*Deliverable to:*

State of Nevada
Department of Health and Human Services
Office of Health Information Technology

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# Addendum 1 to Health Information Technology (HIT) Statewide Assessment – Health Information Exchange (HIE) Gap Analysis

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# 1 Executive Summary

## 1.1 Introduction

The Nevada Office of Health Information Technology (OHIT) is responsible for administering the ARRA HITECH State HIE Cooperative Agreement, through the Office of the National Coordinator (ONC) for Health Information Technology, to support development of a statewide Health Information Exchange (HIE) infrastructure. OHIT is using Agreement funds to develop the required statewide HIT Strategic and Operational Plan, which includes a HIT environmental scan. OHIT provided the results of the environmental scan in the HIT Statewide Assessment Report to HIT stakeholders in August 2010. As part of the Agreement requirements, grantees must complete an HIE Gap Analysis, which becomes a component of the environmental scan results. The purpose of the gap analysis to identify information relevant to priority meaningful use areas as required by the ONC, to identify gaps in the priority meaningful use areas, to establish a baseline that allows the State to monitor meaningful use, and to document progress made in addressing HIE gaps. This HIE Gap Analysis is Addendum 1 to the HIT Statewide Assessment Report.

## 1.2 Statement of Objectives

The HIE Gap Analysis has the following objectives:

- Determine baseline and target measurements for:
  - Percent of pharmacies accepting electronic prescribing and refill requests,
  - Percent of clinical laboratories sending results electronically,
  - Percent of health plans supporting electronic eligibility and claims transactions, and
  - Percent of health departments receiving immunizations, syndromic surveillance notifiable laboratory results.
- Describe the State's HIE capacity in relation to the identified measurements.
- Identify areas where baseline measurements do not support Stage 1 Meaningful Use by geographic dispersion (urban vs. rural), types of providers, and challenges faced by particular HIE Partners.
- Determine the priority of each gap for all providers to meet Stage 1 Meaningful Use in 2011.
- Suggest possible/viable solution strategies to address the identified HIE gaps, which should be addressed and incorporated into Nevada's HIE Strategic and Operational Plan.

## 1.3 Summarized Results of Baseline Measures

Table 1 below summarizes the gap areas and State HIE capacity, and provides a brief description of the gaps and areas where baseline measures do not support meaningful use. Additional details

regarding the measures, priorities for the measures, and suggested solutions are included in Section 2 of this report.

**Table 1: Gaps in HIE Baseline Measures**

| Baseline HIE Measurement | HIE Capacity* | Description | Areas where Baseline Measures Do Not Support Meaningful Use |
|---|---|---|---|
| Percent of pharmacies accepting electronic prescribing and refill requests | 39% | A majority of pharmacies in Nevada are part of chains that have the largest capacity for accepting electronic prescriptions. Almost 1.5 million prescription transactions were routed electronically in 2009. It is estimated that only 13% of eligible prescriptions were routed electronically. This is due in part because of the limited number of providers that engage in e-prescribing. Provider participation with e-prescribing should factor into the analysis and solution for this gap. | -Small, independent and rural pharmacies face the largest challenges in accepting electronic prescribing and refill requests.<br><br>-There are still margins of errors and duplicate submissions for prescriptions filled electronically.<br><br>-Providers still face challenges in being able to submit e-prescriptions because they do not have e-prescribing systems or EHRs with e-prescribing capabilities. |
| Percent clinical laboratories sending results electronically | Approximately 84% of independent labs surveyed<br><br>100% of urban hospitals | Even though 84% of independent labs surveyed report sending laboratory results electronically, independent labs are generally not sending results electronically for the bulk of their lab results, with the exception of the large commercial laboratories (LabCorp, Quest Diagnostics, and Associated Pathologists) and labs associated with large health care groups (ex, Carson Tahoe | -Small, independent labs face largest gap in sending results electronically.<br><br>-There is inconsistent data sharing among larger labs with public agencies. |

| Baseline HIE Measurement | HIE Capacity* | Description | Areas where Baseline Measures Do Not Support Meaningful Use |
|---|---|---|---|
| | surveyed | Pathology). 60% of the lab sites in Nevada are either affiliated with Quest Diagnostics or LabCorp.<br><br>Urban hospitals are transmitting lab results electronically. Lab orders are typically sent electronically as well. Rural hospitals generally provide electronic lab results when they are able to perform tests in-house. | |
| Percent health plans supporting electronic eligibility and claims transactions | 100% | All of the major health plans in Nevada support electronic data interchange (EDI) for claims submission, either directly or through a clearinghouse (Emdeon, Capario, etc.).<br><br>Health plans report receiving upwards of 75% to 90% of their claims from providers electronically. However, 64% of providers surveyed through the HIT Statewide Assessment send electronic claims to health plans.<br><br>Also, all plans support eligibility verification – either online or via Interactive Voice Response (IVR). Most plans also support electronic pre-authorization and referral management. | -Despite that all health plans surveyed report supporting electronic eligibility and claims transactions, not all providers engage in electronic eligibility and claims transactions. |
| Percent health departments receiving immunizations | 100% | All health departments report into WebIZ and can access immunization records for recipients. In addition, other health care providers provide immunization records for | -The Health Division is conducting a pilot with some health care providers to support real-time HL7 |

| Baseline HIE Measurement | HIE Capacity* | Description | Areas where Baseline Measures Do Not Support Meaningful Use |
|---|---|---|---|
| | | recipients through the system. | interfaces to WebIZ. Therefore, most providers do not have direct interfaces with the system. |
| Percent health departments receiving syndromic surveillance | 75% | Three of the four Health Districts in Nevada report receiving data on syndromic surveillance results. Hospitals and Urgent Care facilities submit chief "complaint" data into EpiCenter. The State is in the process of adding more facilities that can submit complaint data. The information is pulled real-time. With the exception of Southern Nevada Health District, the districts can access the system and obtain surveillance data. | -Not all providers report syndromic surveillance results.<br><br>-Only 3% of providers surveyed through the HIT Statewide Assessment report sending results for syndromic surveillance.<br><br>-Southern Nevada Health District has opted out of accessing EpiCenter. |
| Percent of health departments receiving notifiable laboratory results | 75% | Three of the four Health Districts in Nevada report being capable of receiving electronic lab results. However, lab results received by the State are mostly limited to the larger laboratories.<br><br>With the exception of Southern Nevada Health District, most the State uses the NEDSS Base System, which provides the ability to enter, manage, and view core demographic and nationally notifiable disease data via a web browser. | -Smaller, independent labs need infrastructure to send results electronically.<br><br>-Currently, there is not a direct interface between electronic lab reports and communicable disease surveillance system for labs other than LabCorp. |

# 2 Results of HIE Gap Analysis

This section provides a description of the gaps and strategies for overcoming the gaps for each of the identified HIE measurements.

## Gap Area 1: Pharmacies Accepting Electronic Prescribing and Refill Requests

### HIE Capacity: 402/1042 (39%)

### Summary

Based on information provided by Surescripts, 402 pharmacies in Nevada are enabled for e-prescribing. In addition, the number of pharmacies serving Nevada consumers is estimated at 1042, according to the Nevada Board of Pharmacy. Therefore, approximately 39% of pharmacies serving Nevada may receive electronic prescribing and refill requests.

Many of the chain pharmacies have enterprise-wide systems. Examples of such pharmacies include retail chains like Walmart and CVS. Pharmacies in rural areas or pharmacies that are not part of chains are less likely to be connected to such enterprise-wide systems. In 2009, it is estimated that only 13% of eligible prescriptions were routed electronically in Nevada[1]. This is not only due to limitations on the pharmacy side, but it is also due in part to the limited number of providers that engage in e-prescribing. Provider participation with e-prescribing should factor into the analysis and solution for this gap.

According to the HIT Statewide Assessment survey, urban providers order medications by entering prescription information into a system (e.g., EHR or web-based system) to a greater extent than rural providers. 70% of urban providers that responded to the survey (182 of the 266 urban providers) report using a system for prescription ordering, whereas 57% of the rural providers (56 of the 98 of rural providers) report using a system for prescription ordering.

Below is additional information obtained from Surescripts on e-prescribing in Nevada.[2] The results below demonstrate an increase in e-prescribing within the last 3 years.

**Table 2: E-prescribing Functions and Transactions in Nevada**

| E-prescribing Function/Transaction Area | 2007 | 2008 | 2009 |
|---|---|---|---|
| Prescription Benefit Requests | 116,927 | 183,157 | 312,938 |
| Rate of Response to Benefit Requests at Year-End | 28.62% | 64.33% | 81.8% |

[1] http://surescripts.com
[2] http://surescripts.com

| E-prescribing Function/Transaction Area | 2007 | 2008 | 2009 |
|---|---|---|---|
| Total Prescriptions Routed Electronically[1] | 747,676 | 1,020,748 | 1,499,512 |
| % of Total Prescriptions Represented by Renewal Response | 18.54% | 22.45% | 25.22% |
| Total Estimated Responses to Medication History Requests | - | - | 155,356 |

### Gaps

- Small, independent and rural pharmacies face the largest challenges for accepting electronic prescribing and refill requests.
- Many rural and urban providers do not use a system to support order of medication or prescribing. Therefore, providers still face challenges in being able to submit e-prescriptions because they do not have e-prescribing systems or EHRs with e-prescribing capabilities.
- Even despite the use of e-prescribing systems, pharmacies still report errors associated with e-prescriptions. Errors include manual entry errors and duplicate transactions.

### Strategy

- Focus recruitment, outreach, and incentive efforts on small and rural pharmacies that face the largest barriers to e-prescribing.
- Collaborate with Medicaid to assess the volume of Medicaid claims coming from pharmacies that do not accept electronic prescriptions and consider policy changes to increase adoption, such as HIT incentives, or requirements to use the State's e-prescribing system.
- Evaluate opportunities to leverage large vendors in the state to provide system access to pharmacies that do not currently support e-prescribing based on a negotiated reduced rate.
- Identify ways to reduce duplicative submissions and errors. This may include leveraging a statewide HIE to identify and manage duplicate submissions and potential errors.

## Gap Area 2: Clinical Laboratories Sending Results Electronically

### HIE Capacity: 100% of hospital labs, 84% of independent labs surveyed

### Summary

Large independent labs and smaller labs affiliated with health care clinics or heath care systems generally have the ability to send electronic HL7 lab results directly into providers' EHRs. There are thirty-eight independent labs in Nevada. Below is a breakdown of the laboratories in Nevada:

**Table 3: Breakdown of Independent Laboratories in Nevada**

| Laboratory Name | # of Labs | % of Total |
|---|---|---|
| Associate Pathologists | 9 | 24% |
| Other Independent Labs | 16 | 42% |
| LabCorp | 9 | 24% |
| Quest | 4 | 10% |
| Grand Total | 38 | 100% |

Nearly 60% of the market is LabCorp, Quest, and Associated Pathologists. Associated Pathologists is associated with Quest, which means Quest is essentially 34% of the market in Nevada.[3] LabCorp, Quest, and Associated Pathologists have the capabilities to send lab results directly into providers' EHRs. Therefore, the majority of the independent lab locations in Nevada have the abilities to send the results electronically. Of the sixteen "other independent labs" in Nevada (not LabCorp, Quest, or Associated Pathologists), ten labs provided survey results. Several labs, including Quest and LabCorp, stated that company policy prevents them from participating in such surveys.

For the other small, independent labs surveyed, there were a total of 10,205 monthly lab orders, in which 5,303 were sent electronically. In addition, there are four labs that would not provide monthly volume data so these labs do not factor into the sample for volume. Carson Tahoe Pathology, a clinic that is part of a large regional health management system in the Reno-Tahoe area does roughly 83% electronic lab transmittals and processes approximately 6,000 orders per month, which represents roughly 60% of the volume for the small, independent labs surveyed. When excluding Carson Tahoe from the sample, only 8% of the total results for other independent labs are sent electronically.

Even though many labs have the capacity to send lab results electronically, the lab process for small independent labs is still inherently paper-based. Outside of larger health care clinics, lab orders are typically printed and sent with the patient to the lab. For example, when lab work is performed in a provider's office, a lab forms may be printed and sent with a courier who picks up the lab sample from the provider's office. In these cases, the results are typically faxed, remote printed or mailed back to the provider's office.

Urban hospital labs typically interface directly with the information system used in the hospital. Doctors are able to request lab tests through the system. Once results are available, they are posted directly back into the hospital information system.

[3] http://apcnevada.com/index.html

Rural hospital labs do not have the capacity to perform all the required lab tests. In these cases, the lab samples are sent to a third party lab for processing. These results are faxed or mailed, bypassing the hospital information system. (Though in some cases, the results are manually entered into the system.)

### Gaps

- Small, independent labs face the largest gap in sending results electronically to providers EHRs.
- Independent labs that have the capability to send electronic lab results may not send them electronically when the original lab requisition was paper-based.
- Smaller hospitals that rely on separate, external labs may not receive results electronically.
- A large gap is on the provider side, i.e. the labs are capable of sending HL7 results but the providers are not capable of receiving them (lack of certified EHRs).

### Strategy

- Conduct outreach with small, independent labs to promote health information exchange participation.
- Research the possibility of offering Software as a Service (SaaS) solution to the small, independent labs.
- Collaborate with Medicaid to assess the volume of Medicaid claims coming from laboratories that do not provide electronic lab results and consider policy changes to increase adoption, such as HIT incentives or requirements to participate in the delivery of electronic results.
- Research the possibility of small, independent labs piggy-backing with large labs, such as the hospital labs, to leverage their systems.
- Ensure continued and consistent collaboration with the large laboratories to promote participation in sharing electronic results with the State and planning for potential participation in statewide HIE.

## Gap Area 3: Health Plans Supporting Electronic Eligibility and Claims Transactions

### HIE Capacity: 100% accept electronic claims transactions, 100% support some form of electronic eligibility verification

### Summary

As part of this electronic data interchange (EDI) provisions of HIPAA, health plans are required to accept health care claim transactions[4] from providers. All health plans contacted currently support electronic claims and electronic eligibility inquiries[5]. Electronic claims may be submitted directly or via a third-party clearinghouse, e.g. Emdeon and Caparío. On average, health plans receive between 75% to 90% of their claims electronically.

Through the HIT Statewide Assessment survey, 64% of providers report engaging in electronic transactions with health plans for claims processing. In addition, only 34% of providers report conducting benefit inquiries through electronic transactions.

Also, all plans support eligibility verification – either through a secure online provider portal, or, in some cases, through X12 eligibility transactions. Most plans also support electronic pre-authorization and referral management.

Medicare requires providers to submit electronic claims, unless the provider files for special exemption. In addition, Nevada's Division of Health Care Financing and Policy, which administers Nevada's Medicaid program, reported the following data for Medicaid electronic claims processing:

- Average Monthly Claims Volume: 1,109,000
- Average Monthly Electronic Claims Volume: 891,000 (80%)
- Average Monthly Paper Claims Volume: 163,000 (15%)
- Average Monthly Other Claims Volume: 55,000 (5%)

The Public Employment Benefit Plan's (PEBP) third party claims administrator, UMR, and PEBP's contracted HMO's accept electronic claims submissions from health care providers. In addition, UMR and PEBP's contracted HMO's provide eligibility information via their secure websites. UMR reports that that they receive on average, 75% of PEBP claims electronically from providers and auto adjudicates 50% - 60% of PEBP claims. UMR does not produce 835 electronic remittance advices. For the PEBP self funded PPO Plan, all provider remittance advices are hard copies. UMR on behalf of the PEBP self-funded PPO Plan, receives on average 65,000 to 70,000 claims each month. This number represents all claim types, including physician, lab, hospital, radiology and dental.

## Gaps

- 75-90% of claims are sent electronically, with paper still accounting for the remainder.
- Not all providers report using electronic transactions for claims and benefit inquiries.

## Strategy

[4] Electronic health care claims are specified by the ANSI X12 standard transaction 837.
[5] Electronic benefits transactions are specified by two ANSI X12 standards – 270 for the inquiry and 271 for the response.

- Consider additional incentives or policy changes to encourage all providers to submit claims electronically.

## Gap Area 4: Health Departments Receiving Immunizations

### HIE Capacity: 100%

### Summary

All health departments report into WebIZ and can access immunization records for recipients. Health care providers can report directly into WebIZ. The Health Division is conducting a pilot with some health care providers to support real-time HL7 interfaces to WebIZ. However, this pilot is not fully in production. Therefore, not all providers are reporting real-time data into WebIZ. The number of providers that are transmitting immunization results, and the monthly volume of transactions of WebIZ could not obtained from the Nevada State Health Division for this report.

### Gaps

- 87% of providers surveyed through the HIT Statewide Assessment reported that they do not routinely send/receive electronic data for the immunization registry (more likely to fax, call, email or print).
- Most providers do not have a direct interface with WebIZ.

### Strategy

- Ensure the State has sufficient budgetary and personnel resources to expand the HL7 interfacing capabilities with providers.
- Conduct additional outreach with providers to increase direct HL7 interfacing to the system.

## Gap Area 5: Health Departments Receiving Syndromic Surveillance

### HIE Capacity: 75%

### Summary

Hospitals and Urgent Care facilities submit chief "complaint" data into EpiCenter. The State is in the process of adding more facilities that can submit complaint data. Three of the four Health Districts, Washoe County, Carson City, and the State, have access to this system, which data can be

pulled real-time. Nevada has four health authorities for the public health of the State's seventeen counties. Southern Nevada Health District is responsible for Clark County, where approximately two-thirds of the State's population resides. The Washoe County Health District is responsible for the second largest urban county, where approximately one-fifth of the State's population lives. Carson City is the third health authority, responsible for those residents living in the State capital. The Nevada State Health Division and State Health Officer share responsibility for the remaining fourteen counties.

There are thirty-six health care facilities in Nevada currently connected to the EpiCenter system. This includes twenty-three hospitals and thirteen urgent care centers. There are five health care facilities, including four hospitals and one urgent care center, in the process of connecting to the EpiCenter system.

Southern Nevada has opted out of using the system, but they could have access to the system. Southern Nevada stated they do not access raw data for syndromic surveillance. However, they have syndromic results for one hospital (UMC) available through CDC's Biowatch program.

### Gaps

- Only 3% of providers surveyed through the HIT Statewide Assessment report sending results for syndromic surveillance.
- Southern Nevada has opted out of using the system, limiting comprehensive information in the system.
- Only hospitals and urgent care facilities currently submit complaint data for access by three of the four Health Districts.

### Strategy

- Continue to expand the types of facilities and providers that use EpiCenter to submit syndromic surveillance data.
- Continue to expand the type of data that is received from providers for syndromic surveillance.
- Ensure more consistent access to the EpiCenter system by the Health Districts.

## Gap Area 6: Health Departments Receiving Notifiable Laboratory Results

### HIE Capacity: 75%

### Summary

Three of the four Health Districts, Washoe, Southern Nevada, and the State, on behalf of several counties in Nevada, report being capable of receiving electronic lab results. However, lab results received by the State are mostly limited to certain large laboratories.

Most of the State uses the NEDSS Base System, which provides the ability to enter, manage, and view core demographic and nationally notifiable disease data via a web browser. NEDSS allows for the entry of completed case reports, the Base System facilitates the management of open cases under investigation and has basic infrastructure to receive and hold electronic lab results and other electronic clinical reports. The State has capabilities for receiving results from Lab Corp in electronic format, which was anticipated to flow directly into the communicable diseases system. However, the interface has currently not been working. In addition, when data is received from counties or other labs, it comes into the system as files. As an example, Washoe County receives results electronically from Quest Diagnostics and ARUP Laboratories. They developed a program to consume electronic lab results from these laboratories. However, Washoe staff still need to print out the results for further investigations and manually enter the data into the communicable diseases reporting system. Ensuring the HL7 interfacing capabilities of the communicable diseases reporting system is a high priority for the Nevada Health Division.

Southern Nevada Health District opted for a separate IT solution for receiving lab results. Southern Nevada Health District receives electronic results from Quest Diagnostics and LabCorp, which account for more than 95% of the commercial laboratory business in the county. Southern Nevada and Washoe County are the only jurisdictions which receive electronic reportable lab results from Quest Diagnostics through a program called HyperSend.

### Gaps

- The large laboratories that account for the majority of the market in Nevada do not send consistent lab results to the various health districts in Nevada.
- Small, independent labs do not report laboratory results in electronic format to the various health districts in the State.

### Strategy

- Consider policy changes requiring laboratories to send electronic results to the Health Districts in a consistent manner.
- Conduct outreach with small, independent labs to promote health information exchange participation.
- Research the possibility of offering Software as a Service (SaaS) solution to the small, independent labs.

- Research the possibility of small, independent labs piggy-backing with large labs, such as the hospital labs, to leverage their systems.
- Ensure continued and consistent collaboration with the large laboratories to promote participation in sharing electronic results with the State and planning for potential participation in statewide HIE.

## 2.1 Data Sources

A variety of data sources were used to obtain the data associated with the gap analysis. Below are the sources used for this analysis:

- E-prescribing data:
  - Obtained data on the number of pharmacies serving Nevada consumers from the Nevada Board of Pharmacy.
  - Reviewed e-prescribing reports for Nevada through the Surescripts website.
  - Conducted interview with an independent pharmacist and previous Nevada Board of Pharmacy member to obtain barriers on e-prescribing.
  - Leveraged results of the survey conducted for the HIT Statewide Assessment.
- Laboratory data:
  - Conducted phone surveys with Independent Labs to determine abilities for sending results electronically into providers EHRs as structured data and monthly volume of lab results.
  - Conducted independent research on labs through laboratory websites.
  - Leveraged results of the survey conducted for the HIT Statewide Assessment.
- Health Plan data:
  - Conducted phone surveys with health plans in Nevada to determine abilities for participating in electronic claims processing and eligibility inquiries.
  - Conducted Internet searches on health plans.
  - Obtained Medicaid claims processing data from the Division of Health Care Financing and Policy.
  - Obtain data on public employment benefits claims processing data from the Nevada PEBP.
- Health Department data:
  - Conducted interviews with staff from the Nevada State Health Division.

- Conducted interviews with management of Nevada's Health Districts.
- Conducted interviews with staff from the Nevada Department of Health and Human Services.

# 3 HIE Priorities and Target Measurements

Table 4 below includes the priorities of the HIE gap areas, target measurements, strategies for overcoming gaps, planned timeframes, and mapping to the Strategic and Operational Plan.

**Table 4: HIE Priorities and Target Measurements**

| Gap (in order of highest to lowest priority) | Target Measurement | Strategy | Timeframe |
|---|---|---|---|
| Percent of pharmacies accepting electronic prescribing and refill requests | 65% of Pharmacies in Nevada | Focus recruitment, outreach, and incentive efforts on small and rural pharmacies that face the largest barriers to e-prescribing. | Q2 2012 |
| Percent of pharmacies accepting electronic prescribing and refill requests | 65% of Pharmacies in Nevada | Collaborate with Medicaid to assess the volume of Medicaid claims coming from pharmacies that do not accept electronic prescriptions and consider policy changes to increase adoption, such as HIT incentives, or requirements to use the State's e-prescribing system. | Q4 2011 |
| Percent of pharmacies accepting electronic prescribing and refill requests | 65% of Pharmacies in Nevada | Evaluate opportunities to leverage large vendors in the state to provide system access to pharmacies that do not currently support e-prescribing based on a negotiated reduced rate. | Q1 2012 |
| Percent of pharmacies accepting electronic prescribing and refill requests | 65% of Pharmacies in Nevada | Identify ways to reduce duplicative submissions and errors. This may include leveraging a statewide HIE to identify and manage duplicate submissions and potential errors. | 2012 - 2013 |
| Percent clinical laboratories sending results electronically | 90% of Independent Labs | Conduct outreach with small, independent labs to promote health | 2012 - 2014 |

| Gap (in order of highest to lowest priority) | Target Measurement | Strategy | Timeframe |
|---|---|---|---|
| | | information exchange participation. | |
| Laboratories sending electronic lab results | 90% of Independent Labs | Research the possibility of offering Software as a Service (SaaS) solution to the small, independent labs. | 2012 - 2014 |
| Percent clinical laboratories sending results electronically | 90% of Independent Labs | Collaborate with Medicaid to assess the volume of Medicaid claims coming from laboratories that do not provide electronic lab results and consider policy changes to increase adoption, such as HIT incentives or requirements to participate in the delivery of electronic results. | 2011 - 2012 |
| Percent clinical laboratories sending results electronically | 90% of Independent Labs | Research the possibility of small, independent labs piggy-backing with large labs, such as the hospital labs, to leverage their systems. | 2011 - 2012 |
| Percent clinical laboratories sending results electronically | 90% of Independent Labs | Ensure continued and consistent collaboration with the large laboratories to promote participation in sharing electronic results with the State and planning for potential participation in statewide HIE. | 2011 - 2012 |
| Percent health plans supporting electronic eligibility and claims transactions | 100% of Health Plans; 90% of providers | Consider additional incentives or policy changes to encourage all providers to submit claims electronically. | 2012 - 2014 |

| Gap (in order of highest to lowest priority) | Target Measurement | Strategy | Timeframe |
|---|---|---|---|
| Percent health departments receiving immunizations | 100% of Health Departments; 15% of providers | Ensure the State has sufficient budgetary and personnel resources to expand HL7 interfacing capabilities with providers. | 2011 - 2012 |
| Percent health departments receiving immunizations | 100% of Health Departments; 15% of providers | Conduct additional outreach with providers to increase direct HL7 interfacing with the system. | 2011 - 2012 |
| Percent of health departments receiving notifiable laboratory results | 100% of Health Departments | Conduct outreach with small, independent labs to promote health information exchange participation. | 2012 - 2013 |
| Percent of health departments receiving notifiable laboratory results | 100% of Health Departments | Research the possibility of offering Software as a Service (SaaS) solution to the small, independent labs. | 2011 - 2012 |
| Percent of health departments receiving notifiable laboratory results | 100% of Health Departments | Consider policy changes requiring laboratories to send electronic results to the Health Districts in a consistent manner. | 2012 - 2013 |
| Percent of health departments receiving notifiable laboratory results | 100% of Health Departments | Research the possibility of small, independent labs piggy-backing with large labs, such as the hospital labs, to leverage their systems. | 2011 - 2012 |
| Percent of health departments receiving notifiable laboratory results | 100% of Health Departments | Ensure continued and consistent collaboration with the large laboratories to promote participation in sharing electronic results with the State and planning for potential participation in statewide HIE. | 2011 - 2012 |
| Percent health departments receiving syndromic surveillance | 100% of Health Departments | Continue to expand the types of facilities and providers that use | 2011 - 2012 |

| Gap (in order of highest to lowest priority) | Target Measurement | Strategy | Timeframe |
|---|---|---|---|
| | | EpiCenter to submit syndromic surveillance data. | |
| Percent health departments receiving syndromic surveillance | 100% of Health Departments | Continue to expand the type of data that is received from providers for syndromic surveillance. | 2012 |
| Percent health departments receiving syndromic surveillance | 100% of Health Departments | Ensure more consistent access to the EpiCenter system by the Health Districts. | 2012 - 2013 |