

In The Matter Of:

*Georgia Health Information
Exchange Pilot Program*

*Applicants' Conference Call
August 21, 2008*

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IN RE: :
Applicants' Conference Call :
Georgia Health Information :
Exchange Pilot Program :
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Applicant's Conference Call, taken before Alice E. Simmons, Registered Professional Reporter, commencing at 10:05 a.m., on this, the 21st day of August, 2008, at Department of Community Health, 2 Peachtree Street, N.W., 38th Floor Conference Room, Atlanta, Georgia.

- [1] APPLICANTS IN ATTENDANCE VIA CONFERENCE CALL (Cont.):
- [2] Lonnie Draper
- [3] Southeastern Orthopedic Specialists
- [4] Sadie Stockton
- [5] Public Health
- [6] Augusta, Georgia
- [7] Dana Greer, Director of Procurement
- [8] DCJ
- [9] George Curtis
- [10] Upson Regional Medical Center
- [11] Thomaston, Georgia
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- [1] APPEARANCES:
- [2] FOR THE STATE:
- [3] Alicia McCord-Estes, PMP
- [4] Georgia Department of Community Health
- [5] Program Director
- [6] Office of Health Information Technology.
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- [1] E-mail: rbush.savannah@gisp.org
- [2] APPLICANTS IN ATTENDANCE VIA CONFERENCE CALL:
- [3] Nance Williamson, Director
- [4] Greater Augusta Health Care Network
- [5] Mary Eleanor Wickersham
- [6] Washington County Regional Medical Center
- [7] Gwendolyn Glover, HIE Project Manager
- [8] Chatham County Health Department
- [9] Dana Huffman, Grant Writer
- [10] Memorial Health
- [11] Pat Devois, Director of Grants
- [12] St. Joseph's Hospital
- [13] Atlanta, Georgia

- [1] PROCEEDINGS
- [2] MR. STOKES: Good morning. How is
- [3] everyone this morning?
- [4] UNIDENTIFIED SPEAKER: Good.
- [5] UNIDENTIFIED SPEAKER: Fine, thank you.
- [6] MR. STOKES: I would like to first thank
- [7] you all for calling in and participating in
- [8] this morning's Georgia Health Information
- [9] Exchange Pilot Program Applicant's Conference
- [10] Call. I am Romero Stokes, I'm the Grants
- [11] Compliance Monitor for the Georgia Department
- [12] of Community Health. The purpose of today's
- [13] call is to provide an opportunity for potential
- [14] grant applicants to receive information and to
- [15] voice questions pertaining to the successful
- [16] and complete development of their individual
- [17] grant proposals. And I'd like to first provide
- [18] you with a quick few announcements or allow an
- [19] opportunity for announcements and then a brief
- [20] overview of this morning's agenda, followed by
- [21] the introduction of all conference call
- [22] participants.
- [23] Do you have any announcements, Ms.
- [24] McCord-Estes?
- [25] MS. McCORD-ESTES: No.

[1] **MR. STOKES:** Well, we have no new
[2] announcements so everything is as it is.
[3] Today's agenda is going to begin with the
[4] introduction of participants, followed by an
[5] overview of the Department of Community Health
[6] and HITT strategic goals. That's followed by
[7] an overview of the HIE grant program. And that
[8] is followed by a review of the request for
[9] grant application and the award process. We're
[10] going to finish up with questions and answers
[11] and then closing out. Does that sound
[12] acceptable to everyone?

[13] **UNIDENTIFIED SPEAKER:** Yes.

[14] **UNIDENTIFIED SPEAKER:** Yes.

[15] **UNIDENTIFIED SPEAKER:** Yes.

[16] **MR. STOKES:** Fantastic. Please, a couple
[17] of quick things. We'd like to ask you to
[18] please mute your phones or silence your phones
[19] if you're in your office during the course of
[20] the actual meeting. And I'd also like to ask
[21] that all participants please take notes and
[22] hold your questions until we reach the Q&A
[23] session at the end of today's presentation.
[24] Does that sound acceptable to everyone?

[25] **UNIDENTIFIED SPEAKER:** Yes.

[1] **MS. DEVOIS:** And I'm Pat Devois, director
[2] of grants with St. Joseph's Hospital in
[3] Atlanta.

[4] **MR. DRAPER:** This is Lonnie Draper and I'm
[5] representing a new collection of organizations
[6] in south Georgia.

[7] **MR. STOKES:** Is that everyone?

[8] **MS. STOCKTON:** This is Sadie Stockton, I'm
[9] representing Public Health in Augusta, Georgia.

[10] **MS. GREER:** This is Dana Greer, director
[11] of procurement, DCH.

[12] **MR. STOKES:** All right, fantastic. Thank
[13] you all for participating this morning. And
[14] we're going to begin with the overview of the
[15] Department of Community Health and HITT
[16] strategic goals.

[17] **MS. McCORD-ESTES:** Okay. Good morning,
[18] this is Alicia McCord-Estes. And I would like
[19] to talk to you about the Department of
[20] Community Health. The Department of Community
[21] Health was created in 1999 as the lead agency
[22] for health care planning and purchasing issues
[23] in the State. Our mission is to provide access
[24] to affordable quality health care in our
[25] communities, be responsible for health planning

[1] **UNIDENTIFIED SPEAKER:** Yes.

[2] **UNIDENTIFIED SPEAKER:** Yes.

[3] **MR. STOKES:** Fantastic, thank you. At
[4] this time I'd like to ask that all participants
[5] please introduce yourselves. We'll start here
[6] in the office. Again, my name is Romero
[7] Stokes, I'm with the Department of Community
[8] Health.

[9] **MS. McCORD-ESTES:** I'm Alicia McCord-Estes
[10] and I'm a program director in the Office of
[11] Health Information Technology and Transparency
[12] here at Community Health.

[13] **MR. BUSH:** My name is Robert Bush and I'm
[14] here as a member of the DCH HITT board.

[15] **MS. WILLIAMSON:** I am Nance Williamson, I
[16] am the director for the Greater Augusta Health
[17] Care Network in Augusta, Georgia.

[18] **MS. WICKERSHAM:** I'm Mary Eleanor
[19] Wickersham, I'm representing Washington County
[20] Regional Medical Center.

[21] **MS. GLOVER:** I'm Gwendolyn Glover, Chatham
[22] County Health Department, project manager for
[23] HIE.

[24] **MS. HUFFMAN:** I'm Dana Huffman, I'm from
[25] Memorial Health, I'm a grant writer.

[1] and use of health care resources, and for
[2] healthy behaviors and improvement in health
[3] outcomes.

[4] The initiatives for DCH for last fiscal
[5] year, 2008, and the current fiscal year, 2009,
[6] are Medicaid transformation, health care
[7] consumerism, financial and program integrity,
[8] health improvement, solutions for the
[9] uninsured, work force development, Peachcare
[10] for Kids, and customer service.

[11] Our Health Information Exchange program
[12] fits under the initiatives related to health
[13] care transformation and consumerism.

[14] Today DCH insures more than 2.2 million
[15] Georgians. And as one of our initiatives for
[16] Health Information Technology and Transparency,
[17] we have created an office of HITT to address
[18] those issues. It began in October of 2006 when
[19] Governor Sonny Perdue issued an executive order
[20] which created our HITT advisory board. In
[21] November of 2006 our commissioner, Dr. Rhonda
[22] Medows, selected 12 members and 16 ad hoc
[23] members to serve on the HITT advisory board.
[24] And their purpose was to advise the department
[25] on the best practices related to encouraging

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[1] the use of HIT statewide. And this would
 [2] enable health information to be more available
 [3] and transparent.
 [4] In February of 2007, Governor Perdue
 [5] issued another executive order related to
 [6] health care transparency. This was to provide
 [7] a more competitive marketplace so that
 [8] Georgians could make more informed decisions
 [9] about their health care.
 [10] Within the department in October of 2007
 [11] we submitted an application and received an
 [12] award from the federal government for Medicaid
 [13] transformation in the amount of \$3.9 million.
 [14] And this was to assist in implementing our
 [15] transparency website for health care consumers.
 [16] In November of 2007, we also implemented
 [17] our first Health Information Exchange grant
 [18] program and we awarded \$853,000 in awards to
 [19] four organizations to help the development of
 [20] Health Information Exchange, e-prescribing and
 [21] to adopt electronic medical records in Georgia.
 [22] Another of the initiatives for the Office
 [23] of Health Information Technology and
 [24] Transparency is related to security and
 [25] privacy. We submitted a proposal along with

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[1] several other states and we became a part of a
 [2] collaborative that would review issues related
 [3] to privacy and security. The purpose of this
 [4] collaborative was to educate consumers and to
 [5] build trust in the privacy and security of
 [6] electronic health information.
 [7] In response to all of these
 [8] accomplishments, the Department created the
 [9] Office of Health Information Technology and
 [10] Transparency in January of 2008. And our
 [11] purpose is to lead all of the strategic
 [12] initiatives related to HIT. Our HITT advisory
 [13] board approved a strategic plan which would
 [14] help us to accomplish many of our goals.
 [15] In February of 2008, Federal Secretary
 [16] Michael Levitt announced the Electronic Health
 [17] Records Demonstration Project and named our
 [18] commissioner, Dr. Rhonda Medows, as the
 [19] convenor.
 [20] In March of 2008, we had another executive
 [21] order from the governor to create the Georgia
 [22] RX Exchange, which is a collaboration between
 [23] among four state agencies: The Department of
 [24] Community Health, Department of Juvenile
 [25] Justice, Department of Corrections and the

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[1] Department of Human Resources. And the purpose
 [2] of this exchange is to have better coordination
 [3] of care as it relates to prescription and
 [4] medication history related to patients who go
 [5] from one agency to the other.
 [6] In May of 2008, DCH submitted an
 [7] application and was selected as one of the
 [8] demonstration sites for the EHR Demonstration
 [9] Project.
 [10] Also during that same month we awarded a
 [11] contract to IBM to design and host our
 [12] transparency website.
 [13] And lastly, in June we were again named as
 [14] one of the Phase II pilot sites in the nation
 [15] to conduct the Electronic Health Records
 [16] Demonstration Project.
 [17] These are all our accomplishments for the
 [18] past year. As I mentioned before, our purpose
 [19] is to lead all of the initiatives as it relates
 [20] to improving the quality and efficiency of
 [21] health care services through the adoption and
 [22] utilization of electronic health information.
 [23] A copy of our HITT strategic plan can be
 [24] found on our Department's website. The goals
 [25] that are listed in the strategic plan include

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[1] encouraging the use of universal e-prescribing,
 [2] maintaining and promoting Georgia's Health
 [3] Information Exchange Grant Program, developing
 [4] and promoting the value of Health Information
 [5] Technology and Transparency, launching the
 [6] transparency website, conducting outreach and
 [7] consumer education activities, and promoting
 [8] the adoption of electronic health records.
 [9] As I mentioned earlier, during the current
 [10] year, fiscal year '09, we will continue most of
 [11] these programs. Today we will talk to you
 [12] about our second year for the HIE grant
 [13] program. We recently reconstituted our HITT
 [14] advisory board. The first term for the
 [15] advisory board was for a two-year period. And
 [16] as of August of this year we have a new board
 [17] consisting of 12 members. By October of this
 [18] year we plan to launch a prototype of our
 [19] transparency consumer website, it will be
 [20] available at the end of the year for public
 [21] viewing. We're also beginning to work on
 [22] developing a road map for the Georgia RX
 [23] Exchange Project. We also will continue
 [24] working on our security and privacy efforts and
 [25] all of the activities related to Medicaid

[1] transformation. And we will be working on the
[2] EHR demonstration project.

[3] **MR. STOKES:** At this time before we move
[4] forward with our presentation and to the
[5] overview of the Health Information Exchange
[6] program, I'd like to ask if there are any new
[7] participants and if so would you please
[8] introduce yourselves.

[9] (No response)

[10] **MR. STOKES:** No one new? Fantastic, we'll
[11] continue. Thank you.

[12] **MR. BUSH:** This is Robert Bush. And I was
[13] a member of the original HITT advisory board
[14] and am also a member of the reconstituted
[15] board. And I just want to give you an overview
[16] of our purpose and our accomplishments. And
[17] I'll try not to be duplicative and try to be
[18] fairly quick with the dispatch of this.

[19] But the previous HITT advisory board was
[20] formed to advise the State in its transition to
[21] and implementation of a health information
[22] exchange system and to consumer-based health
[23] care, which is obviously a very ambitious goal.
[24] Our meetings started in November of 2006 and we
[25] heard from national experts on the values and

[1] of you are related to our current grantees.
[2] One of the pilot projects which was sponsored
[3] by Sumter County Hospital was unable to quite
[4] get off the ground because of the tornado
[5] damage to the hospital in that area, and so
[6] those funds were withdrawn and redistributed.

[7] Some accomplishments from the pilot
[8] projects from last year is that there has been
[9] built a foundation for EHR adoption through IT
[10] consortiums and as well assessments were made
[11] of IT readiness of health care entities as well
[12] as patients. And there were scope changes that
[13] were requested that were based on lessons
[14] learned from the project which is in line with
[15] the purpose of the project in that we consider
[16] these pilot projects our laboratories and they
[17] need to be dynamic and we need to be able to
[18] respond to developments as they occur.

[19] We have some hospitals and community sites
[20] and physicians who are now sharing data from
[21] emergency rooms and we have EHR implementations
[22] which include e-prescribing.

[23] Now, part of the project also and which
[24] will be part of the next project are mid-point
[25] assessments of the projects. Some of the

[1] principles that are implicated in performing an
[2] HIE system. We had individuals from other
[3] states who are farther along than we are come
[4] and speak to us about their experiences as
[5] well. We analyzed and debated issues such as
[6] privacy, limited use and sustainability with
[7] some rather spirited exchanges and productive
[8] exchanges.

[9] Our first concrete step was to form the
[10] exchange pilot program and last year under that
[11] program we provided nearly \$900,000 in matching
[12] grant funds. These were intended to foster
[13] health information exchange among various
[14] health care entities throughout the State. DCH
[15] awarded matching grants to four qualified
[16] health care organizations that were prepared to
[17] make significant financial investments to
[18] establish HIE pilot projects. Projects that
[19] were promoted were aimed at the development of
[20] health information exchange systems, promoted
[21] electronic prescribing and/or promoted the
[22] adoption of electronic medical records between
[23] multiple entities across the state of Georgia.

[24] I know many of you on the phone are
[25] already aware of this because I know a number

[1] lessons that have been learned from the current
[2] grant cycle is that one, most hospitals and
[3] physicians, not surprisingly, have not budgeted
[4] for electronic health records for a myriad of
[5] reasons, which is one of the reasons that we
[6] are involved in trying to find ways, for
[7] example, to make this affordable for
[8] practitioners and practical for hospitals and
[9] concerns such as that.

[10] And the pilot project presented an
[11] opportunity to health care professionals to
[12] move forward with planning and implementation
[13] for health information technology. Another
[14] discovery was that the current work force will
[15] be impacted but that it can easily be
[16] transitioned to new areas of the health care
[17] facilities so that current workplace positions
[18] and functions may no longer be relevant but
[19] that there would be ample opportunity to
[20] transition to new positions serving the new
[21] system.

[22] Another realization which I think we ... I
[23] mean, I don't know how much of a realization it
[24] was, but maybe it was more an affirmation, is
[25] that one year is a short time to accomplish

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[1] interoperability. And I don't think that
 [2] surprises anyone out there.
 [3] And then another non-surprise is that
 [4] sustainability is a challenge. And that's one
 [5] of the values and principles that we are
 [6] particularly concerned with and interested in
 [7] exploring is how to create a sustainable HIE
 [8] system. And we were -- we anticipate that
 [9] return on investment will be measured not only
 [10] in increased productivity and improvement of
 [11] patient care and delivery but also in increased
 [12] revenues as well.
 [13] Now, the criteria that you received are
 [14] very similar to the criteria for the grant
 [15] program from last year. There were a few new
 [16] additions or changes. One is that new and
 [17] renewal applicants are eligible. We are
 [18] interested in seeing the successful pilot
 [19] projects continuing and we are interested also
 [20] in seeing what new proposals may be out there
 [21] that would be wise to fund. And also this year
 [22] we require cash contributions instead of cash
 [23] or in kind. So that's a little bit steeper
 [24] requirement but it was made with an eye toward
 [25] making this practical and keeping it practical

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[1] so that, again, issues of sustainability and
 [2] finding funding and securing funding for
 [3] continuation are big interests of ours.
 [4] And then "renewal applicants can only
 [5] apply for an implementation grant of expansion
 [6] of interoperabilities" was one modification.
 [7] And then for the renewal applicants, "they must
 [8] demonstrate accomplishments and lessons from
 [9] learned from the first year." And as you can
 [10] see from the assessments and the report that I
 [11] just presented, there certainly have been
 [12] accomplishments and we have been collecting and
 [13] paying attention to lessons learned.
 [14] And that's all that I have for you right
 [15] now. And we'll have a question and answer
 [16] session in just a little bit.
 [17] **MR. STOKES:** All right. Fantastic.
 [18] Our next step is to move into information
 [19] concerning the actual grant, the application
 [20] process and so forth.
 [21] Just as an overview, this is a competitive
 [22] grant process that is designed to encourage
 [23] health information exchange systems development
 [24] throughout Georgia. The Georgia Department of
 [25] Community Health seeks to provide matching

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[1] grant funding in support of qualified health
 [2] care organizations that are poised to make
 [3] significant financial investments to establish
 [4] health information exchange pilot programs.
 [5] And we're going to give you an idea of what
 [6] programs or what sorts of programs we're going
 [7] to fund this year, that we're looking to fund
 [8] this year.
 [9] First, we have planning projects that
 [10] actually set the stage for future HIE
 [11] development; second, the implementation of
 [12] proposed health information exchange programs;
 [13] and, third, the expansion of projects that
 [14] support active HIE implementation. So if you
 [15] are a Phase II applicant, that would include
 [16] you.
 [17] Also, we're looking at grantees who have
 [18] received funding in 2008 and you are eligible
 [19] to reapply, that is one of the changes that is
 [20] significant this year, so please take note of
 [21] that. We're looking at advancements, how
 [22] you're actually planning to advance your
 [23] current implementations.
 [24] The pilot projects should serve as model
 [25] programs that can be replicated in a variety of

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[1] healthcare delivery settings or across
 [2] different patient populations. The intent of
 [3] the pilot program is to take the lessons
 [4] learned from the grantees' experience to form
 [5] policy and/or initiatives that will expand the
 [6] use of HIE across the State of Georgia.
 [7] The funds for this request for grants will
 [8] be awarded in the form of matching grants that
 [9] are not intended to exceed \$300,000 for each
 [10] project proposal. Cash funds will be given
 [11] from the State to support a percentage of the
 [12] costs of the eligible project with the
 [13] remaining funds provided by the grant
 [14] recipient. So we are looking for matching cash
 [15] contributions in your proposals as well.
 [16] The next step, we'll look at types of
 [17] eligible applicants. To give you an idea of
 [18] what we are looking for, or I guess a more
 [19] detailed idea, for planning grants we're
 [20] looking for projects that will develop a plan
 [21] for creating a technical environment that will
 [22] support the development of HIE, including pilot
 [23] systems for implementing e-prescribing or
 [24] electronic health record systems.
 [25] Projects should support the interoperable

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[1] exchange of patient level clinical health
[2] information among providers in different
[3] locations, institutions or service categories.
[4] Second, implementation, we're looking for
[5] projects that involve the direct implementation
[6] of HIE systems, meaning that you've already
[7] established some sort of infrastructure for
[8] actually completing this project or this task
[9] and you're actually moving forward with putting
[10] this into place and using it daily, an actual
[11] live active system, including the interoperable
[12] exchange of patient level clinical health
[13] information among providers in different
[14] locations, again institutions or service
[15] categories. Third, looking at the expansion of
[16] interoperability. Again, Phase II applicants
[17] who are already at some stage of implementation
[18] but looking to further along that process,
[19] we're looking for projects that expand on
[20] active HIE implementations, including increased
[21] numbers of health care organizations in the
[22] exchange for exchanging data within a
[23] geographic area.
[24] Now, we were going to talk about types of
[25] eligible applicants as well as listing the

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[1] types of eligible organizations that would
[2] qualify for this opportunity. Eligible
[3] applicants would include health care providers
[4] or groups of health care providers from
[5] different corporate entities or agencies that
[6] operate within the state of Georgia and have a
[7] agreed to collaborate on the exchange of health
[8] information within the state. With our
[9] collaborative efforts we are looking at
[10] collaborations that are able to serve larger
[11] populations by working together, or actually
[12] have the goal of serving larger populations by
[13] working together, mainly because you have a
[14] potential for greater return on investment and
[15] you're serving a larger number of folks in your
[16] respective communities.
[17] Secondly, and thirdly actually, we're
[18] looking at health care providers that are
[19] implementing or planning to implement
[20] electronic health records systems or
[21] implementing e-prescribing technology. With
[22] these two, we're looking for projects that
[23] describe the acquisition or development of the
[24] tools needed to implement electronic health
[25] record systems or e-prescribing technology.

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[1] Thirdly, actually fourthly, we're looking
[2] for grantees that received funding in year one
[3] and that are eligible to receive a renewal
[4] grant. Essentially again these are for Phase
[5] II applicants looking to begin or continue the
[6] implementation and continuation of their
[7] projects.
[8] Now, for the types of organizations that
[9] are actually eligible, we have hospitals,
[10] physicians, primary care practitioners,
[11] secondary and tertiary providers, long-term
[12] care facilities, county health departments or
[13] public health districts, federally qualified
[14] health centers, rural health centers, rural
[15] health networks, health plans, pharmacies,
[16] clinical laboratories, diagnostic testing
[17] centers, payors, public and private, including
[18] large employers.
[19] Now for application requirements.
[20] Probably the most fun part of the entire
[21] process here is the actual application. A
[22] couple of things that we're looking for that
[23] are mandatory would include letter of intent.
[24] Now, the letter of intent, I'm pretty sure most
[25] of you if not all of you have already submitted

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[1] that. That is a mandatory requirement and we
[2] need to have that in for administrative
[3] purposes. And, secondly, we have the actual
[4] application.
[5] Within the application we're looking for
[6] key bits of information or key components to
[7] actually be completed, including a detailed
[8] description of the organizational structure,
[9] your financial requirements for your project,
[10] technical requirements for your project,
[11] privacy and confidential requirements for us
[12] administratively and the measurements of
[13] success for your project.
[14] Next we'll talk about the requests for
[15] grant application and awards process. The
[16] grant application is not to exceed 10 typed
[17] pages, it should include the following
[18] categories: Your project summary, project
[19] statement, project orientation, project scope,
[20] project management approach, project
[21] implementation, budget and budget justification
[22] and the corresponding attachments.
[23] Your evaluation and review process for
[24] this application is comprised of two separate
[25] components: First, the administrative review.

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[1] Once your applications are turned in, they go
 [2] through an administrative review process to
 [3] ensure that all the submission requirements
 [4] have been met and those applications that do
 [5] not meet minimum requirements will not move
 [6] forward to the next phase of the evaluation.
 [7] Once you do, if your application is eligible
 [8] for the second phase, it will go before a
 [9] review panel. The eligible applications are
 [10] then reviewed and evaluated on a competitive
 [11] basis for quality and completeness by a panel
 [12] of DCH staff supported by HITT board members
 [13] and approved subject matter experts.
 [14] And the evaluation criteria follows.
 [15] These are the requirements, followed by a
 [16] description of the requirement. Organizational
 [17] assets and stakeholder inclusiveness. The
 [18] organization must have included information
 [19] about active support from key stakeholders in a
 [20] well-organized oversight structure. Second,
 [21] project impact on patient care and public
 [22] health. Must include patient care objectives
 [23] and approach measuring impact on patient care
 [24] and public health and possess the potential for
 [25] replication of the project statewide. Third,

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[1] qualifications of project staff. Must have
 [2] qualified and dedicated staff with sufficient
 [3] hours assigned to project work.
 [4] Next we have a reasonable budget. You
 [5] must have matching money sufficient to start
 [6] and maintain the project and set realistic
 [7] objectives. Project plan and sustainability.
 [8] Must clearly describe project objectives, the
 [9] approach to achieve each objective, and how
 [10] project objectives will lead to or support
 [11] sustainable health information exchange
 [12] operations.
 [13] Next we have privacy and confidentiality.
 [14] Must meet or exceed the standards of HIPAA,
 [15] privacy rule and Georgia law. And, lastly,
 [16] technical. Proposed technology must be
 [17] consistent with national health information
 [18] technology and standards.
 [19] I'm going to back up a little bit to give
 [20] you more information about a particular area
 [21] that I think we really need to pay closer
 [22] attention to, and that would be your
 [23] measurements of success. Within your proposal
 [24] we're looking for detailed information
 [25] concerning the following items. We want you in

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[1] your proposal to identify data requirements for
 [2] quality assurance monitoring, population health
 [3] monitoring or in collaboration with the state
 [4] or district public health departments. We're
 [5] looking for you to describe the metrics used to
 [6] measure success of the project based on the
 [7] expected results, including an estimate of your
 [8] return on your investment.
 [9] We're also looking for you to describe how
 [10] the project might be replicated in other
 [11] geographical areas of the state, other unique
 [12] populations with health care needs, and then
 [13] finally outline the cost projections for each
 [14] such implementation.
 [15] Next we want you to please describe the
 [16] key areas to statewide replication. If you
 [17] want to conduct a SWAT analysis looking at the
 [18] strengths, weaknesses, opportunities and
 [19] threats to this type of project we'd love to
 [20] see that as well. Also describe your key
 [21] factors to statewide replication, including
 [22] scalability, business model and other factors
 [23] that may improve the likelihood of successful
 [24] replication.
 [25] Please describe the population that's

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[1] going to be served by the project and the
 [2] anticipated benefits to that population. And
 [3] in addition to direct health care benefits
 [4] please describe how the project will advance
 [5] public health in accord with the American
 [6] health information community use cases for
 [7] health information technology. There is a link
 [8] to that document within the actual application
 [9] as well if you need to peruse that for more
 [10] information.
 [11] At this time I would like to move forward
 [12] into the question and answer session. It looks
 [13] like we have ample time for that and we'd like
 [14] to begin and open the floor for questions.
 [15] **MS. WICKERSHAM:** This is Mary Eleanor
 [16] Wickersham of Washington County Regional
 [17] Medical Center. I do have a question about
 [18] links.
 [19] In last year's application the evaluation
 [20] tools and the business model and all that, the
 [21] sections that were not the grant merit were
 [22] not included in the page count. Would that be
 [23] true this time?
 [24] **MS. McCORD-ESTES:** Yes.
 [25] **MR. STOKES:** Yes, that would be the case.

[1] Yes.
[2] **MS. WICKERSHAM:** That is the project --
[3] basically the project management approach
[4] Section E.
[5] **MR. STOKES:** Yes.
[6] **MS. WICKERSHAM:** The status and actuals
[7] report and so forth, that would not be included
[8] in the 10 pages; is that right?
[9] **MR. STOKES:** That is correct.
[10] **MS. WICKERSHAM:** Okay.
[11] **MS. HUFFMAN:** Hi, this is Dana Huffman
[12] from Memorial in Chatham County. Would the
[13] hospital's purchase of software or agency
[14] purchase of software be counted as cash or in
[15] kind?
[16] **MR. STOKES:** Your purchase of software
[17] using the grant funds or prior to grant funds,
[18] or in addition to grant funds?
[19] **MS. HUFFMAN:** As a part of the grant. Not
[20] using the grant funds to use it, but the
[21] hospital actual purchase.
[22] **MR. STOKES:** Okay. The actual purchase of
[23] software using grant funds ... I'm sorry ...
[24]
[25]

[1] planning process now. We have several
[2] different core MIS vendors that we're working
[3] with and we're kind of looking at this from a
[4] high level ... I guess my question is: Is that
[5] going to qualify under this grant? It's not
[6] only for our facilities but we're also working
[7] with several other facilities in the regional
[8] area.
[9] **MS. McCORD-ESTES:** I think we would define
[10] interoperability would be where you all are
[11] sharing the same records for the same patients.
[12] **MR. STOKES:** Right.
[13] **MS. McCORD-ESTES:** You would have several
[14] different entities who are using the same
[15] databases or can access the same databases. Is
[16] that correct?
[17] **MR. BUSH:** Yes.
[18] **MR. CURTIS:** Okay, so that would qualify
[19] for our health departments and local physician
[20] offices, not necessarily a regional
[21] communication.
[22] **MR. BUSH:** Right.
[23] **MS. McCORD-ESTES:** Right.
[24] **MR. BUSH:** Right.
[25] **MR. CURTIS:** Okay.

[1] (Thereupon, panel confers privately).
[2] **MS. McCORD-ESTES:** Are you referring to if
[3] the hospital purchases this equipment and uses
[4] it for the project?
[5] **MS. HUFFMAN:** Exactly.
[6] **MS. McCORD-ESTES:** Yes, I think that
[7] would be considered in-kind.
[8] **MS. GREER:** Yes, I agree it is in-kind.
[9] This is Dana Green, just confirming.
[10] **MS. HUFFMAN:** Okay.
[11] **MR. STOKES:** Thank you. Any further
[12] questions?
[13] **MR. CURTIS:** This is George Curtis from
[14] Upson Regional Medical Center in Thomaston,
[15] Georgia. We currently work with a management
[16] group. We have a contract with them across
[17] several IT departments throughout the regional
[18] area. Collaborating and coordinating with
[19] them, would that qualify as part of our
[20] requirements for the grant as interoperability
[21] with other facilities?
[22] **MS. McCORD-ESTES:** Are you saying that you
[23] are currently interfacing with these facilities
[24] or are you creating an HIE to facilitate ...
[25] **MR. CURTIS:** We are currently in the

[1] **MR. BUSH:** And let me interject something
[2] here. Dana Greer, are you still here on the
[3] line? Are you here?
[4] **MS. GREER:** Yes, I'm here.
[5] **MR. BUSH:** Okay, I wanted to qualify
[6] something. Because my understanding about the
[7] cash or in-kind contribution, say if the
[8] hospital puts the money up as a cash match, and
[9] the money is going to be used to buy the
[10] software, my understanding would be that could
[11] be a cash match, but if they donate the
[12] software, then that's an in-kind match. Is
[13] that the distinction?
[14] **MR. CURTIS:** Not necessarily. We'd like
[15] to see it in respect to your entire proposal,
[16] but when we state cash match, we're looking for
[17] liquid assets.
[18] **MR. BUSH:** Yeah. And so if the hospital
[19] donates the cash liquid asset, and --
[20] **MR. CURTIS:** For the purpose of buying the
[21] software.
[22] **MR. BUSH:** Yeah, for the purposes of
[23] buying the software for the project, then that
[24] would be a cash contribution would be my
[25] understanding.

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[1] **MR. CURTIS:** Then the software is used
[2] 100 percent towards this grant only? You
[3] wouldn't use that software to supplement
[4] another grant or another initiative?
[5] **MR. BUSH:** Yeah, that would have to be --
[6] the grantee would have to answer that. And I
[7] just wanted to clarify how to evaluate that.
[8] Is that Ms. Huffman?
[9] **MS. HUFFMAN:** Yes. It would be software
[10] that would be for the HIE project like EMR to
[11] support the practices in the hospital and the
[12] other agencies involved in the grants.
[13] **MR. STOKES:** Okay.
[14] **MS. McCORD-ESTES:** I think we're looking
[15] in your proposals to see cash contributions as
[16] well as in-kind.
[17] **MR. STOKES:** That's right.
[18] **MS. McCORD-ESTES:** But we will be looking
[19] at the cash contributions separately from
[20] in-kind.
[21] **MR. STOKES:** Correct.
[22] **MS. GLOVER:** Are you saying then that the
[23] cash cannot be used for anything then? It just
[24] has to be available? Available for what?
[25] **MS. GREER:** Cash has to be used for a

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[1] particular grant purpose of course, but when
[2] we're looking at the availability of the cash
[3] we're looking for liquid assets, another
[4] funding source, another funding stream that
[5] would be combined with the DCH funds to move
[6] your project forward.
[7] **MS. GLOVER:** Right, I'm --
[8] **MS. GREER:** That you describe where you're
[9] going to allocate that cash and use -- where
[10] you're going to use it, of course that would
[11] come out in your budget and your budget
[12] narrative. But we're looking for some separate
[13] funding stream, not DCH funds, that will be
[14] utilized to help forward your grant purposes.
[15] **MR. BUSH:** Yeah. I think the distinction
[16] is whether the liquid asset is put up there and
[17] it can be used to buy something for the
[18] project, but it has to be for the project.
[19] **MS. GLOVER:** So ... And this is Gwendolyn
[20] Glover from Chatham County. So if I understand
[21] you all correctly, you're saying that the money
[22] needs to be in an account of some sort but only
[23] for use in the HIE program, and we can then say
[24] what it would be used to buy?
[25] **MR. BUSH:** Yes.

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[1] **MR. STOKES:** That is correct. That
[2] information should be detailed both in the
[3] budget as well as in your budget justification.
[4] **MS. GLOVER:** So rather than saying that
[5] it's being purchased with the DCH funds, we
[6] need to clearly indicate that it's going to be
[7] used to purchase something -- this other money
[8] would be used to purchase whatever it is that's
[9] needed for the project?
[10] **MR. BUSH:** Yes.
[11] **MR. STOKES:** Correct. I believe our
[12] primary concern is to establish that each
[13] organization that's applying for one of these
[14] opportunities actually has a secondary or
[15] tertiary stream of actual liquid funding coming
[16] in, not just in-kind and DCH funding.
[17] So any assets coming in outside of
[18] services, hardware, software or what have you,
[19] anything that is actual liquid in addition to
[20] the DCH funding would be considered a
[21] matching -- well, part of your matching liquid
[22] cash grant.
[23] **MS. GLOVER:** I see. Thank you.
[24] **MR. STOKES:** Sure.
[25] **UNIDENTIFIED SPEAKER:** I have a question.

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[1] Does your office have any resources that can
[2] answer questions or assist with HIPAA
[3] regulations?
[4] **MS. McCORD-ESTES:** We do have a privacy
[5] officer here in the department.
[6] **MR. BUSH:** I think for purposes of
[7] drafting the grant, the DCH function would not
[8] be to provide substantive input. This is, you
[9] know, will simply be for the evaluation of what
[10] you present to us. So the substantive input
[11] you would probably need to get from elsewhere.
[12] **UNIDENTIFIED SPEAKER:** Okay. Yeah,
[13] because had questions exactly what kinds of
[14] information could go into an electronic system
[15] and that type of thing.
[16] **MR. BUSH:** Yeah. And that's the kind of
[17] thing that we would expect for you to have
[18] discovered.
[19] **UNIDENTIFIED SPEAKER:** Okay.
[20] **MR. DRAPER:** This is Lonnie Draper from
[21] Southern Orthopedic Specialists. And some of
[22] my questions are on the cash. Does this cash
[23] have to actually be in an account or can it be
[24] that it is promised throughout the grant cycle?
[25] Like does all of it have to be acquired in

[1] advance or like the example would be monthly
[2] payments into the organization that are
[3] promised.

[4] (Thereupon, panel confers privately).
[5] **MR. STOKES:** We would say that it would
[6] have to at least need to be committed. If you
[7] have an agreement, or it can be an anticipated
[8] amount that you're expecting to have earmarked
[9] for your budget, then that would be fine so
[10] long as you can show some substantive evidence
[11] of that within your proposal.

[12] **MR. BUSH:** I would try to present as
[13] strong an indication of that commitment, you
[14] know, a contract or something that has
[15] provisions for breach and, you know, to
[16] establish that the obligation is there and
[17] solid.

[18] **MR. DRAPER:** This is Lonnie Draper again
[19] from Southern Orthopedics. In the grant
[20] application there is a section for planning.
[21] And in the majority of locations there's not
[22] going to be an organization that is already in
[23] existence for the planning. Was that
[24] anticipated that the organization would have to
[25] create itself, fund itself before applying for

[1] leveraging and planning in anticipation of
[2] this.

[3] **MR. DRAPER:** This again is Lonnie Draper
[4] representing Southern Orthopedic Specialists.
[5] I happen to be a very active member in a RHIO
[6] that is successful in the state of Florida.
[7] We, you know, created it from scratch before
[8] granting activity occurred and then
[9] subsequently went through the three-year cycles
[10] of granting in the state of Florida. And we
[11] have a successful health information exchange
[12] operating in the Tallahassee/Big Ben region,
[13] that every day is accomplishing everything that
[14] this grant process is anticipating doing over
[15] the next three years.

[16] So I would invite anybody that has any
[17] questions on how to get from three years ago to
[18] today, which is what's already been
[19] accomplished, at least a couple of successful
[20] ones throughout the nation -- and one of them
[21] very close to the state of Georgia, Tallahassee
[22] Florida -- to ask questions of that
[23] organization on how did they make it to from no
[24] funding to a successful health information
[25] exchange.

[1] this grant? I mean, it doesn't seem like a
[2] planning grant would go towards creating an
[3] organization that had to have cash in advance.

[4] **MR. BUSH:** You don't have to have ...
[5] there's not a requirement that there be a
[6] particular organization or a particular type of
[7] organization formed. Whatever application is
[8] there has got to meet the requirements such as
[9] the cash amount, but, you know, if you're
[10] convinced that that's there and you meet the
[11] other requirements, then, you know, if you are
[12] using this to move toward forming something and
[13] it is rated highly enough to be granted funds
[14] then, you know, you could be a recipient.

[15] **MS. McCORD-ESTES:** In part of the
[16] application process itself you would have to
[17] describe who would be the governing body or
[18] structure for your planning organization. So I
[19] would think there would have to be some up
[20] front planning as far as putting together your
[21] collaborating organizations.

[22] **MR. BUSH:** Right. But you don't have to
[23] have formed and have funding and all of this,
[24] but, you know, we would definitely look at the
[25] evidence of there have been -- having been some

[1] But I do have a question after that. And
[2] that is: How many grants will be awarded and
[3] how much did the Legislature fund?

[4] **MS. McCORD-ESTES:** Okay, I believe in our
[5] proposal we said that we are looking to fund
[6] two to three pilots. And this year's funding
[7] currently is at \$750,000 I believe, but I
[8] believe there was also an addendum that
[9] addressed funding availability.

[10] **MR. STOKES:** Right.

[11] **MS. McCORD-ESTES:** So currently that's
[12] what's budgeted, but all of that money may not
[13] be available once we are at a point of making
[14] an award. So ...

[15] **MR. DRAPER:** And you said three pilots,
[16] does that mean that you won't be looking at
[17] planning? What's a pilot versus planning
[18] implementation and expansion?

[19] **MS. McCORD-ESTES:** Okay, I was referring
[20] to a pilot as a grant program. So that would
[21] include all of our categories. Right.
[22] Planning, implementation or expansion.

[23] **MR. STOKES:** Are there any further
[24] questions? And if so, please state your name
[25] before you state your question, please. Thank

[1] you.
 [2] (No response)
 [3] **MR. STOKES:** Okay. Well, if there are no
 [4] further questions, at this time we'd like to I
 [5] guess end our call today.
 [6] And I have a couple of small things I want
 [7] to go over with you, just a review of the dates
 [8] of upcoming deadlines. The deadline for
 [9] questions, you can either e-mail them in to us
 [10] or give us a call, that information is also
 [11] available online. The deadline for questions
 [12] will be August 22nd, which is tomorrow, at
 [13] 5:00 p.m. Please have those in by then and
 [14] they will be posted on Monday of next week.
 [15] The application deadline is September 15th
 [16] at 4:00 p.m. And the awardees will be notified
 [17] on October 20th.
 [18] And we'll have a transcript of today's
 [19] conversation, today's presentation, that will
 [20] be posted next week on Wednesday.
 [21] Well, if there are no further questions,
 [22] thank you all very much and we'll look very
 [23] much forward to hearing from you in the near
 [24] future. Thank you.
 [25] (Thereupon, the conference call was ended at

[1] C E R T I F I C A T E
 [2] G E O R G I A:
 [3] COUNTY OF FULTON:
 [4] I hereby certify that the foregoing transcript
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 [11] I further certify that I am neither a relative or
 [12] employee or attorney or counsel to any of the parties,
 [13] nor financially or otherwise interested in this
 [14] matter.
 [15] This the 26th day of August, 2008.
 [16]
 [17] _____
 [18] ALICE E. SIMMONS, B-1193
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