EXHIBIT 2
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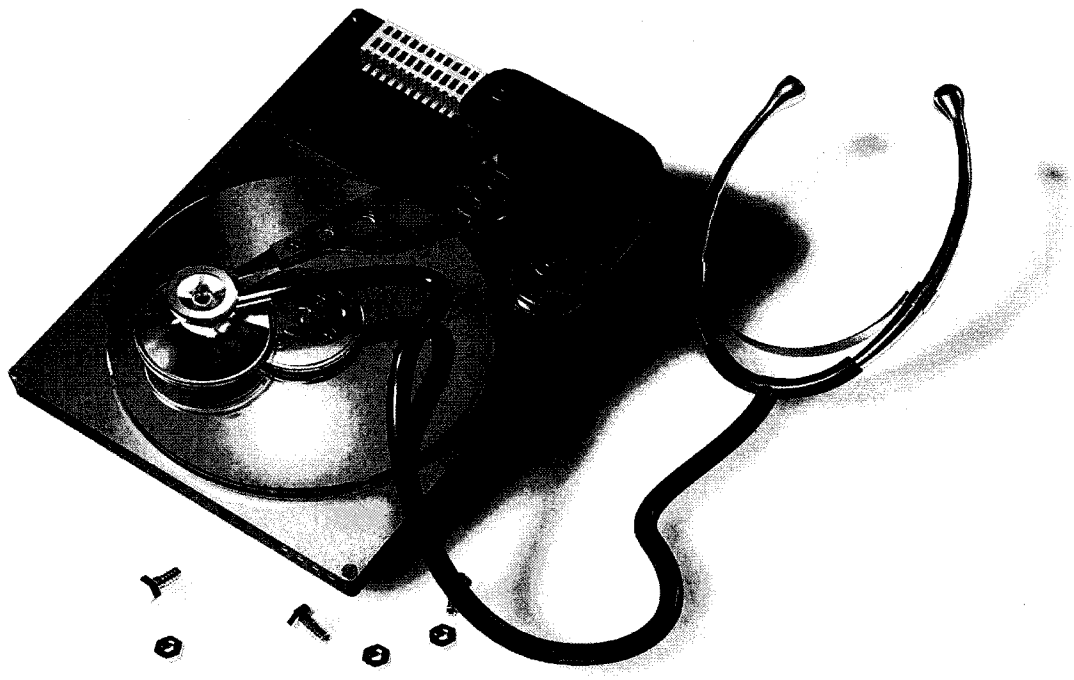
SB 521

Montana HIT

(Health Information Technology)

Task Force

2007 Montana Legislature
Information Packet



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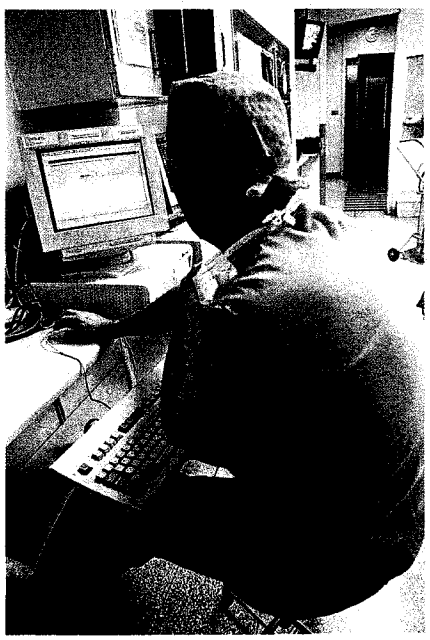


Introduction

The Montana HIT Task Force, a grass-roots coalition of healthcare providers, state and federal agencies, consumers and other stakeholders, seeks the partnership of the State of Montana in its endeavor to promote the use of electronic health information technology throughout the state. Montanans, as patients and taxpayers, should be confident that vital healthcare information is available to patients and their physicians and other providers, whenever and wherever healthcare is needed, in a private and secure system. Such a system holds the promise of enormously improving healthcare quality, safety, and efficiency. The Task Force is committed to coordinating with the state, as well as with federal initiatives, to promote the electronic exchange of health information. The Task Force humbly requests the Montana Legislature and Executive Branch to become partners in this exciting and highly beneficial project.

Development

Consensus has emerged among federal leadership and the public and private sectors that health information technology (HIT) and health information exchange (HIE), and all forms of telehealth, when implemented properly, can improve the quality and safety of healthcare and help stem its rising costs. Consistent with Health and Human Services Secretary Leavitt's maxim of "national standards; neighborhood solutions," state and local governments are beginning to collaborate and develop a consensus among diverse stakeholders on the vision, goals, and strategies required to foster improved healthcare and outcomes through timely and appropriate healthcare information exchange.

The Montana HIT Task Force is an organization of healthcare providers and stakeholders brought together with the assistance of U.S. Senator Max Baucus as a result of his desire to improve healthcare for Montanans. These representatives and stakeholders met in January, March, May, and October of 2006 and in January 2007. The meetings were held at several locations around Montana, and participants attended in person and via phone and videoconference. Thirty-three stakeholders were represented. Categories of stakeholders ranged from healthcare providers and healthcare facilities to payers, state government, physician and hospital associations, and representatives of the Office of Rural Health and Montana educational institutions.

Issue-specific groups titled governance, finance, technology, physician champions and legislative have formed from volunteers, and as a result of the work of these groups, an organizational resolution and a Steering Committee were approved at the January 19, 2007 meeting. The Steering Committee will be tasked with maintaining and refreshing the vision, strategy, and outcome metrics underpinning the project. It will also provide advocacy when needed and build trust, buy-in and participation of major stakeholders statewide. Additionally, the Steering Committee will work to assure equitable and ethical approaches in implementing HIT, HIE, and all forms of telehealth in Montana. It may also raise, receive, manage, and distribute state, federal, or private funds. It will prioritize and foster interoperability for statewide and regional projects.

Purpose

The mission of the Task Force is to support, promote, and encourage the exchange of secure and reliable health information among stakeholders and regional networks to improve the safety, quality, and efficiency of healthcare through the adoption of electronic health records along with other forms of health information technology.

The vision is to develop a framework that allows for the efficient electronic universal exchange of patient-centric and secure health records to improve healthcare quality and patient safety.

Purpose and Powers of the Steering Committee

Officers: At the first meeting of the Steering Committee held on February 7, 2007, officers were elected including a Chair, Vice-Chair, Secretary and Treasurer.

Elected Officers:
Chair: Dwight Hiesterman, Clinical Consultant, Mountain-Pacific Quality Health
Vice-Chair: Kristin Juliar, Director – Montana Office of Rural Health
Secretary: Greg Drapes, CEO – Monida Healthcare Network
Treasurer: Keith Wolcott, CEO – Statewide Healthcare Coalition

Executive Committee: The Steering Committee voted to create an executive committee to be composed of the above elected officers and the chairperson of the legislative, technology, and physician champion workgroups. The members of the Executive Committee in addition to those above are, Mike Schweitzer, MD, Mike Foster, and Chris Stevens.

Workgroups: The Steering Committee directed that the current workgroups continue with their present membership and ongoing projects. These workgroups and their leaders are:

Finance:	Keith Wolcott, CEO - Statewide Healthcare Coalition
Governance:	Greg Drapes, CEO - Monida Healthcare Network
Legislative:	Mike Foster, Senior Director of Advocacy - St. Vincent Healthcare
Technology:	Chris Stevens, Vice President and CIO - Billings Clinic
Physician Champions:	Mike Schweitzer, MD – St. Vincent Healthcare

Recommendation to the Legislature

Based on the recommendations of the Montana Health Information Technology Task Force and Steering Committee, the following recommendations are made to the 2007 Montana Legislature:

Priorities of the Montana Health Information Technology Task Force

- Interoperable Electronic Health Records Adoption in rural and underserved areas should be supported so that small primary care clinics, rural hospitals, local health departments, community health centers, and other healthcare providers can acquire health information technology to improve the quality and safety of care and to securely exchange health information.

- Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. The increased use of telehealth provides an extraordinary tool that can contribute to meeting the needs of underserved people, in particular those Montana citizens living in rural and remote areas, and those who are low-income and uninsured.

- Technical Assistance and Evaluation to assist small and medium physicians offices has been developed in a program called Doctors' Office Quality – Information Technology (DOQ-IT). DOQ-IT could be implemented across Montana to:
  - Select and implement electronic health record solutions that are cost effective, ensure privacy, and meet accepted IT standards
  - Assist physician offices to implement electronic health records with a focus on improved clinical outcomes and achieving quality indicators

- Personal Health Records allow patients to keep their own health records to share with physicians and providers to improve quality, reduce duplication of tests, and allow access to faster, safer treatment and care in emergencies.

- Continuity of Care Records are a system of collecting a core data set of the most relevant and timely facts about a patient's health record. With the patient's permission, this information is used to assure a smooth transfer of information as people are referred to other physicians or seek emergency care.

- Health Information Exchange is the technological system that allows community and regional consortia of physician practices, hospitals and other healthcare providers to transfer patient information such as lab results, imaging, prescriptions and continuity of care records. HIE will improve continuity and quality of care and will reduce costs and patient discomfort through fewer duplicative tests.

- Infrastructure to Plan, Manage, and Implement the Recommendations will engage the physician, rural hospitals, public health, community health centers, long-term

care and federal healthcare providers in assuring a systematic and cost effective implementation of the priorities. Connecting to national standards and developments will ensure that Montana can interact with healthcare providers nationally, and gain access to the best and most appropriate technology for the state.

Benefits of HIT to Consumers, Clinicians, Communities and the State

Healthcare Consumers – Electronic Health Records

- Consumers save money and worry because there is no need to fill out lengthy forms or explain their health history (and possibly forget something important) every time they see a healthcare provider.
- Healthcare is safer and quality is higher because healthcare providers will have the right information to help make better decisions.
- Patient information is accessible so consumers won't need to bring their medical records to doctor appointments.

Healthcare Consumers – Personal Health Records

- Consumers can keep a secure, convenient, accessible record of their own health information.
- Consumers taking care of children or elderly family members have access to the information needed to help their family member.
- Consumers can monitor their health and set reminders of appointments and tests.

Communities

- The healthcare infrastructure of a community is better able to link to health systems in other communities, strengthening quality and access to care.
- In a community health emergency, citizens can have confidence that providers can communicate and respond quickly.

State

- As a major purchaser of healthcare, the state can have confidence that healthcare providers are implementing systems proven to improve quality and reduce cost.

Summation

Participants of the HIT Task Force have consistently expressed strong support to increase the priority and visibility of health information technology, health information exchange, and all forms of telehealth within the state of Montana. The Task Force is committed to developing a shared vision for the adoption of HIT and interoperability in Montana, and to draft a set of key principles and high-level actions for a statewide electronic health information strategy. A roadmap will be constructed with an acknowledgement of other activities currently planned in Montana including HIE efforts in regional areas and statewide initiatives underway through the Montana Department of Public Health and Human Services and implementations by providers in Montana. The roadmap will articulate a path to ensure that the needs of rural communities and small physician practices are accommodated.

There is no single method to undertake such a diverse task as creating an electronic healthcare infrastructure for Montana. This roadmap will balance various competing priorities by advocating a representative governance structure, and it will incorporate flexibility to adapt to lessons learned, technical advancements, and national standards as they emerge. Dedicated commitment from multiple stakeholders is imperative as the process of implementation is incremental, long, and difficult. With persistence and diligence, Montana can achieve electronic healthcare connectivity.

Private Sector Support

Currently we have the following signed pledges of support for the Montana HIT Task Force mission and vision:

- St. Peter's Hospital
- HIEM (Health Information Exchange of Montana)
- St. Patrick Hospital & Health Sciences Center
- Mountain-Pacific Quality Health
- Great Falls Clinic
- Northern Rockies Medical Center
- Monida Healthcare Network
- New West Health Services
- Western Montana Clinic
- Yellowstone City-County Health Department
- St. Vincent Healthcare
- Rocky Mountain Health Network
- BC/BS
- Community Hospital of Anaconda
- Mount Powell Medical Society
- EBMS
- Bozeman Deaconess Hospital
- Fallon Medical Complex
- Powell County Medical Center

Financial Commitments

- St. Vincent Healthcare - $10,000
- Rocky Mountain Health Network - $10,000
- BC/BS - $20,000
- Community Hospital of Anaconda - $1,000
- Mount Powell Medical Society - $500
- Mountain-Pacific Quality Health - $5000

For a total of $46,500.00

Stakeholders

BC/BS - Blue Cross/Blue Shield
Benefis Healthcare
Big Horn Hospital Association

Billings Clinic
Bozeman Deaconess Hospital
Community Hospital of Anaconda
Community Medical Center of Missoula
DPHHS - Department of Public Health and Human Services
EBMS
Fallon Medical Complex
Glacier Community Health Center
Great Falls Clinic
Heath-e-Web
InfoMine of the Rockies, Inc.
Ingenium Data Technics, Inc.
Kalispell Regional Medical Center
Marcus Daly Memorial Hospital
MHA - Montana Hospital Association
MHREF - Montana Health Research and Education Foundation
MMA - Montana Medical Association
Monida Healthcare Network
Montana Mental Health
Montana Office of Rural Health and Montana Area Health Education Center
Montana State Auditor's Office
Mountain-Pacific Quality Health
Mount Powell Medical Society
MPCA - Montana Primary Care Association
MT Tech – Healthcare Informatics Degree Program
MT Tech – National Center for Healthcare Informatics
New West Health Services
North Valley Hospital
Northcentral Montana Healthcare Alliance
Northern Montana Hospital
Northern Rockies Medical Center
Northwest EHR Collaborative, Inc.
Office of U.S. Senator Max Baucus
Powell County Medical Center
Rocky Mountain Health Network
Statewide Healthcare Coalition
St. John's Lutheran Hospital
St. Luke Community Healthcare
St. Patrick Hospital & Health Sciences Center
St. Peter's Hospital
St. Vincent Healthcare
Synesis 7
Western Montana Clinic
Yellowstone City-County Health Department

Recommended Projects

In order to fulfill the mission of the overall organization, several different solutions/projects have been investigated and recommended to the Steering Committee for possible implementation. The recommendations are intended to actively engage all stakeholders to achieve measurable and meaningful results on defined priorities. They represent a shared responsibility to "get it right". The stakes for everyone—from patients to providers to payers—are high, and demand everyone's participation and commitment.

Record Locator Service (RLS) or Enterprise Master Patient Index (eMPI)

The Record Locator Service/Enterprise Master Patient Index is a major component of the infrastructure required in the health information exchange environment. The RLS/eMPI is subject to privacy and security requirements, and is based on open standards set by standards and policy entities. The RLS/eMPI will enable a care professional looking for a specific piece of information PCP (primary care provider) visit or Emergency Department (ED) record to find it rapidly.

- The RLS or eMPI holds information authorized by the patient about where authorized information can be found, but not the actual information the records may contain. It thus enables a separation, for reasons of security, privacy, and the preservation of the autonomy of the participating entities, of the function of locating authorized records from the function of transferring them to authorized users.
- Release of information from one entity to another is subject to authorization requirements between those parties; in certain sensitive treatment situations patients or providers may choose not to share information.
- RLS/eMPI are operated by a multi-stakeholder collaborative, most likely at a regional level and are built on the current use of master patient Indices.
- The project's efforts will be focused upon feasibility and interoperability of regional approaches.

Building upon a detailed technical assessment to ensure that the RLS/eMPI approach is consistent statewide, a pilot project has been proposed that will begin with connectivity among 6 to 8 sites, with the intent of exchanging a one-page document of predetermined medical information. After determining success with these sites, the project will be expanded to include the entire state.

eMPI/CCR Solution

The CCR (Continuity of Care Record) is a core data set of the most relevant and timely facts about a patient's healthcare. It is to be prepared by a practitioner at the conclusion of a healthcare encounter in order to enable the next practitioner to readily access such information. It includes a summary of the patient's health status (e.g., problems, medications, allergies) and basic information about insurance, advance directives, care documentation, and care plan recommendations

Item	Year 1	Year 2
	$	$
Integration Specialist – eMPI/Interfaces	72,000	74,160
Application System Analyst	60,000	60,000
Vendor Support/Implementation	40,000	12,820
Administrative and Contract Support	160,000	160,000
Personnel Subtotal	**$ 332,000**	**$ 306,980**
3,000 Members	100,000	100,000
With Unlimited e-Ways	75,000	25,000
Single Patient View Software	150,000	150,000
Vendor Support/Implementation	20,000	20,000
Software Maintenance and Contract Support	150,000	145,000
Software Subtotal	**$ 495,000**	**$ 440,000**
Servers	70,000	25,000
Core Routers	100,000	75,000
Lease Facility	24,000	24,000
Hardware Maintenance and Contract Support	12,000	12,000
Hardware Subtotal	**$ 206,000**	**$ 136,000**
Yearly Total	**$ 1,033,000**	**$ 882,980**
Two-Year Total	**$ 1,915,980**	

Planning for Health Information Exchange in Montana

As the Task Force workgroups and other healthcare stakeholders have mobilized to develop a statewide process for HIT/HIE, it has become apparent that a substantial body of information, technical resources, and best practices have already been aggregated through the **Connecting Communities Toolkit**. The *Toolkit* is a distillation of the knowledge that the eHealth Initiative has accumulated through its work with multiple stakeholders, communities, and states. Many states have used, or are in the process of using, the Connecting Communities Toolkit to develop their statewide Roadmaps for HIE. Montana's effort can take full advantage of these vast resources as well as Roadmaps already developed in other states. The infrastructure building process typically takes eight to 12 months to complete and would require a staff of three HIT/planning professionals to complete. The process would involve all Montana key healthcare stakeholders including providers, health clinics, community health centers, hospitals, healthcare associations, payers, purchasers, consumers, state public health, county health departments, EMS, Indian Health Services, and other organizations that need to share healthcare data and information. Once developed, the Montana HIE Roadmap will provide a direction to accelerate both the adoption and implementation of HIT/HIE across the state. A full-time director is recommended to oversee planning and implementation phases of the plan.

Item	Year 1	Year 2
Project Director	$ 82,500	$ 90,000
Planning Staff (3)	150,000	150,000
Personnel Subtotal	**$232,500**	**$240,000**
Office Rent/Utilities	12,000	6,000
Travel Expenses*	12,000	5,000
Misc. Operating Expenses**	9,000	6,000
Operations Subtotal	**$ 33,000**	**$ 17,000**
Computers	4,500	----------
Printer	1,500	----------
Capital Equipment Subtotal	**$ 6,000**	----------
Yearly Total	**$271,500**	**$257,000**
Two-Year Total	**$528,500**	

* Includes 8 weeks of Montana travel, travel to National HIT Summit (10/07), and monthly state planning meetings
** Includes phone/fax, mailing costs, materials and supplies, Internet fees, and monthly general operating expenses

Montana Physicians Office Quality Information Technology Project

The Montana HIT Task Force recommended development of a Montana DOQ-IT (Doctors' Office Quality – Information Technology) Project as a crucial resource for small- to medium-sized practices adopting EHR. This Project will be modeled after the national DOQ-IT Project. The Montana DOQ-IT Project will educate small- to medium-sized physician offices on EHR system solutions and alternatives as well as provide information on cost, risks, and benefits of IT adoption. Working closely with participating physician offices, the Project will conduct a needs assessment, identifying an EHR system from multiple vendors that meets specific office needs. Practices will step forward along an EHR Roadmap including initial practice needs assessment, planning, vendor selection, implementation, system evaluation, and practice improvement. Technical and quality improvement assistance will be provided, including reorganizing physician office workflow to integrate and optimize IT use, to ensure EHRs are used to their fullest capability to improve quality of care.

Item	Year 1	Year 2
Labor including benefits		
Technical Consultant	$ 82,500	$ 90,000
Administrative Support (1,625 hrs/yr)	24,000	24,640
Personnel Subtotal	**$ 106,500**	**$ 114,640**
Travel - 100 days/year	$ 25,000	$ 25,000
Travel - Conferences	4,800	5,000
Travel Subtotal	**$ 29,800**	**$ 30,000**
Office Setup	4,000	
Office	20,000	20,000
Website development/Maintenance/Materials	21,000	20,000

Other	20,000	20,000
Office Subtotal	**$ 65,000**	**$ 60,000**
Indirect Cost Recovery Rate @ 20%	$ 60,050	$ 60,670
Yearly Total	**$ 261,350**	**$ 265,310**
Two-Year Total	**$526,660**	

PHR Rollout

Personal health information provides a valuable resource to patients and the healthcare professionals who provide treatment and care. Unfortunately, in most cases a complete record of a patient's personal health information cannot be found in any single location or consistent format. Keeping a personal health record (PHR) allows the patient to provide doctors with valuable information that can help improve the quality of care they receive. A PHR can help reduce or eliminate duplicate tests and allow access to faster, safer treatment and care in an emergency. In short, a PHR helps the patient play a more active role in their own healthcare. The PHR Rollout component of the Project would seek to put the correct PHR tools into the hands of physicians and citizens of Montana, and then provide the necessary information and education to both parties to ensure that statewide PHR becomes a major element in health information exchange.

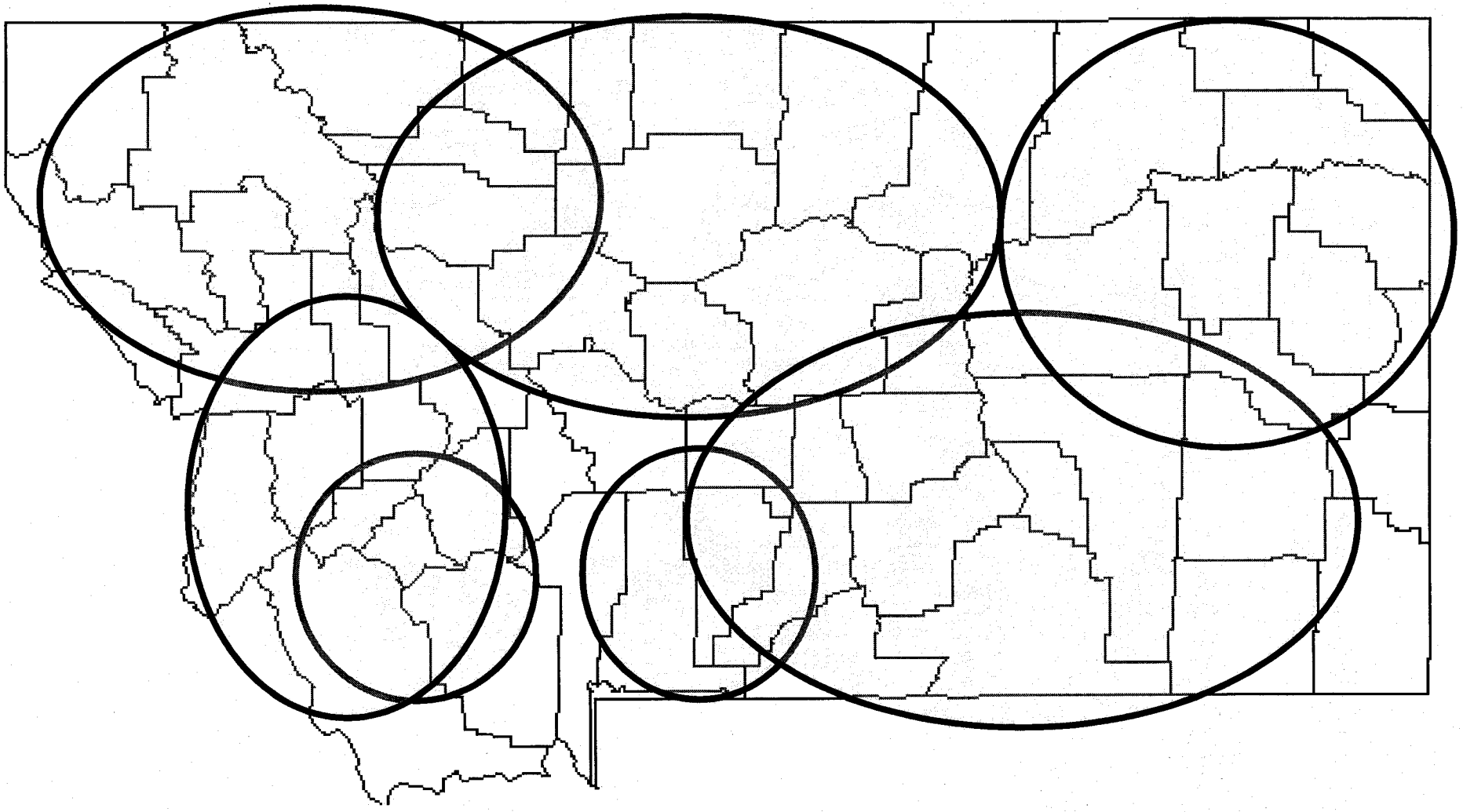
Item	2-Year Budget
Physician PHR Functionality Software	**$ 60,000**
Implementation/ Publicity /Education	**65,000**
Total	**$ 125,000**

Montana HIT Task Force

Steering Committee Members

Officer	Title	
Dwight Hiesterman, MD	Chair	
Kristin Juliar	Vice-Chair	
Greg Drapes	Secretary	
Keith Wolcott	Treasurer	
Mike Foster	Legislative Workgroup Chair	
Chris Stevens	Technology Workgroup Chair	
Mike Schweitzer, MD	Physician Champions Chair	
Member	**Title**	**Affiliation**
Lillian Anderson	CEO Chairperson	Yellowstone City/County Health Department National Association of Community Health Centers
Tanya Ask	VP of Government Affairs	BC/BS
Doris Barta	Development Coordinator	St. Vincent Healthcare Foundation
Gail Briese-Zimmer	Financial Services Bureau Administrator	Department of Health and Human Services
Dick Clark	CIO	State of Montana Information Technology Services Division
Vince Colucci, PharmD	Assistant Professor, Pharmacy Practice	University of Montana
Candy Deruchia	Director of Information Services	Kalispell Regional Medical Center
Greg Drapes	CEO	Monida Healthcare Network
Mike Foster	Senior Director of Advocacy Chairperson	St. Vincent Healthcare Board of Regents of the Montana University System
Dwight Hiesterman, MD	Clinical Consultant	Mountain-Pacific Quality Health
Gordon Higgins	Deputy State Auditor	Montana State Auditor's Office
Kristin Juliar	Director	Montana Office of Rural Health/AHEC
Jack King	Executive Director	Northcentral Montana Healthcare Alliance
Steve McNeece	CEO	Community Hospital of Anaconda
Bob Olsen	Vice President	Montana Hospital Association
William Reiter, MD	Internist	Community Hospital of Anaconda
Ray Rogers	CEO	National Center for Health Care Informatics
Mike Schweitzer, MD	Anesthesiologist	St. Vincent Healthcare
Randale Sechrest, MD	Orthopedic Surgeon	St. Patrick Hospital & Health Sciences Center
Chris Stevens	Vice President and CIO	Billings Clinic
Kami Syvertson	Information Systems Analyst	Bozeman Deaconess Hospital
Cherie Taylor	CEO	Northern Rockies Medical Center
Mark Wakai	CEO	Rocky Mountain Health Network
Anna Whiting-Sorrell	Family Services Policy Advisor	Governor Brian Schweitzer's Office
Keith Wolcott	Executive Director	Statewide Healthcare Coalition
G. Brian Zins	Exec. Vice President and CEO	Montana Medical Association

The above listed Steering Committee members were elected at a statewide meeting of the Montana HIT Task Force on January 19, 2007. **Red = Executive Committee**



Identified areas of developing regional health information exchange and telehealth networks