

## State Grant to Promote Health Information Technology

On Thursday, October 15, 2009, Information Technology Division submitted the State Health Information Exchange (HIE) Cooperative Agreement Program grant to the Office of the National Coordinator (ONC) for Health Information Technology for the Department of Health and Human Services. The grant allotment for North Dakota is \$5.34 million dollars and is for planning and implementation of a statewide health information exchange (HIE).

The ONC has indicated they will have an award announcement by December 15, 2009 and the anticipated project start date is January 15, 2010. Expenditures before that time are not allowable grant expenditures.

If the grant is approved, the funding period will begin January 15, 2010 and requires the following state match:

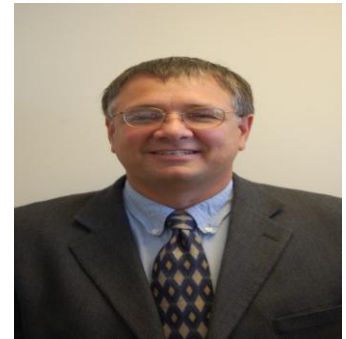
FY 2010 – January 15, 2010 to September 30, 2010 – no match requirement.

FY 2011 – October 1, 2010 to September 30, 2011 – One match dollar for every ten federal dollars.

FY 2012 – October 1, 2011 to September 30, 2012 – One match dollar for every seven federal dollars.

FY2013 – October 1, 2012 to September 30, 2013 – One match dollar for every three federal dollars.

The \$5.34 million dollar grant is for both planning and implementation. However, since North Dakota does not have a strategic and operation plan, both plans must be completed and approved by the ONC before additional funds are made available for the implementation phase. The ONC has indicated that North Dakota will have six to eight months, beginning January 15, 2009, to get the plans completed and approved.



## ND HIT Director

On September 28, 2009, Sheldon Wolf started as the North Dakota Health Information Technology (HIT) Director. Sheldon has worked as an auditor, sold health, life and property insurance and has sixteen years experience with the North Dakota Department of Human Services, including three years as the Assistant Medicaid Director.

Sheldon's education includes a Masters of Management and a Bachelor of Science in Accounting and Business Administration from the University of Mary.

The HIT Director serves at the pleasure of and under the direction of the HIT Advisory Committee which replaces the HIT Steering Committee established in 2006. The Advisory Committee consists of 24 members representing public – private entities, appointed by the Governor.

For a complete list of Committee members, please see: [http://ruralhealth.und.edu/projects/sorh/pdf/hit\\_advisory\\_committee\\_list.pdf](http://ruralhealth.und.edu/projects/sorh/pdf/hit_advisory_committee_list.pdf).

Please feel free to contact Sheldon with any questions, ideas or concerns at:

Sheldon H. Wolf  
ND Health Information Technology Director  
600 East Boulevard Ave. Dept 112  
Bismarck, ND 58505-0100  
Telephone (701) 328-1991  
Fax (701) 328-3000  
Email: shwolf@nd.gov

## Where is the funding coming from for Health Information Technology?

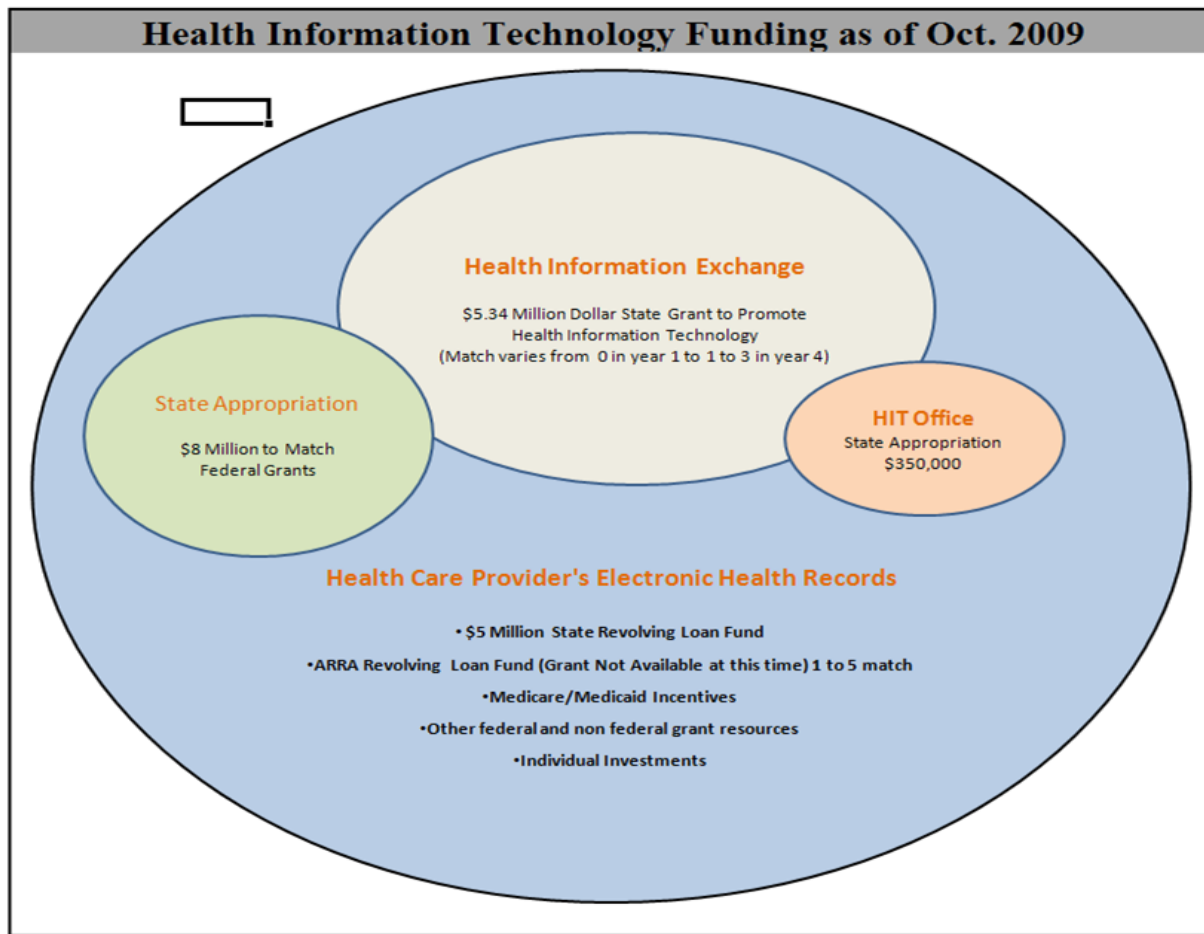
Currently, the funding that is available for a health information exchange and provider electronic medical records include the following:

- **\$5.34 million** - State Grant to Promote Health Information Technology. The purpose of this grant is for the planning and implementation of the health information exchange. (See page 1)
- **\$5 million** - State appropriation for a revolving loan fund. This program will be established to provide low interest loans to health care providers for the purpose of purchasing and upgrading certified electronic health record technology, training personnel in the use of such technology, and improving the secure electronic exchange of health information.

- **\$8 million** - State appropriation to be used for required state match for federal grants.
- **\$350,000** - State appropriation for the purpose of defraying the costs of the health information technology advisory committee and the health information technology office.
- Individual provider investments.
- Individual federal and non-federal grant opportunities.

NOTE: A revolving loan fund was identified in the ARRA legislation. However, the ONC has not indicated, if, when or how these funds will be made available for loans to providers. The legislation for this revolving loan fund requires a 1 to 5 match.

Below is a diagram of the anticipated funding streams as of October 2009. More information will be provided as these funding streams develop or change.



## QUESTIONS AND ANSWERS

### **Q: Where can I find additional information regarding North Dakota's HIT activities?**

A: See the North Dakota HIT website hosted by the Center for Rural Health at <http://ruralhealth.und.edu/projects/sorh/hit.php>

### **Q: If I would like to submit a question for future newsletter questions and answers, where should I send it?**

A: Please send to Sheldon Wolf at [shwolf@nd.gov](mailto:shwolf@nd.gov).

### **Q: What are things to consider in a health information technology project?**

A: Below are a few questions to get you started thinking about a health information technology project:

- Have both the monetary and human resources needed to successfully complete a health information project been evaluated?
- How are these going to be paid for?
- Does our facility have staff trained to back fill individuals needed for the project or will these same employees be counted on to perform their normal duties and project duties?
- Does our facility have a change management plan in place to address changes?
- What process will be used to ensure decisions are made in a timely manner?
- What is the decision making process within our facility?
- If consultants/contractors are used, what process will be used to ensure they are performing and on track to meet pre-established deadlines?

### **Q: What is the purpose of this newsletter?**

A: The purpose of this newsletter is to provide information to Health Information Technology stakeholders. Please contact Sheldon about any information you would like included in future newsletters.

### **Q: How do I get involved in the statewide HIT efforts?**

A: Anyone interested in being actively involved, should contact Sheldon Wolf in order to determine where your skills and expertise can be used most effectively on one of the Stakeholder Work Groups.

### **Q: What does HIE stand for and what does it mean?**

A: **Health Information Exchange:** the electronic movement of health-related information among organizations according to nationally recognized standards.

### **Q: What does EHR stand for and what does it mean?**

A: **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.

### **Q: What does EMR stand for and what does it mean?**

A: **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

### **Q: What does PHR stand for and what does it mean?**

A: **Personal health record:** An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the individual.

### **Q: What does HIO stand for and what does it mean?**

A: **Health information organization:** An organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.

### **Q: What does RHIO stand for and what does it mean?**

A: **Regional health information organization:** A health information organization that brings together health care stakeholders within a defined geographic area and governs health information exchange among them for the purpose of improving health and care in that community.

### **Q: What is PHI stand for and what does it mean?**

A: **Private Health Information:** information your doctors, nurses, and other health care providers put in your medical record; conversations your doctor has about your care or treatment with nurses and others; information about you in your health insurers, facility's or provider's computer system; billing information where you have used health care services and most other health information about you. Organizations that store PHI (health plans, most healthcare providers, pharmacies and healthcare clearing houses) must follow the Health Insurance Portability and Accountability Act (HIPAA) and its regulations to keep your PHI confidential and secure.