



PROPOSED REQUEST for APPROPRIATION – 2009 Legislative Session

1) Establish the ND Health Information Technology (HIT) Office to be located within the ND Department of Health.

This DOH-HIT Office will exist to:

- Serve and maintain relationships with ND HIT Steering Committee (Advisory Committee) and other public and private partners for the purpose of insuring coordination of information systems planning, development, implementation and electronic exchange of information.
- Identify improvements in the management and use of public health and health care data to assess and improve the health status of North Dakota, through collaborative efforts.
- Serve as liaison between state agencies (e.g. DOH, DHS and ITD) and the HIT Steering Committee (Advisory Committee) and other
- Bridge gaps and link public health professional staff and clinical staff to the technology staff. The position assures linking internal and external partners around public health data and informatics issues to support better use of data to guide public health and health care practice.
- Provide oversight for administration of the grant program.

2) Create two positions to staff the ND HIT Office:

HIT Officer/Director (title? TBD)

This position reports to the State Medical Officer, Department of Health.

Knowledge, Skills and Ability:

This position is supervisory staff in the DOH- Health Information Technology Office and oversees the performance of the project assistant and support staff. This position will be leading a wide range of planning, assessment, policy development, and other activities related to informatics, the incumbent will be required to possess strong core planning skills, and informatics skills, including a working knowledge of the various planning methodologies for defining the needs for information system applications and the data standards necessary for HIT interoperability.

The incumbent is also required to be skilled in group facilitation, consensus-building, communications strategies, and translating complex HIT terms and concepts for non-IT staff.

This position must also have: strong interpersonal communication skills, with an ability to generate consensus among a variety of different perspectives; project management skills necessary to plan, organize and manage projects; and a high level of skill in the use of computers for data processing, presentations, and report writing. A sound understanding of public health, health care systems, health data, and health data standards is required. The incumbent must be able to work closely on teams and lead or participate in respectful joint decision-making.

Project Assistant

This position reports to the HIT Officer/Director (title? TBD)

Knowledge, Skills and Ability:

- Knowledge and experience with grant program development, RFP and contracting processes.
- Excellent ability to organize and develop and accomplish short and long range goals and objectives.
- Excellent written and verbal communication skills in providing technical assistance.
- Ability to prepare and review reports and papers on the results of grant projects and other activities.

Direct operation of the DOH-HIT Office and administer grant program:

(Cost based on 24 months)

Personnel – Salary/Fringe (Based on 24 months): \$247,322

HIT Officer/Director (100% FTE) and Project Assistant (50% FTE)

Operating (phone, travel, rent, printing, etc.): \$26,250

Total DOH Administrative Cost: \$273,726

3) Amend the existing statute to change the ND HIT Steering Committee (same members) to the ND HIT Advisory Group which will provide direction to the DOH-HIT Office and Grant Program.

4) Establish a Grant Program

Grant Program Title:

Improving Access, Quality and Patient Safety through Health Information Technology (HIT)

The overarching goal for this grant program is to improve access, quality and patient safety, through the effective adoption and implementation of electronic exchange of health information within and among health care facilities in a given region (e.g. electronic health records, regional health information exchange, telehealth, etc.).

Eligible health care entities: All rural health clinics and community health centers; hospitals; licensed nursing facilities; local public health units and nonprofit entities (with the purpose of providing health information exchange coordination governed by a representative and other providers of health or health care services) approved by the ND HIT Steering Committee.

All proposed grant projects will *require collaboration between three (at minimum) or more eligible health care entities which are not owned by any one entity*. The intent of the grant program is to facilitate the formation of collaborative efforts between distinct corporate entities.

Matching Funds: Grant funds shall be awarded on a 25% match basis for the total grant amount awarded. Applicants shall be required to provide 10% in the form of cash match and 15% in-kind match, such as staff or services.

Proposed Funding Period: July 1, 2009-June 30, 2011

Eligible Technology Solutions: When purchasing new health information technology systems, all grantees will be required to select standards-based, interoperable products that are approved by the Certification Commission for Healthcare Information Technology (CCHIT).

I. Readiness Assessment and Planning Grants:

Purpose: To support the structured planning activities that will prepare for successful adoption/implementation of technology solutions. Activities may include: initial stages of collaboration with partners, readiness assessment, development of education/training programs for healthcare professionals and staff, workflow analysis within individual health care facilities as well as between community/regional facilities, business planning, determining specific network HIT functions.

Total Number of Grants to be Funded: 20 *(Minimum of three facilities per grant)*

Amount of Each Grant: \$45,000

Total Planning Grants Funded: \$900,000

II. Implementation Grants

A. Electronic Medical Records (or related technology) Implementation Projects

Purpose: To support communities/networks who can clearly demonstrate they have completed a structured planning process and are in the position, at the time of submitting an application, to begin implementation of electronic health record, e-prescribing or other related technology.

Total Number of Grants to be Funded: 4 (*Minimum of three facilities per grant*)

Amount of Each Grant: \$900,000

Total EMR Grants Funded: \$3,600,000

B. Telehealth Implementation Pilot Projects

Purpose: To support communities/regions who can clearly demonstrate the completion of the planning and readiness phase and are in the position to begin implementation of a new or expanded telehealth program (e.g. teledialysis, telestroke, telemental health, etc.)

Total Number of Grants to be Funded: 3 (*Minimum of three facilities per grant*)

Amount of each Grant: \$50,000

Total Telehealth Grants Funded:\$150,000

III. Health Information Exchange(HIE) Collaborative Grants

Purpose: To support existing or newly established collaborative who can clearly demonstrate the completion of the planning and readiness phase and are in the position to begin to connect and facilitate the exchange of health information between eligible health care entities in a selected geographical region.

Total Number of Grants to be Funded: 2 (*Minimum of three facilities per grant*)

Amount of each Grant: \$500,000

Total HIE Grants Funded: \$1,000,000

Total Amount of Grants: \$5,650,000

TOTAL APPROPRIATION \$5,923,726

Definitions

Health Information Technology: The application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing and use of healthcare information, data, and knowledge for communication and decision making.

Electronic medical record: An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization.

Electronic health record: An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.

Health information exchange: The electronic movement of health-related information among organizations according to nationally recognized standards.