



# The Office of the National Coordinator for Health Information Technology

## Wyoming Health Information Exchange Strategic and Operational Plan Profile

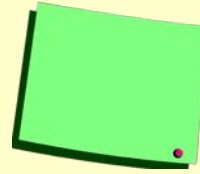
### Overview

The state of Wyoming’s Health Information Exchange (HIE) vision is to implement secure, efficient use and exchange of electronic health information resulting in improved health status, better health care, lower costs and healthier communities shared equally by patients, families, communities and the health care system. Through a multi-stakeholder input process, the WY e-Health Partnership, Inc. (also known as e-Health Partnership) plans to establish a state-wide HIE architecture that enables providers to achieve meaningful use through a technology that supports e-prescribing, clinical laboratory information communication, clinical messaging and communication through interoperability and a Continuity of Care Document (CCD), and the ability to support public health reporting. All of these functions are supported by a privacy and security framework that protects the public’s right to confidential and secure information sharing.

Wyoming faces challenges as a frontier state with 73% of the population in the two metropolitan areas (Cheyenne and Casper) and no existing Health Information Organizations (HIO) in the state. The state has limited HIE barriers - 97% of physician practices have broadband access and 98% of Wyoming physicians accepting Medicaid patients. In addition, the state’s Medicaid agency, through its Medicaid Management Information System (MMIS) is participating in another concurrent HIE initiative, the Total Health Record (THR) which will connect to the statewide HIE as soon as it becomes available.

### Model and Services

The e-Health Partnership is employing a phased approach of basic services offerings to support a core set of services to enable HIE across all health care organizations. Phase one will provide a Health Information Service Provider (HISP) Direct-mediated services for providers and hospitals to achieve secure messaging. e-Health Partnership will also establish appropriate policies and procedures for governing the e-Health Partnership sponsored HISP, and will include provider directories and certificate authority to allow eligible providers to exchange secure messages while the State Designated Entity (SDE) is establishing statewide robust exchange functionality. e-Health Partnership will also establish a framework for inclusion of multiple HISPs in Wyoming to support effective exchange of information between providers served by different HISPs, including managing multiple certificate authorities, as well as support future interstate exchange efforts. e-Health Partnership and the REC (MPQHF) will partner to be the boots-on-the-ground to educate providers and hospitals on how to use the HISP, specifically for care coordination summary delivery and lab results delivery.



**State:** Wyoming

**HIT Coordinator:**  
Dallas Lain

**Award Amount:** \$4,873,000

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### Other Related ONC funding in Wyoming:

Regional Extension Center (REC):  
Mountain-Pacific Quality Health Foundation (MPQHF) – Wyoming and Montana: \$6,404,775.



In Phase two the state will incorporate a hybrid, federated model of independent databases connected to share and exchange information, to be further developed during 2012. Services will include a Master Patient Index (MPI), Record Locator Service (RLS) and electronic laboratory results ordering. e-Health Partnership will serve as the secure and trusted facilitator of exchange in Wyoming by leveraging the services provided through the HIO Shared Services, Inc., a subsidiary of Nebraska HIE (NeHII), as a roadmap that points to the location of patient information—rather than a centralized repository for all information on the patient. The advanced phase will also create an interface to the Wyoming Medicaid HIE to enable access to the state immunization registry and syndromic surveillance.



# Highlights

- **CHIPRA Demonstration Grant:** Wyoming received a Children's Health Insurance Program Reauthorization Act (CHIPRA) Demonstration grant in 2009 focused on improving quality and cost of care for children with serious behavioral health disorders. The state's strategy is to expand a care management entity provider model utilizing HIT to improve timeliness and access to care, support provider efforts in quality improvements and improve prescribing and monitoring of psychotropic medication use.
- **Alignment with Flat, Square states:** Wyoming participates in biweekly calls with the Flat, Square states consortia with North Dakota, South Dakota, and Montana.
- **Regional Direct deployment:** The regional approach that Wyoming is pursuing for HIE strategy is an example of the principles espoused by the Direct Project at work. With six bordering states, and a patient population that consistently seeks care out of state, particularly specialty care and hospitalization, Wyoming will be a case study with national implications for how data can be interoperable across state boundaries and shared by referring health care services in local markets.



# Meaningful Use

	<u>Landscape</u>	<u>Strategy</u>
<u>E-Prescribing</u>	<p>92% of pharmacies are able to accept electronic scripts. All of the chain pharmacies are set up for e-prescribing; most of the independent pharmacies are not.</p> <p>The percent of scripts actually received electronically by active pharmacies ranged from under 10% to about 50%.</p>	<p>There are only three pharmacies that are not able to receive prescriptions electronically; they have indicated no interest in adopting e-prescribing at this time.</p> <p>In coordination with REC, e-Health Partnership will facilitate discussions with providers in those communities to promote the value of e-prescribing and reach out to the pharmacies.</p>
<u>Structured Lab Results</u>	<p>LabCorp is the dominant lab provider in the state. There are few labs with external customers outside of hospitals.</p> <p>36% of clinical labs are sending results electronically; all labs that responded to the environmental scan have the capability to send results electronically, but many are not. The gap is the number of providers utilizing these resources.</p> <p>63% of providers with EHRs in the state are connected electronically to a lab, predominantly LabCorp.</p> <p>Wyoming is teaming with the REC to survey labs for the ability to send structured lab results with LOINC in early 2011.</p>	<p>Medicaid, e-Health Partnership and REC are administering surveys to determine how many physicians have the capability of receiving structured lab results. Many physician offices in the state have direct interfaces with local labs and currently have the ability to receive lab results electronically. For those physicians not able to receive lab results electronically from the labs, e-Health Partnership will offer HISP services and develop an education plan in concert with REC for describing the steps to use the HISP for facilitating the secure transmission of lab results between labs and ordering physicians. The HISP will be an avenue critical access hospitals can use for meeting their own meaningful use objectives as well as for supporting the lab-related meaningful use objectives of eligible providers as many providers in Wyoming receive lab services from critical access hospitals. REC will be a critical partner in e-Health Partnership's communications strategy due to their role with critical access hospitals. The Wyoming Hospital Association and Wyoming Critical Access Hospital (CAH) Network will be targeted to help disseminate information on using the HISP.</p> <p>In addition, the state legislature has appropriated \$1 million to CAHs for implementing EHRs and HIT. e-Health Partnership will work with the CAHs to ensure lab result delivery functionality is built into the systems to enable providers relying on CAHs for lab results to benefit from the investment.</p>



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**Patient Care  
Summary**

There is no exchange of patient care summaries outside of the hospital systems.

Through the HISP, providers will be able to send clinical information to other providers involved in the treatment plans of patients. REC will provide education to their providers for how to use the HISP; e-Health Partnership will also create a communication plan to get the message out to providers for how to use the HISP for secure messaging. Communication will go out via the e-Health Partnership website and through the Wyoming Medical Society. A communication plan describing how patients can obtain their own HISP addresses will be created so that discharge summaries could also be sent to patients securely.

The REC is working with their providers to group purchase EHRs and will require Direct and other HIE standards and specifications from ONC within the EHR products.

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## HIE Inventory

Standards		Quality Improvement	
Nationwide Health Information Network Exchange Specifications		Care Coordination	
Nationwide Health Information Network CONNECT		Quality Reporting	
Nationwide Health Information Network DIRECT	<b>X</b>	Behavioral Health Information Exchange	
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications			
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	<b>X</b>	Bi-Directional	
Blue Button		Alignment with CLIA	<b>X</b>
Patient Outreach		E-Prescribing	
Privacy and Security		Medication History	
Privacy and Security Framework based on FIPS	<b>X</b>	Incentive or grants to independents	
Individual choice (Opt In/Opt Out/hybrid)	<b>TBD</b>	Plan for controlled substance	
Authentication Services		Set goal for 100% participation	
Audit Log		Controlled substance strategy	
Administrative Simplification		Care Summaries	
Electronic eligibility verification		Translation services	
Electronic claims transactions	<b>X</b>	CCD/CCR Repository	
Vendor		Directories	
Planning		Provider Directory	<b>X</b>
Core Services		Master Patient Index	<b>X</b>
Plan Model		Record Locator Services	<b>X</b>
Identified model(s)	<b>TBD</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/>*

