



5.3 PROGRAM: HEALTH IT (HIT)

Objective: Provide a more effective, efficient, and patient-focused healthcare system.



Description: This innovative program works across various departments to consolidate healthcare, public health, and human services-related information for Hawai'i's citizens and allow data integration with other State and federal applications. The Health IT program links the State to providers, hospitals, indirect health services, and health-related organizations to create a public health system that creates better health outcomes for Hawai'i's residents. Utilizing statewide efforts encouraging the use of electronic health record systems and the secure exchange of information, the Health IT program links the Governor's Healthcare Transformation Initiative to State agencies and the private sector for coordinating plans for a healthier Hawai'i with federal reforms under the Patient Protection and Affordable Care Act. These projects each combine the interests and efforts of multiple State agencies and are largely funded at the agency level for system modernizations, through a variety of State and federal sources. OIMT's current role is coordinating technology planning in this area, setting the joint road map for HIT synchronization of activities, facilitating discussions, empowering collaboration across agencies, and providing IT project guidance for these activities.

The Health IT governance is executed jointly through OIMT-facilitated monthly meetings of the Hawai'i Health IT Committee (HHITC), chaired by the Governor's Health IT Coordinator and the State CIO. Other stakeholders are composed of representation from DHS, DOH, DCCA, EUTF, and other agencies. This essential role enables collaboration and coordination of health technology projects across State agencies, divisions, and systems. In addition, a collaboration council is in development for open meetings that include key representative from the private sector on public-private partnerships, with participants such as the Hawai'i Health Information Exchange (HHIE), Hawai'i Health Connector (HHC), and others. These functions primarily include significant participation in the planning and State coordination of health information exchange activities with the HHIE. This is coordinated on a daily basis with the Health IT strategies of the Governor's Office of Healthcare Transformation.

As a significant effort, OIMT is partnering with several departments, including the Department of Human Services (DHS), the Department of Commerce and Consumer Affairs (DCCA), the Department of Health (DOH), and the Department of Industrial and Labor Relations (DLIR) to enable the functioning of the Hawai'i Health Connector (HHC). This entity requires multiple interfaces and complex system integration interactions to operate as the Hawai'i State-Based Marketplace for insurance under the Affordable Care Act. This involves coordinating business, technical,

security, and operational needs for considerations of incorporating State agency data flows with those of HHC's HIX system. These multiyear efforts bridge integration points between State agencies and Health Connectors to support the Affordable Care Act.

Impact: The Health IT program provides foundations for modernizations of the health information architecture across agencies and programs. This comprises aspects such as governance, technology environments, system modernizations, integrated eligibility and enrollment, clinical data integration, and multiple agency data source integration, information management, and security. These projects are planned and funded in coordination with OIMT and State agencies' leadership, to align system developments and IT resources investments in accordance with the Business and Information Technology/Information Resource Management Transformation Plan.

The benefits to the State include:

- · Increased clinical information sharing
- Enhanced information on health and human services program outcomes
- · Reduced duplication and waste
- Greater access to health analytics to guide policy decisions
- Improving the health of Hawai'i's population

The benefits to Hawaiian residents include:

Improved care quality, coordination, and patient outcomes







"The Health IT architecture links Affordable Care Act and HITECH Act transformation to technical foundations, advancing Hawai'i towards the "Triple Aim" goals, of improving patient care, population health, and cost management."

Derek ValeHealth IT Manager

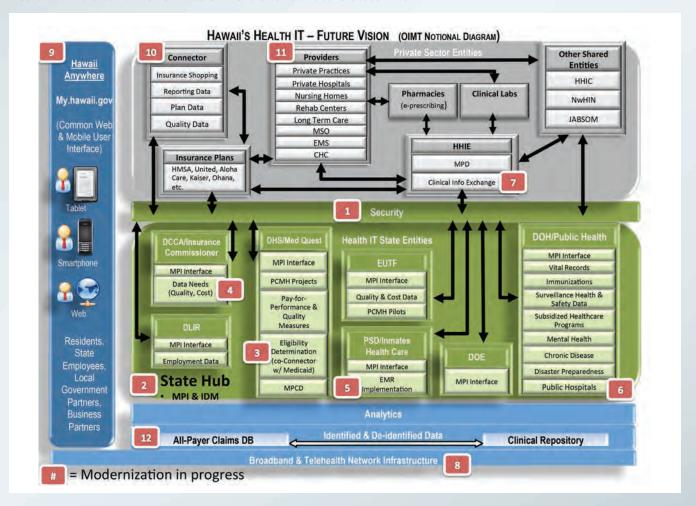
- Improved healthcare value
- Improved public health
- · Empowered patient health education and engagement

OIMT has also been able to successfully coordinate among the various stakeholders to facilitate health information exchanges. As Dwight Bartolome, Health Information Systems Manager for the Department of Health (DOH) states, "There are so many players on the private and public side of healthcare data — where OIMT has been especially helpful is in coordinating the effort among the key players and providing a governance structure."

OIMT Health IT Vision and Portfolio

Activities of existing Health IT initiatives are tracked and coordinated to optimize funding resources for advancing the overall State technology enterprise architecture. Figure 1 shows major HIT activities currently funded and in execution as components of the global conceptual architecture.

Health IT Vision and Modernization Portfolio for Future State Info







The federal Centers for Medicare & Medicaid Services (CMS) has funded the modernization of an Integrated Eligibility System (IES) for Medicaid and other social services eligibility determinations for the State Department of Human Services (Item 3 in Figure 1). This system, named KOLEA, was made operational on schedule for utilization by DHS-MedQuest and the Hawai'i State-Based-Marketplace, starting on October 1, 2013. To support KOLEA, information security enhancements (Item 1 in Figure 1) and the DHS-OIMT State Data Services Hub are under way (Item 2 in Figure 1). The KOLEA project is currently engaging in secondary phases extending to eventually serve as the eligibility system for all DHS social services. The extension of State Data Services Hub functions to connect additional State agencies is in progress, first with DHS and the Department of Labor and Industrial Relations (DLIR). This State Hub provides the technical path for systems modernizations and greater information utility, by enabling systems to communicate securely across agencies and divisions. These added connections will require continuing governance and development of data sharing agreements, as legacy systems are modernized.

The implementation of the Affordable Care Act (ACA) funded through CMS is also contributing to the development of the insurance marketplace through the Hawai'i Health Connector. The Department of Human Services' KOLEA comprehensive "no wrong door" approach to accessing eligibility for Medicaid, other social services, and marketplace health coverage aligns with the State's vision of my.hawaii.gov as a resident-focused portal (Item 9). The National Association of Insurance Commissioners (NAIC) has built the System for Electronic Rate and Form Filing -Plan Management component (SERFF-PM, Item 4) that DCCA is using to qualify health plans for the insurance marketplace. The Governor's Office of Healthcare Transformation is leading development of an All-Payer-Claims Database (APCD), in collaboration with the insurance expertise of the Department of Commerce and Consumer Affairs (DCCA), and technology management expertise of OIMT. The APCD is a multiyear system and analytics resource development, via a CCIIO-funded grant (Item 12), for greater understanding and transparency on healthcare costs and utilization. This interagency effort will advance

the capability for analyzing, visualizing, and reporting trends on all commercial and State-paid healthcare across Hawai'i.

In coordination, the Office of the National Coordinator and State of Hawai'i are investing in the Hawai'i Health Information Exchange and promoting electronic health records (EHR) adoption. The HHIE is the federally and State-funded, State-designated entity for information exchange in Hawai'i, and work is ongoing to connect the major hospitals, labs, physicians, FQHC, State payers, and public health. Synchronized with this, CMS and the State DHS's MEDQUEST Division have operationalized the Medicaid Meaningful Use EHR incentive program. Looking to the future, the Health IT Coordinator, OIMT, DOH, DHS, and other State partners are working through the Hawai'i HIT Committee to align plans, funding, and policies to: advance the interoperability of agency health-related systems within government; and accelerate build-out of health information exchange for enhanced community value of secure clinical health records sharing. Aligning to the Medicare and Medicaid Meaningful Use programs, the Department of Public Safety, the Department of Health, and the public hospitals under the Hawai'i Health Systems Corporation are implementing and modernizing their EHR systems.

With greater reliance on information exchanges via electronic communications, the State agencies are working with multiple federal partners to improve the communications infrastructure for greater broadband connectivity and capacity under the aegis of the Hawai'i Broadband Initiative and other related programs including telehealth. Planning for telehealth includes State agency partners across the DOH, DHS, and University of Hawai'i's TASI and JABSOM.

Details of selected associated projects and initiatives:

Health IT Governance; Data Governance and Standardization

Governance for HIT is developed through regular meetings of the inter-agency Hawai'i Health IT Committee (HITC). This group meets at minimum monthly, to coordinate direction of resources and projects, as they relate to planning across agencies. This includes alignment on State governance matters around the HHIE.





The Hawai'i Health IT Committee (HHITC) is responsible for Health IT collaboration across the State. Coordination activities take place via participation of select representatives from key health and human servicesrelated agencies. The committee is jointly chaired by the Office of Information Management & Technology and Health IT Coordinator in the Governor's Office of Healthcare Transformation, with representation from the Department of Human Services, Department of Health, Department of Commerce and Consumer Affairs, EUTF, and other State agencies. In association, the HHITC schedules coordination council meetings with private sector stakeholders on the topic of healthcare and IT transformation, including the Hawai'i Health Information Exchange, Hawai'i Health Connector, and the Hawai'i Health Information Corporation. The inter-agency HHITC meets monthly or as needed, can be expanded for additional collaborative HIT needs, and meets with arranged coordination council sessions as required. The HHITC supports the development of data governance standards and policies, via inter-agency agreements, and working progressively toward unified State data architecture.

More broadly, data governance is an effort to standardize health-related data formats, and to provide the mechanisms for secure, easier integration and exchange. The foundations for integration are advancement of data sharing agreements among partner agencies. Through collaboration among agencies in alignment with the OIMT Transformation Plan, common approaches are in development toward: master data management, State master person index, data repositories, data formats, and technical standards in the data governance process.

Healthcare Transformation

In collaboration with the Governor's Office of Healthcare Transformation, OIMT Health IT program responsibilities include aspects of forward-looking IT strategy, technology planning, information management, governance and technology project management components designed for healthcare reform priorities. These goals include information and systems interoperability, at both the interagency and public-private clinical healthcare ecosystem levels. The Governor's Healthcare Transformation Coordinator and State Health IT Coordinator are the executive sponsors for the OIMT

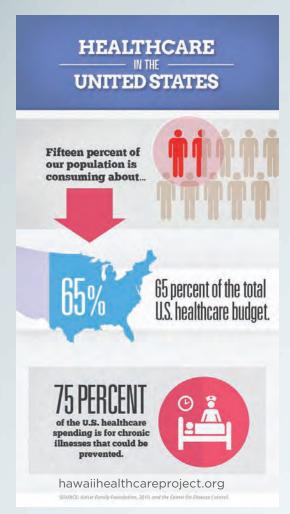
Health IT program. Aligned with this strategic direction, collaborative project planning, implementation, and management of many distinct HIT projects benefit healthcare and IT transformation priorities; moreover these efforts are joined with the programmatic goals of such primary agencies as the Department of Human Services, Department of Health, and Department of Commerce and Consumer Affairs.

Hawai'i Health Information Exchange (HHIE)

The HHIE is Hawai'i's State-designated entity for health information exchange of electronic health records (EHR), and related exchanges of digitized health information. This organization was designated as the State's receiving entity for federal ARRA HITECH funding in 2010. A major effort is expanding the services, permitting exchange of direct secure messages (Phase I), and accelerating interoperable (Phase II) health information sharing among healthcare providers. Ongoing efforts by the HHIE are to operationalize the expanded services for patient record query and public health data exchange, involving providers, hospitals, and the Department of Health. Public health reporting for immunizations and syndromic surveillance, medication management and radiological image viewing are additional services under current development, for delivery by HHIE in the next year. As the federal Office of the National Coordinator (ONC) grant-funded HIE program ends in 2014, gaining increasing HIE participation, and demonstrating the value of these information services to the community, become paramount. The OIMT and the Governor's Office of Healthcare Transformation are engaged in a coordinated effort with the Department of Health and Department of Human Services to facilitate the acceleration of health data exchange in Hawai'i. OIMT Health IT works to plan and advance these priorities with the Health IT Coordinator. The State working body for governance and collaboration on this effort is enabled through meetings of the Hawai'i Health IT Committee (HHITC) with the Health and Human Services-related agencies. Advancing sustainable adoption and expansion of HHIE's health information network is the goal of this public-private collaboration among State departments, federal agencies, hospitals, private health practitioners, and insurers.









Health Data Repository

Planning around statewide data repositories management for health data is under way with multiple agencies. Through collaboration with the Governor's Office of Healthcare Transformation, and the Department of Commerce and Consumer Affairs, Hawai'i is receiving a CCIIO grant to build an All-Payer Claims Database to function as the central repository for building understanding and reporting on healthcare utilization and costs. OIMT is working with Healthcare Transformation and DCCA on components of the APCD development, with oversight responsibilities relating to technical project management and systems integration vendor oversight. Additional facets of this initiative are to align this repository with the programmatic goals of health-related State agencies, to provide information assets of value to identify healthcare cost and utilization trends across programs.

EHR Modernization

Multiple State agencies are currently engaged in modernizations or implementations of electronic health records. The MedQUEST Meaningful Use program launched in 2013, for Medicaid providers to receive federal payments to recoup part of the investment in implementing their EHR systems. OIMT is coordinating across State programs to enhance EHR utilization and alignment, as these programs benefit public health and the health outcomes of all residents. The federal (Medicare and Medicaid) programs for Meaningful Use of EHR reach Stage 2 of funding incentives and penalties in 2014, imposing additional requirements on providers and public health. The goals of these initiatives are increasing adoption of electronic healthcare records (EHR) systems, updates and upgrades to existing EHR systems, and movement toward patient-centered healthcare. Current EHR implementations are progressing across the Department of Health, and at the Department





of Public Safety. OIMT aspects related to coordination on Meaningful Use of electronic health records include working with DOH on planning and coordination for public health interfaces utilizing the HHIE, particularly for immunizations and syndromic surveillance. EHR use is a first step for providers to connect to the Health Information Exchange, in alignment with the national "triple aim" goal of enhanced patient care, cost control, and improved public health.

Security and Compliance

OIMT works in coordination with health agencies in the State to align security and compliance initiatives and programs. Components of these efforts are woven into all the Health IT projects, as security and privacy around health data are crucial to the State. In particular, governance initiatives, EHR modernization, and the Health Information Exchange involve significant compliance efforts, in aligning State polices with those of HIPAA and other requirements.

Telehealth

OIMT is engaged in planning regarding telehealth in conjunction with the Governor's Office of Healthcare Transformation, the Department of Health, University of Hawai'i's TASI and JABSOM, for coordination across agencies and federally funded programs. These models for telehealth care include aspects relating to meaningful use of electronic health records and adoption of a health information exchange. In particular, planning efforts incorporate the programmatic aims of the Hawai'i Broadband Initiative, toward the goal of increasing broadband access to residents for health services.

DHS Medicaid Integrated Eligibility System Modernization (KOLEA)

The Hawai'i Department of Human Services was tasked by the federal government under Affordable Care Act reforms to provide an Integrated Eligibility System to be used by all of Hawai'i's federally funded human services programs. This significant project effort provides the underpinnings for human services program modernization. As designed, this eligibility and enrollment system serves to check Medicaid eligibility in the first phase, and was operational from October 1. In future phases, this project, named KOLEA, is to be expanded for use by other DHS benefits programs. Under ACA requirements, KOLEA

interacts with the Health Connector's HIX system, for the proper functioning of the State-based marketplace for health insurance. The OIMT role is cross-agency assistance, and progression toward enterprise standards and security through systems modernizations.

DHS and OIMT State Data Services Hub

The DHS is developing the State Data Services Hub in coordination with OIMT. In operations for the DHS KOLEA system and Health Connector's HIX system, particular information sets are securely verified from other State agencies via the State Hub, within designated agreements. Hub Phase One operation for the Affordable Care Act (DHS andf HHC) additionally interfaces with a federal data services hub, for similar ACA program information verifications with federal agencies. This architecture is compliant with stringent federal and State regulations and security. The road map for future State Hub utilization is to connect securely with additional State agencies, providing a streamlined path to modernization for agencies' legacy systems. In the immediate next phase, this centralized State data services hub is to deliver datasets from DLIR as information verifications to DHS for human services benefits determinations. OIMT's strategy on planning shared technology and governance elements is to incorporate common standards developed on projects such as the State Hub across the enterprise, in system modernizations statewide. Future projects may tie in longitudinal data systems, such as the DLIR Worlds project. In the long term, the State Hub is envisioned as the mechanism for secure data sharing, permitting enriched interagency coordination and communications of information across programs with improved resident services effectiveness.

Hawai'i Health Connector, HHC, the Health Insurance Exchange — (HIX System)

The HHC is Hawai'i's State-designated, State-based marketplace for health insurance, in alignment with the Affordable Care Act. This non-profit organization is delivering the market for ACA-compliant and Hawai'i-Prepaid Health Care Act-compliant insurance for individuals, and small business (SHOP) health plans. Operations of the HHC's HIX system is subject to requirements of: DLIR for the Prepaid Act, DCCA systems for insurance regulation, and most crucially significant integration with the DHS Integrated Eligibility





System (KOLEA), and connections through the State Hub to federal hub data services. The role of OIMT in this is consultative for the HIX system, in the form of facilitating planning for cross-organizational project integration. From the technology integration perspective, State regulations and federal ACA compliance require agency and HHC needs be met such that systems can communicate with the HIX system all the information requested for programmatic function relating to DLIR, DCCA, and DHS. Crucial to this project, State interagency collaboration forinformation interfaces to and from the health insurance exchange portal was developed with these agencies and through the services of the IPMO. Moving forward, as the HHC matures as a closely Statealigned non-profit, additional automated information interfaces are to be developed with State agency systems.

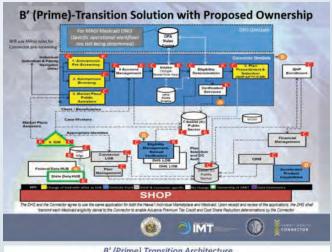
Integrated Program Management Office (IPMO)

In Spring 2013, OIMT brokered an agreement between the Hawai'i Health Connector (HHC) and the Department of Human Services (DHS) to cooperate toward a common architecture for their Health Insurance Exchange system (HIX), and Kauwale On-Line Eligibility Assistance (KOLEA) Medicaid integrated eligibility system, respectively, that would minimize redundancy between the two systems and provide an interoperating solution at better value to the taxpayers. Achieving the common goal would require a significant coordination effort that neither project on its own was able to provide. The coordination among the various State and private organizations involved in the project was to be orchestrated by the Integrated Program Management Office (IPMO), which reports to OIMT. The IPMO was created in April 2013, in order to facilitate communication and cooperation primarily between HHC and DHS, but also with DCCA and DLIR as stakeholders; and the Governor's ACA Implementation Manager, OIMT, and the Centers for Medicare & Medicaid Services (CMS) as executive sponsors. The IPMO's role consists of identifying information requirements, issue and status reporting to OIMT and CMS, conducting and documenting meetings, integrating and managing cross-entity project plans, managing risk, and facilitating negotiations and disputes between State and non-State parties.

The IPMO helped to establish the governance for the joint program, including support for the Executive Steering Committee (ESC) and the Coordinating

Committee (CC). The ESC is the team of executives who provide strategic guidance and oversight for the program, and consists of the Director of DHS, the Executive Director of HHC, the HHC Board Representative, and the Governor's ACA Implementation Manager — and is chaired by the State CIO. The Coordinating Committee is the governance working body established by the program to provide a venue for daily decision making across the participating organizations. The Coordinating Committee comprises one representative each from HHC and DHS, and is chaired by the Deputy State CIO from OIMT. The Coordinating Committee reports to the Executive Steering Committee, meeting either in person or via conference call on a daily basis to address items of interest that require coordination between the projects.

One of the IPMO's first tasks was to facilitate a technical summit between HHC and DHS to clarify exactly what that common architecture would look like. This meeting, along with a series of subsequent Joint Application Design (JAD) sessions, established the process and information flows that the coordinated systems would use. Over the course of the summer, the IPMO continued to support the evolving design, balancing requirements and resources, until the final architecture, called B' (Prime) Transition, was formally agreed upon on July 8. The shared approach reflected a user-centric, streamlined application that provides eligibility determination for both Medicaid and HHC Affordable Care Act programs. The B' (Prime) Transition architecture was conceived as an interim step on the way to a more completely integrated model but, for the near term, it represents a significant improvement from two independent and uncoordinated systems.



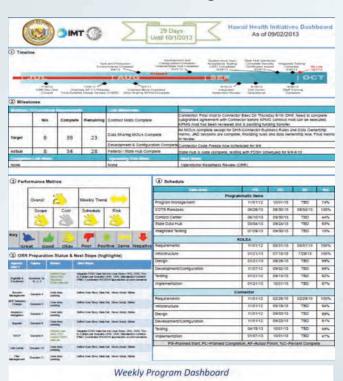
B' (Prime) Transition Architecture



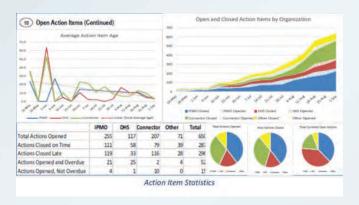


One of the most critical tasks of the IPMO was to integrate the project plans from the two primary stakeholders — HHC and DHS. The IPMO stepped in to provide the expertise and support for bringing the two independently created project plans into a single, integrated plan that would enable leadership to establish common program milestones, identify areas of shared interest, allocate resources, anticipate risks and dependencies, and report to CMS with a unified voice. The integrated plan went through several iterations, which ultimately included both programmatic and system development tasks from both projects, and tied the progress to fulfillment of the minimum required functionality for the HIX. The Integrated Program Plan provides much of the information used to populate the weekly dashboard sent to DHS, HHC, OIMT, and CMS.

To better standardize and automate the project status reporting, the IPMO developed a dashboard that is prepared and submitted each week to Hawai'i stakeholders and CMS. The dashboard shows progress toward the scheduled October 1 launch date for the systems, milestones, performance metrics, percent complete for major task areas on the Integrated Program Plan, identified risks and mitigation strategies, progress narratives and upcoming activities, and status of action items that had been assigned.



These weekly dashboards give leaders at the project, State, and federal levels a shared understanding of the progress and risks facing the program. By providing a consistent format and content, the weekly dashboard makes identifying patterns, trends, and outliers easier and permits leadership adoption of a "management by exception" approach. The dashboard is the guiding document in the weekly coordination calls between OIMT, DHS, HHC, the IPMO, and CMS, and provides a structure that had been previously lacking.



One section of the dashboard report of particular value is the tracking and analysis of Action Items. Action Items are most often assigned at the daily Coordinating Committee meetings, which are facilitated by the IPMO. Action Items are critical tasks that must be executed in order for the project to be successful. The IPMO tracked all assigned Action Items, including whom they were assigned to and when they were due. Statistics on completion of Action Items, on time or late, were maintained and presented as part of the dashboard. This visibility helped to ensure accountability among the project owners and managers, and played a large role in the overall success of the project.

The IPMO has continued to support the HIX post-launch, and is applying its program management discipline and rigor to the transition from development to operations. The IPMO's subject matter expertise and professional knowledge have been instrumental in advancing the maturity of the HIX project, and they will continue to play a vital role in the future phases of State-Connector relations for the HIX system.