



## Health Information Exchange Strategic and Operational Plan Profile

### Overview

The State of New Hampshire boasts one of the more advanced health information exchange (HIE) infrastructures in the country as demonstrated by its high penetration of electronic health records (EHRs) and well developed electronic lab result and e-prescribing exchange capability. Almost two-thirds of physicians are employed by or closely affiliated with hospitals and hospital systems, which have made significant investments in EHRs and health information exchange capabilities among their respective employed and affiliated groups. In addition, the state's Federally Qualified Health Centers (FQHCs) and rural clinics have worked together to develop sophisticated health information technology (HIT) capabilities. The state's healthcare stakeholders have identified and are now acting on opportunities to build upon current infrastructure investments, to bridge the organizations that have advanced HIT capabilities for care coordination purposes, and to fill identified gaps to reach shared healthcare goals.

### Model and Services

New Hampshire healthcare stakeholders are now pursuing the following strategies to meet goals for improving care coordination among healthcare stakeholders, reducing medical errors, and enabling cost and efficiency gains:

1. Establish a sustainable organizational, governance, and technical foundation for achievement of long term statewide health information goals
2. Level-set individual providers' abilities to meet stage 1 meaningful use criteria by facilitating ePrescribing, lab results delivery, and patient care summary exchange across the state
3. Catalyze the efforts of programs focused on HIT adoption
4. Expand availability of HIE services to providers that do not currently have access to robust capabilities for health information exchange
5. Collaborate with Legislators to define the future policy governing HIE purpose and participants

Phase 1 will provide a platform of core services necessary to facilitate secure routing of data between existing private, local and regional HIE clusters. These services will facilitate delivery of summary of care documents (e.g., hospital discharge summary, referral, consult note), lab results, and imaging reports and will be supported by services for security, provider addressing, and audit. The secure messaging will be built in alignment with the NHIN Direct specifications when they become available. In this model, the HIE clusters will serve as the HISPs with the responsibility for identity assurance and authentication services, while the statewide HIO will manage the certificates. Future phases may include a patient index, record locator services, and expansion of services to other healthcare stakeholders.



**State:**  
New Hampshire

**HIT Coordinator:**  
David Towne

**Award Amount:**  
\$5,457,856

**Contact:**  
David Towne

**Website:**  
<http://www.dhhs.nh.gov/hie/>

**Other Related ONC funding in New Hampshire:**

Regional Extension Center of New Hampshire (REC NH)  
\$6,006,415



## Highlights

- Leverage existing resources: New Hampshire has high penetration of HIT adoption but has gaps in inter-organizational electronic exchange of clinical information. The stakeholders agreed that the best approach for the state was to build upon these local investments and allow the existing networks to become nodes on the statewide system. The HIE clusters will be tested for standards conformance and will be certified prior to connection to the statewide network; all HIE clusters will demonstrate adherence to content, vocabulary and security standards which will lead to certification once successful.
- Alignment with NHIN: One of the core principles of the state's architecture is for it to serve as a gateway to the Nationwide Health Information Network (NHIN) Exchange for all providers in the state. The Phase 1 model deploys a NHIN gateway immediately in order to lay the foundation for more comprehensive exchange with neighboring states.



# Meaningful Use

	<b>Landscape</b>	<b>Strategy</b>
<b><u>E-Prescribing</u></b>	Prescribing adoption on the clinician side lags behind very high e-prescribing capability on the pharmacy side. 96% of community pharmacies are activated for e-prescribing while only 12% of prescriptions are routed electronically.	The multi-stakeholder HIO will formalize a program to assess e-prescribing penetration within, and outside, each HIE cluster. Stakeholders will develop interventions to improve e-prescribing adoption and will employ measurement and feedback programs to assess progress over time. The multi-stakeholder HIO does not intend to expend grant dollars on statewide technology infrastructure related to e-prescribing.
<b><u>Structured Lab Results</u></b>	The majority of lab orders are processed within hospital systems (93% of lab claims come from 20 hospitals) which have very high electronic results delivery penetration within their own networks. There is little inter-organizational electronic exchange of lab information at present.	The Multi-stakeholder HIO will provide for secure routing of lab results between HIE nodes/clusters. The HIO will encourage development of lab EHR interfacing capabilities and will encourage labs to shift delivery of results to EHR interface channel through outreach, education, and policy guidance. In addition, the HIO will assist HIE clusters in obtaining the required level of technical capability to ensure that the capability exists to enable exchange with other clusters.
<b><u>Patient Care Summary</u></b>	There is little exchange of summary of care documentation between organizations and only a small portion of these transactions occur through electronic interfaces. There is almost no document exchange of information with patients. There is some document exchange between the hospitals and long-term care, community health centers, and home health organizations, but this currently transpires predominantly through portal, fax, and paper channels.	The Multi-stakeholder HIO will provide for secure routing of patient care summaries between HIE clusters. In addition, the HIO will assist HIE clusters in obtaining the required level of technical capability to ensure that the capability exists to enable exchange with other clusters.



# HIE Inventory

Standards		Quality Improvement	
Nationwide Health Information Network Exchange Specifications	Planned	Care Coordination	Stage 1
Nationwide Health Information Network CONNECT	Planned	Quality Reporting	Planned
Nationwide Health Information Network DIRECT	Stage 1	Behavioral Health Information Exchange	
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications	Planned	<b>Lab Strategy</b>	
<b>Public Health</b>		Translation services	
Electronic lab reporting of notifiable conditions	Pending	EHR interface	
Syndromic surveillance	Pending	Policy strategy	
Immunization data to an immunization registry	Pending	Order Compendium	
<b>Patient Engagement</b>		Bi-Directional	
Patient Access/PHR	Planned	Alignment with CLIA	
Blue Button		<b>E-Prescribing</b>	
Patient Outreach	Stage 1	Medication History	
<b>Privacy and Security</b>		Incentive or grants to independents	
Privacy and Security Framework based on FIPS	Stage 1	Plan for controlled substance	
Individual choice (Opt In/Opt Out/hybrid)	Opt out	Set goal for 100% participation	
Authentication Services	Stage 1	Controlled substance strategy	
Audit Log	Stage 1		
<b>Administrative Simplification</b>		<b>Care Summaries</b>	
Electronic eligibility verification		Translation services	
Electronic claims transactions		CCD/CCR Repository	
<b>Vendor</b>		<b>Directories</b>	
Planning	MAeHC	Provider Directory	Stage 1
Core Services	TBD	Master Patient Index	Planned
		Record Locator Services	Planned
		Health Plan Directory	
		Directory of licensed clinical laboratories	

Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at: [www.statehieresources.org](http://www.statehieresources.org)

