

Kentucky Healthcare Infrastructure Authority

<http://sites.google.com/site/khiauthority>

2008 Annual Report

February 2, 2009

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Authority Membership

Contributing members of the Kentucky Healthcare Infrastructure Authority in 2008 included:

Name	Institution	Authority Role
Robert Esterhay, MD	University of Louisville (UofL)	Co-Chair
Carol Steltenkamp, MD	University of Kentucky (UK)	Co-Chair
Barry Wainscott, MD	UofL	Member
Ben Martz, PhD	NKU	Member
Betty Regan, PhD	Morehead State University	Member
Carol Ireson, PhD	UK	Member
Dawn Jackson, DrPh	EKU	Member
Gary Ozanich, PhD	Northern Kentucky University (NKU)	Member
Jan Hecht, MBA	Eastern Kentucky University (EKU)	Member
Judah Thornewill, BA (PhD In Process)	UofL	Member
Julia Costich, JD, PhD	UK	Member
Martha Riddell, DrPH	UK	Member
Ray Austin, PhD	UofL	Member
Rob Steiner, MD, PhD	UofL	Member
Susan Allen, PhD	UofL	Member

Summary

This is the 2008 annual report of the Kentucky Healthcare Infrastructure Authority (Authority) submitted to the Governor in accordance with Senate Bill 2 (KRS 216.261 et seq.).

The Authority's year began with several meetings with the newly elected Lieutenant Governor, Daniel Mongiardo, MD. The Lt. Governor met with a broad group of representatives from University of Louisville (January) and University of Kentucky (February) about e-health. In these meetings, he encouraged the universities to step forward in their capacity as the Authority to help the Kentucky e-Health Network (Ke-HN) community develop a renewed, comprehensive approach to e-health in the Commonwealth. As a result of these meetings, the two universities, in their role as the Authority, undertook several new initiatives, with a major effort involving organizing the Ke-HN Strategic Plan 2008 planning process. Key accomplishments in 2008 included:

1. Presentation of initial recommendations to Lt. Governor in April, 2008.
2. Expansion of Authority to include five state universities and 18 active participants.
3. Facilitation of Kentucky e-Health Network strategic planning retreat on 7-10-08.
4. Formation of open WIKI to make information and decision-making open and transparent and provide easy access to key documents for all stakeholders.
5. Formation of strategic plan development process in July and August 2008.
6. Completion of the Health IT Inventory and Needs Assessment Project.
7. Completion of the Kentucky Medical Trade Area Analysis and Mapping Project.
8. Approval of new vision, mission, and other elements for Ke-HN.
9. Facilitation of Ke-HN Board's Ad Hoc Governance Group.
10. Development of draft guiding principles for the planning process.

Looking forward to 2009, the Authority sees strengths, weaknesses, opportunities and threats for the vision of the Ke-HN. Key strengths are the legal stature conveyed by SB-2 and the existing infrastructure that has been put in place in recent years. Key weaknesses are lack of funding and lack of alignment among key stakeholders. Key opportunities relate to positioning Kentucky favorably with the new federal administration, and positioning Kentucky as an "e-health laboratory for the nation." Key threats are that e-health infrastructure funding will be obtained by competing states with more advanced development of e-health or by regional or national corporations with the ability to invest in e-health infrastructure. Both of these threats could limit the ability of the Ke-HN vision to be achieved.

The recommended next step is the completion of a consensus, all-stakeholder strategic plan based on the vision, mission and approach approved in October by the Ke-HN Board. The Authority is willing to facilitate the process. However, it will need the continued support of the Ke-HN Board in order to maximize the effectiveness of its contribution.

Major Accomplishments in 2008

1. Presentation of initial recommendations to Lt. Governor in April, 2008.
2. Expansion of Authority to include five state universities and 18 active participants.
3. Facilitation of Kentucky e-Health Network strategic planning retreat on 7-10-08.
4. Formation of open WIKI to make information and decision-making open and transparent and provide easy access to key documents for all stakeholders.
5. Formation of strategic plan development process in July and August 2008.
6. Completion of the Health IT Inventory and Needs Assessment Project.
7. Completion of the Kentucky Medical Trade Area Analysis and Mapping Project.
8. Finalization of new vision, mission, and other elements including Ke-HN Board approval.
9. Facilitation of the Ke-HN Board's Ad Hoc Governance Group.
10. Development of draft guiding principles for the planning process.

A section is provided describing each key accomplishment.

1. April 2008 Preliminary Recommendations

A set of preliminary recommendations from the Authority were delivered to the Lt. Governor and the Cabinet Ke-HN staff in Frankfort at the Lt. Governor's offices on April 21, 2008.

A set of guiding principles developed as a basis for making the recommendations included:

1. Trust and collaboration: the two universities are speaking with a unified voice about what we believe is in the best interest of the state.
2. Preserve what's good: we want to preserve those assets that have already been built and can be valuable for achieving the goals of the KeHN.
3. Be responsive to new concerns that have been raised by stakeholders.
4. Identify actionable steps that can be taken soon while continuing to explore and develop infrastructure for long-term success.

Recommendations included in the report (at that time) included:

1. Update the Kentucky e-Health Action Plan 2007 to reflect current state of knowledge.
2. Modify Kentucky Medicaid Transformation Grant to incorporate current state of knowledge.
3. Kentucky e-Health Corporation should be kept intact but renamed and an open-procurement done to select a management firm.
4. Kentucky Health Infrastructure Authority should be expanded to include additional Kentucky public universities.
5. New funding strategies and approaches should be researched and developed.
6. Current opportunities identified by research should be a point of focus for future development– such as medication related data.
7. Community collaboration sciences should be considered, and used to help protect Ke-HN against “loss” of cooperation and goodwill needed to move forward together.

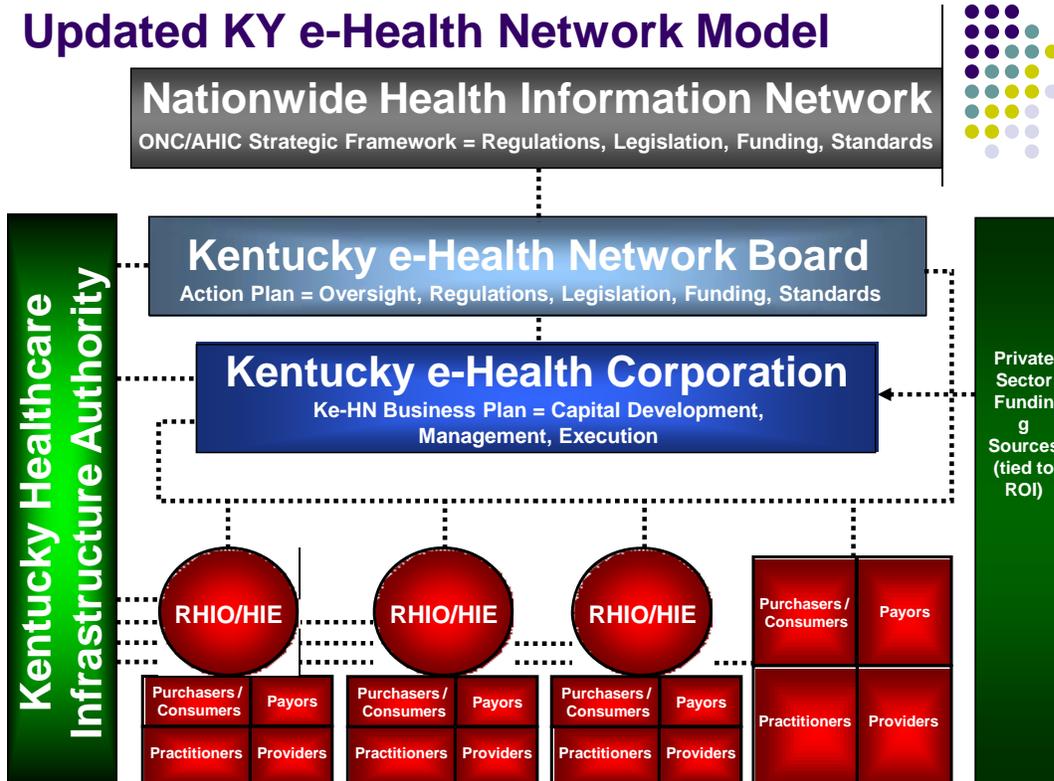
See Recommendations Report in Appendix 1 for details.

2. Expansion of Authority

In April, 2008, the Authority was expanded to include participants from Eastern Kentucky University, Northern Kentucky University and Morehead State University. A total of 18 active members were participating regularly in Authority meetings by July, 2008.

3. Facilitation of Ke-HN Strategic Planning Retreat July 10, 2008

The Ke-HN Strategic Planning Retreat was held in Frankfort on July 10, 2008. Some 100 attendees representing key healthcare stakeholders from across the state and all quadrants (i.e., consumers, purchasers, payors, providers, caregivers) participated in the event from 9:30 AM – 3:30 PM. Representation included all sectors shown in the Kentucky e-Health Network model approved in 2007 (with minor 2008 modifications).



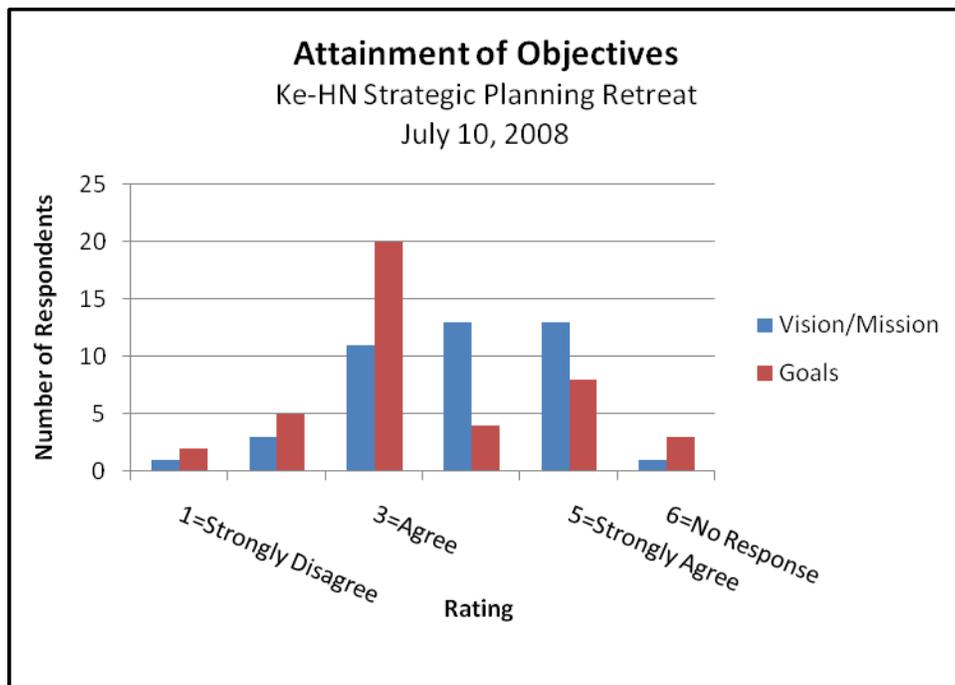
The following report summarizes the post-retreat evaluation completed by 42 of the 100 participants.

Ke-HN Strategic Planning Retreat July 10, 2008

Evaluation Summary

1. The retreat was beneficial in assisting the Kentucky Healthcare Infrastructure Authority in **creating vision and mission statements** for the Kentucky e-Health Network.
2. The retreat was beneficial in assisting the Kentucky Health Infrastructure Authority in **developing goals** for moving the eHealth mission forward.

Objective	Strongly Disagree 1	2	Agree 3	4	Strongly Agree 5	No Response	Total
Vision/Mission	1	3	11	13	13	1	42
Goals	2	5	20	4	8	3	42
Total	3	8	31	17	21	4	



3. Do you want to stay involved with this effort?

Response	Number
Yes	40
No	1
No Response	1
Total	42

Comments:

- Thanks for all your hard work bringing this great group of health care champions together! It was good to discuss this important work!
- Would favor dividing up into separate rooms – instead of one large room – noise level too high. Had trouble seeing and hearing other participants.
- Looking around the room, diversity is lacking. Few minority groups represented.
- Thanks very much.
- Am interested in publishing an article at some time on this.

4. Formation of Authority Website and WIKI

GoogleSites was used to create a web-based WIKI (an online editable website) for the Authority for sharing information, making decision-making open and transparent, and distributing key documents to stakeholders. The following is a list of WIKI pages and areas that were developed in 2008:

The screenshot displays a web browser window with the URL <http://sites.google.com/site/khiauthority/system/app/pages/sitemap/hierarchy>. The page title is "Kentucky Healthcare Infrastructure Authority".

Navigation

- [Home](#)
- [Kentucky e-Health Network \(Ke-HN\)](#)
- [Strategic Plan 2008 - 2012: a KHIA Project](#)
- [KHIA Meetings \(Chron\)](#)
- [Sitemap](#)

Recent site activity

- [Strategic Plan Worksheets](#) edited by bob.esterhay
- [Kentucky e-Health Network \(Ke-HN\) Strategic Plan 2008 - 2012: a KHIA Project](#) edited by bob.esterhay
- [Strategic Plan Worksheets](#) edited by judah.thornewill
- [Kentucky e-Health Network \(Ke-HN\) Strategic Plan 2008 - 2012: a KHIA Project](#) edited by judah.thornewill
- [Goals Worksheet](#) edited by bob.esterhay

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Sitemap

Hierarchy View | [List View](#)

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- [-] Kentucky Healthcare Infrastructure Authority
 - [-] [Home](#)
 - [-] [KHIA Meetings \(Chron\)](#)
 - [-] [Meeting 2008-08-25](#)
 - [-] [Meeting 8-12-08](#)
 - [-] [Meeting 8-5-08](#)
 - [-] [Meeting 9-12-08 \(Virtual\)](#)
 - [-] [Meeting June 18, 2008](#)
 - [-] [Meeting June 26, 2008](#)
 - [-] [Kentucky e-Health Network \(Ke-HN\) Strategic Plan 2008 - 2012: a KHIA Project](#)
 - [-] [Ethics Policy and Procedures - and Member Agreement](#)
 - [-] [Finalize Vision/Mission](#)
 - [-] [Guiding Principles](#)
 - [-] [Ke-HN Governance Framework](#)
 - [-] [Ke-HN Inventory of Assets 9-08](#)
 - [-] [Ke-HN Strategic Plan Steering Committee](#)
 - [-] [Ke-HN Strategic Planning Retreat 7-10-08](#)
 - [-] [Ke-HN Strategic Planning Retreat - Facilitation Guide - Draft 6-26-08 12:00 Noon](#)
 - [-] [Ke-HN Strategic Planning Retreat, July 10, 2008 - Invitation and Participant Instructions](#)
 - [-] [Retreat Results](#)
 - [-] [Kentucky e-Health Research Foundation](#)
 - [-] [Kentucky Healthcare Infrastructure Authority's \(KHIA's\) Approach](#)
 - [-] [Major Event?](#)
 - [-] [Medicaid Transformation Grant Information](#)
 - [-] [Strategic Plan Worksheets](#)
 - [-] [Strengthen Ke-HN Board Administrative Processes](#)
 - [-] [Supporting Documents](#)
 - [-] [Updated Process \(Proposed, for discussion\)](#)
 - [-] [Sandbox](#)

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start | Sitemap (Kentucky H...) | Home (Explorations in...) | Microsoft PowerPoint ... | KHIA Annual Report ... | Odysse

In addition, an online searchable library of some key documents relevant to the Ke-HN strategic plan was developed:

Kentucky Healthcare Infrastructure Authority

Navigation

- Home
- Kentucky e-Health Network (Ke-HN) Strategic Plan 2008 - 2012: a KHIA Project
- KHIA Meetings (Chron)
- Sitemap

Recent site activity

- Strategic Plan Worksheets edited by bob.esterhay
- Kentucky e-Health Network (Ke-HN) Strategic Plan 2008 - 2012: a KHIA Project edited by bob.esterhay
- Strategic Plan Worksheets edited by judah.thornewill
- Kentucky e-Health Network (Ke-HN) Strategic Plan 2008 - 2012: a KHIA Project edited by judah.thornewill
- Goals Worksheet edited by bob.esterhay

Supporting Documents

Kentucky e-Health Network (Ke-HN) Strategic Plan 2008 - 2012: a KHIA Project >

Document Title	Description	Size	Version
Alliance for Nonprofit Management Mission Statement.doc	Alliance for Nonprofit Management -- the need for a mission statement, what should be in a mission statement and how to write a mission statement	50k	v.1
Alliance for Nonprofit Management Vision Statement.doc	Alliance for Nonprofit Management -- how a vision is used, the impact of vision and the process of creating a vision	37k	v.1
final Lt Gov paper.pdf	Kentucky e-Health Network - A Case for Designing the Nation's Model Presented to Senator Mitch McConnell	101k	v.1
Ke-HN Action Plan Approved 4-07			
KEHN Mission Vision Statement 18Julv06.doc	Kentucky e-Health Network Board Mission and Vision Statement - Approved July 18 2006 - Used verbatim in approved 2007 Kentucky e-Health Action Plan	30k	v.1
Kentucky eHealth Network - Moving Forward 6-4-08.ppt	Ke-HN Moving Forward Presentation by KHIA June, 2008	119k	v.2
KHIA Aug 28, 2008 Report and Recommendations to Ke-HN board.doc	The Authority's August 2008 Strategic Plan 2008 - 2012 report and recommendation to the Ke-HN board.	83k	v.1
KHIA Bill KRS 216.261.doc		68k	v.2
KHIA Recs for KY eHealth RFI - v4-21-08.it.doc		71k	v.2
KveHealth K-HIP GovernanceRecommendationsRevised064071.doc		64k	v.1
KY Medicaid Transformation Grant Proposal	KY Medicaid Transformation Grant Proposal		
LouHIE research report v9 Final.pdf		1539k	v.2
Lt Gov Vision - Rework by NKU Ozanich V1.doc		37k	v.2
NEJM Personally Controlled Med Records Next Big Thing.pdf		357k	v.2
ONC - Federal Coordinated Health IT Strategic Plan 2008 - 2012	Federal Health IT Strategic Plan Produced May, 2008		
Senate Bill 2 Text	Link to Text of Senate Bill 2 with amendments -		
State RFI 1-18-08.pdf		87k	v.2

Comments (0)

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5. Strategic Plan 2008 Development Process

A consensus based, all-stakeholder process was designed for developing the 2008 strategic plan for the Ke-HN. This online system includes a separate page and worksheet areas for each step. The proposed timeline has been extended to 6-30-09, based on current progress at the Ke-HN Board level. .

Completed Milestones

- 7-10-08: Held [Ke-HN Strategic Planning Retreat](#)
- 8-3-08: Published [Retreat Results](#)
- 8-12-08: Finalized [Process for Developing Strategic Plan](#)
- 8-26-08: Held first meeting of [Ke-HN Strategic Plan Steering Committee](#)
- 8-28-08: Delivered [Strategic Plan 2008 - 2012 Development Recommendations](#) to Ke-HN Board members (as requested).
- 10-1-08: Finalized [Vision/Mission](#).

Details about each step are available on the Authority's website:

<http://sites.google.com/site/khiauthority/ke-hn-strategic-plan-2008>

6. Completion of the Health IT Inventory and Needs Assessment Project

A comprehensive state-wide assessment of multiple healthcare providers in Kentucky was conducted to (1) determine the extent of health information technology adoption and to guide the development of RHIOs and HIEs. This research reflects the most comprehensive e-Health adoption survey to date for state healthcare decision makers in the existing literature. The study consisted of (1) a mailed survey to 3702 licensed physicians (MDs and DOs), who were actively practicing in Kentucky, (2) electronic surveys of medical group practice managers, pharmacists, podiatrists, hospitals, home health agencies, hospices, long term care facilities, regional mental health programs, and public health departments through the collaboration of the professional associations for each of those entities, and (3) face to face interviews with selected members of the health care providers mentioned above.

Data were collected on the use, usefulness, capacity, barriers, benefits, and needs of providers regarding transitioning to a comprehensive electronic health environment. Zoomerang software was used for the electronic data collection. Data were compiled from electronic and mailed surveys in an Excel spread sheet for statistical analysis and imported into Arcview geospatial software for geospatial mapping. Data were coded by type of provider, by primary versus specialty care, and by urban and rural density.

The print and electronic physician surveys responses accounted for 3178 physicians. Of those 3178 physicians, 35% used an EHR, 50% were planning on acquiring an EHR, and 15% had no plans to implement one. Respondents for 83 of Kentucky's 120 hospitals reported that 73 or 69% of Kentucky's hospitals were using an EHR. Respondents from 35 of the 112 licensed home health agencies reported that 21 or 19% of the licensed agencies use an EHR. Only 22% of the 36 respondents from the 250 long term care facilities reported that use an electronic medical record. Thirteen of the 14 community mental health centers in Kentucky responded with 58% of all community mental health centers were using an electronic medical record. Seventeen of the 20 hospices in Kentucky responded with 84% of them reporting using an EHR, the highest rate of adoption of any health care provider group. Nine of the 56 health departments in Kentucky's responded including 3 district health departments covering 20 counties and 6 local county health departments. Only 33% of them have an EHR and one is currently testing a product. Forty-two of the 390 optometrists practicing in Kentucky responded to the survey with 38% of them reported using an EHR. Ninety-eight podiatrists practice in Kentucky with eleven podiatrists responding to the survey. Of the responding podiatrists, 45% have components of an Electronic Health Record (EHR). Electronic and print surveys were sent to members of the Kentucky Pharmacy Association, but the number responding was too small for a meaningful analysis.

This large study suggests that Kentucky physicians report a much higher rate of EHR adoption than that reported in other states and nationally. Solo primary care or solo specialty practices represent those most likely to not have an EHR or future plans for implementing one. The findings also suggest that the rural areas of Kentucky are adopting EHRs and in that some rural areas, there appears to be a synergy of EHR adoption. The major barriers to EHR adoption were start up costs, ongoing costs, and technical support. The priorities among all provider groups for

moving Kentucky to increased EHR adoption were funding to providers and hospitals for EHR. There was a low level of interest in RHIOs, HIEs and claims based patient summaries in all provider groups. The findings from this research will guide the planning for the development of a secure statewide electronic health network in the Commonwealth of Kentucky.

7. Completion of the Kentucky Medical Trade Area Analysis and Mapping Project

A Medical Trade Area (MTA) is a largely self-organized geographic market area in which a delineated population receives most of its medical services. MTA identification takes into account where patients seek medical care as well as where their health professionals refer them for specialized medical care. In this regard, MTA analysis focuses on the geographic origins of patients (e.g., counties, towns, zip codes, etc.) seeking medical services and the geographic areas served by particular health care providers such as hospitals. Kentucky currently does not have identified MTAs. The medical trade area mapping project was undertaken to provide information that will assist the Kentucky e-Health Network Board in the development of Regional Health Information Organizations (RHIOs) which will become a focal point for the exchange of patient specific information relevant to providing appropriate and cost efficient healthcare services.

The goal of this project was to identify geographic clusters that characterize MTAs in Kentucky, based on the following criteria: 1) where Kentucky residents go to receive health care/medical services and 2) what geographical population areas are most appropriate for inclusion in a particular regional health information exchange operation. The project proposal specified that a geographic information system (GIS) be used to analyze Kentucky health services data and map the state's resulting MTAs.

Five de-identified, aggregated health services datasets were used in this analysis: 1) Kentucky Medicaid claims data, 2) Kentucky Hospital Association inpatient hospital discharge data, and 3) Anthem Blue Cross Blue Shield, Bluegrass Family Health, and Humana private insurance claims data. An iterative process, using a series of mapping and spatial analysis techniques, was used to examine these data sources separately, then integrate them to establish Medical Trade Areas for the state of Kentucky.

Ten MTAs were identified, ranging in size from eight to twenty-one counties and containing populations ranging from roughly 187,000 to nearly one million. The GIS data-generated MTA map is shown below.

8. Approval of New Ke-HN Vision, Mission

An updated vision and mission statement was finalized by all stakeholders and approved by the Ke-HN board in its October, 2008 meeting. The approved vision and mission statement are:

Vision Statement

Ke-HN will be considered successful, if (by 2020) we have...

Vision

Healthier Kentuckians through Information Exchange

Brand*

New Generation Healthcare™

Example:

Physician XYZ Associates

A certified provider of New Generation Healthcare™

Mission Statement

Mission

The Kentucky e-Health Network*
will support statewide adoption of health information technology
and interoperable health information exchange to enhance the
health of all citizens.

* At the time of the approval of the vision and mission, the Kentucky e-Health Network was defined as the approved Ke-HN Network model, which included the Kentucky e-Health Network Board, the Kentucky e-Health Corporation and the Kentucky Healthcare Infrastructure Authority as participating entities. As of the report date, the Ke-HN Board has accepted a recommendation to dissolve the Kentucky e-Health Corporation.

9. Facilitation of Ke-HN Ad Hoc Governance Group

The Authority co-chairs facilitated the Kentucky e-Health Network Ad Hoc Governance Group, which took up questions about governance, structure, integrity and ethics for the Kentucky e-Health Network (Ke-HN) board.

The Ad-Hoc Governance Group delivered its recommendations to the Kentucky e-Health Network (Ke-HN) Board in December, 2008. Recommendations (per minutes from Ke-HN Board website) were:

1. The KeHN Board should ask the Board of the Kentucky e-Health Corporation to dissolve the Kentucky e-Health Corporation.
2. The KeHN Board should be balanced between public and private representation and a formal committee structure should be added to handle e-Health implementation and operations. RHIOs should be represented on the committees.
3. The KeHN Board should adopt strong conflict of interest and ethics policies. All Board members should be required to reveal any potential conflict of interest annually.

Looking Forward to 2009

Looking forward to 2009, the Authority sees strengths, weaknesses, opportunities and threats for the vision of the Ke-HN.

- Key strengths are the legal stature conveyed by SB-2 and the existing infrastructure that has been put in place in recent years.
- Key weaknesses are lack of funding and lack of alignment among key stakeholders.
- Key opportunities relate to positioning Kentucky favorably with the new federal administration, and positioning Kentucky as an “e-health laboratory for the nation.”
- Key threats are that e-health infrastructure funding will be obtained by competing states with more advanced development of e-health or by regional or national corporations with the ability to invest in e-health infrastructure themselves. Both of these threats could limit the ability of the Ke-HN vision to be achieved.

The recommended next step is the completion of a consensus, all-stakeholder strategic plan based on the vision, mission and approach approved in October by the Ke-HN Board. The Authority is willing to facilitate the process. However, it will need the continued support of the Ke-HN Board in order to maximize the effectiveness of its contribution.

Appendix 1: Preliminary Recommendations 4-21-08

**Kentucky Healthcare Infrastructure Authority
Consensus Recommendations
In response to the e-Health Request For Information (RFI) of January 16, 2008
4-21-08**

Purpose

The purpose of this document is to provide recommendations to the Commonwealth of Kentucky focused on helping the state "develop concepts and alternative funding options for an electronic health information network", as defined in the e-Health RFI of January 16, 2008. The response is provided by currently active members of the Kentucky Healthcare Infrastructure Authority (KHIA), a collaborative authorized under SB2 that is co-chaired by Dr. Carol Steltenkamp (UK), and Dr. Robert Esterhay (UofL) and includes researchers from University of Kentucky and University of Louisville.

KHIA Participants

These recommendations are supported by the following KHIA members:

University of Kentucky	University of Louisville
Carol Steltenkamp, MD Carol Ireson, RN, PhD Martha Riddell, MPH, DrPH Julia Costich, PhD, JD	Robert Esterhay, MD Ray Austin, PhD Barry Wainscott, MD, MPH John Morse, MBA Judah Thornewill, BA, PhD in progress Rob Steiner, MD, PhD, MPH Susan Olson-Allen, PhD

Principles

The following principles have been used to guide these recommendations:

1. Trust and collaboration: the two universities are speaking with a unified voice about what we believe is in the best interest of the state.
2. Preserve what's good: we want to preserve those assets that have already been built and can be valuable for achieving the goals of the KeHN.
3. Be responsive to new concerns that have been raised by stakeholders.
4. Identify actionable steps that can be taken soon while continuing to explore and develop infrastructure for long-term success.

Research

The following documents have been considered in making these recommendations:

1. SB2
2. Ke-HN Board minutes and related documents from the last two years.
3. Kentucky e-Health Action Plan (this document was developed and adopted through a broad-based collaborative process).
4. Louisville e-Health Research 2007 and Kentucky e-Health Research 2007.
5. Kentucky e-Health Corporation business plan.
6. Kentucky Medicaid Transformation Grant RFP and Proposal.
7. Consensus recommendations from Kentucky RHIOs and HIEs.
8. Current Kentucky e-Health Network website: <http://ehealth.ky.gov/>
9. Health Information Security and Privacy Collaboration (HISPC) final report
10. Review of work already accomplished by the Ke-HN board, e.g.
 - a. E-Prescribing grants
 - b. HISPC privacy and security projects
 - c. Two KY e-Health Summit meetings
 - d. HIT Innovator awards

Recommendations

1. Kentucky e-Health Action Plan

This document was developed by the KeHN Advisory Group through a collaborative consensus process and approved by the KeHN board. We recommend that:

- a. Out of date sections that have generated concerns should be identified.
- b. The plan should be updated using the same “Advisory Group” process used to create it, and a new version presented to the board within 6 months from April 30, 2008.

2. Kentucky Medicaid Transformation Grant

- a. Modify language so that it provides a “portal” or “portal infrastructure” across the state.
- b. “Portal infrastructure” means that Medicaid data will be made available to authorized service providers through a standard interface.
- c. Extend and update grant to reflect that it will work with and through medical trading area based organizations (HIEs, RHIOs) or other authorized or appropriate entities at regional levels;
- d. Extend and update grant to reflect doing pilots for HIE in local areas
- e. Extend and update grant so that providers, including physicians, are included in the product design process through “Provider Workflow Studies.”

3. Kentucky e-Health Corporation

- a. Keep the corporate infrastructure intact.
- b. Do open-procurement for management firm to run KeHC start-up.

- c. Rename to either Kentucky e-Health Foundation or Kentucky e-Health Community.

4. Kentucky Health Infrastructure Authority

- a. KHIA teams should be expanded at UK and UofL (per current direction).
- b. Additional universities (e.g. NKU, EKU, WKU, etc.) should be invited to participate.
- c. Develop mechanisms for KHIA to provide advice and knowledge to KeHN etc.
- d. Involve KHIA in evaluating RFI responses.

5. Developing New Funding

- a. An analytical framework should be developed showing how investment in e-health infrastructure will generate growth in private sector, new jobs, etc.
- b. Appropriate mechanisms should be considered to: 1) pay for e-health infrastructure, 2) encourage private investment in e-health, 3) generate new jobs and economic growth, that 4) recoups investment.
- c. Develop new ideas for funding current opportunities.

6. Current Opportunities

- a. The state should continue to focus on providing medication and medication reconciliation data to physicians, hospitals and potentially consumers through a web-based portal or portal infrastructure, initially for Medicaid patients

7. Explore the Science of Community Collaboration

- a. Use UofL/UK experts in community collaboration to help guide collaboration strategies. New concepts of how to develop and measure social capital could be helpful since the lack of social capital has been identified as an important reason for the failure of start-up RHIOs and HIEs.

Conclusion

We hope this has been helpful. We look forward to guidance from the state regarding how we can be of service in moving forward towards the vision of the KeHN.

Appendix 2: Ke-HN Guiding Principles (Draft)

As a reflection of the leadership of the Lt. Governor, the Authority developed the following draft Guiding Principles document to help guide decision-making for the Ke-HN. This was presented to the Ke-HN board in December, and discussed. The principles will be further discussed, and potentially approved, in 2009.

Guiding Principles

Build Trust

The Kentucky e-Health Network must earn and maintain the trust of all those whose health information it touches.

Governance with Integrity

The Ke-HN must be governed at the highest levels of trust and integrity.

Openness, Transparency and Collaboration

We must work together to succeed.

Stand Above Politics

E-health has to be a bipartisan effort that stands above political infighting or special interests.

Tap the Power of Our Best Minds

We must rely on the expertise of our best minds, both in our universities, and across our state. Individually, none of us have the answers. Working together, we can lead the nation.

World Class Healthcare for Every Kentuckian

Every Kentuckian should have access to the benefits of health information technology.

Consumer Focus

Put the consumer's best interest at the heart of everything we do. Assure consumer representation in stakeholder governance and protect the privacy and security of health information.