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WILLIAM T FUJIOKA
Chief Executive Officer

November 30, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

REPORT ON THE LOS ANGELES NETWORK FOR ENHANCED SERVICES AND THE STATE'S EFFORTS REGARDING A HEALTH INFORMATION EXCHANGE PLAN

On April 27, 2010, on motion by Supervisor Ridley-Thomas, as amended by Supervisor Yaroslavsky, your Board instructed the Chief Executive Officer (CEO) to: 1) sign the Memorandum of Understanding (MOU) formalizing the County's participation in the Los Angeles Network for Enhanced Services (LANES) Collaborative; 2) work with the LANES Collaborative to develop the implementation plan for the Health Data Highway Project by May 2010; 3) as a member of the LANES Collaborative, sign an Agreement with Citrus Valley Health Partners (CVHP) to receive American Recovery and Reinvestment Act of 2009 (ARRA) funds, if funds are made available to the LANES Collaborative; and 4) establish a Board Policy that the County will not allow the use of any data shared by the County as part of the LANES project, or as part of any other health information exchange project, for the economic benefit of any entity; including non-profit and for-profit organizations.

This memorandum provides a report on the status of the County's efforts, in partnership with a group of private partners as well as other County partners on the LANES initiative, and to apply for available federal stimulus funding.

LANES COLLABORATIVE

As instructed by your Board, the CEO signed the MOU formalizing the County's participation in the LANES Collaborative as the local government entity, on April 28, 2010. The MOU (Attachment I) became effective on June 7, 2010, when the

fifth member organization signed the document, constituting a majority of the nine member LANES Board of Directors. Other member organizations include: L.A. Care Health Plan as the public health plan; the Hospital Association of Southern California as the hospital group; the Community Clinic Association of Los Angeles County as the community clinic group; and Health-e-LA as the health information exchange organization. The LANES Board members are evaluating representatives for the remaining seats of a physician group, commercial health plan, health advocacy group, and an independent organization, as well as possible additions to the membership. The LANES Board has developed a draft set of bylaws that are expected to be adopted by the LANES Board shortly.

As previously reported to your Board, the vision of LANES is to be an integrated, secure and forward-looking information management system that will facilitate the provision of timely, patient-centered and high quality healthcare across the continuum of services, the management of emergency and other situations important to the public's health, and continuous quality improvement of healthcare and public health processes and outcomes. In order to achieve this vision, there are several components that will need to be put in place.

One of the fundamental components necessary to achieve this vision is an infrastructure that will allow health information exchange (HIE). It is envisioned that this infrastructure will also be used to share other data sets important to the County and its constituents, such as public health and emergency data. In order to develop this necessary infrastructure, the LANES Board is seeking funds made available through ARRA and other sources. As such, at your Board's direction, the LANES Board is seeking to successfully compete for these funds in order to implement the LANES initiative.

FEDERAL STIMULUS FUNDING

In our April 9, 2010 status report, we notified your Board of the State's efforts to implement HIE in California with a $38.8 million grant received under the ARRA. In order to achieve this, the State identified Cal eConnect as the State Designated Entity responsible for administering the State's ARRA funds. Additional information regarding Cal eConnect is included in Attachment II. Of the $38.8 million grant, Cal eConnect will spend some of the money directly and will initiate a competitive grant process for the remainder. Cal eConnect is planning to release a request for proposals (RFP) for plans to establish core HIE services in the State in the next few weeks.

The LANES Board plans to submit a response to the Cal eConnect RFP in order to compete for this grant funding. Although we have limited information regarding what Cal eConnect will be requesting under this grant process, we expect there to be a short window of opportunity to collaborate with a technology vendor in order to apply for funds. As Cal eConnect is driving the process, LANES will need to align its proposal to what Cal eConnect is looking for in order to be successful and receive funding.

In order to successfully compete for these funds, the LANES Board will need to develop its HIE project; select a fiscal intermediary to apply for and receive grant funds on behalf of LANES, as well as perform basic fiscal services; and identify a technology vendor that can implement the technology solutions. When Cal eConnect releases their RFP in a few weeks, applicants may need to be 501(c)(3) non-profit organizations to apply, and LANES does not meet that requirement and has identified a fiscal intermediary to apply on its behalf. If LANES is not granted funding, LANES will not incur any financial expense or legal obligation to move forward with any services described in the proposed project but would continue planning with the fiscal intermediary and technology vendor on the same or similar projects in order to obtain funding in possible future grant opportunities.

In order to select a fiscal intermediary and identify a technology vendor, the LANES Board established the following ad-hoc committees:

Fiscal Intermediary Committee

The Fiscal Intermediary Committee was tasked with developing and overseeing the process to identify and develop an agreement with a nonprofit agency to serve as the fiscal intermediary for the LANES Board. The group includes several LANES Board members and staff from the CEO.

The Fiscal Intermediary Committee is recommending Public Health Foundation Enterprises (PHFE) as the fiscal intermediary based on a sole source evaluation, which was similar to the process the County follows. The criteria used were that quick action is required and that it is in the best interest of the LANES Board to ensure the ability to apply for funds with a limited learning curve. Several members of LANES, including the County, have had successful experiences with PHFE as a fiscal intermediary on large projects. The County has had substantial experience with PHFE as a fiscal intermediary and they are very familiar with the County's requirements. PHFE has also done work with Health-e-LA in regard to data sharing among the County and the Public/Private Partnerships (PPP). PHFE is the only known fiscal intermediary that can handle the size, scope, and type of this HIE project. PHFE has extensive experience

performing similar services. Coupled with the compressed timeframe, the Fiscal Intermediary Committee believes that PHFE is the most appropriate entity to use as a fiscal intermediary on this project

The selected fiscal intermediary will also be required to contract with the technology vendor for implementation of the LANES project and handle the related financial services, which includes ensuring that the grant monies received are spent in accordance with the grant and that the technology vendor achieves the desired deliverables. Based on this arrangement, the LANES Board will not have any legal responsibility to either the grantee agency or the technology vendor.

The LANES Board plans to enter into a MOU with the chosen fiscal intermediary. In order to meet the deadlines to submit an application for funds in response to Cal eConnect's forthcoming RFP, the CEO is requesting delegated authority to sign an MOU, as a member of the LANES Board, with the selected fiscal intermediary. We are working with County Counsel to develop the MOU, and will provide a copy to your Board offices before signing under delegated authority. The other LANES Board members will also review the MOU with their own counsel and request authority from their respective governing bodies to sign the MOU. We will provide your Board a copy of the signed MOU once the process has been completed. Lastly, we will provide your Board additional information regarding the agreement that the recommended technology vendor and the fiscal intermediary enter into once we have that information.

Technical Advisory Committee

The Technical Advisory Committee was tasked with developing a set of criteria and technical services to define the features, qualifications, and functionality of a technology vendor/partner for LANES. The group consists of several members of the LANES Board and staff from the County's Department of Health Services and the Chief Information Office.

The Technical Advisory Committee coordinated the development of a request for information and proposals (RFI&P) that was released in July 2010 (Attachment III) and shared with your offices prior to its release. The responses received were evaluated to ensure they met the RFI&P requirements and the Technical Advisory Committee evaluated the qualifying responses and rated the vendors based on criteria developed by the Technical Advisory Committee to determine their ability to meet the LANES objectives. From these ratings, the Technical Advisory Committee invited the top vendors to in-person interviews to further evaluate each in the areas of HIE experience, local knowledge, operational assistance, pricing, and financial viability. The

Technical Advisory Committee selected one vendor based on the outcome of the interviews to recommend to the LANES Board as the partner they felt would be the best option to help LANES achieve its goals. The Technical Advisory Committee has recommended partnering with Western Health Information Network (WHIN). The Technical Advisory Committee felt that WHIN would be able to provide the necessary technology for the LANES HIE project, they have an in-depth knowledge and understanding of health information technology in the Los Angeles County region, as well as across the nation, and are willing to provide the necessary assistance to the LANES Board in order to make the LANES HIE project operational. Each LANES Board member will return to their respective governing bodies and request approval of WHIN. Once all members have approval from their respective governing bodies, the LANES Board will vote to finalize the choice.

The recommended HIE technology partner is expected to enter into an operational agreement with the LANES Fiscal Intermediary and a no-cost MOU with the LANES Board, to establish the working relationship between the HIE technology partner and the LANES Board to move forward on the LANES HIE project.

Proposed Project

We previously notified your Board that the LANES Board had worked on a proposed project called the Health Data Highway. The LANES Board will be revisiting that project with the recommended HIE technology partner. The project will be evaluated in light of the RFP once Cal eConnect releases it. We expect that Cal eConnect will be looking to provide core HIE services throughout the State, and will be looking for projects that leverage previously built systems and other federal and State grants awards. For instance, as mentioned above, the County and others have invested in sharing data with the PPP's through Health-e-LA, and it would be beneficial to incorporate this into any proposed project that is developed.

We expect the project will need to be developed and finalized quickly in order to meet the deadlines of Cal eConnect's grant process. We will provide your Board more information related to the RFP and proposed project once the RFP is released and reviewed.

OTHER FEDERAL STIMULUS FUNDING

Also in our April 9, 2010 status report, we notified your Board about a Federal Stimulus Funding opportunity called the Beacon Community Cooperative Agreement Program (Beacon). The County provided a letter of support for a proposal being submitted by the

CVHP dated January 29, 2010. When the Beacon awards were subsequently announced, CVHP was not awarded any funding. We were then notified of a second round of Beacon grants, for which CVHP applied again. The CEO notified your offices that we would again be signing a letter of support for the proposal on behalf of the County (Attachment IV), as well as a second letter of support as a member of the LANES Board (Attachment V). We were once again notified that CVHP was not successful in receiving a grant award.

This Office will continue to monitor other funding opportunities and develop strategies to optimize the chances of successfully competing for any available funds.

CORE WORKING GROUP

In addition to the work this Office has done with the LANES Board, the County's internal Core Working Group (CWG) also continues to meet. The CWG will continue to work on a shared information technology vision and strategy for our County departments (a current draft is Attachment VI). This includes providing oversight to the County's effort to establish an Enterprise Master Patient Index to ensure County departments can share data as indicated in Goal 4 of the County's Strategic Plan, as well as participating in the implementation of an electronic health records (EHR) system in the Probation Department and the evaluation and development of a proposed EHR system for the Department of Health Services. Members of the CWG will also participate in the LANES initiative. We will provide further updates about the work of the CWG in future status reports.

RECOMMENDATIONS

It is, therefore, recommended that your Board authorize the CEO, as the County's LANES Board member, to:

- Approve the selected Fiscal Intermediary and sign an MOU with the Fiscal Intermediary to establish the working relationship between the LANES Board and the Fiscal Intermediary;

- Approve the recommended HIE Technology Partner and sign an MOU with the selected HIE Technology Partner to establish a working relationship to advance the LANES Initiative; and

- Work with the Fiscal Intermediary and HIE Technology Partner to apply for ARRA funding to be made available by Cal eConnect through the State's competitive grant process and receive any federal funding that may be granted to LANES as a result.

If you have any questions or need additional information, please contact me or your staff may contact Sheila Shima, Deputy Chief Executive Officer, at (213) 974-1160.

WTF:SAS
MLM:MM:gl

Attachments

c: Executive Office, Board of Supervisors
County Counsel
Chief Information Office
Health Services
Internal Services
Mental Health
Probation
Public Health
Sheriff

MEMORANDUM OF UNDERSTANDING

ESTABLISHING

THE LOS ANGELES NETWORK FOR ENHANCED SERVICES ("LANES")

This Memorandum of Understanding is executed in the State of California by and among its signatory organizations for the express purpose of establishing a formal working relationship among the parties and a collaborative governance structure for the formation, operation, and management of the Los Angeles Network for Enhanced Services ("LANES").

WHEREAS, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the California Confidentiality of Medical Information Act ("CMIA") permit health care providers to share pertinent medical information/Protected Health Information ("PHI") for treatment purposes, including to coordinate care; and

WHEREAS, on February 17, 2009, President Obama signed the Health Information Technology for Economic and Clinical Health Act ("HITECH"), as part of the American Recovery and Reinvestment Act, in order to promote health information technology; and

WHEREAS, the HITECH Act provides incentives for the use of health information technology, including state grants to promote health information technology; and

WHEREAS, the HITECH Act strengthens and improves federal privacy and security protections for PHI; and

WHEREAS, the State of California Department of Health and Human Services Agency ("CHHS") will determine the State's Health Information Exchange ("HIE") Governance Entity; and

WHEREAS, in recognition that a robust and coordinated health information management system has the potential to improve healthcare delivery and ensure that care is coordinated, appropriate and preventive, the County of Los Angeles and a number of concerned organizations are collaborating to create the Los Angeles Network for Enhanced Services (LANES); and

WHEREAS, LANES seeks to improve the healthcare delivery in Los Angeles County and surrounding areas by ensuring that health information pertinent to healthcare delivery is available when and where it is needed in a safe and secure manner;

WHEREAS, the purpose of this Memorandum of Understanding (MOU) is to establish a formal working relationship and collaborative governance structure for the formation of the Los Angeles Network for Enhanced Services (LANES) to work with both the State and federal governments and other interested entities to advance health information technology and exchange in Los Angeles County and surrounding areas; and

WHEREAS, by entering into the LANES MOU, there is no express or implied expectation or representation that any LANES member is relinquishing any ownership rights to its data or any other intellectual property.

NOW, THEREFORE, in accordance with that which is stated herein, each of the parties mutually agree to the following:

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TERMS AND CONDITIONS

I. PURPOSE

The purpose of this multi-party Memorandum of Understanding (MOU) is to establish a formal working relationship and collaborative governance structure for the formation of the Los Angeles Network for Enhanced Services (LANES).

LANES will work with the State and federal governments, interested stakeholders, and other key constituents to advance health information technology and exchange in Los Angeles County and surrounding areas.

II. TERM

This MOU shall be effective upon the last date it is signed by a minimum of five Participating Agencies and shall continue for the operation and management of LANES unless terminated as set forth below.

III. PARTICIPATING AGENCIES

A. A Participating Agency shall be any organization which, by signing this MOU, agrees to enter into a formal working relationship and collaborative governance structure for the formation of LANES. The Participating Agencies will represent various stakeholder groups and shall comprise the governing body of LANES. Additional Participating Agencies may be added to the governing body by a concurrence of a majority of the Participating Agencies.Governing Body:

1. A hospital group;
2. A physician group;
3. A community clinic group;
4. A local government entity;
5. A public health plan;
6. A commercial health plan;
7. A Health Information Exchange organization;
8. A health advocacy group;
9. An independent organization.

B. Responsibilities

1. Appoint an Organizational Representative(s) to serve as the Participating Agency's representative who shall:

   (a) Provide input on behalf of the Participating Agency;

   (b) Communicate on behalf of LANES with the Participating Agency;

   (c) Personally attend weekly meetings, unless excused or otherwise modified by the Bylaws.

2. Support Health Information Technology ("HIT") goals, including:

   (a) To advance patients' safe and secure access to their personal health information and their ability to share that information with those involved in their care;

   (b) To engage in an open, inclusive, collaborative process that supports widespread Electronic Health Record ("EHR") adoption and a robust, sustainable countywide/regional health information exchange;

   (c) To improve health care outcomes and reduce the rate of increase in costs or reduce costs;

   (d) To maximize access to critical American Recovery and Reinvestment Act stimulus funds;

   (e) To integrate and synchronize the planning and implementation of Health Information Exchange (HIE), HIT, telehealth and provider incentive components of the American Recovery and Reinvestment Act.

3. Support the coordination of HIE grant and other activities including programmatic, budget, evaluation, and reporting requirements of LANES and/or the Participating Agencies.

IV. BYLAWS

LANES shall establish Bylaws for its internal governance within 60 days of its formation. Said Bylaws shall be and are incorporated herein by reference. The Bylaws shall clearly address the following areas:

A. Mission statement;

B. Governing body, including clearly describing who the Participating Agencies are, how the Participating Agencies are selected, and the responsibilities that Participating Agencies will have;

C. Committees and committee duties;

D. Affiliates and organizations;

E. Stakeholders, including a process for ensuring representation from all interested and pertinent institutions and individuals;

F. Meeting protocols, including a process for open, public, and transparent forums that allow input from all perspectives;

G. Outreach;

H. Code of conduct;

I. Dispute resolution, including establishing procedures that encourage resolution of disputes through informal means;

J. Data security, patient health information privacy and compliance.

V. LEAD AGENCY

LANES is a collaborative of participating health care and other organizations, from both the public and private sector, representing a variety of interests and constituencies, and having varied experience. Accordingly, LANES and its Participating Agencies, recognize that it will be necessary to designate a Participating Agency or other entity to serve as the Lead Agency for a specified time period, a particular purpose, a designated project, or other specified reason. The parties agree that LANES will , as necessary or appropriate, designate a Participating Agency or other agency to serve as Lead Agency Notwithstanding the foregoing, nothing shall be construed as obligating the parties to maintain a designated Participating Agency or other agency to serve as a Lead Agency for all purposes. The parties agree that LANES may also designate alternative or additional Lead Agencies for a particular purpose, a designated project, or other specified reason. Designation of a Lead Agency shall be in writing and shall require the concurrence of a majority of the Participating Agencies.

VI. FISCAL INTERMEDIARY

LANES is a collaborative of participating health care and other organizations. Accordingly, LANES and the parties recognize that it will be necessary to establish a formal relationship with an entity that can provide LANES with management and/or operational and/or administrative support, including receipt of and/or administration of grant funds.

VII. FISCAL PROVISIONS

A. Parties shall not receive compensation for entering into this MOU or for performing responsibilities under this MOU. Unless otherwise agreed to by each of the parties, a Participating Agency shall not be reimbursed for any costs incurred as a consequence of entering into this MOU or for performing responsibilities under this MOU.

B. Unless otherwise agreed to by the parties, a Participating Agency shall not receive compensation or be reimbursed for any costs for serving as a Lead Agency.

VIII. PRIVACY

A. LANES and the Participating Agencies understand that data/information to be transferred via an HIE is highly sensitive and is protected from improper disclosure by State and federal law. Accordingly, LANES and the Participating Agencies agree to protect the confidential nature of any data to be maintained or transferred and to ensure that there is no unauthorized access, use or disclosure of such data, except in compliance with all State and federal laws.

B. LANES and the Participating Agencies shall endeavor to coordinate with the California Privacy and Security Advisory Board ("CalPSAB") regarding privacy and security.

C. LANES and the Participating Agencies shall monitor implementation of California's privacy and security policy and guidance and work with State agencies, as appropriate, to ensure such privacy and security protections.

IX. TERMINATION

This MOU may be terminated upon the mutual agreement of all parties. A party may terminate its individual participation in this MOU by providing LANES with 30 days advanced written notice. Termination by one party shall not terminate this MOU.

X. DISPUTE RESOLUTION

LANES and its Participating Agencies are committed to mutually satisfactory methods for problem resolution. The parties agree that when any dispute arises between LANES and a Participating Agency or among the Participating Agencies, it should be resolved amicably, through informal means, through the Participating Agencies' chain of command, as deemed necessary. Accordingly, LANES shall establish a process and procedure for mutually satisfactory methods of problem resolution. Notwithstanding the foregoing, LANES and its Participating Agencies do not intend for the terms and conditions of this MOU to be enforceable by any court, governmental or administrative agency or any other

dispute resolution process. This MOU is not intended to be a legally binding document, but rather an expression of the collaborative intent of all Participating Agencies.

XI. WAIVER

No waiver of any of the provisions of this MOU shall be effective unless made in writing and agreed to by a concurrence of a majority of the Participating Agencies.

XII. NOTICE

Notices required or provided for by this MOU shall be sent to the Lead Agency for LANES.

XIII. LIABILITY

A. All Participating Agencies' Organizational Representatives are to be covered by their respective Participating Agency's insurance policies in accordance with the laws of the State of California and all Participating Agencies, here agree to maintain such insurance.

B. No Participating Agency nor its Organizational Representative shall be responsible for any action taken or omitted by another Participating Agency or by another Participating Agency's Organizational Representative.

XIV. AMENDMENTS

A. The Participating Agencies agree to take such action, as necessary, to amend this MOU from time to time to comply with the requirements of HIPAA, CMIA, HITECH, and/or any other provision of law or regulation.

B. Unless specifically provided for in this MOU, no provision of this MOU shall be altered, varied, modified, revised, or waived, except upon written amendment signed by a majority of the Participating Agencies.

XV. DEFINITIONS

Appendix A – Definitions is incorporated herein by reference.

XVI. COMPLETE AGREEMENT

This MOU, consisting of twelve (12) pages, constitutes the full and complete understanding and agreement of the parties.

XVII. NO DISQUALIFICATION

Participating Agencies agree that any procurement by LANES of products and/or services, or receipt of any award pursuant to any such procurement, shall be in compliance with all applicable laws, rules, and regulations and funding requirements. Notwithstanding the foregoing, the parties do not intend that any Participating Agency be disqualified from participating in any such procurement by LANES solely because such agency entered into this MOU or participated in the activities described herein; provided, however, that nothing in this MOU shall be construed as assuring any such agency that it will receive any such award or as contravening any laws pertaining to such an award.

The Participating Agencies further agree that should they have an interest in competing for the delivery of any products and/or services being procured by LANES through an open competitive bid process, they will not participate in any way in the creation or development of the solicitation documents that LANES uses to conduct that competitive procurement process, including but not limited to Requests for Proposals, Statements of Work, Evaluation Instruments, Pricing Schedules, etc., and shall recuse themselves from any scoring or other evaluation of the responses submitted to that solicitation and from the ultimate selection of the vendor who is chosen to provide the needed products and/or services in question.

The Participating Agencies also further agree that, should the County of Los Angeles serve as the Lead Agency for any procurement or solicitation process, all federal, State and local rules, regulations, ordinances, directives, policies and procedures applicable to such a procurement or solicitation will apply, including those rules, regulations, ordinances, directives, policies and procedures concerning conflict of interest and self-dealing.

XVII. CONCLUSION

The signatures of the below parties affixed to this MOU affirm that they are duly authorized to commit and bind their respective organizations to the terms and conditions set forth in this MOU.

[This MOU may be signed in counterparts.]

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IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this MOU as of the dates set forth below, the later of which it is signed by a minimum of five Participating Agencies shall be the Effective Date.

1. Hospital Group

Entity (print): Hospital Association of Southern California

By: _____ Date: May 27, 2010

Name (Print): Jaime Garcia Title (Print): Regional Vice President

2. Physician Group

Entity (print): _____

By: _____ Date: _____

Name (Print): _____ Title (Print): _____

3. Community Clinic Group

Entity (print): _____

By: _____ Date: _____

Name (Print): _____ Title (Print): _____

4. Local Government Entity

Entity (print): County of Los Angeles

By: _____ Date: April 28, 2010

Name (Print): William T Fujioka Title (Print): Chief Executive Officer

5. Public Health Plan

Entity (print): _____

By: _____ Date: _____

Name (Print): _____ Title (Print): _____

IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this MOU as of the dates set forth below, the later of which it is signed by a minimum of five Participating Agencies shall be the Effective Date.

1. Hospital Group

Entity (print):_____

By:_____ Date:_____

Name (Print):_____ Title (Print):_____

2. Physician Group

Entity (print):_____

By:_____ Date:_____

Name (Print):_____ Title (Print):_____

3. Community Clinic Group

Entity (print): Community Clinic Assoc. of Los Angeles County

By: Gloria Rodriguez Date: 4/29/10

Name (Print): Gloria Rodriguez Title (Print): President & CEO

4. Local Government Entity

Entity (print): County of Los Angeles

By:_____ Date: April 28, 2010

Name (Print): William T Fujioka Title (Print): Chief Executive Officer

5. Public Health Plan

Entity (print):_____

By:_____ Date:_____

Name (Print):_____ Title (Print):_____

IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this MOU as of the dates set forth below, the later of which it is signed by a minimum of five Participating Agencies shall be the Effective Date.

1. Hospital Group

Entity (print):_____

By:_____ Date:_____

Name (Print):_____ Title (Print):_____

2. Physician Group

Entity (print):_____

By:_____ Date:_____

Name (Print):_____ Title (Print):_____

3. Community Clinic Group

Entity (print):_____

By:_____ Date:_____

Name (Print):_____ Title (Print):_____

4. Local Government Entity

Entity (print): County of Los Angeles

By: _____ Date: April 28, 2010

Name (Print): William T Fujioka Title (Print): Chief Executive Officer

5. Public Health Plan

Entity (print):_____

By:_____ Date:_____

Name (Print):_____ Title (Print):_____

IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this MOU as of the dates set forth below, the later of which it is signed by a minimum of five Participating Agencies shall be the Effective Date.

1. Hospital Group

Entity (print):_____

By:_____ Date:_____

Name (Print):_____ Title (Print):_____

2. Physician Group

Entity (print):_____

By:_____ Date:_____

Name (Print):_____ Title (Print):_____

3. Community Clinic Group

Entity (print):_____

By:_____ Date:_____

Name (Print):_____ Title (Print):_____

4. Local Government Entity

Entity (print): County of Los Angeles

By:_____ Date: April 28, 2010

Name (Print): William T Fujioka Title (Print): Chief Executive Officer

5. Public Health Plan

Entity (print): Local Initiative Health Authority for Los Angeles County (d.b.a. L.A. Care)

By:_____ Date: 7 June 10

Name (Print): Howard Kahn Title (Print): Chief Executive Officer

6. Commercial Health Plan

Entity (print):_____

By:_____ Date:_____

Name (Print):_____ Title (Print):_____

7. Health Information Exchange

Entity (print): HEALTH-E-LA

By: JAMES CRAWFORD Date: 5/6/10

Name (Print): JAMES CRAWFORD Title (Print): BOD CHAIR

8. Health Advocacy Group

Entity (print):_____

By:_____ Date:_____

Name (Print):_____ Title (Print):_____

9. Independent Organization

Entity (print):_____

By:_____ Date:_____

Name (Print):_____ Title (Print):_____

APPENDIX A

DEFINITIONS

Health Insurance Portability and Accountability Act ("HIPAA"): A federal law enacted in 1996 to protect health insurance coverage for individuals who leave or change employers, and to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers.

Protected Health Information ("PHI"): Any individually identifiable health information that is protected under the Health Insurance Portability and Accountability Act, which includes any information related to an individual's health condition, the provision of health care, or payments for health care.

Health Information Technology for Economic and Clinical Health Act ("HITECH"): A federal law, enacted as part of the American Recovery and Reinvestment Act, that seeks to encourage the adoption of electronic health records and other health information technology.

California Confidentiality of Medical Information Act ("CMIA"): A State law that protects patient privacy by prohibiting health care providers from disclosing medical information without obtaining appropriate authorization.

ATTACHMENT II

DESCRIPTION OF CAL eCONNECT*
THE STATE DESIGNATED ENTITY FOR HIE POLICIES AND SERVICES IN CALIFORNIA

Cal eConnect, Inc., is a private, nonprofit corporation designated by the State of California to lead a collaborative process for developing and supporting HIE policies and services in California. Cal eConnect is working with key stakeholders across the state to establish policies and procedures for the appropriate, private, and secure exchange of electronic health information between clinicians, hospitals, health plans, patients, and government agencies such as public health and Medi-Cal for the purposes of improving health care safety, quality, access, and efficiency.

Through a cooperative agreement between Cal eConnect, the California Health and Human Services Agency (CHHS), and the Office of the National Coordinator (ONC), Cal eConnect will utilize the four-year federal HITECH award of $38.8 million to enable electronic HIE across the state of California. Cal eConnect's primary objective under this award is to ensure that eligible hospitals and providers have access to HIE services that will allow them to take full advantage of the electronic health record (EHR) incentive program under ARRA.

Cal eConnect's Vision

Health care built on a solid foundation of health information exchange that provides safe and secure patient and provider access to personal and population health information, dramatically improving the health and wellbeing, safety, efficiency, and quality of care for all Californians.

Cal eConnect's Mission

Cal eConnect's mission is to collaboratively establish policies, services, and innovations that make possible the appropriate, secure, and efficient exchange of electronic health information to improve health and health care safety, quality, access, and efficiency for all Californians.

Guiding Principles

Cal eConnect serves as the governance entity for the establishment of electronic HIE across the state. As the governance entity, we have adopted the following guiding principles:

I. ***Collaboratively establish policies, services, and innovations***
   A. **Create achievable, actionable, and practical initiatives**
      - Develop and implement short-term, achievable, practical, and measurable initiatives as part of the strategy to show early progress, value, and momentum.
      - Develop mid-term and long-term recommendations that will be prioritized by criteria, such as urgency, feasibility, and sustainability.
      - Develop solutions that take into account the limited capacity and technical capabilities of many providers in the healthcare system, while preserving the privacy and security of health information.
      - Provide recommendations that reach across geographical and organizational boundaries.

- Develop a strategic roadmap for how incremental services and functions will reach a comprehensive target for statewide health information exchange in California.
- Identify metrics to measure Cal eConnect performance from the perspective of patient care, privacy, security, public health, provider and payer value, and overall economic value.

B. **Leverage existing policies, partnerships, and capabilities**
- Ensure that health information exchange services are consistent with state and national standards, NHIN specifications, regulations, policies and guidelines. Identify and leverage successful privacy policies and security solutions from federal, state, and other state sources.
- Coordinate with other health information technology and exchange organizations within California.
- Collaborate with other states and regions to understand why their solutions are working or not, and leverage those lessons for planning in California.
- Leverage the Internet for the transport of information.

C. **Ensure sustainability of health information exchange services**
- Develop and maintain a model for sustainability for Cal eConnect health information exchange Services that adapts to continuing change and aligns the costs and incentives with the benefits related to health information exchange
- Develop a governance structure that ensures appropriate oversight of a tax-exempt 501(c)(3) corporations and that attracts and retains participants.

II. ***Enable the appropriate, secure, and efficient exchange of health information***

A. **Facilitate appropriate use of data exchanged through Cal eConnect funded services and programs**
- Implement a general policy of openness among entities that participate in Cal eConnect funded services and activities about developments, practices, and policies with respect to individual health information.
- Provide recommendations to ensure that health information is relevant, accurate, and complete.
- Work collaboratively with the California Privacy and Security Advisory Board (Cal PSAB) to develop and implement guidelines.
- Develop and implement privacy and security safeguards against risk such as loss or destruction, unauthorized access, use, modification or disclosure of data when directly consequent to health information exchange services.
- Be an authoritative and objective voice in public discussions regarding the implications for statewide health information exchange.
- Develop policies and architectures that minimize the misuse of data and address breaches and violations.

B. **Enable patients to have secure access to their personal health information**
- Support consumers' participation in health information exchange.
- Promote the availability of medically necessary information to providers at the point of care.
- Support a common trust agreement among health information exchange participants.
- Reduce barriers that prevent individual access to personal health information

- Support use of technology that can enhance individual privacy and security and address new risks.

C. **Enable the meaningful use of electronic health information exchanged in a technical environment that promotes patient privacy and security**
   - Develop and implement a technical infrastructure that will support the federal initiatives of interoperable, real-time electronic health data exchange based on national standards within California and across state lines.
   - Support the capability to find and retrieve health information from participating organizations.
   - Incorporate Universal Design Concepts.
   - Remain vigilant and adapt to emerging trends and developments.
   - Foster innovation to improve the reliability, efficiency, privacy and security of health information exchange.

III. ***Improve health and health care safety, quality, access, and efficiency for all Californians***

A. **Improve the health status of Californians through the use of health information exchange services that meet the diverse needs of the population**
   - Focus on desired outcomes, including but not limited to meaningful use of EHRs.
   - Facilitate the exchange of patient care data for public health detection and management, disease surveillance, outbreak detection, trending, and health protection efforts as allowed by law.

B. **Design and use health information exchange and technology to improve health care quality, safety, and efficiency**1
   - Involve consumers in the governance and advisory structure of an interoperable health information exchange environment.
   - Ensure that consumer health information privacy and security needs, and participation preferences are met in the design and operation of core and value-added services.
   - Partner with consumers and consumer groups to ensure understanding of the implications of health information that is not exchanged on consumer health.

* Source: Cal eConnect website, "Mission/Vision/Guiding Principles", retrieved from http://www.caleconnect.org/?page_id=11

ATTACHMENT III

Los Angeles Network for Enhanced Services

Request for Information and Proposals (RFI&P)

The governing board of the Los Angeles Network for Enhanced Services (LANES) is seeking information and proposals from qualified entities interested in providing the technical solution by which LANES will be able to effectively and securely exchange relevant health information among its participating public and private health provider partners.

I. BACKGROUND

LANES is a public-private collaborative that was established to develop a health information management system for Los Angeles County and, possibly, surrounding areas. Central to this initiative is creating a health information exchange (HIE) that will facilitate healthcare delivery, among other purposes. LANES seeks to ensure that personal health information is available when and where it is needed for patient care and that this information is safe and secure.

Implementing an HIE will be a key milestone in the LANES initiative because it will establish an infrastructure for health information sharing that is envisioned to become the foundation for more timely, patient-centered and high quality care in the greater Los Angeles area.

One key objective among many of the LANES initiative is to provide patients with tools for enhanced chronic disease management. Disease management tools such as in-home monitoring, call centers and decision support are envisioned to be built into the HIE so patients can proactively monitor their health. Through these tools, healthcare providers will be able to intervene in a timely manner, when needed. To that end, successful respondents to this RFI & P should explain how data elements beyond those found in the HL7 lexicon will be integrated with expanded functionalities such as disease management and public health reporting.

While disease management tools are not new, combining these tools with the HIE should enable more healthcare providers to access technology that might otherwise be inaccessible to them. LANES envisions creating a proactive virtual integrated delivery network for the region that will optimize resource utilization, patient involvement in their care and clinical outcomes, while at the same time securely protecting personal health information. LANES views ensuring the safety and security of personal health information to be critically important.

The LANES governing board has identified a number of priorities for the health information exchange, including the following:

- Having a single inclusive and comprehensive solution
- Enabling the integration of chronic disease management applications into the HIE platform early in its implementation

- Ensuring an initial low cost structure through a limited feature set, while retaining the potential for more sophisticated functionalities as the HIE matures
- Enabling results reporting (lab, radiology/imaging, pathology)
- Enabling exchange of CCD documents
- Providing a platform that includes EMPI, MD portal and/or 'EMR light' option, NHIN gateway functionality, e-prescribing hub, and possibly patient portal functionality
- Employing rigorous security algorithms

II. LETTERS OF INTENT TO RESPOND AND RFI & P Review Process

July 29th: RFI & P posted

August 2nd : Questions submitted for consideration

August 4th: Bidders Conference Call 9:00-10:00 a.m. (Register to receive call in information)

August 11th: Respondents' questions answered in writing

August 18th: Technology Design and Implementation Proposal Deadline (Section 1 Detailed Questions)

August 23rd: Pricing Proposal Deadline (Section 2 Detailed Questions)

September 3rd: Finalists Notified for Interviews by Selection Committee

October 1st. 2010: Selection Committee Announces Selected Vendor

Responses should be sent in electronic format to Katherine Johnson: kjohnson@phfe.org. Section 1 should not exceed 30 pages and Section 2 not exceed 10 pages. Respondents will receive confirmation of the receipt of the submitted document within 24 hours of submission.

III. Eligibility

Respondents are invited to submit if they meet the following minimum requirements:

- Have a flexible architecture able to connect to a multitude of Electronic Medical Records (EMR) systems, consume/display local applications, etc.;
- Have the ability to align with the State's policy model, once determined.
- Have the ability to align with the State's infrastructure, once it is developed;
- Be in compliance with all federal and State of California privacy, security and confidentiality guidelines, policies, rules and regulations including, but not limited to, the Health Insurance Accountability and Portability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH);
- Have the ability to provide a NHIN-compliant gateway, and to transmit NHIN mandated data through that gateway;
- Have a comprehensive patient identifier system to ensure ability to work within the county patient demographic.
- Have capacity to provide an integrated view of patient records from disparate sources

IV. ACCEPTANCE OF RESPONSES

LANES will accept all responses submitted according to the requirements and deadlines specified in this notice. Responses must be complete when submitted and should clearly describe the Respondents' ability to meet the requirements of the RFI & P and should address the questions detailed in this notice. LANES reserves the right to request additional information or clarification from a Respondent.

V. COST OF PREPARING RESPONSES

All costs incurred by the Respondent for preparation and participation in this competitive process will be borne by the Respondent. LANES will not reimburse any Respondent for any costs. Issuance of this RFI & P does not obligate LANES to award or issue a contract nor to pay any costs incurred by respondents for preparation and submission of their responses or for any other reason.

VI. Evaluation OF RESPONSES

Responses will be evaluated using the following weighted measure:

26% Technology Design
17% Security
13% Relevant Operational Technology
8% Reporting Functionality
15% Implementation Approach
13% Organizational Viability
8% Knowledge and Experience in Los Angeles Area Market

VII. DISPOSITION OF RESPONSES

All documents submitted in response to this RFI&P become the property of LANES and will not be returned. LANES reserves the right to:

- Copy the response to facilitate review or use of the information;
- Use ideas or adaptations of ideas presented in the response;
- Correct any defect or irregularities in this RFI&P;
- Request modifications to any response to this RFI&P;
- Modify any specifications, scope or requirements in this RFI&P; and
- Extend or change deadlines.

VII. RFI & P RESPONSE FORMAT

A. Cover Letter

A cover letter on the Respondent's letterhead must accompany the response. This cover letter must be signed by an appropriately authorized representative of the Respondent(s).

B. Executive Summary

A summary of the Respondent's proposal no longer than two (2) pages shall precede the detailed response. This summary shall include a description of the technical approach, cost model and implementation timeline, as well as all contracting relationships.

C. Organization and Proposed Technical Solution Information

The Respondent's name and primary business address shall be clearly stated in the response. In addition, the following information shall be provided:

- The year the Respondent's company/organization was founded
- The current name and version/release number of the proposed technical solution (system).
- Number of staff employed by the Respondent's company and the number who will be directly associated with the software product? Provide a breakdown of staff according to the number involved with:
    - System Analysis and Programming (Development)
    - Marketing
    - Installation
    - Customer Support
- If your response requires collaboration with or inclusion of additional partner(s), those relationships should be detailed. If you have current formal relationships with these contemplated partner(s) those should be described.
- Contact information of the person responsible for answering any questions related to the response shall be provided.
- The Respondent's, and its partners if applicable, history in offering and developing the proposed HIE services, products or solutions.
- Relevant strategic, technical, financial, and operational roadmaps and plans as related to the proposed solution for the organization(s) included in the proposed solution; please provide such information for the: a) the next 0 – 6 months; b) the next 7 – 12 months; c) beyond 12 months.
- Any and all healthcare standards bodies or statewide implementation efforts that your organization are members of or have been involved with in the past 5 years- e.g., HITSP, NHIN CONNECT, CCHIT.
- A list of all 3rd party contractual relationships and a description of the relationship as related to the proposed solution.
- A list of customers currently utilizing the proposed product(s), including for each the number of providers enrolled, transactions, patients with access, and active users categorized by healthcare providers and patients.

NOTE: Responses to this RFI&P shall become the exclusive property of LANES. As a result of the firm commitment of all LANES participating members to conduct this solicitation with complete

transparency and objectivity, and because the County of Los Angeles is an official member of the LANES collaborative, disclosure of proposals submitted in response to this RFI&P may be required or permitted under the California Public Records Act, or otherwise by law, or as may otherwise be determined by the LANES governing board. Accordingly, Proposers should clearly identify those parts of its Proposal which they contend are and therefore should be treated as trade secret, confidential or proprietary. Any such sections of their proposal must be plainly marked by the Proposer as "Trade Secret," "Confidential," or "Proprietary." Sections so marked will be reviewed and, if justified as determined by the LANES governing board, will be redacted from any copies of their proposal that are released into the public domain.

LANES shall not, in any way, be liable or responsible for the disclosure of any such record or any parts thereof, if disclosure is required or permitted under the California Public Records Act or otherwise by law or determination by the LANES governing board. A blanket statement of confidentiality or the marking of each page of the Proposal as confidential shall not be deemed sufficient notice of exception. The Proposers must specifically label only those provisions of their respective Proposal which are "Trade Secrets," "Confidential," or "Proprietary" in nature.

D. Detailed Questions

In addition to the above information, provide specific and detailed answers to the following questions.

Section 1 – Detailed Questions listed in D.1 through D.12

Section 2 – Detailed Questions listed in D.13 through D.17

Section 1 : Due August 18, 2010 (with the cover letter and executive summary)

D.1. Enterprise Master Patient Index (EMPI) and Record Locator Service (RLS)

D.1.1 EMPI/RLS Data

D.1.1a - Describe how the EMPI/RLS is initially populated and how updates are handled as additional data is received.

D.1.1b - Describe any processes and interfaces that are utilized, including but not limited to any procedures around receiving updates to demographic data from different participating data sources.

D.1.1c - How should the EMPI/RLS connect with smaller MPIs in RHIOs, hospitals clinics or pharmacy networks that may have their own MPIs?

D.1.1d - How should it synchronize their respective indexes and exchange patient demographic records based on common identifiers?

D.1.1e - What are the scalability requirements of the EMPI/RLS solution to provide patient cross-referencing across these multiple sub-networks?

D.1.1f - How will the EMPI interface with the services proposed at the state level?

D.1.2 EMPI/RLS Algorithms

D.1.2a - Describe the matching algorithm strategy that you believe would be most effective for LANES.

D.1.2b - Can the matching algorithm be adjusted for different purposes (e.g., less specificity, more sensitivity)? If so, how would that be accomplished?

D.1.2c - Please describe processes involved, such as data-cleaning, standardization, pre-processing, blocking, etc.

D.1.3d - Also describe whether and how any manual processing would be necessary or advisable and provide estimates of FTE and required skills in order to accomplish such manual processing, given the volume of data expected.

D.1.3 EMPI/RLS Multiple identifiers and False Results

D.1.3a - How should the EMPI/RLS deal with multiple identifiers for the same patient or different formats for patient identification from disparate sources?

D.1.3b - How are false negatives and/or false positives identifications handled?

D.1.3c - How should the EMPI/RLS standardize multiple patient identifiers?

D.1.3d - How should the EMPI/RLS deal with changes in default data fields over time and how will it identify fictitious data records?

D.1.3e - What national standards should be employed to ensure reliable patient identification?

D.1.4 Record Retrieval, Aggregation, Duplicates/Conflicts and Incorrect Matches

D.1.4a - What search criteria are available to authenticated and authorized users in order to retrieve information regarding patients; and does the search include probabilistic logic related to name or other demographic search criteria?

D.1.4b - How will your EMPI/RLS aggregate patient clinical records from disparate sources?

D.1.4c - How will the EMPI/RLS deal with duplicate clinical records within a single facility or duplicate clinical records across multiple points of care?

D.1.4d - How will your EMPI deal with conflicting information from disparate sources on the same patient?

D.1.4e - What is your strategy if patients' records are matched incorrectly?

D.1.4f - How would you de-duplicate and integrate records located in diverse locations such as a provider's office, a regional health information organization and hospital repository?

D.1.5 Successful Implementations

D.1.5a - Los Angeles County demographics pose unique and significant challenges to patient matching. Please provide examples of successful implementation in similar multiethnic populations and how patient identification challenges were managed.

D.1.6 Type One and Type Two Error Rates

D.1.6a - Please provide the type one and type two error rates for projects currently implemented; ideally in multiethnic communities.

D.2 Master Provider Directory (MPD)

D.2.1 MPD Implementation

D.2.1a - Describe your recommended approach to implementing and maintaining a Master Provider Directory of health care providers?
D.2.1b - How would you implement a methodology for updating and correcting the directory to maintain the currency of information, e.g. with new National Provider Identifiers or licensing information from relevant licensing bodies?
D.2.1c - Do you have procedures for receiving updated provider lists from different data sources (e.g., lab systems)?
D.2.1d - If so, how is this accomplished and reconciled with the existing Master Provider Directory entries (e.g., via an interface and processing software or manually)?
D.2.1e - If manually, please estimate how many FTEs, and describe the required skill set thereof, that would be necessary for any such manual processing or exception handling, given the volume of data expected.

D.2.2 Interaction with State Directory

D.2.2a - How would the LA-based directory interact with a state level directory such as that found in the Cal-e-Connect?

D.2.3 Stored Information

D.2.3a - What information do you store on each provider (e.g., what fields)?
D.2.3b - Can information on physician specialty and/or specialty board certification be included in the MPD?
D.2.3c - How would physicians within the same practice be linked or connected?
D.2.3d - How would physicians with more than one office location be represented in the directory?
D.2.3e - How do you ensure the information in the MPD is current, given that addresses in the federal government's National Provider Identifier database are often inaccurate?

D.3 Data Exchange, Data Source Connections, and Interface Engine

D.3.1 Data Security, Confidentiality and Integrity

D.3.1a - What is your approach to ensure security, confidentiality and integrity of patient records being exchanged among diverse provider electronic health record systems?
D.3.1b = How would you deal with the need to develop multiple interfaces for different electronic health record software in place?
D.3.1c - What is the best approach to handling incoming data feeds?
D.3.1d - Briefly describe the processing that occurs to the incoming data.
D.3.1e - How would you monitor incoming data feeds to ensure continued connectivity and data flow?

D.3.2 Connecting to the HIE

D.3.2a - Describe your approach for connecting health care facilities to the health information exchange.
D.3.2b - If you will deploy NHIN Connect, please discuss how you will implement it.
D.3.2c - If you have a similar, proprietary interface, please address that interface in your response.
D.3.2d - How would you connect to federal government data sources or others who use NHIN Connect, when they become available?

D.3.3 Software Adapters and Components

D.3.3a - How does your solution allow for developers to create software adapters to connect existing health information systems?

D.3.3b - Can developers use components from other vendors?

D.3. 3c - Can they substitute their own applications or integrate their own enterprise service components?

D.3.4 Consistency with National Security Standards

D.3.4a - How would you maintain consistency with national security standards for data transfer when developing the technical architecture of LANES?

D.3.4b - How would you standardize data exchange among multiple entities who are exchanging health data from various sources?

D.3.4c - How would you implement a secure and encrypted communication channel that meets HIPAA Security Rule standards?

D.3.4d - How would you implement the certification standards for interoperability from the Department of Health and Human Services?

D.4 Access Controls, Authentication, Authorization and Audit

D.4.1 Physician Registration and Control, Identity Fraud Monitoring

D.4.1a - How would you propose managing physician registration to the health information exchange?

D.4.1b - How would you validate a physician's license to determine if it is still active and valid?

D.4.1c - How would end user access be managed?

D.4.1d - What levels of control are available and what would you recommend? For example, do you recommend controls based on the level of role-based authorization given to a user, or a time window for permitting access to the health data for a particular patient (e.g., hospital admission triggers access for a period of 30 days), or a facility-based limitation (e.g., only clinicians affiliated with a particular care facility may access a patient who is being treated at that facility)?

D.4.1e - What mechanism would you use to create permissions for an authorized record owner to access, view, copy, or update his or her data?

D.4.1f - How would you carry out identity fraud monitoring?

D.4.2 Authentication of End Users

D.4.2a - Discuss your proposed approach to authentication of end users, including but not limited to one-factor versus two-factor authentication.

D.4.3 Direct Connections/Trusts/Credential and Privilege Management

D.4.3a - Discuss how direct connections to other systems would be handled (e.g., access by a user through a connected system such as a RHIO)?

D.4.3b - How would you handle the trust relationship between LANES and a local health information exchange or health care database?

D.4.3c - How would you handle credential management when a remote exchange server requests records from the state level health information exchange to authenticate?

D.4.3d - Can access be granted based on the reasonable assumption that the requesting server itself has authenticated all user requests prior to forwarding them to the requested server?
D.4.3e - How would you handle privilege management controls to specify the types of information that can be accessed by an authenticated server?

D.4.4 Role-Based Authorization/Patient Consent and Restrictions

D.4.4a - What capabilities do you have for authorization?
D.4.4b - What controls would you place on access to medical records relative to the level of role-based authorization given to a user, the role of the user, the setting in which records are requested, or the situations that pertain to accessing records?
D.4.4c - How would you track break-the-glass access and report the access and to whom?
D.4.4d - How would you handle data restrictions based on limitations determined by the patient?
D.4.4e - Please describe any patient consent tracking or management capabilities available.

D.4.5 Technical Architecture/Digital Signatures

D.4.5a - How does your technical architecture maintain audit controls to log queries for medical records across the network?
D.4.5b - Can it provide reports on: changes to security configurations or user access authority; additions, modifications or deletions to data as noted with a time stamp; successful versus unsuccessful logins by logins and IP addresses; and denial of service events?
D.4.5c - Can it provide an audit trail at the workstation, user, office, facility and institutional levels?
D.4.5d - Non-repudiation is proof that only an authorized signer could have created a signature. How would you employ digital signatures to achieve high levels of non-repudiation?
D.4.5e - How would you ensure that the information provided to an authenticated user was sent by the intended entity and not from another source?
D.4.5f - How can the sending entity verify that the requesting authenticated user received the information?
D.4.5g - How would you reconstruct the exact record viewed by the provider at the point of care for purposes of non-repudiation?

D.4.6 Opt-in and Opt-out Controls

D.4.6a - Provide examples of where you have implemented opt-in and opt-out controls.
D.4.6 b - Would control be at the record level or item level?

D.5 Security, Archiving, Back-Ups, and Disaster Recovery Plan

D.5.1 Security Approach and Safeguards

D.5.1a - Describe your recommended security approach and what security safeguards you would implement to protect against unauthorized access, use; modification; copying; disclosure; loss or theft of information.
D.5.1b - What mechanisms would you put in place for identifying and reporting a breach of information security and loss of protected health information?

D.5.2 Archiving Datasets

D.5.2a - What would be your approach for archiving demographic, record index and clinical message datasets contained in LANES?
D.5.2b - What is the best approach for accessing archived data following a disaster?

D.5.3 Disaster Recovery and Backup

D.5.3a - Describe your disaster recovery plan to ensure minimal disruption to availability of health data at point of care in the case of a disaster?
D.5.3b - How would your backup service support your disaster back-up plan?
D.5.3c - What testing and revision procedures would you implement for disaster preparedness?
D.5.3d - What data recovery and business restoration procedures should be implemented?
D.5.3e - What procedures would you follow for disaster testing compliance and disaster recovery?

D.6 Secure Clinical Messaging Platform, Electronic Results Delivery and Provider Messaging

D.6.1 Operational Sites and Message Integration

D.6.1a - Do you have any operational sites where you have taken information from multiple disparate sources through your EMPI/RLS aggregated the information and populated into an EHR and if so please provide the list of the clients who have received such services.
D.6.1b - How would your proposed system integrate clinical messaging with different transmission standards such as HL7, XML or web services?

D.6.2 Document Delivery Management

D.6.2a - How would your proposed results delivery service handle document delivery management?
D.6.2b - How would the service handle multiple messages for the same lab test, for example with a laboratory information system sending a preliminary report message for a lab panel, a portion of the lab panel complete, and then the final lab panel complete? Or would the results delivery service send only the final lab result to the physician?
D.6.2c - How would undeliverable clinical results be handled?
D.6.2d - Would the data source system have its own inbox for return of undeliverable clinical results?
D.6.2e - What standardization of the incoming clinical results should be done before they are delivered to the destination providers, for example LOINC standardization?

D.6.3 Clinical Messaging

D.6.3a - How would providers on the clinical messaging network forward clinical results to another provider across LANES?
D.6.3b - Could the provider attach a note, an image, documents not generated by the clinical messaging service or even multiple clinical documents to the message being forwarded?
D.6.3c - Is there a more structured way to send a patient's health data and other pertinent information for referral purposes, consults, or transitions in care?
D.6.3d - Please describe any work you have done involving electronic referrals.

D.6.4 Inboxes for Clinical Messaging

D.6.4a - What features of an Inbox for clinical messaging would be important to include?

D.6.4b - What should be the capabilities for storing the clinical message documents in the system?
D.6.4c - Could a physician set his or her own business rules for routinely receiving clinical documents?
D.6.4d - What kind of alerts should be used to indicate that clinical documents are available or that a physician has not reviewed the clinical documents delivered?
D.6.4e - What is the best method for archiving documents so that a history of the clinical message documents received would be available to the authorized physician?
D.6.4f - Could the clinical messaging services enable message non-repudiation for both senders and receivers?

D.6.5 Public Health Alerts

D.6.5a - What should be the capability for sending targeted public health alerts via the clinical messaging platform?

D.7 Provider Portal for Patient Lookup and Health Information Exchange Services

D.7.1 Provider Portals

D.7.1a - Describe your solution for hosting a provider portal that will allow authorized and authenticated users to submit queries for patient information at the point of care?
D.7.1b - How should the portal integrate with the Record Locator Service?
D.7.1c - How should the portal handle real time queries to outside data sources that don't participate in the Record Locator Service index of records, in order to add to other clinical data for presentation in the patient look-up function?
D.7.1d - How would the portal integrate with other functionality requested in this RFI & P(e.g., the clinical messaging platform)?

D.7.2 Data Aggregation and Normalization

D.7.2a - How would you aggregate a patient's health information from other data sources and display the patient's full longitudinal record with source locations of the records?
D.7.2b - How would you go about normalizing the data and/or standardizing it to enable the use of clinical decision support rules and/or comparisons of data from disparate systems in a coherent view of the patient's health history (e.g., mapping to LOINC standard to enable trending of lab values over time)?
D.7.2c - What kind of patient summary should the portal generate on screen and for print?

D.7.3 Displaying Documents/Images

D.7.3a - What types of clinical documents would you display in the portal?
D.7.3b - Are there any limitations?
D.7.3c - What are your recommendations regarding images (e.g., PDF, GIF, DICOM)?
D.7.3d - How would the portal integrate with the Inbox for the electronic results delivery service?

D.7.4 Coordinating Access to Claims Records/Clinical Decision Support

D.7.4a - How would you coordinate access to claims records among health plans?
D.7.4b - How would you integrate administrative and clinical records collected from health plans, the Medicaid HIN and health care providers?
D.7.4c - How would you provide clinical decision support and analytics relevant to health care quality, for example by showing trends over time?
D.7.4d - How would a clinical decision support system integrate both claims and clinical data?

D.8 Quality Metrics and Meaningful Use Reporting

D.8.1 Meaningful Use Metrics and Reports

D.8.1a - Describe the quality and operational metrics capabilities that you would support, including but not limited to any capabilities relating to achieving the meaningful use criteria specified by the Centers for Medicaid and Medicare Service/Department of Health and Human Services.
D.8.1b - Briefly describe any reports available from the system or query capabilities already built in to the system that may be relevant.
D.8.1c - What pre canned reporting structure and ad hoc reporting capability have you already built that is in operation?

D.8.2 Key Clinical Information and Quality Indicators

D.8.2a - How would you deal with measures related to the capability to exchange key clinical information among providers of care and patient authorized entities electronically?
D.8.2b - How would you ensure that the eligible professional or hospital performs at least one test of a certified EHR technology's capacity to exchange key clinical information with one other distinct certified EHR technology?
D.8.2c - How would you integrate these measures with the requirements for HIE testing with LANES?
D.8.2d - How would you support reporting of quality of care performance measures?
D.8.2e - How would you provide real-time or near-real-time feedback regarding quality indicators for specific patients in inpatient and ambulatory care?

D.9 Public Health Reporting

D.9.1 Biosurveillance

D.9.1a - How would your technical solution support biosurveillance through the exchange of appropriate health information among healthcare providers and public health authorities?

D.9.2 Syndromic Surveillance

D.9.2a - How would your technical solution support the submission of syndromic surveillance data to public health agencies?

D.9.3 Public Health Case Reporting

D.9.3a - How would you support Public Health Case Reporting to enable more efficient data capture at the point of care by optimizing the information delivery format and content?
D.9.3b - How would you support reporting data from specialized databases such as the cancer registries, newborn screening registries, etc. held by the Department of Health?

D.9.3c - Would you implement software that automatically identified people with likely cases of a reportable disease, then ask the responsible provider to electronically send a case report incorporating information from the EHR?
D.9.3d - How would you support the identification of new or emerging public health disease or condition not currently a reportable disease?
D.9.3e - How would you support the monitoring of new vulnerable populations during a time of crisis or response, such as Haitian refugees or hurricanes victims?

D.9.4 Reporting Lab Results

D.9.4a - How would your technical solution support the electronic submission of reportable lab results to public health agencies in a real time or batch environment?
D.9.4b - Would you require use of standard formatting, such as Health Level 7?
D.9.4c - Would you require standardized laboratory order and result codes?

D.10 Ease of Implementation

D.10.1 Sample Project Plan

D.10.1a - Attach a sample project plan that includes typical project tasks, milestones, estimated timelines, and required resources (indicate if task is typically staffed with respondent-supplied implementation team, client team, or third party resources).
D.10.1b - Specify reference management procedures and tools used to track implementation timelines, manage and resolve issues, and maintain project documentation.

D.10.2 Implementation Services

D.10.2a - Indicate implementation services that are typically included and those that can be purchased on a fee basis.
D.10.2b - Describe the recommended technical and end user training / education including documentation, approaches, modules offered, and services that would be offered.

D.10.3 Third-Party Involvement

D.10.3a - Specify the amount of recommended involvement from any third-party to implement your proposed solution.

D.10.4 Scalable Depolyment

D.10.4a - Describe how the system would be deployable to additional organizations in a scalable manner and the incremental technical, financial, and operational implications associated with system expansion at both data provider (federated) and administrative (central) levels.
D.10.4b - Describe the ongoing support and maintenance that will be necessary for your solution. Include the pricing and costs associated with each component.

D.11 Clinical Workflow Integration

D.11.1 Suggested Workflow

D.11.1a - Illustrate the suggested workflow for your proposed solution at the healthcare entity. For example, describe how your proposed solution works with the existing electronic medical record solutions already in place at hospitals and physician offices.
D.11.1b - Also describe how your proposed solution works in a facility with no existing electronic patient information.

D.11.2 Workflow Integration

D.11.2a - Describe any significant capabilities, experience or partnerships enabling clinical workflow integration, including messaging, rules and alerts.

D.11.3 Relevant Experience

Beyond the specific items mentioned above, succinctly describe your experience with:

D.11.3a - Patient centered medical homes;

D.11.3b - Clinical decision support;

D.11.3c - Gaps in therapy;

D.11.3d - Deviation from best practices;

D.11.3e - Predictive analysis;

D.11.3f - Integration with home monitoring (including but not limited to device integration), and

D.11.3g - Other capabilities supporting advanced clinical care models.

D.12 Performance

D.12.1 System Performance

D.12.1a - Describe the system performance for the proposed solutions. In addition to the items below, list any requirements and other factors that could influence performance of the system:

i. Response time for a transaction (average, maximum)
ii. Capacity (for example, the number of customers or transactions the system can accommodate)
iii. Average system response time after user input
iv. System safeguards that prevent users from severely degrading system performance or "hanging" the system (e.g., searches that return a large number of records)
v. Provide system availability records and/or experience with the clients. Please include availability statistics for both scheduled and unscheduled downtime.

Section 2: Due August 23rd

D.13 Pricing

D.13.1 Cost Model

D.13.1a - Provide a cost model to purchase/develop, implement, and operate your proposed solution which includes your pricing model.

D.13.1b - Identify unit costs based on key variables such as data users, source systems, interfaces, and the pricing scales based on those key variables using the attached pricing schedule.

D.13.1c - For those items your company does not supply, but are needed to operate or implement the system, please provide the specifications for each component.

D.13.2 Resources

D.13.2a - Describe the anticipated resources (staff and other services) and costs required to support the development, implementation, and operations of your proposed solution to

supplement your proposed solution. Please differentiate between the data provider, data user, vendor, and system administrator components.

D.13.3 Deferred Payment Option

D.13.3a - Can your organization offer a deferred payment option for services rendered to LANES?

D.14 Sustainable Financial Model

D.14.1 Approach

D.14.1a - Describe your recommended approach for creating a sustainable financial model for the use of your product. Identify potential sources for funding and in-kind services.

D.15 Vendor Client Relations

D.15.1 Changing Vendors

D.15.1a - If LANES decided to change vendors in the future, what would be the process by which LANES would export its MPI and other data from your proposed solution, with the goal of importing it into a different HIE product?

D.15.1b - How long would this take?

D.15.1c - What kind of support would your organization provide for this process?

D.15.1d - How much human time and expertise would it take?

D.15.2 Contractual Terms

D.15.2a - What contractual terms do you propose (or have you used in the past) which govern ownership of the HIE's (i.e. LANES') data, access to copies of this data, and transferability of the data in the event of a failure of your system or withdrawal of LANES from your product?

D.15.3 Insolvency/Bankruptcy/Failure to Perform

D.15.3a - If your company/entity becomes insolvent, bankrupt, or fails to meet its obligations in the future, what happens to your proprietary source code (if any) and future use of your product?

D.15.3b - Is there an identified escrow system in place?

D.16 Vendor Financial Performance

D.16.1 Annual Financial Reports

D.16.1a - Provide your organization's last two annual financial reports and any other information that you consider important to understanding its financial viability.

D.17 Additional Information

D.17.1 Pertinent Information Not Addressed Above

D.17.1a - Please provide any additional information you feel is pertinent to your product or the health information exchange which has not been addressed in the questions above.

ATTACHMENT IV

County of Los Angeles
CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
http://ceo.lacounty.gov

WILLIAM T FUJIOKA
Chief Executive Officer

June 25, 2010

David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Dr. Blumenthal:

LETTER OF SUPPORT FOR THE CITRUS VALLEY HEALTH PARTNERS BEACON COMMUNITY GRANT INITIATIVE

This letter is in support of the Citrus Valley Health Partners' (CVHP) application to become a Beacon Community in the greater Los Angeles area. The County of Los Angeles is very interested in improving the safety, cost effectiveness, and quality of healthcare in the greater Los Angeles area through the promotion and facilitation of widespread implementation and use of secure and confidential electronic clinical information systems. We believe this health information technology/health information exchange (HIT/HIE) project will improve efficiency and reduce the overall cost of healthcare in the greater Los Angeles area, addressing the very important issue of affordability in the state of California.

Based on past experience working with the Beacon Community team and CVHP, we are confident that this initiative will be implemented in a timely manner and will allow for better health outcomes for all communities involved.

Should the Beacon Community grant be awarded, we will commit to:

- Actively participate in the Clinical and Informatics, Privacy and Security, Care Coordination & Delivery Re-design, and Financial Sustainability Committees
- Engage in ongoing sharing of best practices and lessons learned for the advancement of HIT/HIE meaningful use, patient access and cost-efficient quality

In addition, we commit the following resources to the Beacon Community:

- Provide a senior executive for the Leadership Council (.01 FTE)
- Senior staff member participation in the Clinical and Informatics, Technology, Privacy and Security, Care Coordination & Delivery Re-design, and Financial Sustainability Committees (.01 FTE per committee)

We feel confident that CVHP will coordinate with the appropriate partners to ensure efficient and effective use of grant funding. For all of the aforementioned reasons, we offer our support for this initiative and look forward to working with you in the future on this endeavor.

Sincerely,

WILLIAM T FUJIOKA
Chief Executive Officer

SHEILA A. SHIMA
Deputy Chief Executive Officer
Health and Mental Health Services

WTF:BC:SAS:gl
062510_HMHS_L_BLUMENTHAL

ATTACHMENT V

June 25, 2010

Dr. David Blumenthal MD, MPP
National Coordinator for Health Information Technology
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

RE: Letter of Support for the CVHP Beacon Community Grant Initiative

Dear Dr. Blumenthal,

This letter is in support of the Citrus Valley Health Partners' (CVHP) application to become a Beacon Community in the greater Los Angeles area. The Los Angeles Network for Enhanced Services (LANES) is very interested in improving the safety, cost effectiveness, and quality of healthcare in the greater Los Angeles area through the promotion and facilitation of widespread implementation and use of secure and confidential electronic clinical information systems. We believe this health information technology/health information exchange (HIT/HIE) project will improve efficiency and reduce the overall costs of healthcare in the greater Los Angeles area, addressing the very important issue of affordability in the state of California.

Based on past experience working with the Beacon Community team and CVHP, we are confident that this initiative will be implemented in a timely manner and will allow for better health outcomes for all communities involved.

Should the Beacon Community be awarded, on behalf of LANES, we will commit to:

- Manage the county-wide communications committee to promote HIT/HIE adoption, identify current issues that may impact the Beacon Community, and identify ways that the Beacon Community may be leveraged to support other HIT/HIE investments in the greater Los Angeles area.
- Engage in ongoing sharing of best practices and lessons learned for the advancement of HIT/HIE meaningful use, patient access and cost-efficient quality services.

In addition, LANES commits the following resources to the Beacon Community:

- In-Kind: Provide a representative to the Beacon Community Leadership Council (.01 FTE)
- Program-funded: Committee staff to coordinate and develop outreach/communication materials

Our collaborative feels confident that CVHP will coordinate with the appropriate partners to ensure efficient and effective use of grant funding. We offer our support for this initiative and look forward to working with you in the future on this endeavor.

Sincerely,
The LANES Board

Howard Kahn
L.A. Care

William T Fujioka
County of Los Angeles

Jim Crawford
Health-e-LA

Jaime Garcia
Hospital Association of Southern California

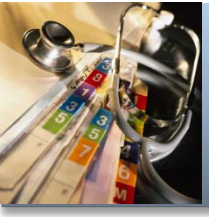
Brian Nolan
Community Clinic Association of Los Angeles County

Defining Los Angeles County's Strategy for Health Information Exchange (HIE)

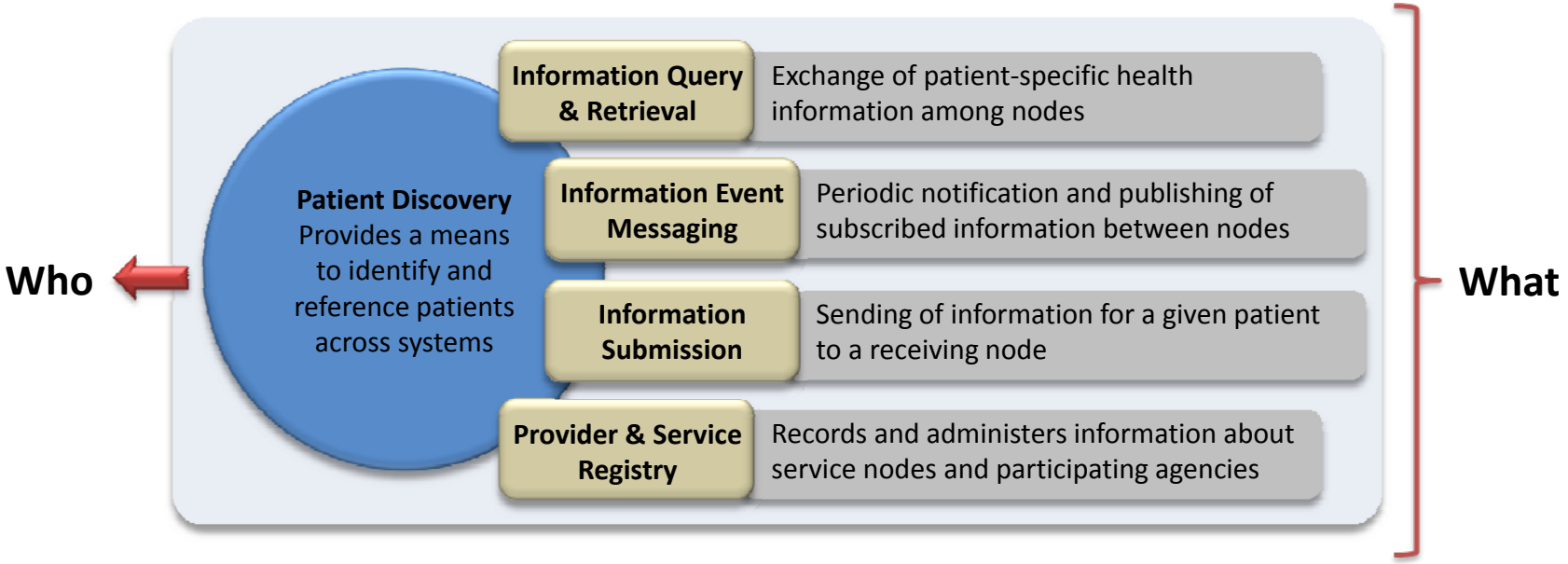
October 21, 2010

DRAFT

ATTACHMENT VI



Health Information Exchange (HIE) Service Model*

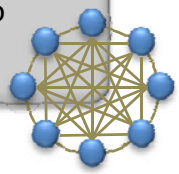


* Adapted from the National Health Information Network (NHIN) service model

HIE Architecture Models

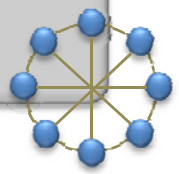
Point-to-Point

- Tightly coupled connections between applications
- Increases complexity of architecture
- Localized information storage
- Challenging to map and adapt
- Difficult to accommodate changes to architecture



Distributed

- Direct connections between applications
- Distributed computing provides scalability
- Localized information storage
- Adapts to changes in business flow
- Challenging when dealing with multiple platforms from multiple vendors



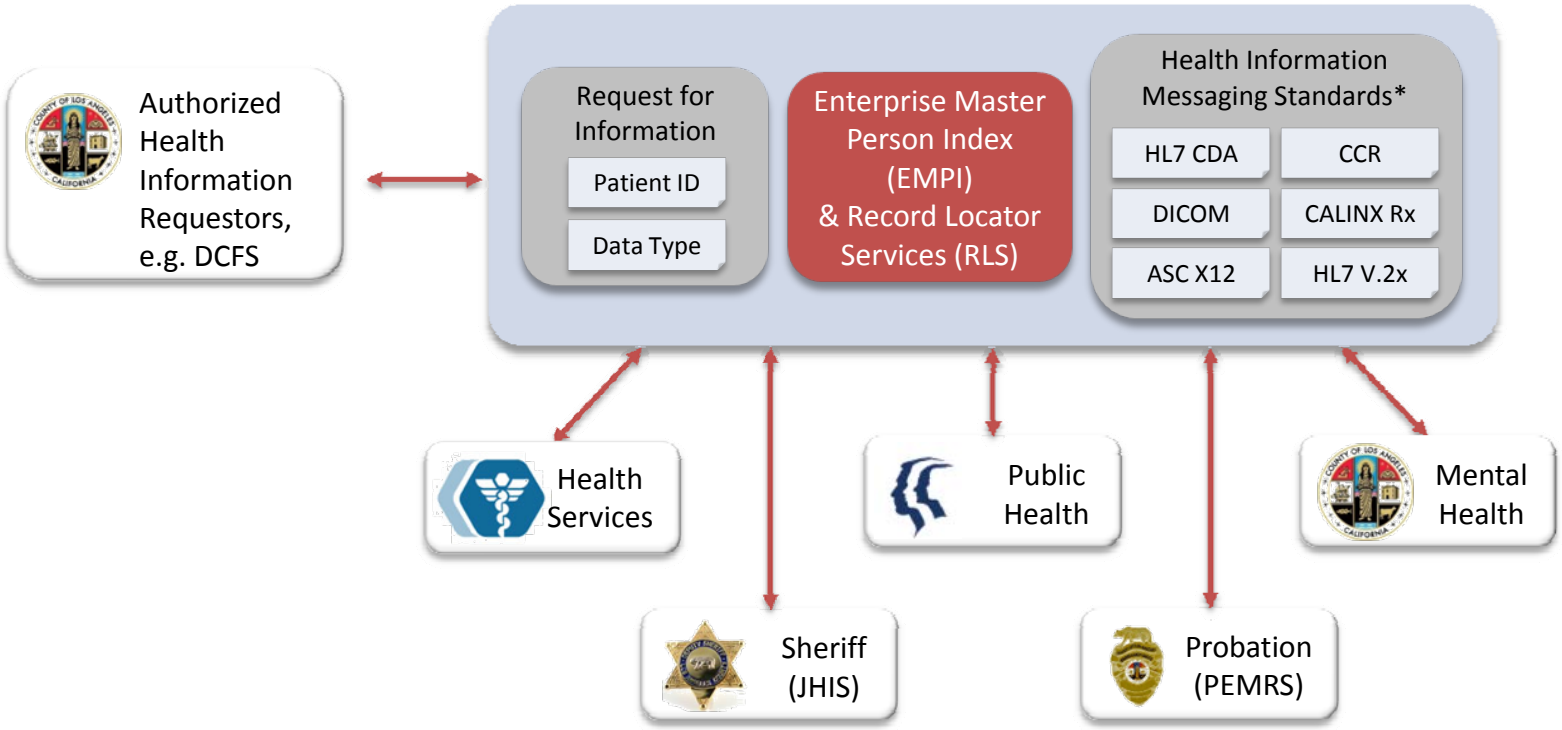
Federated

- Uses centralized indexing and record locator services
- Distributed computing provides scalability
- Localized information storage
- Processing is facilitated and governed by standard data verification, exchange specifications and authorization

Centralized

- Uses centralized data store to populate systems
- Single authoritative source of information
- Reduces complexity
- Allows for incremental connections
- Challenging and costly to implement in organizations that are not centralized

Proposed County HIE Architecture

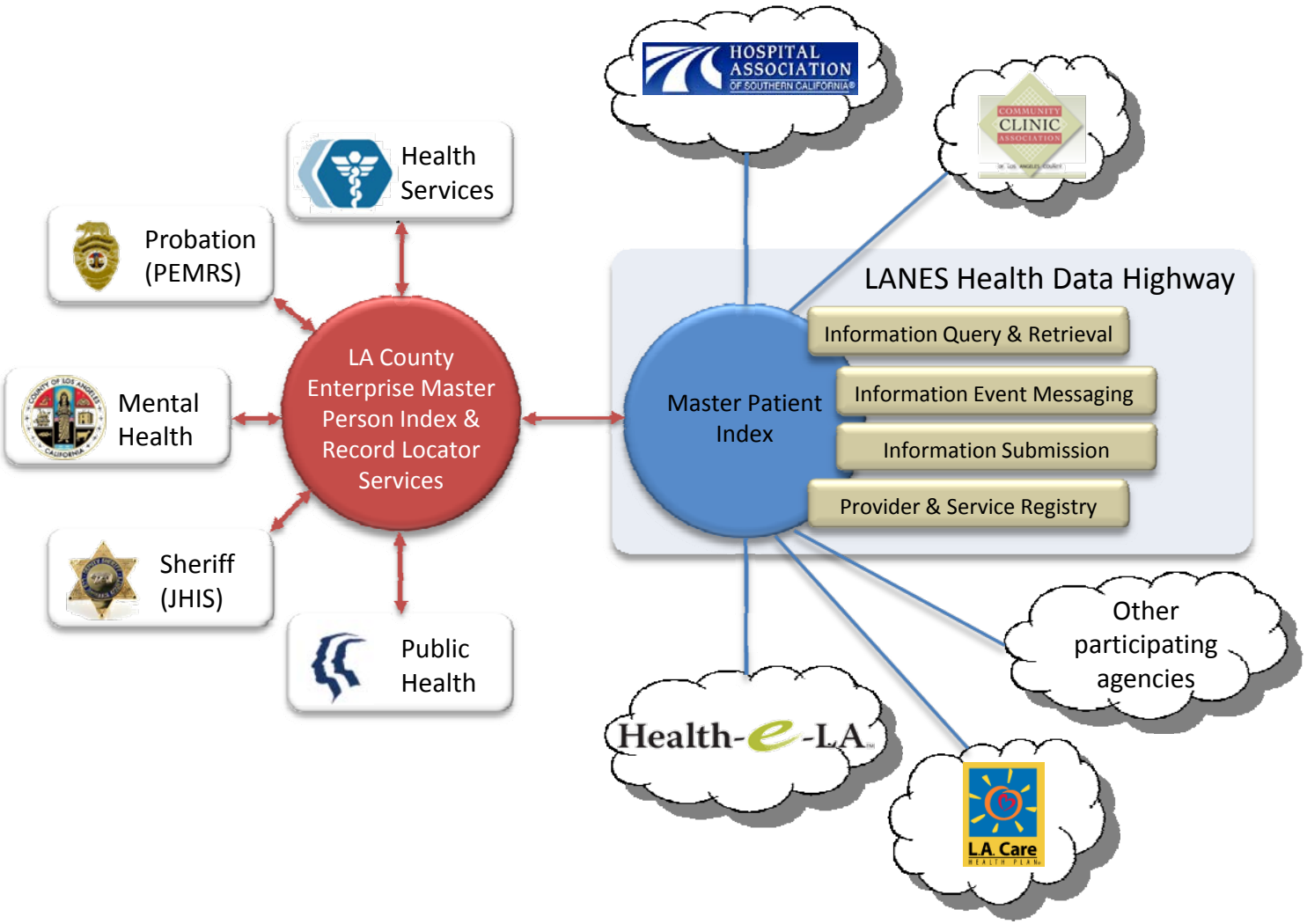


Notes:

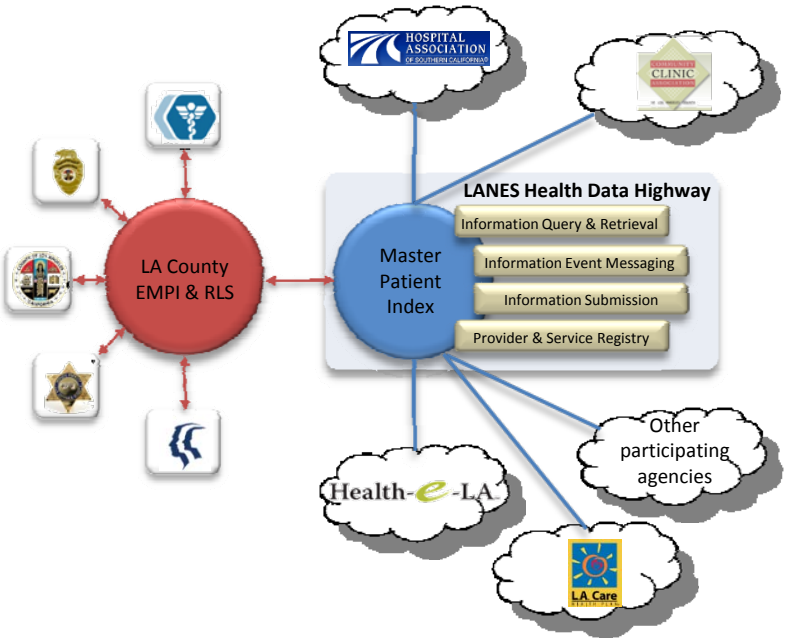
1. Initial Phase of County Enterprise Master Person Index Project includes DHS, DMH and DCFS
2. Key functions of County EMPI
   - **Identify** person based on incoming request
   - **Link** different identifiers to EMPI ID
   - **Refer** to authoritative sources for medical/health records using established messaging standards

* To be determined based on types of data to be exchanged

Proposed Solution Architecture for Los Angeles Regional HIE

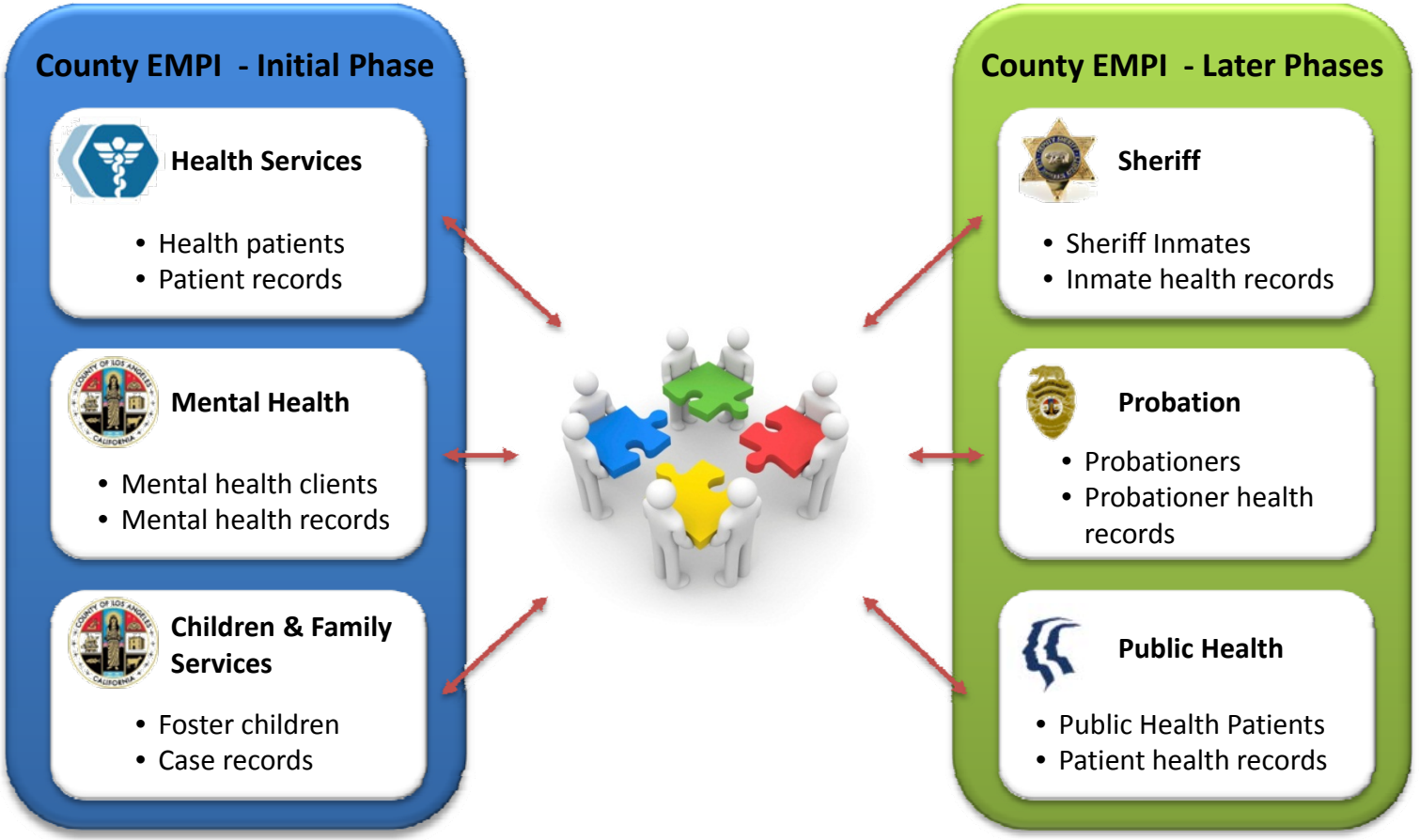


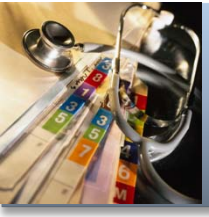
Key Elements of Proposed Los Angeles Regional HIE Solution Architecture



- County EMPI = Identify + Link + Refer
- Authoritative sources retains ownership and stewardship of medical information within their respective domains
- Supports the use of standard and point-to-point MOUs to govern information exchange
- Standards-based model facilitates the on-boarding of participating agencies
- Allows County's EMPI Project and LANES Health Data Highway Project to be conducted in parallel
- County retains option to extend EMPI to participate in an regional HIE or establish its own HIE capabilities

Target Populations for County HIE





Organizational Context for Health Information Exchange in Los Angeles County

	Membership	Purpose
Core Working Group (CWG)	CEO, CIO, Departments of Health Services (DHS), Mental Health (DMH) and Public Health (DPH)	Conduct a feasibility assessment of creating a countywide Health Information Technology Demonstration Project to enable a cost-effective and secure electronic exchange of patient medical records among public and private health care providers. [1]
Los Angles Network for Enhanced Services (LANES)	County of Los Angeles, Hospital Association of Southern California, Community Clinic Association of Los Angeles County, Health-e-LA, L.A. Care	A public-private collaborative to promote the timely sharing of health and healthcare-related information in support of: • Day-to-day, emergency and mass casualty care; • Management of communicable diseases, chronic conditions and other maladies affecting population health; and • Continuous quality improvement of health care and public health. [2]
County Enterprise Master Person Index (EMPI) Project	CEO, CIO, DHS, DMH, Department of Children & Family Services (DCFS)	Implement an electronic system to allow County Departments to identify common clients/patients and facilitate sharing client information for care coordination, services improvement and cost savings. [3]

[1] Report on the Development of the Los Angeles Network for Enhanced Services (LANES) Project and State Efforts Regarding a Health Information Exchange Plan, April 9, 2010

[2] LANES – Initial Report of a Strategic Feasibility Assessment, June 27, 2009

[3] Enterprise Person Index Project Charter, July 2, 2010