Appendix A – To Strategic and Operational Plan

"Stage One Meaningful Use Attainment Strategies for South Dakota"

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INTRODUCTION

South Dakota is pleased to submit this appendix to our Strategic and Operational plan submitted to ONC in May 2009. This appendix will address our phased approach to enabling health information exchange (HIE) to support the meaningful use of electronic health records (EHRs), including electronic prescribing, lab results delivery and the exchange of care summary records. In the following narrative, we identify gaps, strategies for filling those gaps, goals, measures we will use to monitor the closure of those gaps, and our risk mitigation strategies for the domains identified in ONC's Program Information Notice (PIN) of July 2010.

Our approach builds from existing and current investments in South Dakota's HIE infrastructure and fills gaps that exist in the HIE marketplace in order to make available at least one option for every eligible provider who is ready to achieve meaningful use. Additionally, our phased approach will provide services to participants in the state who use the protocols and methods developed in the Direct Project or other exchange methods.

The South Dakota Health Information Exchange (SDHIE) will act as a Health Information Service Provider (HISP) and will develop a common provider directory, certificate authority services and educational and outreach services to support HIE in the state and, over time, with other states and federal entities. The SDHIE will also create a policy framework that will allow other, properly vetted HISPs and service providers to connect to and leverage the services of the SDHIE to support Direct and other exchange methods as needed. This short-term approach will leverage components of our long-term, core strategy that creates a secure messaging platform (SMP) and address immediate provider needs to support stage 1 meaningful use in 2011 while providing needed time to develop our more robust, long-term HIE strategy.

Our long-term strategy leverages South Dakota's existing and developing public health information exchange infrastructure. By leveraging these investments, we will give the SDHIE a strong customer base to support the long-term sustainability of our state's HIE efforts while supporting South Dakota's public health goals of improving population health and meeting the needs of our stakeholders. This leveraging of resources is cross cutting to include several state agencies and resources outside of the HIE Cooperative Agreement funding, allowing our HIE funding to be used more effectively and efficiently.

Following a more detailed description of our phased approach to supporting meaningful use, the remainder of this appendix addresses specific deficiencies cited by ONC after their review of our original Strategic and Operational Plan.

CORE SERVICES

Implementing our strategy for HIE in South Dakota leverages a set of core services as detailed below. Two key components of this set of core services are a provider directory and a certificate authority.

Provider Directory

South Dakota's phased approach to HIE initially leverages existing provider data within the South Dakota Medicaid Agency (SDMA) information system. This resource will identify and serve up HIE-related information on the large majority of the providers in South Dakota. Leveraging this provider directory will alleviate the need to develop a new directory and will assist with processes to maintain its currency. Two key steps in this process include addressing technical connections for implementing Medicaid's provider directory into the state SMP and creating a HIE provider directory from Medicaid's baseline provider data. Work will start in mid-February with a selected vendor to import and refine the Medicaid data. South Dakota Medicaid is in the process of transitioning their legacy MMIS system; the SDHIE will coordinate its efforts with SDMA's transition timeline.

Long term, the goal is to provide a single source of truth for provider directory as a core service of the SDHIE. We will manually enter providers not in the current Medicaid data in order to complete a comprehensive provider directory. An option to identify the providers that have registered requires getting CMS data.

The SDHIE will offer this common provider directory to any entities who wish to look up addresses, or who wish to document the sender/receiver has an approved certificate issued by the SDHIE.

Maintenance of the provider directory will be managed at two points: Medicaid will maintain currency of their list annually and the SDHIE will manage the remaining updates annually – possibly by comparing DOH licenses with this list. We may also provide for a self-registration option. Planning will include a due diligence process to monitor provider directory updates. We will also be following recommendations of the Federal Advisory Committee Act (FACA) Committee provider directory workgroup regarding best practices.

Public Health is a primary sponsor funding the SDHIE's initial architecture for a provider directory service. Medicaid will provide financial support for development and ongoing maintenance of our core infrastructure.

Certificate Authority

The SDHIE will act as the Trust Anchor for the certificate authority. Requests for x.509 certificates will be routed through the SDHIE, and a business process will define the discrete steps in the application for, acceptance of, and issuance of appropriate certificates. Business

process will include demographic, technical and security posture information that must be gathered as part of the registration process. The SDHIE will initially issue certificates to potential Direct senders and recipients.

The SDHIE will enter into mutual agreements with local exchanges and other non-SDHIE exchanges. Each will be contractually obligated to manage authentication services for physician, hospital and other stakeholder systems connecting to the local exchange. Authentication standards will be required to match the standards established by ONC where appropriate in order to allow participation in interstate data exchange via the Nationwide Health Information Network.

SDHIE will maintain an identity repository that associates certificates to all those users who have completed the enrollment process. This process will establish them as trusted Direct users with SDHIE. SDHIE will maintain the capability to revoke certificates if Direct senders or receivers do not maintain minimum administrative, technical, or security postures. The SDHIE will enter into mutual agreements with local exchanges and other non-SDHIE exchanges. Each will be contractually obligated to manage authentication services for physicians, hospitals and other stakeholder systems connecting to the local exchange.

In order for an entity to join the statewide HIE as a participant, it must follow a three-stage connection protocol.

- Provider credentialing
- Security Risk Assessment
- Policy and procedure review
- Trial exchange

The first step for provider participation in the statewide HIE is the authentication of that individual as a health care provider. The statewide HIE will query the existing South Dakota Board of Physician Licensure Database and other authoritative data sources to authenticate the existence and status of state licensure. The HIE will develop a participation agreement that will codify the relationship with various participants.

Providers interested in participating in the statewide HIE will have the ability to review the terms and conditions of the participation agreement on the statewide HIE's website.

A consistent participation agreement that is entered into by each participant without substantial or material modification is to ensure that "transitive trust" can be maintained across the entire exchange. Transitive trust is the mutual trust between HIE participants rooted in the knowledge that each participant has entered into a consistent participation agreement and has complied with a minimum security profile that defines appropriate usage and requirements for participation, thereby avoiding the participant-to-participant need to know every individual provider and employee accessing the exchange. This approach acknowledges understanding on the terms and conditions in a participation agreement for a future state, establishment of a

robust electronic exchange (including any potential data types), and gaining community-wide agreement by each participant. The statewide HIE is expected to complete the credentialing process for providers participating in the statewide HIE. Consumer credentialing will occur directly with the provider at the point of care.

The Security Risk Assessment process is designed to ensure only authorized users are able to access systems or services to protect existing SDHIE members. It also contains the auditing mechanisms that allow for system administrators to review and ensure that only those appropriate credentials and permissions have accessed the system. Primary focus of the Security Risk Assessment process will identify the controls surrounding, authentication, authorization, access control, and auditing.

Policy and procedure review protocol will require the entity to provide all policies and procedures surrounding patient consent to statewide HIE for review. All policies and procedures should be clearly written to enforce privacy standards and communicated to staff accordingly. As part of the anticipated work to be performed under the Regional Center grant by HealthPOINT, physician practices will receive information related to best practices for workforce members with access to protected health information. The education material will focus on education to better understand privacy and security standards. The entity will then be asked to sign a Participant Trust Agreement and Business Associate Agreement.

During the third stage of the protocol, the entity will conduct a trial exchange of patient data with the SDHIE. This final stage allows end to end testing of capacity to exchange, x.509 implementation details, and provider-side workflows necessary for successful exchange. The complexity of the exchange will determine the level of connectivity between the entity and the HIE. In the initial phase, a test Direct address and a testing environment will be developed so each provider can test their capacity to exchange using Direct. In order to ensure the SDHIE can exchange data with Federal providers (IHS and VA) we will have certificates that chain to the Federal Bridge Certification Authority.

Consent Management Services

As previously described in our Strategic and Operational Plan, South Dakota intends to implement the appropriate policies and procedures for consumers to opt out of participation in data sharing via the SDHIE. These policies and procedures will be developed in accordance with laws of SOUTH DAKOTA and the needs of consumers.

Our intent for Phase 1 is to understand how we will mechanically do consent management when we expand HIE capabilities. In Qtr 1 and 2 of 2011, we will research consent management policies and procedures for consumers across successful HIE implementations with the intent to build a service for users of the SMP.

For Phase 1, the sharing of immunization data will require developing baseline policies and procedures for consent management. For Direct users in Phase 1, we assume they will not need

consent management services above current HIPAA compliance measures for point to point exchange as Direct protocols assume that trust has already been established before exchange occurs. The work done in Phase 1 for sharing immunization data will help us build capabilities to leverage and expand when the HIE is more robust.

Health Information Organization Policy Development

South Dakota will rely on the market to drive HIE by creating services and offerings that will facilitate adoption of HIE services and participation in the SDHIE. The State Health IT Coordinator will analyze and develop the policies and procedures that will govern the SDHIE including enrollment guidelines, participation agreements, and sanction policies as well as developing requirements for use of HISP.

As part of the State Health Policy Consortium, South Dakota intends to leverage the interstate options that will be developed to allow for the exchange of health information across state lines. Such methods might include compacts other multi-state agreements. Documents developed by the State Health Policy Consortium will be the drivers for advancing HIE across state lines.

Patient Matching Services

As part of the development of the Public Health infrastructure, an MPI will be developed leveraging DOH databases. While this concept is not necessary to meet stage 1 meaningful use, this is being developed using alternate funding sources to be leveraged for future phases of HIE development. South Dakota will also explore our options and data sources for establishing a Master Patient Index, Record Locator Service, or other approaches to patient matching to be added to our SMP that will meet the needs of Public Health and provide an expansion point for future HIE. Such solutions will take into account the needs of our stakeholders.

South Dakota's Strategy for Enabling Meaningful Use through HIE

We are leveraging existing infrastructure and development of core services for a long-term strategy for a HIE hub utility as well as accommodating more immediate needs for stage 1 meaningful use in 2011. As our approach will also provide services to participants in the state who use Direct, or other exchange methods, we expect to fill remaining gaps in South Dakota to allow at least one option for every eligible provider who is ready to meet meaningful use.

By focusing on an initial build to provide a set of core services via a funded public health infrastructure, we will gain needed time to thoroughly analyze cost, time and resources via pilots with 5 clinics and 2 labs. The pilot projects will help us position and leverage our service offerings and demonstrate the value of a statewide HIE infrastructure.

Short-Term, Gap-Filling Strategy

As a HISP, the SDHIE will be a certificate authority with a process to manage acknowledge and certify other HISPs as they emerge. The SDHIE will create a process to manage interactions with other certificate authorities or other entities providing services of a HISP.

While the long-range strategy builds from a solid core set of functions, we realize that not all providers will be participants in this robust exchange. The parallel development of this core, long-term structure will be advantageous to quick deployment and development of future stages of HIE.

The Direct Project will be used in conjunction with the SDHIE to allow for providers not ready or able to connect to the SDHIE the option to exchange information securely and while allowing for every eligible provider in South Dakota to meet meaningful use. The Direct Project will allow the secure push of a clinical summary from a sender to a receiver using the HISP services of the SDHIE Certificate Authority and Provider directory. Inclusion of the Direct Project standards may satisfy stage 1 meaningful use requirements for providers not yet participating in the SDHIE.

The use of Direct protocols will allow for simple, point-to-point electronic communications among organizations, which the SDHIE feels will improve care of patients and families by advancing the exchange of key clinical information.

Through arrangements with HealthPOINT, South Dakota's Regional Extension Center (REC), the SDHIE will develop materials and information about the Direct Project for HealthPOINT employees to use during the assessment process with eligible providers served by the REC. This information will also include details of the SDHIE and the services they offer in addition to information about using the Direct Project as a means to meet Stage One meaningful use requirements for those not yet participating in the SDHIE.

Long-Term, Core Strategy

South Dakota's long term development builds on the infrastructure that is being developed by the South Dakota Department of Health. This long-term strategy will be developed in a manner that allows those participating in this platform to meet stage one meaningful use while allowing for those using Direct or other HIE services the ability to utilize the HISP services offered by the SDHIE as previously discussed.

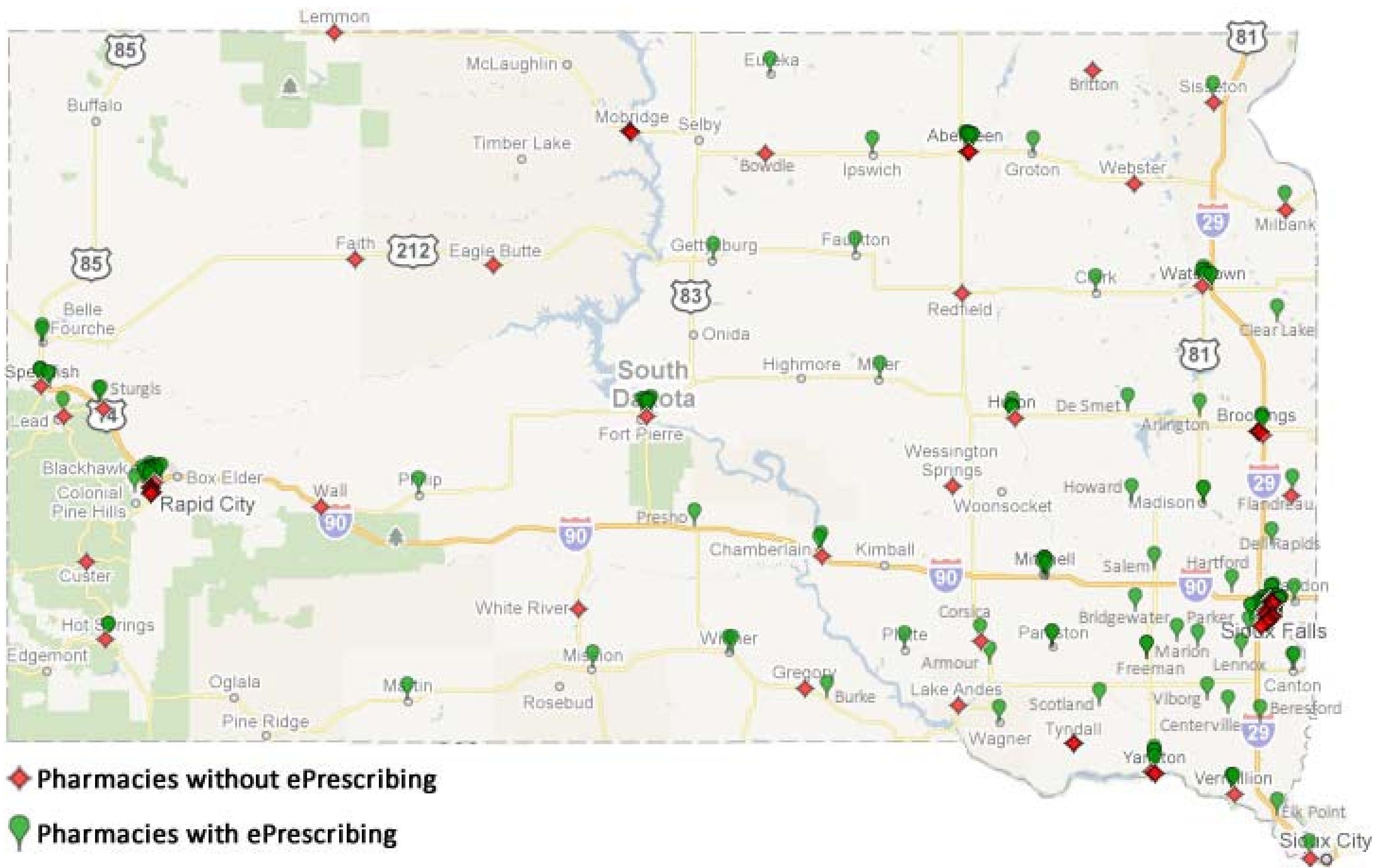
Robust, bi-directional immunization data exchange is a key component of the core, long-term HIE development strategy. Likewise, robust delivery of reportable lab reports will be submitted through this infrastructure. These two developments will allow for a subset of providers to meet stage 1 meaningful use in 2011 through the delivery of lab results and the exchange of a care summary across unaffiliated business organizations.

ePrescribing Gaps, Strategies, and Measures – Stage 1

South Dakota has gaps in both prescriber and pharmacy adoption of e-prescribing, though the larger gap is among providers. The SDHIE will leverage existing e-prescribing infrastructure (i.e., the Surescripts network) in its strategy to support stage 1 meaningful use. We will focus our efforts on increasing adoption of e-prescribing among pharmacies that directly address geographical gaps in pharmacy coverage, with a goal of a 5% increase in the number of e-prescribing-enabled pharmacies by the end of 2011.

e-Prescribing Gaps

According to 2010 Surescripts data , approximately 27% of prescribers are using e-prescribing functionality and 80% of pharmacies are e-prescribing enabled in South Dakota. Figure 1 below shows the geographic distribution of both retail pharmacies that are e-prescribing enabled and those that are not e-prescribing enabled.



1 – Geographic distribution of e-prescribing enabled and non-e-prescribing enabled retail pharmacies in South Dakota.

The primary gap in e-prescribing overall is in physician adoption, but some gaps remain in the geographical distribution of e-prescribing enabled pharmacies, which would put some eligible providers at risk for achieving stage 1 meaningful use in 2011. These pharmacies are largely independent and rural pharmacies.

To further our understanding of gaps in e-prescribing, the SDHIE is currently conducting a survey of retail and outreach pharmacies to gather the following information:

1. Baseline e-prescribing adoption – for environmental scan, scope design, stakeholder/user groups;
2. Baseline e-prescribing functionality – for scope statement, technical requirements for implementation design; and
3. Define e-prescribing/HIE stakeholders – market needs, communications, priority implementation planning.

This survey will be completed on February 15, 2011. The data will be analyzed and the results incorporated into this appendix after that date.

Going forward, the SDHIE will leverage the data that will be provided through the recently announced ONC agreement with Surescripts to continually monitor the adoption rates of e-prescribing at the pharmacy and provider levels (supplemented through a provider survey that will be done at a later date by HealthPOINT).

e-Prescribing Strategies

Short-Term, Gap-Filling Strategy (March 2011 to December 2011)

The SDHIE will focus on closing the gap of pharmacies that are not e-prescribing enabled in areas of the state where eligible providers are unable to connect to local retail pharmacies. Our strategies for addressing these gaps in 2011 include the following:

- Matchmaking: We will monitor eligible provider enrollment with HealthPOINT, South Dakota's Regional Extension Center to identify the pharmacies with which those providers most frequently interact and identify instances where those pharmacies are not e-prescribing enabled.
- We will communicate directly with those pharmacies to alert them that their referring prescribers are adopting e-prescribing and encourage them to become e-prescribing enabled.
- We will inform the eligible providers about their local pharmacies' e-prescribing status and encourage them to communicate with their pharmacies about their desire to send prescriptions electronically. HealthPOINT will develop a fax cover sheet that eligible providers can include in their faxed-in prescriptions to pharmacies in their area that are not yet e-prescribing enabled.
- **Mail-Order Pharmacies:** We will identify mail-order pharmacies that service the state and are e-prescribing enabled and encourage eligible providers to use these pharmacies when local options are not available. This strategy will provide additional incentives for local pharmacies to become e-prescribing enabled.

- **Incentives:** In cases where making the transition to e-prescribing would represent a particular hardship to pharmacies serving remote or underserved locations, the SDHIE will consider providing incentives to those pharmacies.

Long-Term, Core Strategy – Phase 1 (March 2011 to December 2011)

As we expand our HIE capabilities, the SDHIE will identify and develop other value-added services related to e-prescribing. Our Phase 1 approach will focus only on identifying and refining these additional services; later phases will focus on development and implementation. To date, we have identified several opportunities that would be valuable services to pharmacists and providers and which may prove to provide future financial sustainability options for the SDHIE. Such value-added services may include:

- a monitoring service for identifying drug-seeking behavior in real time; and
- medication history services that support medication therapy management offerings by pharmacies, which may significantly increase the value they receive in participating in the SDHIE.

Long-Term, Core Strategy – Phase 2 (January to December 2012)

The SDHIE will develop and implement the value-added services identified in Phase 1 and will continue to implement our short-term, gap-filling strategies as needed to increase pharmacy adoption of e-prescribing.

e-Prescribing Measures

The SDHIE's goal is to increase the percentage of e-prescribing pharmacies in South Dakota from 80 to 85% in 2011. While this may not seem to be a significant increase, we believe that this increase, using our targeted approach to increasing pharmacy adoption, will result in the closure of remaining gaps for e-prescribing so that all eligible providers will be able to achieve stage 1 meaningful use in 2011.

Laboratory Reporting Gaps, Strategies, and Measures – Stage 1

South Dakota DOH is currently working with two hospital based laboratories to connect them through our secure messaging platform to the state public health laboratory. This work will be expanded to other hospital-based or clinic-based laboratories in South Dakota that have the electronic capacity to connect.

Laboratory Exchange Gaps

Our current understanding is that there is limited electronic laboratory results delivery in South Dakota. Therefore the SDHIE is conducting a survey of laboratories to obtain:

- baseline Laboratory Information System (LIS) adoption;
- baseline LIS functionality; and
- define laboratory/HIE stakeholders.

The survey of laboratory electronic capacity will assist in incrementally developing further connections to the South Dakota secure messaging platform to allow a larger base of laboratories with which providers will be able to exchange laboratory orders and results.

The survey is collecting information on current connections to **commercial** laboratories. This will help identify where existing connections are already developed and will allow those existing connections to be leveraged and expanded. This survey will also identify the gaps or barriers that persist in the use of LOINC or SNOMED codes, financial or technical barriers, and the need for mapping or translation services. The survey will be completed on February 28th, 2011.

Our methods for identifying and locating laboratories in South Dakota target CLIA-certified (except waiver certified labs) and Medicaid payment partners (approximately 20 labs). We estimate that approximately 30 to 40 labs in South Dakota will ultimately utilize the SDHIE SMP for exchange. The lab survey will identify these labs. Our current assumption is that most electronic lab results delivery occurs within Integrated Delivery Networks (IDNs). Electronic lab exchange with the state public health lab is currently being done by only one hospital. A second IDN is preparing to initiate exchange.

Laboratory Exchange Strategies

Short-Term, Gap-Filling Strategy (March 2011 to December 2011)

The SDHIE will work closely with our state's REC, HealthPOINT, to identify eligible providers that are not having their meaningful use needs met through their existing reference lab relationships. We will provide education and outreach to these labs regarding options for connecting to our public health infrastructure or leveraging Direct to deliver lab results electronically. For labs wishing to leverage Direct, we will offer provider directory and certificate authority services as part of our role as a HISP in South Dakota.

Long-Term, Core Strategy – Phase 1 (March 2011 to December 2011)

South Dakota intends to build from the existing public health infrastructure, which includes two hospital laboratories that will be submitting reportable diseases to the public health laboratory. These connections will be leveraged to allow laboratories to receive orders and send results through our secure messaging platform.

South Dakota DOH is working with five clinics and two laboratories in the areas of immunization reporting and reportable laboratory reports. These connections will be leveraged to expand the provider ability to not only submit immunization data electronically, but will leverage the connection to two laboratories to allow providers to submit lab orders and receive results

through the secure messaging platform. Throughout 2011, the SDHIE will engage laboratories to expand their participation in our SMP and related services.

South Dakota realizes that LOINC and SNOMED coding issues will persist. In Phase 1, the SDHIE will develop translation services to assist with mapping of LOINC and SNOMED codes in structured lab results. Currently, public health is working with one of our hospitals to map LOINC codes to their current coding schemas. We are hoping to leverage this same effort with other hospitals. We also intend to work with the states of Colorado and California on an initiative to address these complex issues.

Long-Term, Core Strategy – Phase 2 (January to December 2012)

Building from the implementations in Phase 1 of our core strategy, the SDHIE will evaluate the next level of laboratories that will be connected to the SDHIE. These would be in addition to the three IDN laboratories that serve the majority of providers in the state.

Laboratory Exchange Measures

By the end of July 2011, the SDHIE will have two IDN laboratories connected to the SMP. We expect to make a connection to the third IDN laboratory in early 2012. The SDHIE will support as many labs who wish to use Direct as a lab results delivery mechanism as are needed. We don't have a set goal for the number of labs leveraging Direct; or goal is to be able to support as many as with to use it.

Care Summary Exchange Gaps, Strategies, and Measures – Stage 1

Care Summary Exchange Strategies

Short-Term, Gap-Filling Strategy (March 2011 to December 2011)

Our strategy for the exchange of a care summary will be implemented in the same manner as our lab and eRx strategies. This includes the use of our Public Health infrastructure as well as allowing Direct users the services of the SDHIE HISP. The short-tem solution utilizing Direct and the HISP services from the SDHIE where needed will allow all eligible providers to meet stage 1 meaningful use in 2011. In addition, providers participating in the SMP provided by the Public Health agency will be able to meet stage 1 MU though this network.

In addition, the SDHIE will utilize our existing public health infrastructure to allow eligible providers to submit test files containing care summary documents to allow providers to meet stage one meaningful use attestation requirements. We will use the information we learn through our partnership with HealthPOINT to target specific clinics and providers that do not have access to lab providers that have electronic exchange capabilities.

The SDHIE will not be surveying hospitals for a baseline, the will have the SMP and Direct as options to meet stage 1 meaningful use in 2011. The SDHIE will continue to monitor on a monthly basis in conjunction with HealthPOINT or be in contact directly with the hospitals not affiliated with one of the three IDNs in the state.

Long-Term, Core Strategy – Phase 1 (March 2011 to December 2011)

Our long-term strategy for care summary exchange will be developed over time in a parallel path with our short-term strategies, each leveraging the other. The capacity to expand those exchange a care summary through the SDHIE will continue to expand over Phase 1.

Long-Term, Core Strategy – Phase 2 (January to December 2012)

Future expansion of the delivery, use, and need of care summaries will be addressed in Phase 2 SDHIE development. Such expansion will consider the needs of the users of the exchange, the technical capacity of the exchange, and the financial sustainability of any expansion to the SDHIE.

Care Summary Exchange Measures

By the end of July 2011, we will have five clinics connected to the SMP. We expect this number to expand to 20 clinics by replicating the interface and implementation work with other clinics that use one of the initial five EMR vendors represented in the initial Phase 1 work.

By the end of December 2011, we expect to expand the number of EHR vendors that are capable of connecting to the SMP from five to ten, with at least one clinic connecting for each of the additional five vendors.

Project Management Information

The South Dakota HIE intends to use standard project management methodologies to identify, plan and implement tasks, utilize appropriate resources and manage costs and scope changes. As the SDE, we will leverage state policies for project management, including procurement management. This amendment to the Strategic and Operational Plan presents a definitive scope statement for our HIE's development of e-Rx, lab exchange and care summary exchange capabilities. Further development of this project's management documentation will hinge on the approval of our Strategic and Operational plan and the development of a relationship with a vendor(s). At that point we will complete a detailed project schedule, roles and responsibilities matrix, risk communication and quality management plans, cost and resources definition and a business sustainability plan.

Integration management will focus on two areas: vendor management and DoH and ARRA partner collaborations. South Dakota HIE is working with existing Public Health infrastructure, previously identified, to develop a plan that will allow for the phased expansion of HIE in South Dakota. Specific vendor tasks, additional timelines, metrics, policies and responsible parties will

be developed as part of the contract process with a vendor and formally incorporated into our plan and submitted to ONC for approval. The vendor procurement process to date has included an RFP process, vendor finalist selection and vendor demonstrations

To support the change control process, we have implemented joint ARRA Grantee partner meetings with REC and Workforce Development to cross-walk implementation and change management roadmaps to align efforts and estimate requirements.

SDHIE's risk management plan has identified and prioritized risks for developing electronic lab results reporting, e-prescribing, and electronic exchange of a care summary document. We have outlined several of these with risk mitigation strategies in Attachment I of this Appendix. The information contained in these attachments is meant to be a representative way in which risks will be identified, ranked, and prioritized throughout the life of the HIE. Future risks, rankings, and mitigation strategies will be identified on an ongoing basis with a minimum of bi-monthly review and updates of the status and identification of current and unidentified risks.

An updated project schedule with specific dates, milestones, and resources is Attachment II to this Appendix. This Schedule updates the previously submitted project schedule to account for the reduced scope of work undertaken in Phase 1 and 2 as part of our phased approach to HIE in South Dakota. The overall project plan will be a living document and amendments, changes, and additions will be made during the life of the project. All project timelines will be readily available to ONC for review and approval at any interval deemed appropriate to monitor our progress.

Financial Controls

The South Dakota DOH, as the State Designated Entity, has in place the necessary financial controls to ensure HITECH funds are being used legally and appropriately to support the goals of the HIE CA with South Dakota. The DOH holds many other federal grants and complies with the necessary requirements placed on them from the federal level or by state of South Dakota requirements.

The South Dakota eHealth Collaborative released and RFP, according to state of South Dakota procurement requirements (**RFP Process and Requirements of SDCL 5-18-55 through 5-18-62 for State Agencies)**, for a vendor to provide the services described above. Upon approval of our State Plan, we intend to move forward with a contract to begin the implementation of the phased approach described previously in this document. Vendor oversight will be undertaken by the SD DOH and State Health IT Coordinator. Involvement of ONC project officers and fiscal officials will be sought when necessary or when requested of the DOH.

South Dakota will work with the existing infrastructure and vendor(s) where possible and will follow all state requirements for contracting.

Federal Program and Other Coordination

At the urging of the South Dakota's HIT Coordinator, administrative stakeholders in South Dakota's transition to electronic health records met at Lake Madison on 24 August 2010 for a day-long session to discuss collaborative arrangements between meeting participants. The purpose of the meeting was to craft a mission and strategy and to establish concrete plans for collaboration across the organizations participating in the strategic planning session.

The participants at the meeting included representatives from the state Medicaid Office; the office of the State Health Information Technology Coordinator; the Workforce Development Grant (WDG) based at Dakota State University; the Regional Extension Center (REC) at Dakota State University; and the Federal Office of the National Coordinator for Health Information Technology. The purposes of the meeting and the longer-term collaboration between those who participated were to:

- Identify participants' organizational strengths and, as appropriate, pool resources;
- Highlight natural areas of cross-over between organizations;
- Establish a unified appearance and one vision toward the adoption of a single HIE for the State of South Dakota;
- Communicate across programs to ensure no net loss of resources through duplication;
- Coordinate with federal programs that were unavailable for the planning session, particularly Medicare, Indian Health Services (IHS), and the Veteran's Administration (VA).
- Craft a well-defined roadmap for EHR and HIE adoption in the state.
- Move from a collaborative to a long-term partnership.
- Share resources: build and share scalable, reusable methodologies, particularly in the areas of marketing/execution.
- Cut timelines by finding common workflow areas and being force multipliers.
- Have a clearly defined "scope" for the collaboration.
- Understand the scope and metrics of each participating collaboration entity.

Medicaid Coordination

The South Dakota Department of Social Services, Division of Medical Services is the designated South Dakota Medical Assistance program (SDMA) and has worked closely with the Department of Health (DOH) and the eHealth Collaborative and will continue to do so under our State Medicaid Health IT Plan (SMHP). The DOH is the State Designated Entity (SDE) for advancing health information technology (HIT) in the State of South Dakota. The State HIT Coordinator is based at the DOH and is also the chairperson for the South Dakota eHealth Collaborative. Emphasis is placed on collaboration and coordination among stakeholders.

South Dakota's SMHP will provide readers with an understanding of activities we will employ over the next five years to implement section 4201 of the American Recovery and Reinvestment Act of 2009 (ARRA). Subsequent sections of the SMHP provide a detailed description of the plan to implement and administer the South Dakota EHR Incentive Program, including our plans to:

- Establish, administer, and oversee the program
- Obtain stakeholders input to assist with development and implementation of meaningful use definitions for the South Dakota EHR Incentive Program
- Capture attestations and reporting data electronically
- Monitor and report clinical quality measures to the Centers for Medicare & Medicaid Services (CMS)
- Disburse and monitor incentive payments
- Update the State's electronic systems to improve functionality and interoperability with existing systems
- Educate Providers to encourage adoption, implementation, or upgrade of certified EHRs and meaningful use by eligible professionals (EPs) within their practices and by eligible hospitals (EHs) throughout the State of South Dakota
- Ensure privacy and security of electronic Protected Health Information (ePHI)
- Prevent fraud and abuse

The ultimate goal for South Dakota is to improve population health and quality of healthcare for South Dakotans using clinical information obtained through adoption, implementation, or upgrade of certified EHR technology to measure the health outcomes and to reduce the cost of healthcare by eliminating duplicate services.

Public Health Engagement and Coordination

The State of South Dakota Department of Health has received other funding to promote the electronic movement and use of health information among organizations using nationally recognized interoperability standards. It is intended to establish the technical infrastructure to provide as a base in which to enable broader health information exchange in South Dakota. The DOH aims to develop a secure messaging platform for immunization information system, develop an interface and create an automated de-duplication process.

South Dakota Immunization Information System (SDIIS) under DOH umbrella currently receives immunization data from EHRs directly via staff entering data into SDIIS. SDIIS is currently not capable of processing an HL7 query for a specific immunization record and returning multiple matches or uploading that record into the database. A previous RTI funded project has enabled templates to exchange immunization data across state lines among the six states. Plans are underway to coordinate interoperability by expanding the pilot to a more robust interstate data exchange.

The South Dakota Public Health Surveillance reporting database system is called MAVEN. It currently receives all laboratory results electronically from the State Public Health Laboratory in HL7 version 2.3 format. Previously, MAVEN received electronic lab results from the largest private laboratory, Sanford. Plans are underway to reestablish this again and expand reporting capability to CDC through the use of a secure messaging platform. Currently, MAVEN creates morbidity exports in text format for CDC reporting, which are uploaded on CDC's Secure Data Network. In the future, there is a plan to upgrade MAVEN to support receiving HL7 in the 2.5.1 format required by meaningful use.

Regional Extension Center Coordination

The South Dakota Board of Regents has formed the Center for the Advancement of Health Information Technology (CAHIT), a partnership among South Dakota universities and other public and private partners what will provide strong leadership in the implementations of EHRs. In April of 2010, CAHIT received an award from the Department of Health and Human Services to be used to become the South Dakota Health Information Technology Regional Extension Center. Awarded through the American Recovery and Reinvestment Act, this funding will help improve patient care and support professionals ranging from nurses to pharmacy technicians to IT technicians and trainers. The REC was officially re-launched on September 1, 2010 and renamed HealthPOINT. HealthPOINT is the federally-designated HIT resource and support center for all South Dakota healthcare providers.

The eHealth Collaborative, Medicaid, and HealthPOINT will work collaboratively to ensure successful implementation of HIT and HIE statewide. SDMA will offer eligible providers that would like to adopt, implement, upgrade or meaningfully use EHRs with information of available resources through the REC that benefit the eligible provider. For instance, SDMA may refer Medicaid eligible providers to HealthPOINT for technical assistance such as for readiness assessments, workflow redesign, vendor selection, implementation, evaluation and improvement. Similarly, HealthPOINT is committed to maintaining ongoing relationships with South Dakota healthcare providers including Medicaid providers, regardless of location or size of practice in providing technical expertise and serving as a resource center. HealthPOINT has received funding to assist Critical Access Hospitals and rural hospitals with adoption and meaningful use of EHRs.

Workforce Development Coordination

Dakota State University (DSU) has partnered with three other academic institutions to provide training opportunities that will meet the needs of the workforce. These schools include Mitchell Technical institute, South Dakota, University of Alaska, Anchorage, and Western Dakota Technical Institute, South Dakota. In addition, DSU is a member of a consortium of eight colleges and universities located in a 10-state region. DSU and its partner schools will work to prepare employees who understand health IT and are prepared to lead and assist providers in using electronic health records and health information exchanges. The South Dakota Workforce Development HIT Certificate Training Program is in progress with plans to begin classes in fall of 2010 to help address the growing demand for skilled health IT specialists. DSU has developed three certificate programs that have been approved for online distance delivery. The DSU certificates are designed to prepare trainees for roles as HIT implementation support specialists, HIT managers, and HIT trainers. The programs are targeted to individuals looking to gain HIT skills and knowledge to enhance performance in current roles or prepare them to move into new HIT/EHR roles. Upon completion of the program, the workforce aims to provide skilled workers to meet the demand of regional extension centers, providers, vendors, or state/city public health agencies and organizations.

Other Local, Regional, and National Coordination

Square, Flat State Workgroup

The four state region encompassing South Dakota, North Dakota, Wyoming and Montana represents a unique demographic and geography for exploring opportunities for jointly addressing HITECH initiatives. Participants from each state have joined in ongoing planning phase discussions to consider common processes, leveraging joint resources and sharing expertise to efficiently and innovatively meet HITECH requirements. The Square Flat State workgroup members include representatives from each state's Health Information Exchange, Regional Exchange Center, Workforce Development and Medicaid

Stage Health Policy Consortium

South Dakota is part of the Upper Midwest HIE Consortium (UM-HIE), an alliance to exchange electronic health information among multiple states, namely Illinois, Iowa, Minnesota, North Dakota, and Wisconsin. UM-HIE is a State Health Policy Consortium that was established through the Research Triangle Institute International contract with the Office of the National Coordinator for Health Information Technology (ONC) to work towards interstate health information exchange building on existing Health Information Security and Privacy Collaboration. The newly formed consortium aims to model health exchange agreements for states as it is the first funded consortium to date. As the consortium performs environmental scans, identifies potential mechanism solutions, initiates and finalizes state plans, the following are some of the areas of focus to achieve interoperability:

- Work toward agreement on health information organization patient consent policies and designing common forms
- Work toward the establishment of regional or interoperable state-based provider registries
- Develop policy solutions to facilitate the sharing of sensitive health information such as mental health and substance abuse data
- Implement a policy framework for enabling the interstate exchange of health data in emergency situations such as natural disasters
- Work toward addressing challenges to interstate exchange presented by the Clinical Laboratory Improvement Amendments
- Work toward developing a governance infrastructure or dispute resolution mechanism to resolve policy issues as they arise within multi-state regional exchanges

South Dakota / North Dakota Collaborative

South Dakota and North Dakota share similar demographics, geography and HIT capabilities. The two states are exploring opportunities for jointly addressing HIE initiatives. Workgroups from each state have joined for ongoing phased discussions to consider common processes, leveraging joint resources and sharing expertise to efficiently and innovatively meet HITECH

requirements. The workgroup members include representatives from each state's designated organization for guiding HIE development.

Standards and Interoperability (S&I Framework

South Dakota is monitoring in the S&I Framework which is a mechanism to manage the implementation specifications and harmonization of existing health IT standards to promote interoperability nationwide. We intend to coordinate to the extent possible with the Transition of Care Initiative and Lab Interface Workgroup to enhance the implementation of care summary and lab results delivery into our statewide HIE strategy. This Lab Interface initiative is focused on ambulatory care settings, however, we will use to the extent possible any natural crossovers into the public health reporting meaningful use requirements.

Technical Architecture

This section will describe South Dakota's phased approach to HIE which will utilize Direct and the existing SMP available in the state to fully leverage resources and allow for the expansion and enhancement this infrastructure toward robust and meaningful HIE for South Dakota.

Short-Term, Gap Filling Strategy (March 2011 to December 2011)

SDHIE Support for Direct

The primary value proposition of SDHIE is to provide vendor-neutral connectivity and collaboration solutions. South Dakota HIE vendor already supports a multitude of transport protocols, security frameworks, message types and medical terminologies. Any participant in the South Dakota HIE network will have access to services of the SDHIE platform including intelligent integration into their existing workflow (either electronic or paper-based). The Direct Project provides for SDHIE a framework to reach provider participants that are outside of our existing network using an email-centric model for patient document exchange. A good example is having a provider in one of our existing networks have the ability to send care summary documentation to a referring provider in another exchange (or no exchange for that matter). Same goes for the other direction, to receive unsolicited clinical documentation for a patient.

The SDHIE will use an architecture that is a superset of The Direct Project and will work with the vendor to ensure the deployment of technology that enables "The Direct Project" option for communication after implementation pilots have been completed.

In particular, SDHIE will:

- **Serve as a Health Information Service Provider (HISP):** Upon deployment, SDHIE will ensure that it can receive or send unsolicited clinical documentation in a secure email.
- **Provision Health Domain Addresses:** For every provider (or provider organization) enrolled in the SDHIE network, we provision a health domain address that will allow that

provider to be reached by another trusted provider. This Health Domain Address will be persisted within our Provider Directory.

- **Participate in HISP 'White List' Replication:** As a supplier of HISP technology, participate in the process of maintaining an approved list of HISPs that enable a trusted "Health Internet" to be created.

Long-Term, Core Strategy – Phase 1 & 2 (March 2011 to December 2012)

In addition to supporting the Direct Project as a short term gap filling strategy to ensure that all providers have the capability to achieve stage 1 meaningful use requirements, our Phase 1 efforts also include developments as a part of a long term core strategy for supporting the public health information exchange infrastructure.

Specifically, we will:

- Establishing connectivity in locations that don't already have it using A lightweight, java-based platform that is installed in a physician office and leverages the existing internet connectivity. (Last mile integration to EHR, printers, etc.)
- Ensure that new users are provisioned as part of the State's common provider directory. Will use the Medicaid provider data set as an initial data source and leverage the emerging provider directory interoperability specifications for supporting the coordination of federated provider directories.
- Provide a method for the state to modify their filters for what information is delivered to public health based on new conditions (for example, if a new condition or disease emerges).
- Leverage the existing infrastructure, where appropriate, to improve the workflow and ease of access to immunization data by streamline the exchange of data between clinicians and the state's registry using a number of existing protocols.

The Following graphics detail the Phase 1 (Figure 2) long-term core strategy which builds from existing platforms, connections, and protocols. This diagram also shows the inclusion of Direct and other HIE or RHIO users in the state. You'll note in Phase 2 (Figure 3) the SDHIE begins to leverage these connections made during Phase 1 and expands the amount, types, and users of services provided by the SDHIE to their customers, and the HISP offerings for Direct users.

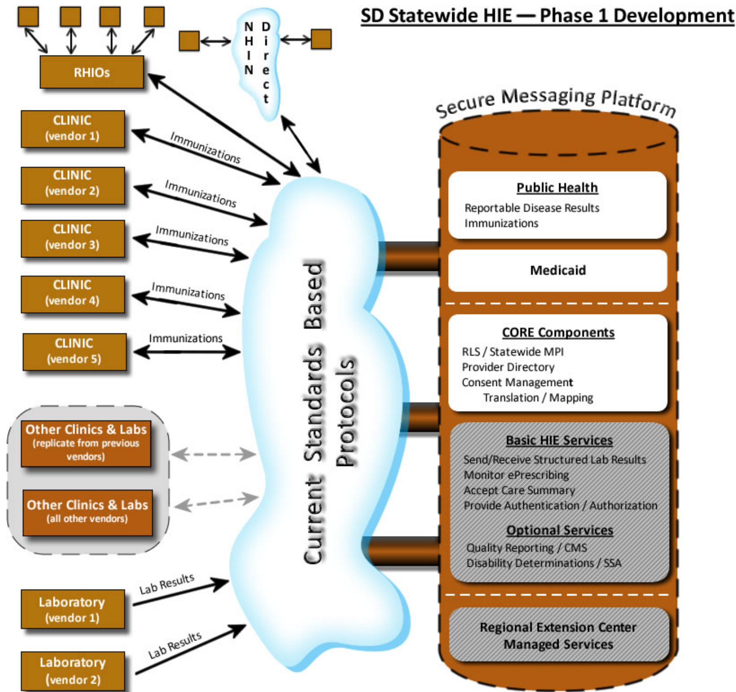


Figure 2 – Phase 1 Long-Term Core Strategy HIE Development plan for South Dakota (2011/2012)

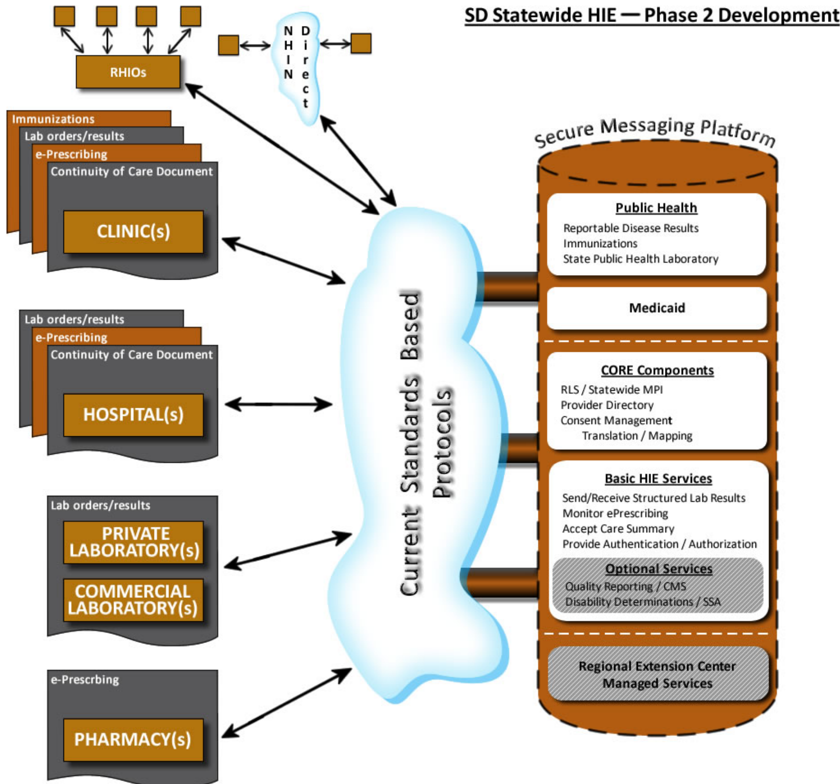


Figure 3 – Phase 2 Long-Term Core Strategies HIE Development Plan for South Dakota (2011/2012)

Long-Term, Core Strategy (January 2012 – December 2013)

Long-term efforts include enhancements to existing infrastructure and development of advanced exchange services to facilitate connectivity with federal entities, other states and other exchanges (network of networks) as shown in Figure 4 below.

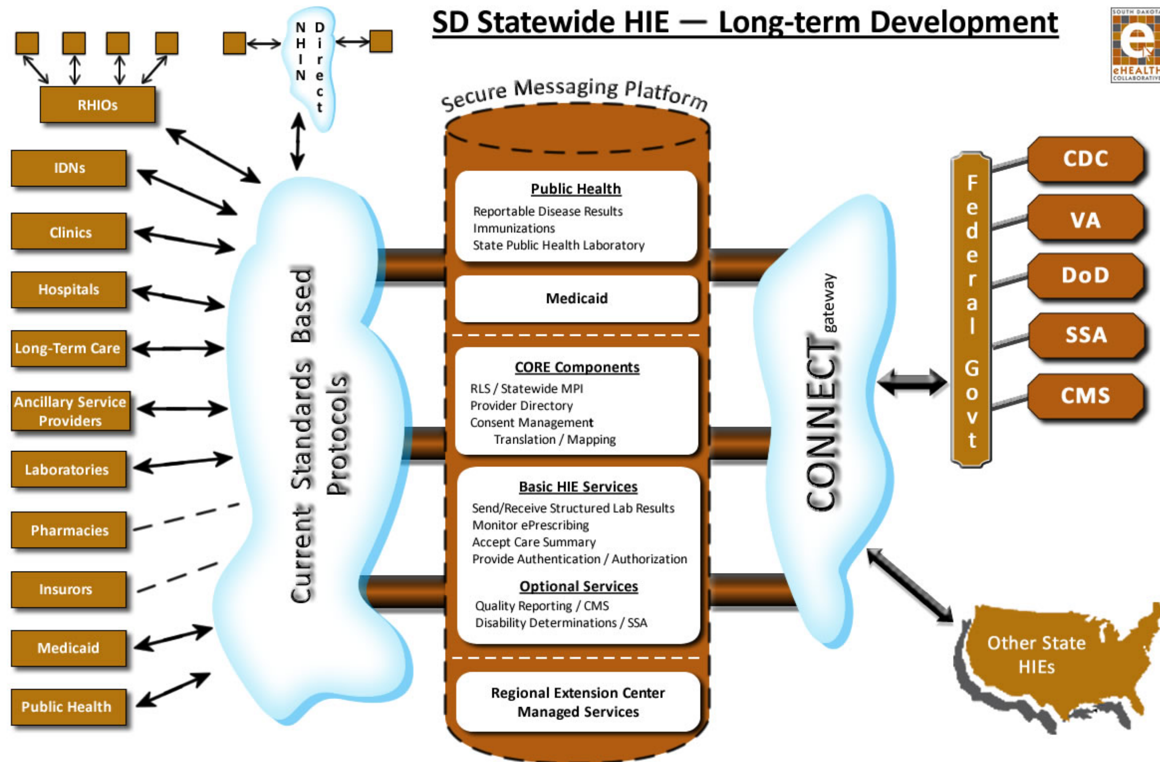


Figure 4 – Long-Term HIE Development for South Dakota

Support for Nationwide Health Information Network Exchange

The SDHIE will contract with an HIE technical services vendor that has been an active participant in the Nationwide HIN Exchange efforts and participated in the second trial demonstration activities in 2007. Our intended vendor fully participates in the Exchange workgroups and co-authored the following 2010 Nationwide Health Information Network Exchange Production specifications in wide use today. The SDHIE will work with our vendor to ensure support for evolving standards and specifications including the following:

- Web Services Registry
- Messaging Platform
- Authorization Framework
- Patient Discovery
- Query for Documents

- Retrieve Documents
- Health Information Event Messaging (HIEM)
- Administrative Distribution
- Nationwide Health Information Network Architectural Overview

The Nationwide Health Information Network Exchange work to date has provided a framework for how to connect existing HIE networks together and is intended to provide an implementation pattern for secure exchange between HIE gateways. When you are required to locate information (or respond to a request for location) for patients in another HIE network, including a federal agency such as the VA, DoD or IHS, SDHIE will employ the Nationwide Health Information Network Exchange gateway to act as an initiating gateway or a responding gateway.

Support for IHE Profiles

SDHIE will work with the vendor to ensure that key IHE profiles for cross community (or cross HIE) exchange can be applied those to the Community Master Person Index (CMPI) and Record Locator Service (RLS). Every member participant in one of the SDHIE will have the option to make their DataStage (or Edge Server) available for query access to other networks if they so chose.

The supported standards will include:

- **Patient Search:** via IHE XCPD, PIX, PDQ
- **Document Access:** via IHE XCA
- **Audit & Logging:** via IHE ATNA

Medicaid – National Level Repository Connectivity

As part of expanding the partnerships of the HIE infrastructure in South Dakota, SDMA will share common infrastructure and development to make a bi-directional connection to the National Level Repository (NLR) to allow for inbound information about EPs who register and state Medicaid eligibility. It will also allow for the EP to complete the necessary state-level questionnaire and submit to SDMA along with the capability for SDMA to send a response back to the NLR when an incentive payment is made to an eligible provider. The diagram below (Figure 5) details the technical connectivity and workflow that will be involved in this connection.

This is yet another example of the unique partnerships we will employ to provide baseline, interim, and ongoing funding sources to support future sustainability of the SDHIE.

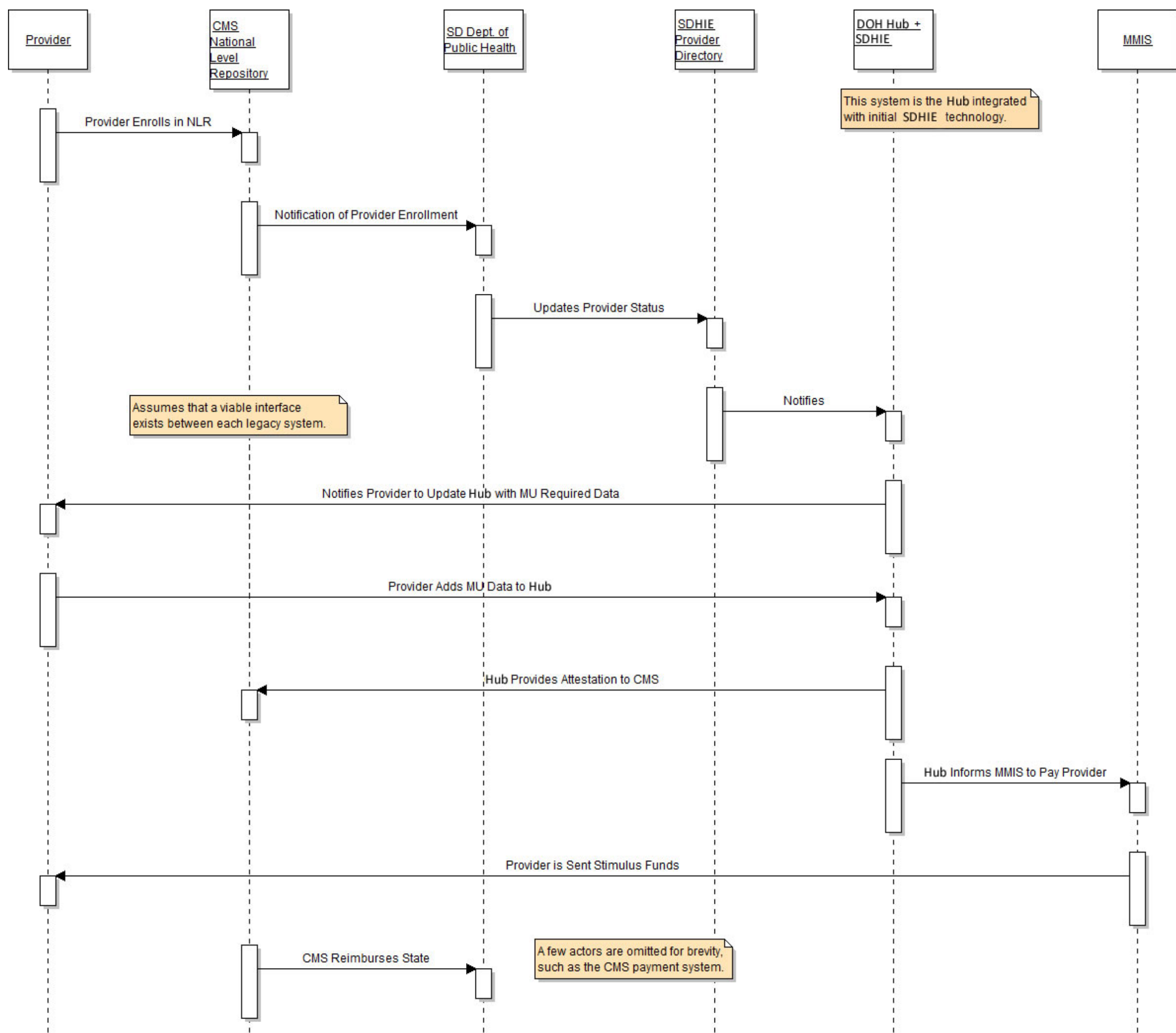
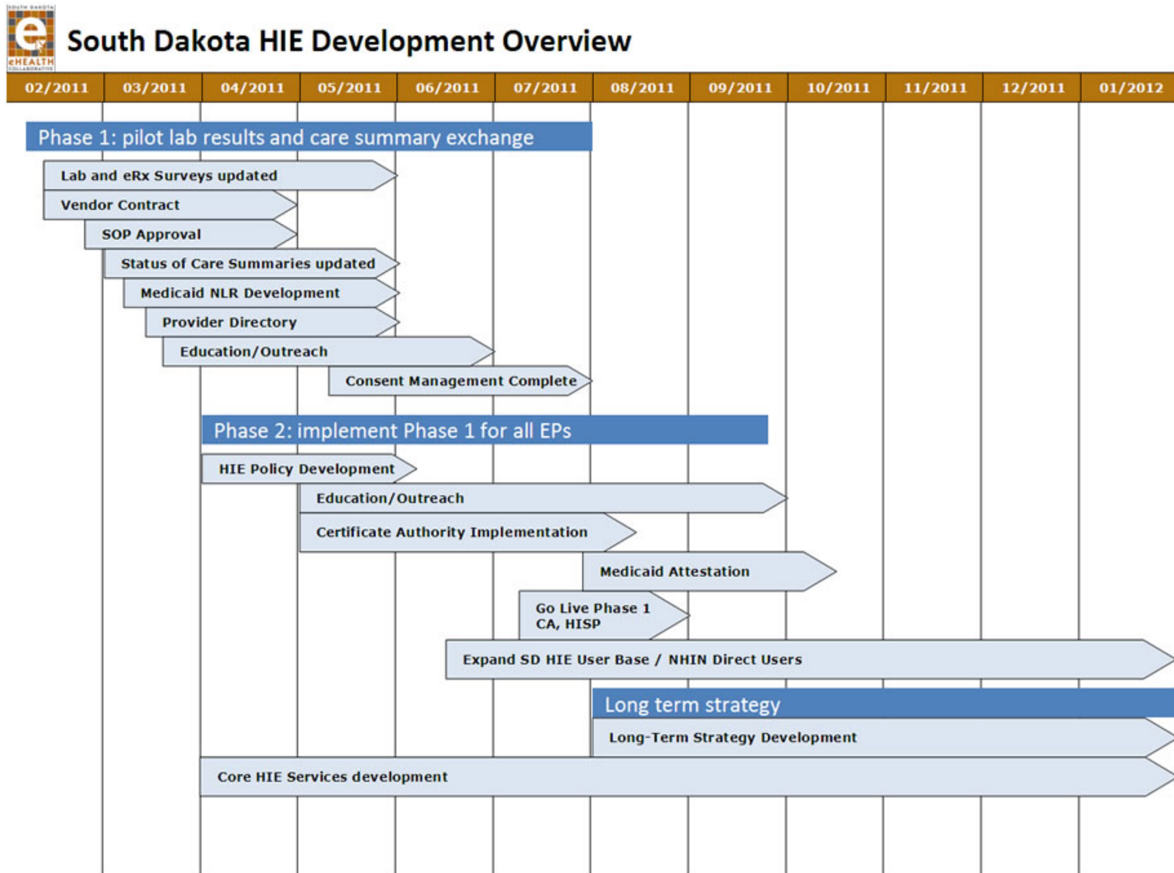


Figure 5 – Technical Connectivity and Workflow Diagram of SDMA NLR Connection via the SDHIE Infrastructure

Timeline

The high-level timeline below (Figure 6) details the major milestones in 2011 and 2012 South Dakota will obtain. This timeline highlights the simultaneous development of the short-term, gap-filling strategy along with the long-term, core strategy of the SDHIE. A more detailed project plan timeline included as Attachment II to this plan includes much more detailed steps, dates, timeframes, and responsible party information.

Figure 6 – High-level Timeline of SDHIE Development in 2011 and 2012



Attachment 1: Risk Management Plan

Domain	Risk	Rating	Risk Mitigation Plan(s)
eprescribing	1. *Controlled Substances*: eRx controlled substances reporting rules are a burden for provider which slows adoption of utilizing eRx for controlled substances *The public safety impact of continuing with status quo is the slower time in which* to identify medication abuse and drug-seeking behavior. An HIE would provide more real-time medication history	High probability High impact	a. Research best practice by monitoring Beacon projects and existing HIE strategies to identify methodologies for gathering and aggregating data to assist physicians to identify medication abuse in a more timely manner. Q1-3. b. Monitor federal and state requirements for reporting/ordering electronic prescriptions for controlled substances. Ongoing c. Review State statute for controlled substances reporting for pharmacies 2010 – Chapter 34.20E. Q1. d. Meet quarterly with Pharmacy Association to identify stakeholder needs and monitor eRx adoption. Ongoing. e. Identify functionality and integration required for HIE to assist provider reporting to public health with a goal to improve timely reporting from current one week data turnaround to more real-time data delivery. Q2-Q3. f. Design education/outreach to communicate value of HIE for real-time reporting of controlled substances to enhance public safety. Q3-Q4.
eprescribing	2. Pharmacy has not implemented option to integrate Surescripts eRx module with existing Pharmacy Information System (PIS)	High probability High impact	a. Deploy Pharmacy survey to identify barriers to eRx adoption . 1/31-2/21. b. Analyze survey results and follow up with pharmacies outside of Surescripts network to confirm needs. Q1, report March. c. Identify vulnerable pharmacies with cost as a barrier because of the transaction fee. Q2. d. Work with HealthPOINT to identify regional areas requiring support for vulnerable pharmacies. Q2-Q4. e. Schedule meetings to explore pharmacy incentives with Medicaid, Surescripts, Rural Health. Q2. f. Leverage HealthPOINT providers to advocate for Pharmacy business partners to use eRx to meet meaningful use – draft a template notification for providers to send to pharmacy announcing readiness for eRx. Q3-Q4. g. Plan and develop education/outreach for Pharmacies to encourage utilization and notify them that HIE will support Surescripts initially. Q1-2.

			h. Phase 2: work with 2 PBMs to estimate data gaps between Surescripts and PBM data. Q3.
eprescribing	3. Provider's eRx module is ready, but providers are not utilizing eRx.	Medium probability High impact	a. Align outreach/education with HealthPOINT efforts via monthly collaboration meetings. HealthPOINT & Workforce Development will assist to identify provider workflows, EHR capabilities, reasons for poor utilization and if system performance is a bandwidth/internet issue. Ongoing b. Monitor the eRx gap via ONC OEM quarterly Surescripts data reporting. Ongoing.
Lab results	4. Interface development: work to date indicates a need for a change control process and verification of resources to manage version control and additions to LIS/EHR software.	High probability High impact	a. Establish a reusable change control process for the 2 labs pilot project to identify and resolve problems. Q2-Q4. b. Establish dedicated resources/tasks matrix with labs. Q2-Q4. c. Develop best practices guidelines for using SDHIE for electronic lab results reporting to public health and communicate Public Health requirements for statutory reporting of reportable diseases to labs. Q2-Q3. d. Monitor how efficiently providers are reporting and develop the value messaging and business case for adopting electronic exchange process. For example, public health could track the number of repeat queries for a lab report to estimate duplication of effort. Identify roles/responsibilities across different scenarios that request electronic lab results. Q2. e. Identify hospital stakeholders that have completed process improvement studies for lab results processes. Discuss options with them for optimizing processes and procedures through HIE for statutory reporting. Q2.
Lab results	5. Unaligned use of standards: • Labs using custom codes vs. LOINC	High probability	a. Explore need/approaches for legislation for standards. Q2-Q3. b. Continue to work with initial IDN system to determine mapping

	• Filters not consistent between lab sender/receiver	High impact	needs to assist hospitals to meet meaningful use/public health menu items. This work is funded via an existing HIE cooperative agreement. The DoH Hub will have a mapping/translation service available for different HL7 for Public Health purposes by June 2011. c. Develop and plan education/outreach with labs. Scale work done with the 2 lab pilots to estimate dependencies. Q2-Q4. d. Monitor CA eLINCS & CO initiatives for possible coordination. Q2-ongoing. e. Filters for nomenclature are more difficult to address and we will be monitoring communities of practice, Federal and state guidance, existing HIEs and Beacons for approaches. Q2-Q4. f. Understand business value for statewide labs to address filters. Create business models based on the groups identified across 22 labs. Q2-Q4. g. Monitor and support Federal LIMS certification. Q2-ongoing.
Patient care summary	6. Lack of standardization for data transport regarding the containers/packaging	High probability High impact	a. Develop use cases for pilots to identify risks for Phase 1 HIE capabilities for SMP and certificate authority. Q2-3. b. Monitor gaps with HealthPOINT to understand standards in use for care summary exchange. Q2-ongoing. c. Develop and deploy outreach/education to stakeholders for the two options, SDHIE SMP or DIRECT, for Stage 1 meaningful use requirements for care summary exchange. Q2-Q4 d. Develop user agreements and roles/responsibility matrices to establish/monitor/maintain interfaces for data transport. Q2-Q4. e. Schedule technical/resource planning sessions with stakeholders responsible for care summary exchange. Q2-Q4. f. Establish change control process to identify and resolve problems. Q2-Q4. g. Utilize the existing Public Health infrastructure to allow for the submission of test files containing care summary documents to allow providers to meet Stage 1 MU attestation requirements. Q2-Q3.

			h. Pilot test the Public Health infrastructure with the 5 clinic providers and the 2 labs to the state lab for capability to send a care summary document to meet MU attestation requirements. Q2-Q3. i. Identify process for deletion of gathered data for care summary attestation stage 1. Q2-Q3. j. As Trust Anchor for the certificate authority and route x.509 certificates, we will develop a business process to define the application, acceptance and issue of certificates. Establish business process to gather information to gather registration, repository setup and maintenance for certificates to DIRECT senders/receivers. Q2-Q4.
Patient care summary	7. Data aggregation needs not matching system capabilities	High probability High impact	a. Collaborate with HealthPOINT to establish data aggregation needs for future expansion planning. Q2-ongoing. b. Develop and deploy outreach/education to stakeholders for the two options, SDHIE SMP or DIRECT, for Stage 1 meaningful use requirements for care summary exchange. Q2-Q4. c. Develop and implement user agreements and roles/responsibility matrices to establish/monitor/maintain interfaces for data aggregation. Q2-Q4.
Patient care summary	8. Data content needs require more definition. Risk is missing opportunities to leverage existing capabilities when building HIE services.	High probability High impact	a. Collaborate with HealthPOINT to establish provider data content exchange requirements that meet clinical exchange and business needs. Q2-ongoing. b. Develop user agreements and roles/responsibility matrices to establish/monitor/maintain interfaces and discussions for data content. Q2-ongoing. c. Work with eHealth Collaborative members to develop use cases for expansion of HIE capability for care summary exchange. Q2-ongoing. d. Monitor Beacon and existing HIE strategies for scalable HIE development. Q2-ongoing.

ID	Task Name	Start	Finish	Reso Name		Duration
1	**Governance**	**Tue 5/25/10**	**Mon 12/3/12**			**660 days?**
136	**Finance**	**Mon 4/26/10**	**Mon 1/2/12**			**441 days?**
165	**Technical Infrastructure**	**Thu 10/1/09**	**Mon 1/2/12**			**588 days?**
215	**Business/Technical Operations**	**Wed 3/17/10**	**Wed 3/17/10**		✓	**1 day**
218	**Legal/Policy**	**Mon 5/2/11**	**Mon 7/2/12**			**306 days?**
235	**HIE Development and Adoption**	**Thu 4/1/10**	**Fri 3/29/13**			**782 days?**
274	**HIT Adoption**	**Thu 10/1/09**	**Fri 9/21/12**			**777 days?**
275	**Identify and reduce technological barriers to EHR and HIE adoption**	**Mon 5/10/10**	**Fri 9/21/12**			**620 days?**
276	**Analyze organizational assets and research**	**Mon 5/31/10**	**Mon 1/31/11**			**176 days**
281	**Identify and address barriers to e-prescribing**	**Tue 2/1/11**	**Tue 4/24/12**			**321 days?**
282	Survey pharmacies statewide for barriers to eprescribing and levels of utilization	Mon 2/14/11	Mon 2/28/11			11 days?
283	**Improve adoption of e-prescribing for controlled substances**	**Mon 2/28/11**	**Fri 7/29/11**			**110 days**
289	**Understand barriers for Pharmacies that have not integrated Surescripts eRx module with their existing PIS**	**Mon 2/28/11**	**Fri 8/26/11**			**130 days**
301	**Monitor eprescribing adoption**	**Tue 3/1/11**	**Tue 4/24/12**			**301 days?**
304	**Identify and address barriers to electronic lab results exchange**	**Mon 2/14/11**	**Fri 9/2/11**			**145 days?**
305	Survey labs statewide for levels of utilization and barriers	Mon 2/14/11	Mon 2/28/11			11 days?
306	**Improve adoption of electronic lab results exchange - Phase 1 & 2**	**Tue 3/1/11**	**Fri 9/2/11**			**134 days**
307	**Implement project management processes for lab interface projects**	**Fri 3/11/11**	**Fri 9/2/11**			**126 days**
312	**Monitor reporting process interactions to assess duplication of efforts across roles within an organization**	**Tue 3/1/11**	**Mon 5/30/11**			**65 days**
316	**Identify and address barriers to patient care summary exchange**	**Mon 5/10/10**	**Fri 9/21/12**			**620 days?**
317	**Understand and address unaligned use of standards**	**Mon 5/10/10**	**Fri 12/30/11**			**430 days**
322	**Develop user agreements**	**Mon 5/2/11**	**Thu 6/23/11**			**39 days?**
326	**Establish Public Health's SMP for stage 1 MU acceptance of care summary exchange**	**Mon 3/7/11**	**Tue 7/5/11**			**87 days?**
332	Explore need/approaches for legislation for standards	Wed 6/1/11	Fri 7/29/11			43 days?
333	**Understand and address where data aggregation needs do not match system capabilities**	**Mon 3/7/11**	**Fri 9/21/12**			**405 days**
337	**Understand and address where data content needs more definition**	**Mon 5/10/10**	**Mon 5/10/10**			**1 day?**
342	**Reduce technology barriers for stakeholders**	**Wed 12/1/10**	**Mon 1/3/11**			**24 days?**
346	**Increase provider adoption of HIT systems that meet established connectivity, compatibility and federal MU and cert. standards**	**Thu 10/1/09**	**Wed 12/1/10**			**305 days?**
354	**Use education and outreach efforts to promote the adoption of HIT among SD's physicians and other health care professionals**	**Mon 1/3/11**	**Thu 9/1/11**			**174 days?**
364	**Medicaid Coordination**	**Mon 5/31/10**	**Mon 1/23/12**			**431 days?**
395	**Coordination of Medicare and Federally-Funded, State Based Programs**	**Fri 10/1/10**	**Mon 6/3/13**			**697 days?**
418	**Participation with Federal Care Delivery Organizations**	**Mon 4/26/10**	**Fri 3/30/12**			**505 days?**
461	**Coordination with other ARRA-Funded Programs**	**Thu 4/1/10**	**Mon 10/1/12**			**653 days?**
547	**Expansion Plans**	**Mon 8/2/10**	**Tue 1/1/13**			**632 days?**

Predecessors	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
	Qtr 1, 2011				Qtr 2, 2011			Qtr 3, 2011			Qtr 4, 2011	
276												
282												
282												
282												
305												
330												