



## Health Information Exchange Strategic and Operational Plan Profile

### Overview

In 2009, Arkansas's Governor charged Arkansas's Surgeon General with convening a Governor's Health Information Technology (HIT) Executive Committee and a Health Information Technology Task Force. Comprised of public and private sector stakeholders, the Executive Committee and Task Force began meeting regularly to develop an overall vision for health information exchange (HIE) in the state and, ultimately, to develop Arkansas's Strategic and Operational Plans. In 2010, the Governor, by Executive Order, appointed an HIT Coordinator and established the Office of Health Information Technology to coordinate HIT activities and develop and expand HIE capacity among Arkansas providers. Arkansas gathered providers, consumers, payers, state agencies, employers, and other stakeholders to collaborate in developing, implementing, and supporting goals of the Arkansas statewide HIE system, which is known as the State Health Alliance for Records Exchange (SHARE), and will continue to foster that collaboration.

In the 2011 session of the Arkansas General Assembly, the Office of Health Information Technology (OHIT) was established in statute. OHIT is charged with coordinating health information technology initiatives within the state and establishing SHARE.

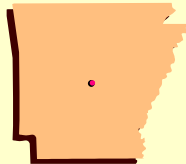
Arkansas is a rural state with no existing exchange entities and limited broadband access and will be pursuing a two-phased approach to health information exchange starting with secure messaging.

### Model and Services

During the **first phase** SHARE will complete a statewide deployment of the following services:

- Enable secure messaging using the Direct standards and ensure Health Information Service Provider (HISP) services are available across the state.
- Establish an openly-available provider index that will be populated from a variety of sources including:
  - Arkansas Blue Cross Blue Shield
  - Division of Medical Services at the Arkansas Department of Human Services
  - Arkansas Department of Health
  - Arkansas State Employee Benefits Division
  - Arkansas Medical Board
- Web portal to allow providers without EHRs the ability to utilize secure messaging services.

**State:** Arkansas



**HIT Coordinator:**  
Ray Scott

**Award Amount:** \$7,909,401

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**Website:**  
<http://ohit.arkansas.gov/share/Pages/default.aspx>

**Other Related ONC funding in Arkansas:**

Arkansas Foundation for Medical Care, Inc. Regional Extension Center (REC) \$7,400,000



The Arkansas Department of Health's Public Laboratory Division will also provide technical support to small labs to enable exchange using Direct. The OHIT is working with the University of Arkansas for Medical Sciences, the Regional Extension Center (REC), and Connect Arkansas, a private non-profit organization leading efforts to map broadband infrastructure locations in the state, to assess the relationship between various broadband expansion initiatives underway in the state.

Arkansas views close coordination with the REC as a vital component of the phase one strategy. Specifically, the Office of Health Information Technology and the REC will work to:

- Determine and document that the EHR products selected by the REC for their "preferred product" list are Direct compliant. Those systems currently noncompliant will be informed and a set of specifications and requirements will be provided and a reasonable timeframe for compliance will be established. Failure to meet these specifications and requirements will result in those EHR products being removed from the list.
- Establish a training program and process to inform and educate the health care provider community about Direct standards and how SHARE will facilitate the exchange of clinical summaries and structured lab reports.
- Develop a plan for providing on-site technical assistance and support to those health care providers who require support in order to successfully implement EMR systems.

The **second phase** will begin after successful deployment and sustained performance of the first phase. The second phase will include:

- Master Person Index
- Record Locator Service
- Data management/warehousing infrastructure
- Development of a single sign-on methodology plan
- Web-based portal to provide front-end access to services such as HIE, Health Benefits Exchange and Eligibility, Department of Human Services (DHS) services and SHARE. User authentication for both providers and consumers will be enabled through the use of a single sign-on solution that will be developed or acquired by the Arkansas Department of Information Systems. The web-based portal and single sign-on solution will ensure the secure transmission of user credentials and information, and allow for the addition of services necessary to meet the needs of providers and consumers.



## Highlights

- **Collaboration of three core shared services:** Arkansas has determined that SHARE must be developed and implemented to provide access to core functions--a master provider index, a master person index and a record locator service--for HIT-related initiatives and purposes. SHARE, the state Medicaid Management Information System (MMIS) and the Health Benefits Exchange (HBX) will interface around these core functions, and each will be expected to contribute to a cost allocated method of funding for the initial development of these core functions.
- **Stakeholder collaboration and planning:** Arkansas's stakeholders are working together in a synchronized planning and development process to ensure that SHARE can be utilized as the primary HIT "utility" for the state. This collaboration also includes the close coordination between OHIT and the Arkansas Insurance Department in the planning and development of the states solution for a health insurance exchange which Arkansas refers to as the Health Benefits Exchange (HBEx).



# Meaningful Use

## Landscape

## Strategy

### E-Prescribing

- Approximately 84% of the pharmacies in the state are equipped with the necessary hardware and software to facilitate e-prescribing. However, less than 25% of all prescriptions are processed electronically. While the infrastructure is uniformly available in Arkansas pharmacies, utilization is driven by provider participation. Based upon surveys conducted in Arkansas around provider HIT readiness and included in the Strategic and Operational Plan submitted August 31, the survey of Medicaid providers reflected that only 69.5% of providers surveyed were currently performing e-prescribing, while 45% of providers surveyed by the Arkansas Foundation for Medical Care (AFMC) were utilizing e-prescribing.
- 43% of surveyed pharmacies noted **no** change in physician prescribing patterns around generic or preferred drug prescriptions.
- 35% of surveyed pharmacies stated that e-prescribing is their preferred mechanism for receiving and processing prescription orders.
- 63% of surveyed pharmacies stated that financial cost was not a barrier to utilizing e-prescribing.
- 50% of surveyed pharmacies stated that physician utilization was a barrier to utilizing e-prescribing.
- 47% of surveyed pharmacies state that they were overall satisfied with their e-prescribing systems.

1. *Data Collection:* The Office of HIT is addressing these gaps by conducting both a provider and pharmacy survey to gather this information. The Office of HIT has worked with the Arkansas Pharmacy Association and the Arkansas Medical Society to obtain any available data held by their organization as well as in the development of an appropriate survey instrument, which is in the process of being placed in the field. This data can help provide more accurate baseline data of e-prescribing status and 3 year goals can then be established.
2. *Technical and Collaborative Options:* In order to facilitate e-prescribing technical and operational functionality to SHARE, the Office of HIT will build upon existing state resources and contractual relationships in place. Potential avenues being explored are developing a direct contractual relationship with the most utilized e-prescribing vendor in the state, SureScripts or AllScripts. Discussions with the Arkansas representative have taken place on how to build a connection between SHARE and SureScripts in order to provide this as an option to providers utilizing SHARE. This will serve to include e-prescribing to the workflow changes required for use of an EHR in provider offices and hospitals.  
  
Another mechanism for facilitating e-prescribing via SHARE, is partnering with the Arkansas Employee Benefits Division (EBD). EBD currently has a contract with SureScripts by way of their prescription benefits manager (PBM). Exploration of extending this relationship to include SHARE is underway to provide alternative options for achieving this connectivity. Building on existing contracts will reduce the time frame required to negotiate contracts with the e-prescribing service provider.
3. In coordination with the Arkansas Regional Extension Center, the Office of HIT will develop appropriate educational material and training resources to increase provider adoption of e-prescribing.

### Structured Lab Results

There are 2114 CLIA labs in Arkansas. In order for Arkansas to develop appropriate strategies for lab interoperability and delivery of structured lab results, more information must be gathered to determine:

- Percent of labs able to produce and deliver structured labs

Increasing the electronic delivery and exchange of structured lab results in the state will involve policy, procurement, technical, and collaborative strategies. These specific options and strategies will be more concretely defined based on the survey results of laboratory capabilities in Arkansas.

1. *Data Collection:* Office of HIT will deploy surveys to labs across the state in December. Once this information is collected, baseline data will determine the current percentage of lab results



- Percent of labs able to receive orders electronically
- Percent of lab results currently being delivered electronically
- Percent of providers receiving structured lab results

being delivered electronically. Goals can then be established for increasing electronic lab results delivery over the next 3 years.

2. *Regulations and Policy:* Options will be evaluated related to structured lab results which include:
  - Include standards-based interface language requirements in Lab Services contracts with the state Medicaid Agency
  - Review State Request For Proposals (RFP) and contract renewals to ensure they include requirements to comply with national standards
  - Assess Arkansas’s laws and regulations to ensure alignment with current CLIA regulatory guidance
3. *Procurement and Technical Options:* As part of the RFP, Arkansas plans to include a set of statewide core services that could facilitate the exchange of structured lab results. Included in the core services will be a master provider index. The HIE can use this index to route lab results to the appropriate destination.
4. *Collaboration: REC:* Nearly half of labs in Arkansas are affiliated with a physician office (47.3%). Because of this, the Office of HIT and REC will work together to ensure that vendors the REC is supporting will include lab interoperability and structured lab results delivery and capabilities as part of their systems that are certified for use in physician offices. This will greatly increase electronic lab capabilities across the state.

The Office of HIT is a participant in the Lab Interoperability HIE Community of Practice and information on meaningful use strategies and best-practices can help provide guidance for the state

5. *Implementation:* Currently, the Arkansas Department of Health, Public Health Laboratories are unable to transmit or receive laboratory requests or results electronically but are working with the Office of HIT to develop the policies, procedures and protocols to facilitate electronic exchange using push and pull methodologies. In order to leverage current activities and resources, the Office of HIT will work with the Public Health Laboratories to utilize secure messaging to facilitate the sharing of structure lab results and ordering. Using the laboratory survey data, currently being fielded by the Office of HIT, an assessment of laboratories in the three CLIA certification categories (waived, moderate, complex) will be completed, identifying laboratories most ready for HIE as well as those least ready for HIE. Those most ready to participate in HIE will be incorporated into the planned phase I demonstration period. By leveraging community hospital resources, those laboratories least ready will be incorporated into the demonstrations.

**Patient Care Summary**

The lack of information regarding the provider and hospital readiness is the existing gap for incorporating patient summary records. The surveys developed

1. *Data collection:* The Office of HIT is conducting surveys of hospitals and providers to obtain baseline data regarding EHR adoption and utilization and what information is currently being exchanged. This baseline information will help set progress



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and in process will serve as the mechanism to fill this gap. An additional missing component is the contractual and collaborative agreements. The development of data use, consent and business associate agreements are underway and will facilitate the production and sharing of the necessary information.

goals over the next 3 years.

2. *Technical Options:* SHARE will implement Direct and either serve as a statewide HISP or secure another entity to serve this role allowing unaffiliated organizations the ability to exchange clinical summaries.



## HIE Inventory

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

