83,673
<i>Total Clinical Evaluation</i>	<i>\$3,000</i>	<i>\$202,000</i>	<i>\$272,900</i>	<i>\$275,937</i>	<i>\$279,065</i>	<i>\$1,032,902</i>
Finance & Legal						
Legal Contracts	\$140,000	\$75,000	\$75,000	\$60,000	\$12,000	\$362,000
Legal Retainer		\$50,000	\$50,000	\$50,000	\$25,000	\$175,000
HR & Recruiting		\$50,000	\$35,000	\$10,000	\$10,000	\$105,000
Accounting		\$15,000	\$15,450	\$15,914	\$16,391	\$62,754
Audit		\$15,000	\$15,450	\$15,914	\$16,391	\$62,754
Payroll		\$5,000	\$5,150	\$5,305	\$5,464	\$20,918
Reporting		\$6,000	\$6,180	\$6,365	\$6,556	\$25,102
<i>Total Finance & Legal</i>	<i>\$140,000</i>	<i>\$216,000</i>	<i>\$202,230</i>	<i>\$163,497</i>	<i>\$91,802</i>	<i>\$813,529</i>
Technical Infrastructure						
Domain Experts and PTE	\$255,000	\$150,000	\$250,000	\$90,000	\$50,000	\$795,000
Tech Standards & Guidelines		\$50,000	\$50,000	\$35,000	\$5,000	\$140,000
HIO Interface		\$75,000	\$75,000	\$20,000	\$7,500	\$177,500
PHR (Incentives/Grants)		\$300,000	\$300,000	\$50,000	\$25,000	\$675,000
Infrastructure (Incentives/Grants)		\$750,000	\$500,000	\$150,000	\$0	\$1,400,000
eRx (Incentives/Grants)		\$500,000	\$100,000	\$50,000	\$25,000	\$675,000
Labs (Incentives/Grants)		\$300,000	\$75,000	\$50,000	\$25,000	\$450,000
CCD (Incentives/Grants)		\$300,000	\$75,000	\$50,000	\$25,000	\$450,000
Maintenance Standards (Incentives/Grants)			\$25,000	\$25,000	\$25,000	\$75,000
Decision Support Tools		\$80,000	\$100,000	\$25,000	\$25,000	\$230,000
Evaluation/Identification of Outliers		\$95,000	\$95,000	\$50,000	\$25,000	\$265,000
Audit Trail			\$75,000	\$75,000	\$25,000	\$175,000
Support & Other Misc Expenses		\$125,000	\$128,750	\$132,613	\$50,000	\$436,363
<i>Total Technical</i>	<i>\$255,000</i>	<i>\$2,725,000</i>	<i>\$1,848,750</i>	<i>\$802,613</i>	<i>\$312,500</i>	<i>\$5,943,863</i>
Business & Technical Operations						
Project Management	\$120,000	\$150,000	\$150,000	\$120,000	\$50,000	\$590,000
Analytics		\$50,000	\$50,000	\$50,000	\$50,000	\$200,000
Best Practice Sharing		\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Administrative Services	\$0	\$60,000	\$60,000	\$60,000	\$60,000	\$240,000
Travel & Other Misc Expenses	\$1,000	\$31,500	\$31,500	\$27,000	\$7,500	\$98,500
<i>Total Operations</i>	<i>\$121,000</i>	<i>\$316,500</i>	<i>\$316,500</i>	<i>\$282,000</i>	<i>\$192,500</i>	<i>\$1,228,500</i>

OHMET EXPENSES and REVENUES

Item	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	Subtotals
Outreach & Coordination						
Grants Management		\$122,500	\$57,500	\$21,250	\$7,500	\$208,750
Curriculum Development		\$75,000	\$50,000	\$50,000	\$10,000	\$185,000
Training		\$100,000	\$120,000	\$75,000	\$25,000	\$320,000
Outreach/Advertising for Grants		\$25,000	\$25,000	\$25,000	\$5,000	\$80,000
Brand Development/Logo/Website		\$35,000	\$23,000	\$15,500	\$7,500	\$81,000
All Media Production/Buy		\$600,000	\$600,000	\$250,000	\$50,000	\$1,500,000
Account Management/PR Retainer		\$37,000	\$37,000	\$37,000	\$10,000	\$121,000
<i>Total Outreach</i>	<i>\$0</i>	<i>\$994,500</i>	<i>\$912,500</i>	<i>\$473,750</i>	<i>\$115,000</i>	<i>\$2,495,750</i>

Contractual Obligations						
Governance	\$76,000	\$258,750	\$143,750	\$97,750	\$92,500	\$668,750
Clinical Evaluation	\$3,000	\$202,000	\$272,900	\$275,937	\$279,065	\$1,032,902
Finance & Legal	\$140,000	\$216,000	\$202,230	\$163,497	\$91,802	\$813,529
Technical Infrastructure	\$255,000	\$2,725,000	\$1,848,750	\$802,613	\$312,500	\$5,943,863
Business & Technical Operations	\$121,000	\$316,500	\$316,500	\$282,000	\$192,500	\$1,228,500
Outreach & Coordination	\$0	\$994,500	\$912,500	\$473,750	\$115,000	\$2,495,750

6.f. Contractual **\$595,000** **\$4,712,750** **\$3,696,630** **\$2,095,546** **\$1,083,367** **\$12,183,293**

Other						
Office Rental		\$12,000	\$24,000	\$24,000	\$24,000	\$84,000
Office Furniture		\$7,500	\$12,500	\$12,500	\$12,500	\$45,000
Insurance		\$2,500	\$2,575	\$2,652	\$2,732	\$10,459
6.h. Other	\$0	\$22,000	\$39,075	\$39,152	\$39,232	\$139,459

Match Calculation						
Annualized Totals	\$610,000	\$5,171,241	\$4,426,103	\$2,843,993	\$1,858,992	\$14,910,329
Match Rate	100.0000%	90.9091%	87.5000%	75.0000%		
Potential Federal Share	\$610,000	\$4,701,128	\$3,872,840	\$2,132,995	\$0	\$11,316,963
Maximum Federal Share	\$610,000	\$4,701,128	\$3,572,613	\$0	\$0	\$8,883,741
In-kind Revenues	\$0	\$470,113	\$853,490	\$2,843,993	\$1,858,992	\$6,026,588
Overall	\$610,000	\$5,171,241	\$4,426,103	\$2,843,993	\$1,858,992	\$14,910,329

FORM 424 - SECTION B - BUDGET CATEGORIES

6. Object Class Categories	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	Subtotals
6.a. Personnel		\$241,250	\$405,000	\$417,150	\$429,665	\$1,493,065
6.b. Fringe Benefits		\$108,804	\$182,655	\$188,135	\$193,779	\$673,372
6.c. Travel	\$15,000	\$27,000	\$30,145	\$30,959	\$31,888	\$134,992
6.d. Equipment		\$23,250	\$11,848	\$10,478	\$16,612	\$62,188
6.e. Supplies		\$36,188	\$60,750	\$62,573	\$64,450	\$223,960
6.f. Contractual	\$595,000	\$4,712,750	\$3,696,630	\$2,095,546	\$1,083,367	\$12,183,293
6.g. Construction						
6.h. Other		\$22,000	\$39,075	\$39,152	\$39,232	\$139,459
6.i. Total Direct Charges (6.a. - 6.h.)	\$610,000	\$5,171,241	\$4,426,103	\$2,843,993	\$1,858,992	\$14,910,329
6.j. Indirect Charges						
6.k. TOTALS (sum of 6.i. and 6.j.)	\$610,000	\$5,171,241	\$4,426,103	\$2,843,993	\$1,858,992	\$14,910,329

FORM 424 - SECTION D - FORECASTED CASH NEEDS

	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	Subtotals
13. Federal	\$610,000	\$4,701,128	\$3,572,613			\$8,883,741
14. Non-Federal		\$470,113	\$853,490	\$2,843,993	\$1,858,992	\$6,026,588
	\$610,000	\$5,171,241	\$4,426,103	\$2,843,993	\$1,858,992	\$14,910,329

Budget Narrative

Human Resources

The OHIET staffing plan includes 4.0 FTEs to meet the mission of the organization in the first years of existence. OHIET's structural design is to have the Executive Director, John Calabro, serve also as Oklahoma's HIE Coordinator. ONC requirement dictates the HIT Coordinator must be a state employee. Since OHIET is a public trust, Mr. Calabro, therefore, will be seconded to the organization to serve. In his capacity as Executive Director, he provides ultimate leadership to the organization and is responsible for business outcomes and quality of performance. As HIT Coordinator, Mr. Calabro's role expands to lead the state in all HIT/HIE efforts, as well as represent Oklahoma on the national HIT/HIE front. This design ensures coordination and collaboration among HIT/HIE entities in the state and that OHIET activities serve to engender the success and propagation of the local and regional HIEs. OHIET is responsible for Mr. Calabro's salary and will be reimbursed by organizations that benefit from his other obligations. For instance, 5% of Mr. Calabro's time is allocated to each of the Health Benefits Exchange Grant and to the Challenge Grant.

The Chief Executive Officer (COO) is responsible for the daily operations of OHIET, ensuring budget adherence of the organization and of OHIET projects. The COO manages overall efforts in the domain areas and is responsible for the performance of each domain. The COO runs the OHIET office and all internal operations and is the point person for all business activities. Importantly, the COO is the ultimate point person for coordination and assurance of Meaningful Use activities conducted and overseen by OHIET. On this effort, he reports directly to the board of trustees and has specific authorities to ensure smooth and timely execution of work leading to S1 MU compliance and future stages for MU.

Direct reports to the COO include a business analyst who is the key liaison to task forces and consultants conducting project-based work for OHIET, and a grants manager.

The business analyst is responsible to monitor and record work accomplished by teams, assist teams to muster resources required, provide research and analytical skills, and collate results for further synthesis, evaluation and reporting. He is also responsible for storage of raw data, synthesis and analysis of data as required to make data driven recommendations.

The grants manager is responsible for coordination, communication and management of grants that OHIET has been awarded as well as those OHIET may elect to make. The grants manager works closely with the Outreach & Coordination task force, providing support and leadership to the team.

Task forces are set up in each domain area, slightly redefined from the SHIECAP process. They are: Governance, Finance & Legal, Technical Infrastructure, Business & Technical Operations. Two additional task forces have been identified and are Outreach

& Coordination and Stage 1 Meaningful Use. The Outreach & Coordination task force takes on issues pertaining to public awareness, education, grant management, and coordination activities. The Stage 1 Meaningful Use task force includes the leads for work conducted in each key requirement area and deal with issues to ensure the successful execution of programs to meet Stage 1 criteria. All work will be project based. These task forces will be chaired by members of the advisory board and/or trustees and will be supported by OHIET staff and paid consultants.

The board of trustees has the ultimate authority over the conduct and decisions of OHIET. Trustees have elected a chairman (Dr. Roswell), a vice chairwoman (Dr. Alexopoulos) and a treasurer (Mr. Guild) as their officers. These individuals have specified duties for the operations of the board. Trustees are also serving as point persons in several key areas (**Exhibit 5**). The board of trustees, the OHIET staff and the domain teams will each enjoy the support and guidance of the Advisory Board. The board of trustees and the Advisory Board are comprised of individuals donating their time to OHIET.

For additional expertise, OHIET will conduct managed competitions of qualified vendors.

Overhead & Expenses

Fringe for salaried employees is calculated at the rate of 45.1%. This is the rate of OHCA, the interim SDE. It may be possible for OHIET, once operational, to reduce this rate.

Travel allotted includes that anticipated to execute the work of OHIET throughout the state as well as travel required to meet the terms of the SHIECAP initiative, three individuals making four overnight trips to Washington, DC, or elsewhere per year.

Grant Programs

To meet OHIET objectives of:

- Ensuring every Oklahoman benefits from the five 'rights' of HIE; and
- Ensuring every eligible provider has the opportunity to meet Stage 1 Meaningful Use

OHIET is deploying a strategic grant program coupled with outreach and coordination as the primary means of meeting these objectives. OHIET is placing over \$3 million in FY2011 and over \$2 million in FY2012 of our funds toward this end.

Grant strategies include:

- Fill broadband gap: our state ARRA programs will cover approximately 89% of our population. OHIET will provide grants to fund gap strategies to areas that either are part of the 11% remaining without broadband or where the broadband program doesn't reach them in time to meet S1 MU.

- Encourage EHR adoption: the REC has the primary responsibility. Where gaps exist, partner with REC to identify and fund additional REC services.
- Assist HIOs: support rapid cycle planning processes; fund governance, clinical, quality, financial, privacy and technology activities at the local level to help drive standards and adoption.
- Drive HIE adoption: provide vouchers to providers who are otherwise ready for S1MU but have not identified an HIE and require HIE selection prior to a specific date; push information about HIO out to providers.
- eRX assist: partner with Oklahoma Pharmacy Association to identify pharmacies in need of assistance to connect with Surescripts; provide vouchers for training, financial assistance, etc.
- Lab assist: similar program to eRX, as might be necessary. Large regional labs have capability of covering most of the state. The Oklahoma State Health Department just issued an RFP to upgrade their Laboratory Information Management System to be compatible with the state initiatives. OSDH will then be able to share data on lab tests which are sent to the health department.

Product/Service Development

Because OHIET is a “network of networks,” the emphasis of the organization is to provide resources and value in areas that can be leveraged by the local and regional networks. These areas include providing certain technical products and services, education and training of and outreach to multiple and targeted audiences, coordination among varying entities and contracts. Each of these areas is seen as key to OHIET’s success and to fulfillment of the tenets of ONC. This is the basis of the organizational design.

Meeting Stage 1 Meaningful Use and Associated Costs

Costs allocated directly to S1 MU are approximately \$3,683,000 and are primarily in the form of grants, as described above, and outreach, public awareness and coordination activities that complete the strategy to meet S1 MU in Oklahoma. Section 2.5 provides greater detail on these activities.

Forecasted Needs

Forecasted revenue needs begin in FY2011, with a match for federal grant funds of \$470,113. They continue with match obligations in FY2012 of \$853,490. The first three years of OHIET are the “ramp” years when it puts in place its operations and assists the local and regional HIEs in reaching the state HIE goals and Stage 1 MU. It is also FY2012 when this federal grant funding is exhausted. By FY2013, OHIET will require \$2.84mm in revenues to sustain operations and by FY2014 the required revenues for OHIET are anticipated to flatten out well under \$1.9mm per annum.

2.3.2.2. Revenue Sources and Long-Term Sustainability

	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	Totals
Budget	\$610,000	\$5,171,241	\$4,426,103	\$2,843,993	\$1,858,992	\$14,910,329
Federal Funds	\$610,000	\$4,701,128	\$3,572,613	\$0	\$0	\$8,883,741
Required Revenues	\$0	\$470,113	\$853,490	\$2,843,993	\$1,858,992	\$6,026,588

OHIET revenues must equal the total annual sum of federal matching requirements and the cost to sustain programs necessary to carry out the OHIET mission.

OHIET's goal is to remain a very streamlined organization. Major tasks during the Cooperative Agreement Program phase include developing a certification process; managing incentive programs; executing communications, public outreach and awareness campaigns; and developing policies in support of HIE.

Beyond the Cooperative Agreement Program phase, OHIET key tasks, as currently perceived, narrow to focus on certifying and re-certifying HIE/HIOs and continuing policy development in support of HIE.

As a network of networks, OHIET's customers are the existing and upcoming HIOs in the state. Focus is on value added products and services that benefit HIOs by making them accessible and leveraged on a centralized basis and on minimizing costs of both HIOs and OHIET. OHIET works closely with existing HIOs to determine these services and their value. For FY2011, the OHIET match comes roughly from:

\$100,000 reimbursement for Mr. Calabro's time

\$150,000 in kind matching

Balance from revenues for providing credentialing and other services to HIOs.

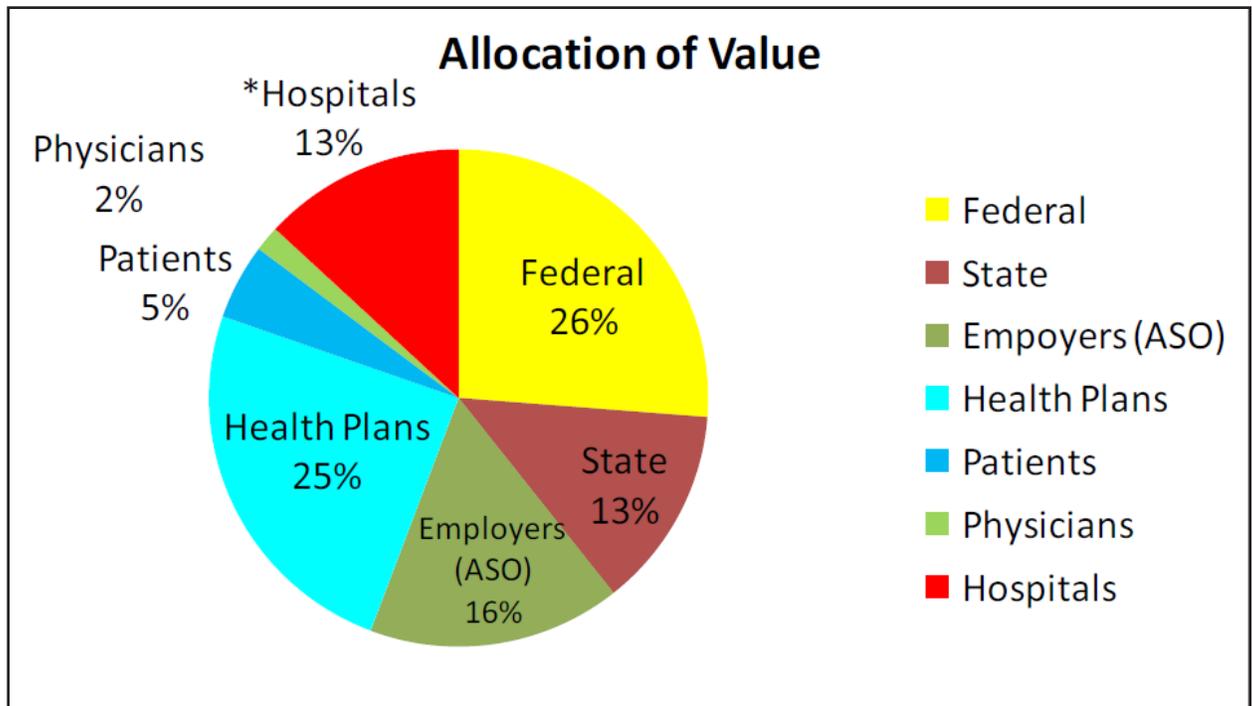
State HIE/HIOs' customer base is as follows. Potential beneficiaries to the HIE system in Oklahoma include:

Total Resident Population of Oklahoma (2008) ⁱ	3,687,050
All Oklahoma Hospitals ⁱⁱ	149
Licensed Nursing Homes ⁱⁱⁱ	325
Rural Health Clinics and FQHC ^{iv}	53
Non Federal Physicians ^v	8,712
Physician Assistants ^{vi}	1,072
Registered Nurses ^{vii}	26,760
Dentists ^{viii}	2,210
Licensed Pharmacies (current - all) ^{ix}	1,610

All Health Related <u>State Agencies</u>	10
County Health Departments	88
DMHSAS Facilities ^x	154
Combination life, health, and medical insurance carriers and Exclusive health and medical insurance carriers ^{xi}	200
Federally Regulated CLIA Labs in Oklahoma ^{xii}	3,213
Permitted X-Ray Tubes (Imaging Facilities)	

Local HIEs look to these sources for fees to their systems.

- i <http://factfinder.census.gov>
- ii http://www.cms.gov/CostReports/02_HospitalCostReport.asp#TopOfPage
- iii <http://www.statehealthfacts.org/profileind.jsp?ind=411&cat=8&rgn=38>
- iv Ibid.
- v Ibid.
- vi Ibid.
- vii Ibid.
- viii Ibid.
- ix <http://lv.pharmacy.state.ok.us/>
- x State Operated and Contracted Mental Health, Substance Abuse and Residential Treatment Facilities; http://www.ok.gov/odmhsas/About_ODMHSAS/
- xi Oklahoma Insurance Department and 2002 Economic Census
- xii https://www.cms.gov/CLIA/20_CLIA_Laboratory_Demographic_Information.asp#TopOfPage



Funding Options

The following tables illustrate the revenue streams contemplated by OHIET.

Exhibit 9: Fees for Service
1. OHIET intends to have the major funding stream be from setting up standards, protocols and policies to ensure the smooth and secure transmission of data from HIO to HIO and beyond state borders for local and regional HIE/HIOs to use. Additionally, OHIET will certify HIE/HIOs to ensure protocols are being met and the safety of patient data and system users. These are the basic elements of the credentialing services OHIET provides.
2. Other value added services to HIO customers include development of products and services that can be used by all such as patient and provider indices, standard contracts, collated and synthesized information for reporting, best practice repository, etc.
3. Electronic Vendor Credentialing provides assurance to the public that vendors have passed state certification processes.
4. OHIET will be an aggregation point for statewide data and analytics including key metrics and data shared by all HIOs. Other products might include benchmarking services, quality rankings, and facility and provider report cards.
5. As the industry matures, OHIET anticipates a transaction-based revenue stream is feasible. This type of fee would be designed in unison with local and regional networks and would be a more efficient and accurate means of assessing fees.

Exhibit 10: Additional Revenue Possibilities
1. Issue Bonds- OHIET has the capability to issue bonds for public need. SB 1373, the legislation that established the trust, specifically includes section 60-176 which allows bonds.
2. Medicaid Incentive Payments- It is possible to require providers who receive payment from Medicaid to contribute to the state HIE plan (RE: Nebraska plan). This would be a one-time source of revenue and could be as much as \$15M.
3. High Risk Pool- The Oklahoma High Risk Pool (OHRP) is run by the OHRP Board of Directors and now has a federal component. The health care reform legislation omits the need for OHRP in 2014. The pool is presently funded by a levy on health insurance plans. OHIET proposes diverting the money that is currently going to fund the high-risk pool to OHIET in 2014, when reform takes place. Studies indicate this to be a viable option as health insurance carriers save the most money from a robust exchange of data. ^{xiii}
4. Patient Portion- legislate a nominal record management fee be assessed for every electronic health care transaction. For Medicaid patients, this fee would be charged to OHCA. This fee is two-fold: It is an attempt to generate nominal income, as well as get patients involved in their own health care. This is not a cost that can be passed on to insurance companies, but actually borne by the patient. The CDC estimates that the average person visits a physician or ambulatory care unit 3.67 times per year. In Oklahoma, that translates into 13.2 million ambulatory visits per year. ^{xiv}

Exhibit 10: Additional Revenue Possibilities

6. Federal Revenue- The trust will seek further grant funding in line with the vision, values and mission of the trust. This has already taken place by the award of the SHIECAP Challenge Grant.
7. Donations- The is capable of accepting private funding and may elect to pursue these in the future.

xiii According to State Health Facts from Kaiser Website health insurers currently pay approximately \$10 million per year to cover losses in the Oklahoma Health Insurance High Risk Pool. <http://statehealthfacts.org/profileind.jsp?cat=7&sub=89&rgn=38>

xiv CDC Ambulatory Medical Care Utilization Estimates for 2006 National Health Statistics Reports Number 8 August 6, 2008

The trust has the latitude to issue bonds, obtain loans or maintain a risk-based contract for services. Revenue bonds are a type of low interest loan; the budget must be confirmed in order to determine how much to borrow. Bonds can cover the entire administration, study, Request for Proposal (RFP) process and most likely will be issued in phases, refinanced, etc. There is no risk as long as a revenue stream is identified.

The OHIET detailed financial report will include the following revenue/cost information:

- Administering and sustaining all aspects of OHIET;
- Revenue models for the initial “ramp phase”;
- Revenue models to address the “mature phase,” which will include a fee-based model with continued adoption of collaboration partners; and
- Create a long-term plan to identify the value-added component or return on investment for beneficiaries of the system that will be readily understood by end-users.

The first OHIET detailed financial plan is due in May 2011.

Variables Impacting the Long-Term Cost of OHIET

The total cost of operating and maintaining the “network of networks” will be dependent upon several variables including:

- The number of transmissions taking place on the system
- The number and size of regional HIEs directly connecting to the network and the number of health data systems outside of the state that want to connect to the network
- The number of different interfaces to disparate systems that must be implemented and the work required to enable data sharing between the disparate providers and state agencies involved in the network
- The cost to cover the gap areas
- The rate of adoption of the regional networks
- Risk mitigation requirements

2.3.2.3. Controls and Reporting

Presently, OHIET's fiscal agent is the OHCA. Once the SDE is transferred to OHIET, we anticipate placing an Inter-Local agreement with the OHCA to remain in this capacity. OHIET requires an external fiscal agent who is adept at cost controls and experienced in financial reporting, in particular in compliance with ARRA requirements. OHCA has stated a willingness to continue its role in the SHIECAP process as OHIET's fiscal agent. This would facilitate transfer of records and funding to the new organization, while maintaining continuity in the historical content and knowledge of funding and reporting to date.

Updated budget approvals for FY2011 occur in the March/April 2011 time frame. Further, the board is to receive detailed financial plans for OHIET for review and discussion in July each year. Also in each July, the board is to make final approval of the upcoming fiscal year's budget.

The board intends to approve a qualified bidders list for accounting and auditing firms in April 2011 and on-board the successful firms in the May/June 2011 period. Approval of controls and reporting policies will take place at the June 2011 board meeting.

OHIET intends to use generally accepted accounting principles to prepare, present and report financial statements. Financial reports on the operational activities of OHIET and the progress of implementation based on the established timeline are provided monthly at the regularly scheduled trustee meetings.

The OHIET board of trustees is responsible for ensuring that appropriate financial controls are in place and that all relevant Office of Management and Budget circulars are addressed pertaining to potential funding under the SHIECAP. The board of trustees will also provide oversight in the completion of reports due to Office of the National Coordinator (ONC) as it relates to the progress of the statewide HIE and use of any funding. Mr. Sam Guild, the Treasurer of the OHIET Board, leads this effort on behalf of the trustees.

In addition, the trust will operate and account for its activities according to the OMB Circular A-122 and Circular A-133 which dictates that an independent audit be performed to certify that the financial policies, procedures and controls are maintained in compliance with generally accepted accounting principles (GAAP) and relevant OMB guidelines. The trust will serve as a single point of contact to submit progress and spending reports periodically to ONC.

Internally, the COO will be responsible for daily oversight of cost and financial controls, with the assistance of external consulting. Audit and accounting services will be procured to assist the organization in these tasks, as well as payroll, tax compliance and other standard accounting procedures.

OHIET is a public trust and operates under the Open Meeting Act of Oklahoma. Documents will be filed in compliance with this act.

2.3.3.4. Procurement and Contracting

As a public trust, OHIET has contracting and procurement requirements specific to this legal structure. OHIET endeavors to obtain the best and most cost effective measures that will ultimately accrue to its beneficiaries, the state of Oklahoma and its citizenry.

OHIET intends to approve procurement and contracting policies and to adopt its first contracts in April 2011. This timing is to immediately follow the successful transfer of SDE from OHCA to OHIET. At that time, various vendor lists are to be approved and the procurement processes commence to hire professionals and consultants in accounting, auditing, public relations and marketing and possibly others.

OHIET legal counsel, Crowe & Dunlevy, is presently drafting the procurement policies and providing recommendations regarding the applicability of or need for compliance with the Oklahoma Central Purchasing Act, other Oklahoma statutes related to purchasing and contracting (including the requirements of 62 O.S. § 34.11.1 related to technology contracts), and the feasibility of OHIET using Oklahoma's statewide contracts and other entities' contracts, such as General Services Administration (GSA), and cooperative agreements such as Western States Contracting Alliance (WSCA) or U.S. communities. The Oklahoma Attorney General in the former administration was consulted on these issues and counsel will seek similar advice from the new Attorney General. They are also drafting standard OHIET contracts for Inter-Local, consulting and employee agreements.

Purchasing/Contracting Operations

OHIET may elect to contract with another agency or organization to assist in initial procurement processes. Procurement policies to be adopted include:

- Process for contract approvals
- Purchasing procedures and responsible personnel
- Accountability and transparency
- Compliance with state and local laws and reporting requirements.

Where possible, OHIET will leverage contracts and processes from other entities, such as the Oklahoma Department of Central Services, will use a market-based procurement approach tailored to the services/products sought including state contract, competitive bids or other. Further, OHIET is obligated to follow state laws for public trusts in connection with certain procurement activities. OHIET will establish guidelines for the use of evaluation and recommendation committees in the evaluation and award process. Membership of such committees may be taken from the representative members of the OHIET Advisory Board or, other subject-matter experts may be designated, depending on the requirements of a particular procurement.

Purchasing Procedures

Authorization and Approval Procedures

Purchasing procedures fully define approval processes and authorized individual(s) to plan, conduct and approve procurements and contracts. This includes provisions to delegate authority on a permanent or interim basis.

Accountability Procedures

Procedures include guidance related to confidentiality of bids, authorized communication with potential bidders, treatment of confidential information submitted with bids and potential conflicts of interest. This includes full disclosure of all relationships between any vendors and any individual(s) associated with OHIET that are involved in the development, evaluation and/or approval of any contracts or solicitations.

Procurement Planning/Specification Development Procedures

Solicitations issued by OHIET are written to encourage full and open competition, except as may be otherwise provided by OHIET purchasing procedures and in accordance with applicable statutes, regulations and policies. Consultants assisting in the development of a solicitation are prohibited from competing for the resulting contract(s), irrespective of whether these services were provided at no cost.

Contractor Selection Procedures

OHIET has determined amounts for small purchases, which may be made on an open market basis without competitive solicitation and will also adopt procedures defining “emergency,” “sole source,” and other conditions where competition may be waived or limited, including a definition of the condition, who has the authority to authorize the purchase, documentation requirements and any reporting/notification requirements. Trustees have granted spending level limits to the ExDir and dictated terms for spending.

OHIET will adopt procedures to govern the use of the RFP and Invitation to Bid processes, including notification to vendors; receipt and opening of bids; and rejection of bids. Additional procedures will be written to establish requirements for the documentation to support decisions and determinations, including determinations of responsibility, responsiveness, rejection of bids, and/or acceptance of alternate bids. Written procedures also define the roles and responsibilities of evaluation committees. Procedures encourage the use of negotiation whenever possible, defining conditions for use of negotiation and documentation related to the negotiation process.

Purchasing procedures address process and procedures for the distribution of funds to sub-contractors under federal awards, including incorporation of any “pass-through” requirements to subcontractors. Procedures provide guidance regarding any approval

requirements for use of subcontractors and identification of the prime contractor as the entity with ultimate responsibility for the performance of and payment to any subcontractors.

Purchasing procedures address maintenance and use of vendor lists addressing such questions as qualification and registration requirements and procedures, retention and disbarment.

Administrative Procedures

Procedures define requirements for retention of acquisition records, disclosure of acquisition records and required reporting related to acquisitions in accordance with all applicable laws and conditions.

Standard Terms and Conditions

Purchase procedures include provisions for the development, use and maintenance of standardized general and special terms and conditions for use in OHIET contracts, as well as processes for review and approval of non-standard terms and vendor-provided contracts.

Contract Administration

Purchasing procedures developed for OHIET address the receiving process for goods and services, including inspection, testing and acceptance of deliverables, as well as the ongoing monitoring and administration of contracts, including dispute resolution and evaluation of contractor performance.

2.3.3. Technical Infrastructure

Technical Infrastructure goals include:

Technical Infrastructure		
#	Goal	Status
1	Publish technical infrastructure strategy for HIE coverage throughout Oklahoma	Apr-11
2	Determine 'as is' status of critical componets for S1 MU	Ongoing
3	Identify interface of technologies, architecture and security & policy	Jun-11
4	Develop guidelines for technical and technological content for evaluation	Jun-11
5	Deliver recommendations for state level shared services and repositories	Apr-11

2.3.3.1. Standards and Certifications

Interoperability Standards

The Direct Project (DIRECT) and ONC established a core set of standards for interoperability. Oklahoma providers, payors and other stakeholders struggle to exchange data in standard formats other than those administrative transactions required by Health Insurance Portability and Accountability Act (HIPAA). OHIET advocates interoperability standards at the minimum levels established by ONC and DIRECT, thereby minimizing costs associated with handling multiple formats and interface specifications and propelling adoption rates in the near term.

'DIRECT' Connectivity

OHIET's interoperability strategy is to define connectivity protocols to link regional HIOs and ancillary services. There are HIOs that prefer to link directly to national networks as is the case with IHS. To any extent possible, Oklahoma would like to use DIRECT facilities to link to such organizations.

Further, for providers and users that need remote access, OHIET members SMRTNET and GTHAN are currently modeling and testing solutions with DIRECT to bring HIE facility to them. Both GTHAN and SMRTNET are 501.c.3 organizations. Medical facilities will have a certain comfort level joining with a 501.c.3. The OHCA, the state Medicaid agency, is launching this spring the Open HIO project. Medical facilities will have a certain comfort level joining with the Medicaid program. With both types of private and public organizations, 501.c.3 and state agency, these organizations will help foster adoption and gives the medical community three varieties of organizations to join and facilitate HIE.

Bluelined plans for connectivity incorporate DIRECT in cases such as the above referenced as well as for connectivity across state borders. 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 DIRECT. DIRECT connectivity will be prioritized as the national effort moves forward. DIRECT connectivity will also be included as criteria for credentialing regional HIE/HIOs.

HIE Certification

Certification criteria is presently under study by the Governance task force of the advisory board. The task is to define HIO, HIE and describe the varying levels or categories of each, along with definable characteristics. This work leads directly to certification and credentialing criteria and evaluation procedures and set up. The Technical Infrastructure task force has the job of describing technical requirements, procedures and protocols associated with each category of HIE/HIO. All is at the crux of OHIET's key business and sustainability model.

2.3.3.2 Technical Architecture

Oklahoma currently has several regional HIE initiatives in varying stages of implementation. HIO interface definition and the plan to achieve are key deliverables by the Technical Architecture task force and are due for board approval in June 2011. HIO interface allows these organizations to link securely with each other, state agencies and other stakeholders in a statewide federated exchange of information as well as nationally, incorporating DIRECT and other exchanges. The “network of networks” model provides regional and community efforts statewide access to clinical health data.

2.3.3.3. Security and Privacy

OHIET seeks to adopt comprehensive security and privacy policies for electronic health information transmission to be used and shared by all HIOs throughout the state. At present, this task is being undertaken by an advisory board task force led by Robn Green of the Oklahoma State Department of Health and the chairperson of the Oklahoma HISPC. Several state and national best practices are being researched and studied for applicability to OHIET. Recommendations to the board of trustees from this group will be made in May 2011.

2.3.3.4. Technology Deployment

The first task of the statewide HIE deployment is to insure providers can meet Meaningful Use criteria in Oklahoma. One task is to determine a plan for a statewide Master Patient Index (MPI), Provider Directory, Record-Level Sharing (RLS) and connectivity for existing networks. OHIET’s role is to ensure the development and centralized availability of these state assets. A big opportunity has availed itself from the Health Benefits Exchange Grant (HBX) award which includes development of these and other services. OHIET is collaborating with OHCA on the scope and schedule for this development through HBX. A plan for shared services and repositories is scheduled for board review in June 2011.

To meet the other tenets of the S1MU program, the Technical Infrastructure task force is completing the gap analysis of services in e-prescribing, exchange of structured lab data and clinical patient care summaries. This information is due in March 2011. The task force is part of the S1 MU team and provides plans and feasibility to the attainment process.

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. 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.

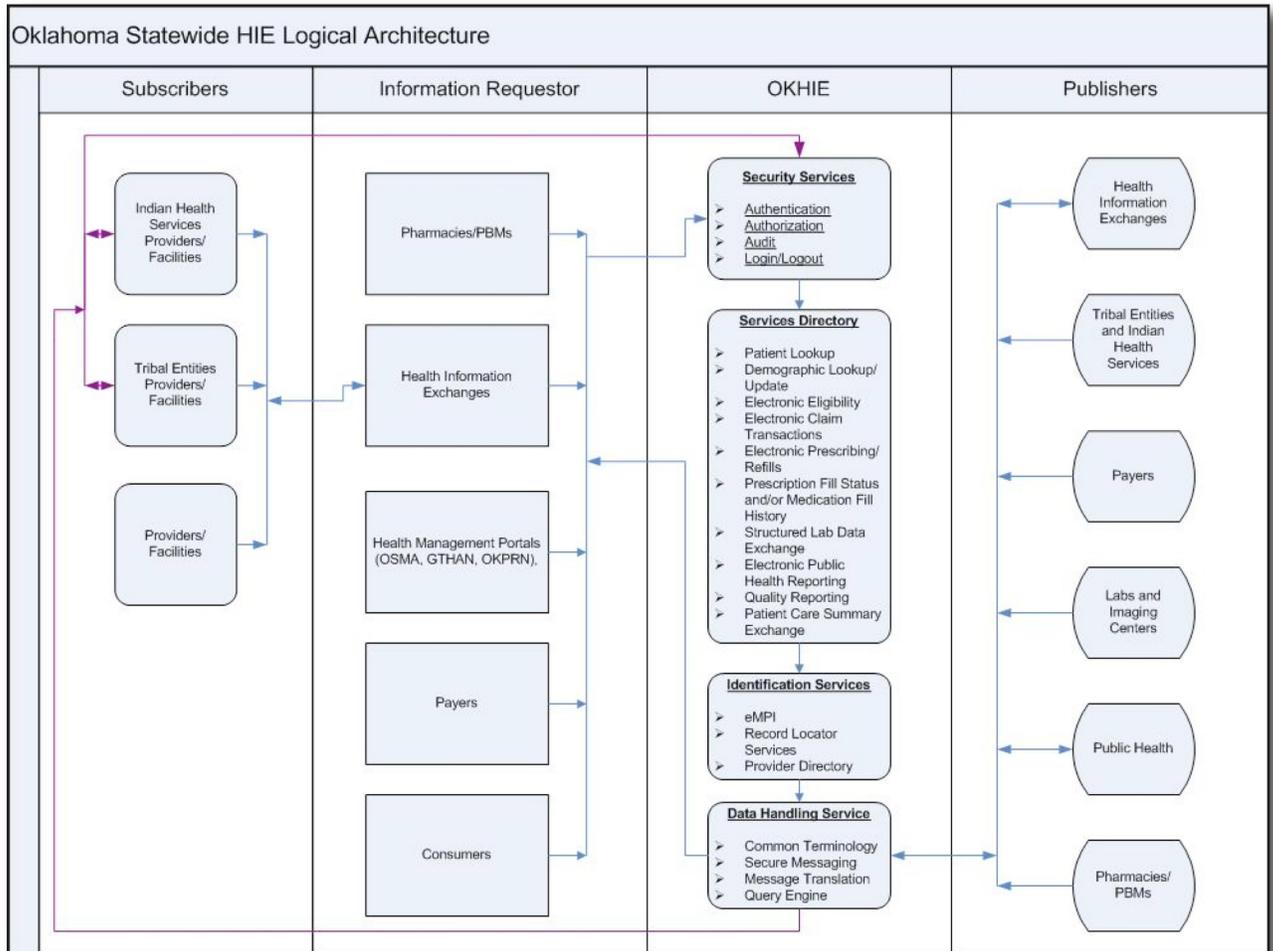


Exhibit 11: Oklahoma Statewide HIE Logical Architecture

Exhibit 11 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 claim transactions, eligibility checking and quality reporting. OHIET will facilitate connections with the payors and state agencies for these functions.

2.3.4. Business and Technical Operations

Business and Technical Operations goals include:

Business & Technical Operations		
#	Goal	Status
1	Develop overall plan for HIE coverage throughout the state	In progress
2	Drive to completion FY2011 plan to meet S1MU	In progress
3	Create report templates for OHIET data	May-11
4	Collate, analyze and report out OHIET outcomes	Ongoing
5	Develop plan for data/best practice exchange Intra/Inter state	Apr-11
6	Set up meeting schedule for collaborative efforts	Apr-11
7	Oversee development of state level shared services and repositories	TBD
8	Develop OHIET standard operating procedures	Jun-11
9	Keep trustees informed of progress toward goals	Ongoing
10	Develop Communications, Education and Marketing plans to targeted stakeholders CEM plan	In progress
11	Develop and implement grant programs	TBD
12	Ensure consistent brand and identity for OHIET	TBD

2.3.4.1. Current HIE Capacities

Regional HIOs

Connecting regional HIEs and health systems is a priority. An evaluation by the trust to determine extent and capabilities of existing HIE systems, other telecommunications and information networks has completed. A key take-away is that expanding and leveraging legacy and planned infrastructure will be more efficient and more welcomed by those entities that have made significant investments than imposing a top-down, possibly redundant system.

As described in the OHIET Strategic Plan, a few, sophisticated HIOs are presently serving wide expanses of Oklahoma. The Oklahoma Beacon Community, Greater Tulsa Health Access Network (GTHAN) is rapidly coming on-stream and will provide connectivity, new services and best practices for the greater Tulsa region and up to 35% of Oklahoma's population. These are is a strong, well-organized and professionally led group of entities. OHIET's success is linked to providing enhanced capabilities and leveraged resources to these organizations and those yet identified but waiting in the wings.

The Business & Technical Operations task force is charged with developing the overall plan to cover the state with a comprehensive HIE system. OHIET will drive to completion the elements of this plan, leading with ensuring all eligible providers in the state meet Stage 1 Meaningful Use by end FY2011.

Further information is required to tighten plans for S1 MU. This information will go into plans in progress in mid-March 2011. From there, the S1 MU action plans (detailed in Section 2.5 of this document) begin in earnest.

Oklahoma's broadband 'as is' state is described in Section 2.2.1.7. One existing telecommunication and information network already built and operational is the Oklahoma OneNet system. OneNet began in 1992 with a statewide capital bond issue that provided \$14 million for the implementation of a statewide telecommunications network.

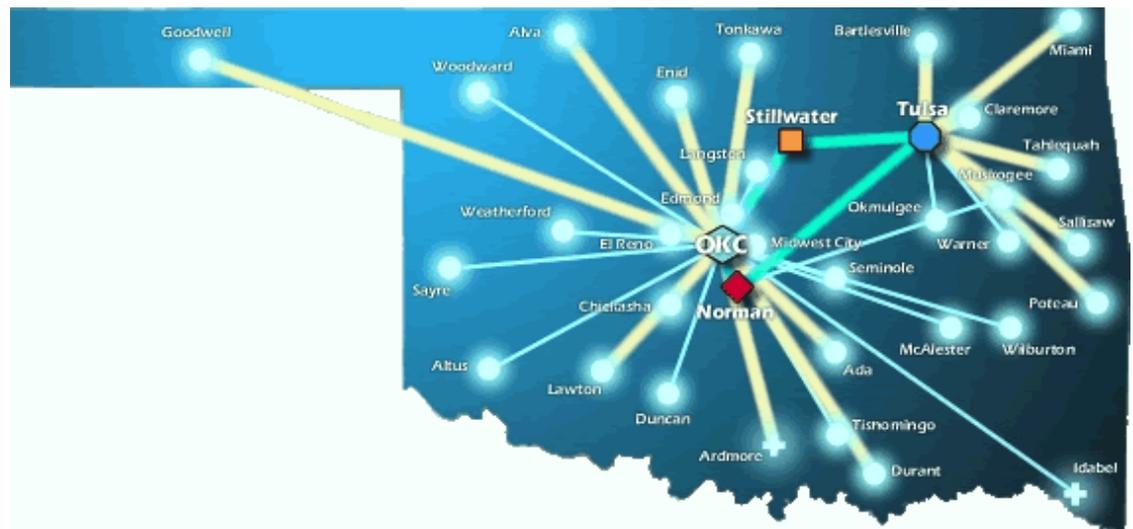
OneNet provides high-speed communications to a variety of Oklahoma entities such as: public and vocational-technical schools; colleges and universities; public libraries; local, tribal, state and federal governments; court systems; rural health care delivery systems; and programs engaged in research. When coupled with the state's ARRA funding for broadband expansion, the network reaches almost 90% of Oklahoma's citizens.

Locating Regional HIE Sites

The number and location of regional network sites and access fees will dictate costs associated with connectivity and data movement among providers. As an example, the following map is of the Oklahoma OneNet network.

OneNet hub sites house equipment and link users to a network, reduce connection distances and line charges and create equitable pricing, regardless of location.

OneNet has 42 hub sites providing the framework for the state's integrated telecommunications network. Hub sites are located on campuses of the state system of higher education and at several area career and technology centers.



OneNet Map: Example of Existing Regional Site Locations

According to the OneNet website, every OneNet hub site is served by a full DS-3 telecommunication circuit, includes its own SUN computer system, local bank of modems and Cisco high-performance data router.

Some of the services offered by OneNet include:

- Discounted telecommunications equipment
- Free technical support
- Support provided via toll-free number and e-mail
- Electronic databases

Storing Data and Insuring Privacy

Currently, there is no set pattern for security and privacy provisions amongst existing HIEs. The movement of data is just one issue. Another issue needing examination and evaluation related to financing will be where data is to be stored so that it can be moved from one provider to another. OHIET policies will govern both the storage criteria as well as transmission of data from HIO to HIO and beyond state borders.

2.3.4.2. State Level Shared Services and Repositories

Several opportunities to share state level services and repositories currently exist. The aforementioned OneNet and the state's Immunization Registry are two examples of where Oklahoma has a head start. OHIET services include assurance of development, equal access and universality of services that benefit HIOs by centralization.

The Health Benefits Exchange Grant, recently received by the OHCA, affords development of many services and repositories deemed suitable for centralized distribution. They may include MPI and eMPI, terminology, security models, licensing and credentialing a full spectrum of providers and repositories such as the Bureau of Narcotics and Dangerous Drugs (BNDD), among others.

The Technical Infrastructure domain task force works closely with the Business & Technical Operations domain task force to evaluate the right approach to shared services identified as right for central development/distribution. Plans and return on investment are in process for the following possible shared services:

- eMPI
- Provider directory
- Statewide Surescripts agreement
- Record locator service
- Privacy and security framework maintenance
- Immunizations registry

Care will be taken in these evaluations to prioritize services that are of greatest value, to determine services can be properly governed centrally, and to avoid duplication of efforts already undertaken by regional HIOs.

OHIET is working with OHCA and other state payors on the best path forward for the state providers and HIOs. A plan for shared service development is slotted for review and approval by OHIET's board at the May 2011 board meeting.

2.3.4.3. Standard Operating Procedures for HIE

Standards Adoption

OHIET bylaws (**Appendix 3.4**) establish the trust as the standard-setting body for the statewide 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.

Operating Standards

OHIET policies, where available, will dictate procedures such as for procurement, contracts, records keeping, etc. Standard operating procedures for daily OHIET operations are slated for adoption by OHIET trustees at the June 2011 board meeting.

2.3.4.4. Communications, Education and Marketing (CEM)

CEM goals and objectives are to inform and raise the awareness of consumers and the health community about the benefits of HIT and HIE through the following activities:

- 1. *Design a comprehensive HIE communication and educational program.***
 - a. Garner information that would be critical to message development through stakeholder meetings, town halls, surveys and focus groups within 90 days of OHIET assuming responsibilities.
 - b. Develop and deploy messages to a broad spectrum of prioritized stakeholders through community partners within six months of receiving the results of the stakeholder input.
 - c. Develop measures to evaluate the success of the initial communications and education campaign within six months of receiving the results of the stakeholder input.
 - d. Develop and implement a continuous quality improvement plan after six months into the campaign.
 - e. The trust will develop and deploy targeted messaging to enhance public transparency regarding uses of protected health information maintained by HIEs.

2. *Implement an ongoing marketing program to engage consumers and the health community in the adoption and use of HIE services.*

- a. Once the Strategic and Operational Plans are approved by the ONC, marketing strategies and tools will be immediately developed to begin communicating the benefits to target stakeholders that are most likely to help capitalize HIE.
- b. A marketing strategy and tools will be designed that target stakeholders who are most likely to contribute to the sustainability of the HIE.

Communications and Education Messaging Plans

The communications and education plans for OHIET are work plans that detail all the communication and education needs/topics, audiences, coordinator for each topic, medium and delivery methods, resources needed, frequency and timing of messages and expected results throughout the planning and implementation phases of the state HIE and the Medicaid HIT Incentive Program to ensure the right stakeholders get the right message, the right way, at the right time. OHIET will coordinate and collaborate with other ARRA programs in Oklahoma, like the REC and Beacon, in the area of communications and education to share and coordinate resources where it makes sense and to ensure the promotion of HIT adoption and HIE among providers.

Prioritization of audiences: hospitals and health care professionals, such as physicians who are eligible for the Medicare and/or Medicaid HIT incentive payments and patients have an immediate and ongoing need to know what is happening with regard to HIE statewide. Other audiences will need to know only when information is relevant to them and their particular situation.

The messages must be developed with input from the various committees and address all five HIE domains: governance, finance, policy and legal, technical infrastructure and services and business and technical operations. How to deliver and channel the messages will vary depending on the target audience. For example, HIT and HIE education and information for patients could be managed at the clinics and hospitals, similar to the way information about HIPAA was managed. Selected media will also be helpful in communicating to various audiences at proper times in the process. Answering the questions, what is the BENEFIT to ME and COST will be important for all audiences.

Branding and Message Mapping

Branding for the SDE and HIEs will be important to associate the symbol of HIT/HIE with reliability and trust. This branding needs to be integrated with all of the related OHIET programs.

Message mapping will be developed for each target group to assure the messages are focused and consistent, regardless of the channel used to provide the information. Message maps are sets of organized statements or messages that address certain topics or concerns. Each map identifies up to three unique messages that address a specific topic or issue. Several layered message maps may address each topic or issue.

Message maps will be developed as a specialized tool for communicating effectively in high-stress, high-concern or emotionally charged situations. A message map provides multiple benefits. It provides a handy reference for spokespersons who must respond to questions on topics requiring timeliness and accuracy. Multiple spokespersons can work from the same message map to ensure the rapid dissemination of consistent and core messages across multiple communication outlets. Message maps provide a unifying framework for disseminating information on various issues.

Feedback and Measuring Effectiveness

Feedback is key to ensuring the ongoing effectiveness of communications. In addition to determining whether people feel the communicators are doing a credible job, feedback will focus on finding the answers to a series of questions, for example, whether people:

- Understand the benefit of the HIE;
- Feel they have been involved in what is happening;
- Feel they have had a chance to voice their opinions;
- Feel their questions have been answered;
- Feel they have been appreciated for their participation

As well as gathering other qualitative data that will be ultimate indicators of the success of HIE such as “How has the information provided to you here and in the HIE contributed to your care?”

Some of the methods and options that may be used to measure effectiveness include:

- A basic competency tool for key stakeholders could be developed using web-based technology that would identify key HIT and HIE topics. The end-users of the competency tool will self-assess skills and understanding of key HIT and HIE topics based on a competency range of “1 to 4,” where “1” is no knowledge of a particular subject area and “4” is extensive knowledge and understanding of a subject area. The self-assessments would cross a variety of OHIET technology issues and concerns. Once the baseline information is developed, again using web-based technology, specific web-cast trainings to target specific areas or groups could be developed. By developing an initial baseline competency assessment with follow-up training, including pre- and post-testing, the OHIET Communications Committee can address concerns related to building awareness and targeting key stakeholders of varying degrees of competency.
- Town hall meetings and focus groups may be used to develop and test targeted messages and to evaluate effectiveness.
- Surveys may be used to evaluate the effectiveness of messages to specific target groups.

By evaluating feedback on an ongoing basis, continuous quality improvement methods can be applied to the messages and the methods of delivery to assure effective communication, education and marketing.

Marketing HIE Services

Elements of marketing will include:

- Defining sales goals and strategic objectives
- Conducting market research and performing an industry analysis (strengths, weaknesses, opportunities and threats (SWOT))
- Performing a target audience analysis
- Defining strategies and tactics, including positioning, general strategies and marketing mix (products, pricing, distribution, promotion)
- Developing projections
- Performing a budget and a financial analysis
- Developing performance measurements and performing an evaluation

Designated Spokesperson

One individual should be designated as the primary spokesperson to represent the SDE. This individual will be responsible for making official statements and answering media questions. A back-up to the designated spokesperson should also be identified to fill the position in the event the primary spokesperson is unavailable.

In addition to the primary spokesperson and the backup spokesperson, individuals who will serve as technical experts or advisors should be designated. These resources might include a financial expert, a leader in the community, clinician, public health official, security expert, etc.

It is important to establish in advance the basic approach and core messages. These messages should be developed with in collaboration with our HIE and other partners (REC and agencies) to develop 'one voice' for HIE. The Advisory Board sub-committee on communications will be very important to bring in the perspectives of key user groups.

It is also important to hold media training for any identified spokesperson in order to prepare the individual on how to interact with the media.

While one individual should be designated as the primary spokesperson, it is important to plan for the larger effort needed to create and disseminate the core messages conveyed by the designated spokesperson. There should be one designated communication management lead, directing and coordinating all aspects of the organization's response, including managing the messages and the media. He or she will work closely with the spokesperson to provide scheduling support and ensure the appropriate talking points have been developed. In some cases, particularly in the event of a "small crisis," the communication management lead may act as the designated spokesperson. At other times, the jobs may be divided to facilitate efficient handling of the situation.

2.3.5. Legal / Policy

Legal and Policy goals include:

Legal/Policy		
#	Goal	Status
1	Develop OHIET form and structure	Complete
2	Oversee legislative processes	Complete
3	Promulgate policies and procedures to foster data exchange	In progress
4	Develop trust agreements to enable secure flow of information	In progress
5	Ensure adherence to other federal laws that may exist for various participants such as VA, DoD, IHS, etc.	In progress
6	Identify approach to acts of non-compliance with federal and state laws and other HIE policies	TBD
7	Describe plans for privacy and security statewide and consistency with other states	In progress

2.3.5.1. Establish Requirements

OHIET fosters compliance with applicable federal and state privacy law and health information exchange policy requirements, such as Meaningful Use, through expressly requiring exchange participants to adhere to such objectives under the OHIET trust agreements. OHIET anticipates utilizing the Advisory Board created pursuant to its enabling legislation and/or retaining outside experts to study ongoing developments and evolutions in federal and state privacy laws and regulations for the purpose of advising OHIET on how it should implement such changes via either promulgation of policies and procedures or application under the trust agreements. OHIET will rely upon trust agreements with exchange participants and will potentially recommend best practices or promulgate additional policies and procedures in order to provide oversight and ensure participants' compliance with state and federal law.

2.3.5.2. Privacy and Security Harmonization

The Oklahoma Health Information Exchange Act harmonized federal and state privacy law on a statewide basis via the Oklahoma Standard Authorization Form (**Appendix 3.10**), which the Oklahoma Department of Health promulgated pursuant to the Act. The form incorporates the HIPAA requirements for an authorization for release of protected health information and, along with corresponding patient and provider instructions, expressly states instances in which authorization for release is necessary under federal and Oklahoma state law. OHIET anticipates using the form and its related instructions as the recommended manner for exchange participants to conduct exchange in instances where patient authorization is required under federal or state law.

2.3.5.3. Federal Requirements

Because of Oklahoma's high concentration of military installations, Veterans Affairs and Oklahoma State Veterans health care facilities, and IHS facilities, there is a high level of interest in collaborating with these entities to promote HIE. This is essential because beneficiaries treated through these federal facilities also receive care in non-federal facilities throughout Oklahoma. While initial discussions have taken place with many of these facilities, an agreement on how to accomplish this objective has not yet been reached. It is anticipated the initial emphasis will be on coordination and exchange with IHS facilities, with eventual expansion to include coordination and exchange with other federal facilities as the Department of Defense and the Department of Veterans Affairs develops its agency specific protocols for data sharing.

2.4. Issues, Risks and Dependencies

Several issues, risks and dependencies are inherent to this plan, as shown below.

Risk: Sustainability

Although the American Recovery and Reinvestment Act of 2009 (ARRA) funding is quite generous, OHIET is a new organization conducting an unproven business and there is a risk of insufficient capital. It is possible that costs to operate this business will rise; that the uptake of important constituents to these technologies will not happen at the pace predicted; that funds from the public sector (state and local funds) will not be available. Should a combination of these and other risks arise, it is possible that OHIET will not be sustained as a viable business.

Mitigation strategy:

OHIET will take great care to ensure the sustainability plan is realistic. It will continue to engage potential customers in development of the value-added activities it provides; it will closely collaborate with the Regional Extension Center (REC), the Oklahoma Health Care Authority (OHCA), Oklahoma's regional health information organizations, and others on the outreach to eligible providers throughout the state with public awareness messages, training, seminars, etc.

OHIET is considering a host of alternative revenue streams including the possibilities of issuing bonds or raising money in the capital markets or through donations. These strategies fed into the decision to organize OHIET as a public trust to avail such alternatives to the organization.

Risk: Personnel

It is possible that OHIET will require more than 4.0 full-time employees (FTEs) to run this organization or that it might not secure precisely the talent identified in this plan. There is much talent with the qualifications desired in Oklahoma, but until it is secured for OHIET, it is possible it will get swept away to another state's HIE program.

Mitigation strategy:

Governor Henry appointed John Calabro as the State Coordinator for Health Information Technology prior to his leaving office and, by doing so, secured the executive director for OHIET. OHIET is working at pace to meet the ONC requirements to transfer SDE to the organization. Once complete, OHIET will move aggressively to hire permanent staff. Now, position descriptions are being written and incorporated into a staffing plan for trustee approval in April 2011.

Risk: Failure of Key Partner

OHIET is dependent upon the regional and local Health Information Organizations (HIOs). As a “network of networks,” these HIOs are responsible for the direct connection with patients and healthcare providers and are integral to the successful operation of the statewide network. Many are geographically defined. Should one of these partners fail, meeting OHIET and ONC goals would be seriously jeopardized.

Mitigation strategy:

OHIET is in the process of developing several plans that will provide safety factors and contingency plans for this possibility. In areas where there are no service options readily available, OHIET’s plans will offer paths to redundancy. Additionally, this sort of catastrophic failure is considered in the credentialing criteria and guidelines for networks. Should a failure such as this occur, OHIET will have approved plans in place to overcome it.

Risk: Duplicative Effort and Wasteful Spending

Risk of duplicated efforts with these entities is also present. Without clear communications and the will to collaborate, the risk of spending capital and other resources on duplicated services and technology by several entities is high.

Mitigation strategy:

OHIET has set up ongoing communications with regional HIOs. Major HIOs are represented on both OHIET boards of trustees and advisors. Regular meetings are planned with technical leads of these organizations. OHIET’s intention is to work with the HIOs and add value to what is planned or exists already. OHIET’s success is dependent upon the success of HIOs. Coordination of and collaboration with these entities is of primary importance to the success of OHIET.

Risk: Component Failure

OHIET strategies for interoperability and connectivity rely upon exogenous development of services such as DIRECT. Should DIRECT not keep pace with state needs of interoperability, it could mean failure to meet S1 MU criteria and other goals.

Mitigation strategy:

OHIET’s back up plan is to design for use of existing systems such as SMRTNET for remote access, and Connect for organizations such as IHS.

Risk: Broadband Access

OHIET is dependent upon sufficient broadband access being available throughout the state. At present, the disparity in broadband infrastructure between the urban and rural areas of Oklahoma is

problematic as bandwidth is unavailable or unaffordable. OHIET stakeholders from the rural areas voice the issue of bandwidth and cost as a bottleneck to achieving statewide interoperability.

Mitigation strategy:

OHIET will monitor all impediments to access HIE systems and address these issues. OIHET will work with the REC and others in considering promotion of products and services that can make access available to all participants, while also dovetailing with (and even enhancing) workflows.

Oklahoma has received several large grants to provide broadband access to the far reaches of the state. Up to 89% of Oklahoma population will be reached by the state’s ARRA funding for broadband. Further, OHIET member SMRTNET has in operation a solution for remote, off line access. Mark Jones, founder of SMRTNET and OHIET advisory board member, is the point person to remedy this situation on behalf of OHIET.

Risk: Antiquated Legacy Technologies

There is a risk of antiquated or obsolete technologies as the development of technologies and products addressing health information and the changing health care platforms rapidly evolve. Previous technology investments can easily be rendered obsolete and result in a wasted investment by providers. This could also prohibit providers from an ability to make additional investments – investments required to meet Meaningful Use criteria.

Mitigation strategy:

OHIET will make timely recommendations on product and services to assist in certification. These will be made available on the OHIET website as well as in “pushed” market information.

2.5. Plan for Stage 1 Meaningful Use Compliance

The following tables illustrate OHIET’s approach to meeting S1MU criteria in FY2011. Teams form around the key elements of S1MU. Our point people in each area are:

Area	Point Person
E-prescribing	Jim Spoon
Labs	Rick Snyder
CCD	Dennis Carter
Health Plans	Bill Hancock
Remote Access	Mark Jones

Funds budgeted for each effort include allocations for incentive and grant programs, promotions and outreach, curricula development and training, and development of policies and services that directly allow the uptake of HIE by eligible providers. Activities and budgeted funds for each are shown in the following tables.

OHIET’s action plans in each area are summarized as follows:

E-prescribing available to all eligible providers			
Element:	Gap Recognized	Strategy	Actions
	<p>1. There are approx 25% pharmacies in the state that do not have e-prescribing facilities.</p> <p>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</p>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
			<p>Actors</p> <ul style="list-style-type: none"> OHNET/OPA/REC/OSMA OHNET/OPA/REC/OSMA OHCA/Surescripts/Payors
			<p>Budget</p> <p>\$918,000</p>

Receipt of structured lab results available to all eligible providers			
Element:	Gap Recognized	Strategy	Actions
	<p>1. The large labs are in compliance. For the smaller labs, especially those associated with rural providers, it is unknown.</p> <p>2. Rewards for MU are not as apparent for labs</p>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 OHNET and HL7 lab reporting standards; work with private payors to develop same
			<p>Actors</p> <ul style="list-style-type: none"> OHNET/Labs/Payors OHNET/REC/HIOS OHNET/OHCA/Payors
			<p>Budget</p> <p>\$718,000</p>

Sharing patient care summaries across unaffiliated organizations available to all eligible providers					
Element:	Gap Recognized	Strategy	Actions	Actors	Budget
	<p>1. Sharing patient care summaries will require HIE connectivity to hospitals and EP's. Less than 5% of EP's are live with HIE.</p> <p>2. HIE Networks will need to share and combine CCD's to EP's on other HIE networks.</p> <p>3. EMPI and Provider Registries will be a rate limiting factor of cross connections</p> <p>4. HIPAA and HITECH Implications of internetwork connections.</p>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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. Asses 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. 	<ul style="list-style-type: none"> OHIET REC Agencies Existing Networks New Networks EP's Medical Associations 	\$718,000

Ensuring broadband access availability					
Element:	Gap Recognized	Strategy	Actions	Actors	Budget
	<p>1. 36% hospitals report no access to broadband</p> <p>2. Disparity of access to broadband between rural and urban parts of state</p>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> OHIET/OCAN/OSU/Sec'y of State OHIET/REC/HIOs OHIET/Vendor community 	\$788,000

Promoting effective use by all eligible providers					
Element:	Gap Recognized	Strategy	Actions	Actors	Budget
	<p>1. 23% of rural and 54% of urban hospitals have EMR</p> <p>2. 47% of non-hospital professionals have EHR</p>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> OHIET/HIOs/vendors OHIET/REC/HIOs/Univ/Trainers OHIET/REC/legislators 	\$541,000

A contingency plan for S1 MU follows.

Short Term: Meeting stage 1 MU in 2011/2012		
MU Rqrmnt	Service or ongoing activity available	Contingency plan
Network access	State broadband access program slated to cover 88% of the state within 3 years.	Select and implement technologies that can be accessed via a 56.6K modem connection such as the web-based HIE's currently available in OK.
Certified EHR	Regional Extension Center working actively on this. Once PCP targets are met, specialists and other provider groups will be the focus.	EHRc access and Cloud EHR access from HIEs
Health Information Exchange (structured information exchanged)	Both GTHAN and SMRTNET are able to enroll providers from any location in the state.	Both GTHAN and SMRTNET are accessible via a web browser and modem connection. In addition, both HIEs can accept structured data feeds via sFTP on modem speed connections.
ePrescribing	Most eligible providers will prefer to eRX within their EHRs, and local pharmacies will be incented to join Surescripts and participate, but mail-order pharmacies will also be leveraged where local pharmacies don't exist or are unwilling to connect.	Both GTHAN and SMRTNET HIEs offer built in Surescripts certified eRX, made available to all users.
Lab results	RML, LabCorp and Quest are all statewide and accessible to any ordering physician. Connectivity to these labs will be available through the GTHAN and SMRTNET HIEs	Lab results from provider EHRs (should mirror
Quality reporting	HIEs have robust reporting platforms built in, require specific reports as part of certification	Fall back to old methods of doing reporting on surveys and sample data sets.

A parity check with PIN-001 issued by ONC is OHIET's working document and is attached as **Appendix 3.12**.

The image features a doctor in a white lab coat holding a stethoscope over a computer monitor. The background is a dark blue grid with a glowing ECG line. The word "Appendices" is written in a large, white, italicized font across the center of the image.

Appendices

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.

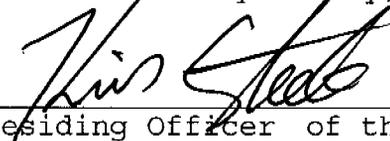
F. The provisions of this section shall be inapplicable to any public trust created and existing prior to July 1, 1988, if the instrument or will creating such public trust shall have been held to be a valid and binding agreement in an opinion of the Supreme Court of the State of Oklahoma; and nothing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

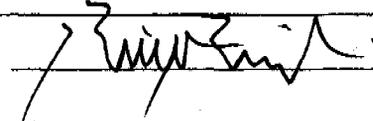

Presiding Officer of the Senate

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

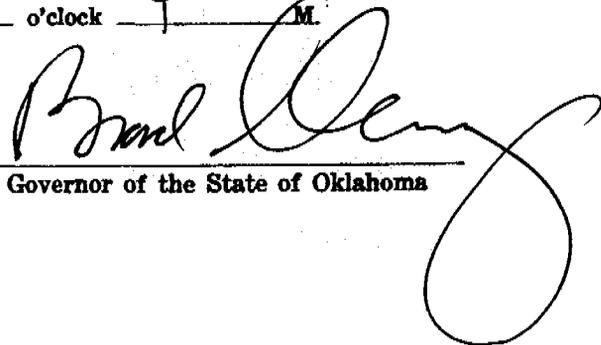

Presiding Officer of the House
of Representatives

OFFICE OF THE GOVERNOR

Received by the Governor this 28th
day of May, 2010,
at 6:25 o'clock P M.

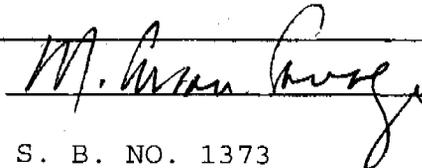
By: 

Approved by the Governor of the State of Oklahoma the 7th day of
June, 2010, 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, 2010,
at 4:38 o'clock P M.

By: 

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.

Trust Indenture -
Oklahoma Health Information Exchange Trust



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:

(1) 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:

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

Speaker of the House Appointees:

<u>Name</u>	<u>Term End</u>
David Kendrick	July 31, 2015
Sam Guild	July 31, 2012

President Pro Tempore Appointees:

<u>Name</u>	<u>Term End</u>
Craig Jones	July 31, 2015
Jenny Alexopoulos	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 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
John R. Calabro

TRUSTEE:

John R. Calabro
John R. Calabro

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

27 BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this 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

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.

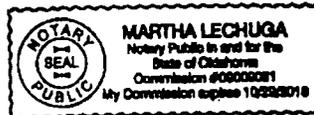
GIVEN UNDER MY HAND AND SEAL the day and year last above written.

Martha Lechuga
Notary Public

My Commission expires:

10/29/2013

(SEAL)



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
Craig W. Jones

TRUSTEE:

Craig W. Jones
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.

[Signature]
Notary Public

My Commission expires:

5/17/12
(SEAL) CHRISTOPHER B. KEIM



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:

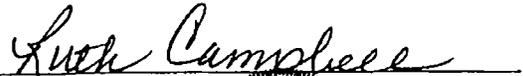


David C. Kendrick, M.D.

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.


Notary Public

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
Robert H. Roswell, M.D.

TRUSTEE:

Robert H. Roswell
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.

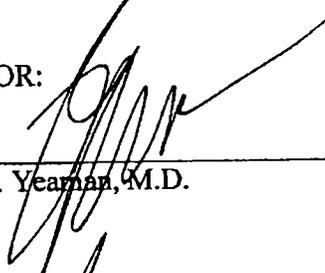
Christopher B. Kem
Notary Public

My Commission expires:
MAY 17, 2012
(SEAL)



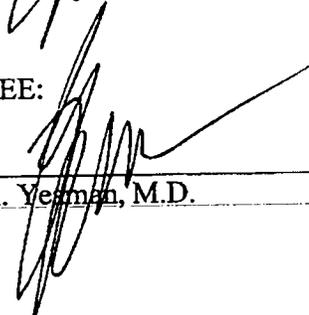
IN WITNESS WHEREOF, the undersigned, in he capacity as both Trustor and Trustee of the Trust, has executed this document as of the date and year first above mentioned.

TRUSTOR:



Brian A. Yeaman, M.D.

TRUSTEE:



Brian A. Yeaman, M.D.

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

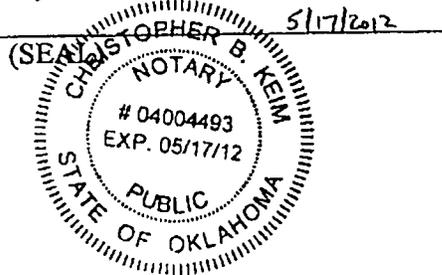
BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this 19th day of August, 2010, personally appeared Brian A. Yeaman, M.D., to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that he executed the same as his free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

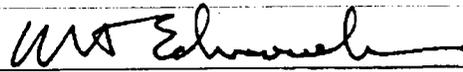


APPROVAL OF
OKLAHOMA HEALTH INFORMATION EXCHANGE TRUST,
a State Beneficiary Public Trust

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.



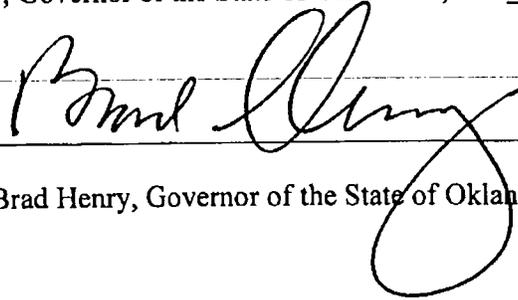
Drew Edmondson, Attorney General of the State of
Oklahoma

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.

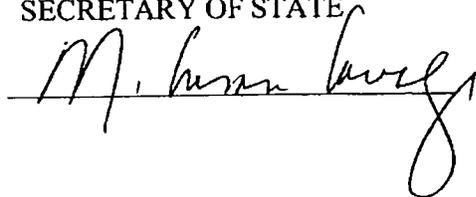
WITNESS, the Honorable Brad Henry, Governor of the State of Oklahoma, this 20th
day of September, 2010.



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 Treasurer 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.

- 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.

- 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.



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.

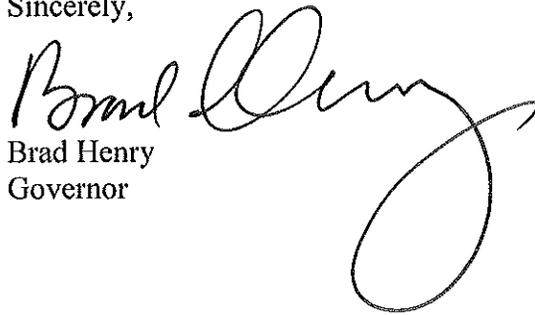
Through the American Recovery and Reinvestment Act of 2009, the HITECH Act, the State of Oklahoma has an opportunity to improve the efficiency and quality of health care. In my capacity as Governor of Oklahoma, I have named the Oklahoma Health Care Authority as the state designated entity for this grant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

David Blumenthal, M.D., MPP
September 10, 2009
Page 2 of 2

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,

A handwritten signature in black ink, appearing to read "Brad Henry", with a large, stylized flourish extending from the end of the signature.

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 oversight¹, 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 45 th 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

<u>Name</u>		<u>Organization</u>
Alexopoulos	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	Integrus 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

<u>Name</u>		<u>Organization</u>
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

<u>Name</u>		<u>Organization</u>
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)
- | | | |
|---|---|--|
| <input type="checkbox"/> Pathology Report | <input type="checkbox"/> History and Physical | <input type="checkbox"/> Operation Report(s) |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Consultation Report(s) | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> EKG Report(s) | <input type="checkbox"/> Laboratory Report(s) | <input type="checkbox"/> Radiology Report(s) |
| <input type="checkbox"/> Physician's Orders | <input type="checkbox"/> Radiology Films | <input type="checkbox"/> 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,

A handwritten signature in black ink, appearing to read "Garth L. Splinter MD".

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, Ph.D.
Commissioner



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



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.

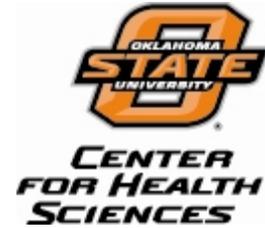
Sincerely yours,

Brian Yeaman, MD

A handwritten signature in black ink, appearing to read 'B. Yeaman', written over a horizontal line.

NPHO Medical Director of Informatics
OPHX

Norman Physician Hospital Organization



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



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.



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,

A handwritten signature in blue ink that reads "George Foster".

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 local providers-- use licensure p 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 environmental 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 need Pharmacies, 2 gap provi with the REC leading the perception is that purch and implementing it is th REC's responsibility. Ma pharmacies are able to r transactions is OKHIE
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 challengir must make sure that the region support PUSH res a structured format. Oth will be a need to create feed from every Lab to e 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 e with the HIE
	<i>Other Meaningful use requirements of the HIE</i>		<i>Quality metric reporting, HIPAA security audits (at least the HIE portion of this), etc.</i>		done SP	<i>HIE, whether at the reg level should play an imp reporting quality metric; a critical component of sustainability model.</i>
4	Fulfill the following 6 responsibilities for continued funding as					
1	Initiate a transparent multi-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 consumers +/- still	Describe the advisory be 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			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 th 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 within the state, complete a gap analysis, and determine 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
	2		set baseline, monitor and report on meaningful use HIE capability in the state	2.5.2		enviro scan
	a		% health plans supporting electronic eligibility and claims transactions			done at length in SP
	b		% pharmacies accepting electronic prescribing and refill requests	2.5.2		it is there in sp
	c		% clinical lab's sending results electronically	2.5.2		not addressed
	d		% health departments electronically receiving immunizations, syndromic surveillance, and notifiable lab results	2.5.2		done in sp
						done in sp needs more data from john and bcbs
						need to do this
	3		Ensure a privacy and security framework consistent with the HHS HIT Privacy?			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
	1		Policy, purchasing or regulatory actions, like requiring e-prescribing or electronic sharing of lab results in state or Medicaid contracts with pharma and clinical labs			HIE/Envir scan
	2		Core services to reduce the cost and complexity of exchange: directories and such that would support and simplify comprehensive interoperability	2.8.1; eMPI, etc.		done in sp
	3		Shared services for gap areas to serve small labs or pharma or rural that would use both simplified and comprehensive interoperability solutions.			done in sp in one section commenting networks will talk to networks and avoid providers needing multiple hie connections
	b		strategies include leadership and direction to stakeholders to do the above			need to address
						HIE/Envir scan
						done in sp
						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 ensure	yes			
		including having both programs represented in the governance structure and processes	yes		done	
	7	ensure state HIT Coordinator do the following:				
	a	focus priorities 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 elaborated 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 registries, 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-eligibility and claims transactions		additional scan	environmental scan	needs to be added	
	4 % health departments receiving immunizationz, syndromic surveillance, and notifiable lab results		additional scan	environmental scan	needs to be re-done since they didn't receive the grant and aligned 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 unaffiliated 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 building 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 describe 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 Use Medicaid HIT incentives to encourage provider participation in HIE		?	bus/John	?	
	16 collaborate in creating pay incentives to encourage others (pharma, ineligible providers, etc.) to HIE		Need to articulate	bus/John	done in sp	
	17		?	bus/John	done in sp	
8	HIE Sustainability Plans					
a	Describe initial thoughts for sustaining HIE activities (focusing on sustaining info sharing efforts rather than the org).		need to take a stand	bus write up		
	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 in support of meeting MU		need	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, 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 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				
	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			smrtnet could add a lot here with okhispc	



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

**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

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

**Data Processing
Manager**

*Advanced System Group
The Hertz Corporation
Oklahoma City, OK*

March 1987-July 1987

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.

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.

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. Alexopoulos, 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 (OMEEO) Graduate Medical Education Committee – DME Member
April 2008 – July 2009	Osteopathic Medical Education Consortium of Oklahoma (OMEEO) 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	ACOFPP – Oklahoma State Society President
2007 – 2008	ACOFPP – 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 Alexopoulos, 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. Alexopoulos, 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 Alexopoulos, 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 March 2005	Telemedicine Conferencing, OSU–COM 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
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DESIGNATIONS

February 2000	Certified Medical Review Officer American Association of Medical Review Officers
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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: <i>cum laude</i>
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)

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:

<i>Year</i>	<i>Role</i>	<i>Organization</i>	<i>Description</i>
2005-Present	ARC Public Health Service	American Red Cross, Katrina/Rita Relief Effort	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Dedicated to bringing medical missions to the third world
2003	Mission Project Leader	Christian Networks, Inc.	<ul style="list-style-type: none"> Opened first Operating Room and implemented first telemedicine in Villa El Salvador, Peru, a community of 800,000 without a hospital.

Awards and Honors:

<i>Year</i>	<i>Award</i>
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 (TBIT) 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

<i>Year</i>	<i>Purpose</i>	<i>Granting Agency</i>	<i>Role</i>	<i>Project Title</i>	<i>Amount</i>
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

<i>Project</i>	<i>Role</i>	<i>Status</i>
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:

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

Graduate Medical Courses:

<i>Year(s) taught</i>	<i>Name of course</i>	<i>Teaching role</i>	<i>Type of students</i>
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:

<i>Year(s)</i>	<i>Name of course</i>	<i>Forum</i>	<i>Institution</i>	<i>Role</i>	<i>Attendees</i>	<i>No.</i>	<i>Prep</i>
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:

<i>Year</i>	<i>Name of Course</i>	<i>Role</i>	<i>Prep (hrs)</i>
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

<i>Year</i>	<i>Type of presentation</i>	<i>Organization extending invitation</i>
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

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

Clinical Activities

<i>Years</i>	<i>Facility</i>	<i>Practice type</i>	<i>Experience</i>
1999-	University Hospital	Indigent, public	Inpatient (wards and
2000	Presbyterian Hospital	Private	intensive care) and
	Children's Hospital of Oklahoma	Public/Private	outpatient adult and
	Oklahoma City Veterans Affairs Hospital	Public/Federal	pediatric medicine
2001-	Charity Hospital of New Orleans	Indigent, public	Inpatient (wards and
2004	University Hospital	Indigent, public	intensive care) and
	Tulane Hospital	Private	Outpatient adult and
	Tulane Hospital for Children	Indigent, public	pediatric medicine
	Oschner Hospital	Private	
	New Orleans Veterans Affairs Hospital	Public/Federal	
2005-	Massachusetts General Hospital Chelsea Urgent	Indigent, public	Outpatient, urgent care
2006	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 AQA Research Day; November 20, 1996.
- Kendrick DC, Lister KA, and McCarty GA: *Analysis of anti-cardiolipin (aCL) and anti-phosphatidylserine (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 phosphatidylserine (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-phosphatidylserine (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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College of Medicine, Dean's Office
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Oklahoma City, Oklahoma 73190

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Fax: (405) 271- 3032
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, 1994

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.
24. **Roswell, R.H.**, and Young, M.J., Production of Dihydroxyvitamin D Metabolites by Isolated Intestinal Mucosal Cells from the Rat. 1982 Calcif. Tissue Int. 34:558.
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. 1994, 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, 1994, 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.

Brian A. Yeaman MD

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Norman, OK 73071
405-204-3369
DrYeaman@nrh-ok.com

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