Master Client Index, State Interface Improvements to the Health Information and Direct Secure Messaging Gateway	**FY2014 Request:** $5,749,700
	Reference No: 56065

AP/AL: Appropriation **Project Type:** Information Technology / Systems / Communication

Category: Health/Human Services

Location: Statewide **House District:** Statewide (HD 1-40)

Impact House District: Statewide (HD 1-40) **Contact:** Jennifer Klein

Estimated Project Dates: 07/01/2013 - 06/30/2018 **Contact Phone:** (907)465-1870

Brief Summary and Statement of Need:

This project covers the post implementation services required to operate the Health Information Gateway or Exchange. This includes general hosting requirements in operating Software as a Service; proactive service monitoring and management infrastructure; provision of back-up systems and development of corrective action plans in event of service outages or failures. This project will also encompass the prioritization, updating and modifications needed for state systems, such as the Master Client Index to successfully integrate data to the Health Information Gateway to meet Centers for Medicare and Medicaid Services' and Office of the National Coordinator's meaningful use and security requirements.

Funding:	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	Total
Fed Rcpts	$3,338,700						$3,338,700
G/F Match	$2,411,000						$2,411,000
Total:	$5,749,700	$0	$0	$0	$0	$0	$5,749,700

☐ State Match Required ☐ One-Time Project ☐ Phased - new ☑ Phased - underway ☐ On-Going			
0% = Minimum State Match % Required ☐ Amendment ☐ Mental Health Bill			

Operating & Maintenance Costs:

	Amount	Staff
Project Development:	0	0
Ongoing Operating:	0	0
One-Time Startup:	0	
Totals:	0	0

Prior Funding History / Additional Information:

Project Description/Justification:

The FY2013 project provided the first year's payment for Software as a Service fee to Orion Health beginning in 2012 for the maintenance of the Health Information Exchange (HIE). The Health Information Exchange needed to interface with various state healthcare data systems and programs that already exist such as the Medicaid Management Information System (MMIS), Laboratory Information Management System (LIMS), and various public health related databases such as the immunization registry. However, some of these databases will need to be updated and modified first in order to successfully integrate these streams of data into the Health Information Exchange and to assist the state and providers to ultimately meet Centers for Medicaid and Medicare Services meaningful use requirements.

This project will encompass the post implementation services required to operate the Health Information Exchange in 2014. This includes general hosting obligations in operating the Software as a Service proactive service monitoring and management infrastructure; provision of back-up systems relating to the Software as a Service; and development of corrective action plans in the event of service outages or failures.

This project will fund contractual engagements, required information technology resources and secure training necessary to improve and expand current Master Client Interface (MCI) capabilities with additional departmental data sources and systems. A common interface to the Health Information Exchange and a service provider index will be developed. Other project elements include:

- Automation with four systems that manually receive data
- Upgrading links to eight source systems
- Adding visual interface portal and reporting for the Master Client Index
- Training
- Maintenance Support

This project will encompass the prioritization, updates and modifications needed to state systems and the interface development for connecting to the Health Information Exchange originally funded through FY2010.

Sustainability of the Health Information Exchange benefits all payers in Alaska. Specifically, $2,000,000 of this project will be in support of the Medicaid share of the Health Information Exchange sustainability, thereby ensuring the project will continue as outlined in FY2010.

This project will also include the implementation of Direct Gateway. In order to allow for providers to more efficiently and securely submit clinical data and in order to achieve meaningful use and improve healthcare outcomes for all Alaskans, the Health Information Technology Program office would like to implement a Direct Gateway. It will allow providers to submit clinical data to departmental registries via Direct Secure Messaging to the Direct Gateway through an enterprise service bus. While the Direct Gateway provides the specific and direct connections with individual systems and interfaces, the enterprise service bus provides the overall framework for these connections to function together. These functions include examples such as a Rules Engine for client and provider matching, validation of data, service registries of providers, security services and Continuity of Care documents. Additionally, the gateway will be responsible for interfacing with the Health Information Exchange to allow providers to populate the clinical data repository.

The ultimate goal of this project is to increase the ability for providers to achieve meaningful use and improve health care access and delivery. This project will improve the quality of data contained within various state databases and registries which in turn can improve the department's ability to conduct health care trending, and make data available to support other healthcare initiatives and overall improved healthcare coordination for all Alaskans.

The following spreadsheet outlines the above components of this project:

Project Component	GF	Fed	Total	CIP/Admin	Total
Master Client Index	235,900	101,100	337,000	6,740	343,740
State Interface Improvement	300,000	2,700,000	3,000,000	60,000	3,060,000
Direct Secure Messaging	30,000	270,000	300,000	6,000	306,000
Health Information Exchange Sustainability	2,000,000		2,000,000	40,000	2,040,000
Total Request			5,637,000	112,740	5,749,740

Is this a new systems development project? Or, an upgrade or enhancement to existing department capabilities?

This is a continuation of an existing project which will enhance the department's ability to send and receive health information in support of Meaningful Use of Electronic Health Records.

Specifically, what hardware, software, consulting services, or other items will be purchased with this expenditure. Include a line item breakdown.

Description	FY13	FY14	Calculated Total
Master Client Index Consulting Services		253,000	253,000
Master Client Index Software		84,000	84,000
State Interface Improvements (Personal Svcs) Contract Services, Hardware, Software, Training)	3,641,400	3,000,000	6,641,400
Direct Secure Messaging (Personal Svcs, Contract Services, Hardware, Software, Training)		300,000	300,000
Health Information Sustainability (personal services, contract services, hardware, software, training		2,000,000	2,000,000
Miscellaneous		112,700	112,700
Totals	3,641,400	5,749,700	9,391,100

How will service to the public measurable improved if this project is funded?

Health Information Exchanges play a large role in improved healthcare outcomes and patient involvement. Access to health records will be more timely and will improve treatment and care of patients, reduce medical errors and reduce the burden on healthcare administrative staff. In addition, having access to a Health Information Exchange can be critical, especially in times of emergency. Many situations are made smoother by having patient's electronic health records secure and readily accessible. Ensuring that the Health Information Exchange is sustainable by all participants will be essential in producing an exchange that is robust and rich in client information.

Does project affect the way in which other public agencies will conduct their business?

A sustainable Health Information Exchange may change the business processes other public agencies follow to conduct their business due to the simple fact that accurate, readily accessible healthcare data will be available. Each agency will have to evaluate their business processes and determine how the Health Information Exchange can be used to improve their business.

What are the potential out-year cost implications if this project is approved? (Bandwidth requirements, etc.)

Bandwidth impacts will be determined as the project proceeds. At this time there are no known impacts. The contractor and Division of Health Care Services associated staffing costs are one-time capital project. There may be additional costs associated with maintaining the Health Information Exchange after it is implemented, and this will be determined as the project proceeds.

What will happen if the project is not approved?

Healthcare access and delivery costs will increase if the department continues to have separate and disparate systems. These systems will not be able to correspond with a master client index that all of the department's divisions can use.

It is anticipated that both the state and federal agencies associated with this project will need to further evaluate how the annual operating costs for the Health Information Exchange are going to be adequately funded based on recent Office of National Coordinator and Centers of Medicare and Medicaid Services guidance. However, if the implementation of the Health Information Exchange is unaccounted for fiscally, the multi-million dollar investment made on behalf of the Health Information Exchange by the State, Office of National Coordinator and Centers for Medicare and Medicaid Services will suffer negative programmatic outcomes and jeopardize Alaska's standing with the federal Health Information technology agencies.

If this project does not move forward, the Department of Health and Social Services' ability to control how data is shared will grow more difficult and disconnected. If all the sources of data are freestanding, the Health Information Exchange may not help improve healthcare outcomes.