



AeHN BOARD OF DIRECTORS

Paul Sherry

President, AeHN
Health Policy Strategist, Alaska
Native Tribal Health Consortium

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President, Alaska EHR Alliance

J. Patrick Luby

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Advocacy Director, AARP Alaska

Garth Hamblin

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CFO, Bartlett Regional Hospital

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Jeff Davis

President, Premera Blue Cross
Blue Shield

Al Parrish

Senior Vice President/CEO,
Providence, Alaska Region

Dr. Tom Nighswander

Assistant Regional Dean
Alaska WWAMI Program

Marilyn Kasmar

CEO, Alaska Primary Care
Association

Bill Streur

Deputy Commissioner
State of AK, DHSS

Jan Harris

Vice Provost for Health Programs
University of Alaska

Alex Spector

Director, Alaska VA Healthcare
System

Jim Yarmon

President/CEO, Yarmon
Investments

AeHN Board of Directors Meeting

November 8, 2010

11:30 AM to 1:00 PM

Location: 3760 Piper, 3rd floor, Sister Mary
Conrad Board Room, Providence Services Building

Dial in: 866-856-0521, 4045847#

11:30-11:50 Interview – David Peters

12:00 -12:45 Orion Health Demonstration

Business Agenda

1. Call to Order/Paul Sherry

- a. Welcome and Introductions
- b. Approval of Minutes
- c. Approval of Agenda

2. President's Report/Paul Sherry

3. Executive Director's Report/Rebecca Madison

4. Legislative Proposal/Rebecca Madison

5. Conflict of Interest Forms/Rebecca Madison

6. Board Contributions/Paul Sherry

7. Arrangements for next meeting

8. Adjournment



Board Members Present			
A	Davis, Jeff – Premera BC/BS	P	Luby, Pat - AARP
T	Hamblin, Garth – Bartlett	P	Nighswander, Tom, MD - ANTHC
A	Harris, Jan – University of AK (NV)	T	Perdue, Karen - ASHNA
P	Al Parrish – Providence	P	Sherry, Paul - Tribal
A	Kasmar, Marilyn - APCA	P	Spector, Alex –VA, AFHCP
P	List, Jerome, MD - AEHRA	P	Bill Streur, DHSS (Proxy - Paul Cartland)
		P	Jim Yarmon – Yarmon Enterprise

Ad Hoc:

Rebecca Madison, AeHN Director
 Michelle Gonzalez, Recorder

P=Present / T=Teleconference / A=Absent / NV=Non-voting Member (Quorum = 6 Voting Members or Member Proxies)

Guests Present	
Stevie Morton – Providence	Lou Christie, LMC Management

Supporting Documents:

TIME	AGENDA ITEM – Presenter/Discussion	Consensus/Action
11:43 am	<p>1. CALL TO ORDER The regular meeting of the AeHN Board of Directors was called to order at 11:43 a.m.</p> <p>a. Welcome and Introductions It was determined that a quorum was present in order to conduct business.</p> <p>b. Approval of Minutes President Sherry provided a brief review of the minutes from September 15, 2010 of the last board meeting and called for a motion to approve. Motion by Tom Nighswander to approve the minutes, seconded by Jim Yarmon. Motion carried unanimously.</p> <p>c. Approval of Agenda President Sherry provided a brief review of the draft Agenda. Motion by Jim Yarmon to approve the Agenda, seconded by Tom Nighswander. Motion carried.</p> <p>2. PRESIDENT’S REPORT Mr. Sherry reported that since the last meeting he has been actively involved with HIE vendor selection meeting and assisting with the Executive Director recruitment. He is also in discussions with NIHB and ANHB to assist in moving the REC funds for tribes to Alaska. Mr. Sherry attended the HIE Summit in San Francisco, CA and reported from the national HIE perspective.</p>	<p>Meeting convened at 11:43 a.m.</p> <p>MOTION Motion to approve Minutes dated 9/15/10 as written. Motion passed unanimously.</p> <p>Motion to approve agenda passed unanimously.</p>

	<p>3. EXECUTIVE DIRECTOR’S REPORT (Rebecca Madison) Due to the short duration for the meeting Ms. Madison provided a written report for the Board</p> <p>4. HIE RFP STATUS (Rebecca Madison)</p> <p>Due diligence of the HIE vendors has been completed. The HIE Vendor Selection Committee recommended that Orion Health be forward to the Board for consideration and approval to move forward with negotiations. The team submitted a summary report on the recommendation. Motion by Jim Yarmon for approval, seconded by Tom Nighswander. Motion carried.</p> <p>The board requested that legal counsel be secured to assist in the final negotiations. Ms. Madison asked if any board members were interested in participating in the negotiations. Board members should supply names to Ms. Madison by Friday, October 20th. Negotiations will begin immediately with the possibility of a contract by early December.</p> <p>Ms. Madison asked if the Board would be interested in a demonstration by Orion Health. After discussion, the Board agreed to have this on the agenda at the next meeting.</p> <p>5. Whistleblower Policy (Rebecca Madison)</p> <p>Ms. Madison presented an addendum to the HR policy which meets the ARRA requirements for addressing whistleblowers. Jim Yarmon moved to approve the AeHN Whistleblower Policy as is. The motion was seconded by Al Parrish. Motion approved.</p> <p>6. Legislative Proposal (Rebecca Madison)</p> <p>Ms. Madison presented a legislative education package for review and discussion purposes. The board will take this up at the next Board meeting in November. Paul and Rebecca will work on getting resource people together for this discussion</p> <p>9. ARRANGEMENTS FOR NEXT MEETING The next meeting will be November 8th, 2010 from 11:30 am to 1 pm. Al Parrish volunteered to hold the meeting at Providence.</p> <p>10. ADJOURNMENT The AeHN Board of Directors meeting adjourned at 1:12 pm</p>	<p>Motion carried to move forward with negotiations with Orion Health.</p> <p>Add to Agenda for November meeting.</p> <p>Motion carried to update HR policy with whistleblower addendum.</p> <p>Add to Agenda for November meeting.</p> <p>Next meeting date: 11/08/10</p>
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AeHN
Executive Director Report
Nov 8, 2010

REC Grant

- Meetings with ONC
 - Biweekly meeting with program officer – no outstanding issues
 - Year End report due – Nov 30
 - Next Regional meeting in Dec 13-15, Washington, DC
- Provider Outreach
 - 8 practices, 39 physicians have signed on, \$100 per provider
 - 1 CAH signed – Petersburg Medical Center
 - Ongoing discussions with about 31 others
 - Soliciting for Outreach/Communications Workgroup
 - Workshop on Meaningful Use – Nov 19

HIE

- Revised Strategic Summary
- RFP Status
 - Contract negotiations – Nov 9
 - Legal review underway – Jane Eckels (Davis, Wright, Tremaine)
 - Contract signing date?
- Potential Pilot Sites
 - ANMC – RPMS (Encounters) and SoftLab (Lab Results)
 - Providence – EPIC (Encounters, Lab, Rad, D/C Summaries, Allergies, Meds?)
 - FMH – Cerner (Encounters, Lab, Rad, D/C Summaries)
 - TVC – NextGen (Encounters, Lab, Rad, D/C Summaries, Problems, Allergies)
 - Heart Institute – Centricity (Encounters, Lab, Rad, D/C Summaries, Problems, Allergies)
 - 5 Sites – RPM EHR (Encounters, Lab, Rad, D/C Summaries, Problems, Allergies)

Denali Commission

- Have now spent \$207,000 of total \$250,000 for operations startup
- Legal fees for HR review, HR consultant for ED and HIT Director recruitment
- Year-end report filed

FCC Rural Health Care Pilot

- Draft of RFP under review by stakeholders
- Telephone interviews with stakeholders 40% complete
- Timeline: RFP to USAC for review in January, released to vendor by end of February
- FCC RHCPP – 1st Wednesday at 8 am

Membership Updates

- Follow up visits and phone calls to hospitals ongoing
- Fielding many calls from both hospitals and providers

Coordination with State of Alaska

- Provide Operation Plan for State submission to ONC

- Biweekly meetings with State HIT Coordinator

Upcoming Events/AeHN Presentations

- Nov 19 – Meaningful Use Workshop, BP Energy Center
- Dec 13-15 – Regional REC Meeting in Washington DC

Outreach and Web Update (ak-ehealth.org)

- Drafting Winter Newsletter, released in November
- Email on upcoming events
- Website makeover to be completed by January
- Working with KTUU – news show

Staffing:

- Executive Director search ongoing
- Health IT Director search ongoing

Network Meetings

- HIMSS – REC/HIE Roundtable – monthly

Coming Soon:

- State Health IT Plan
- Sustainability Plan Draft

EHealth Network
State lobbying proposal
Submitted by
Legislative Consultants in Alaska (LCIA).

This proposal outlines two options for eHealth to consider as a lobbying strategy for the upcoming legislative session:

1. Secure \$2.4 million in funding (state and/ or federal) as a grant to the EHealth Network
2. Introduce legislation establishing a Tele Health entity as an instrumentality with the state but with “quasi” independent authority (similar to ARR, AHFC and the Alaska Bond Bank)

1. Securing funding

The Alaska Constitution requires the Governor to release his annual operating and capital budget proposals by December 15th each year. In prior years the operating budget bills have been available just after Thanksgiving .

The Governor’s Office of Management and Budget recently asked each Department to submit their “FY 2012 operating budget requests” to the OMB office by October 15, 2010. The Governor and his budget team will review each request and decide which projects to include in the Governor’s FY 2012 budget bills. State and/or federal funding for the EHealth Network will likely need to be appropriated through the state budget process.

The following is a list of tasks that should be completed before the Legislative session begins on January 18, 2011.

- Meet with Health and Social Services Commissioner Bill Hogan, Deputy Comm. Bill Streur and Budget Director Alison Elge to outline EHealth’s FY 2012 budget plan and request the required funding from the state. During this CRITICAL meeting the following questions need to be addressed:
 - What is/are the proposed funding source(s) for operation of the Network?

- If federal funds are being proposed:
 - Are the funds currently available through a federal agency?
 - What are the federal requirements including state match?
 - Do the federal funds need to be appropriated through the state budget process?
 - Is this an ongoing federal funding source?
 - How are other states with similar geographic and demographic challenges currently funding their programs.
 - If state funding is being proposed is the department requesting this funding in the Governor's FY 2012 budget?
- Meet with Governor Parnell, Budget Director Karen Rehfeld and Legislative Director Heather Brakes in Anchorage to provide an update on the project and seek support for funding in the Gov's operating budget.
- In mid November, 2010, after the House of Representatives announces their new organization, representatives from EHealth should meet with key members of the House and Senate Finance Committees to outline their funding request.
- Should the Governor make changes to the Health and Social Services top cabinet positions it will be necessary to set up meetings with the new Commissioner and Deputy Commissioner to educate them on the program.
- Work to try and get funding assurances BEFORE the legislative session begins.

January 18, 2010

Legislative session begins

- If possible a presentation should be made before the House and Senate Finance Committees to educate them (again) on the tremendous benefits and the long term costs savings that will result from implementing the program and gain support for full funding.
- Begin lobbying for funding. This will require representatives from the Ehealth network to testify before the various state legislative committees.

Legislation

- After the elections EHealth should set up meetings with Senator Paskavan, Senator McGuire, Senator Meyer, Senator Huggin, Rep Hawker and Rep Joule to provide a detailed overview of the project and lay out Ehealth's legislative plan for the upcoming session.
- Joint Senate and House committees meeting should be requested with members of the HESS and Finance Committees to educate them on the program and seek their support

for legislation establishing a Tele Health agency within the state. Representatives from various state agencies should be invited to outline their current role in providing Health related IT services in the state. ***It is important that a clear mission is established for the Tele Health entity and that the need for the entity is clearly justified.***

- Upon completion of the hearings a strong, supportive bill sponsor should be identified to carry this legislation. Once a work draft bill has been approved by Ehealth Network Board members the legislative process will begin.

- This will likely take two legislative sessions to complete.

CONSULTING SERVICES AGREEMENT

This Agreement is effective as of November 1, 2010 between Alaska eHealth Network (hereinafter referred to as eHealth) and Legislative Consultants in Alaska (hereinafter referred to as LCIA) 224 Fourth Street, Juneau, Alaska 99801.

In consideration of the mutual promises herein set forth the parties agree that:

1. LCIA , as an independent contractor and not as an employee of the will perform consulting and lobbying services for and at the request of eHealth.
2. LCIA will submit oral or written reports as appropriate and as requested by eHealth regarding the activities pursuant to this Agreement.
3. The terms of this Agreement shall be from November 1, 2010 thru October 31, 2011
4. In compensation for services to be provided hereunder, eHealth will pay LCIA the sum of \$54,000 under the following payment schedule:

\$4,500 due each month for twelve (12) months - November, 2010 thru October, 2011.
- 5 eHealth will make payments for services set forth in paragraph 4 above, upon receipt of an invoice from LCIA. The invoice will reference this Agreement and set forth a summary of services rendered. Payment will be issued to LCIA.
5. LCIA shall not assign or transfer any interest in this Agreement without the prior written consent of eHealth.
6. Paul Sherry (or designee) shall be the representative with authority to administer this Agreement. In that capacity he/she is authorized to receive and approve invoices, and agree to any modification of this Agreement (in writing).
7. LCIA will seek authorization and approval from eHealth before submitting any requests for reimbursement of additional, no-specific expenses.
8. Any requests for additional and/or different services to be performed by LCIA shall, unless expressly waived by LCIA, be the subject of a separate contact to be negotiated by the parties.

Alaska eHealth Network

Conflict of Interest Policy and Agreement for Directors and Staff

The proper governance of the Alaska eHealth Network (AeHN) depends upon the active participation of its directors and staff. AeHN directors and staff are aware that the appearance of conflict can be troublesome even though there is in fact no conflict. Therefore, the Board’s President and Executive Director must be fully informed at all times as to events or circumstances which might create the appearance of conflict.

The Board of Directors and staff of AeHN are guided by the Conflict of Interest Policy found in the corporation’s bylaws whenever they are carrying out the business of representing the corporation. In every instance, each director and staff member shall maintain the highest level of ethical conduct and shall exercise the highest standard of care, diligence, and prudence when conducting any activity on behalf of AeHN.

I have read and understand the Alaska eHealth Network Bylaws Article on Conflict of Interest (below). I agree to its terms, and my actions have been and will continue to be guided thereby.

Signature

Date

Printed Name

AeHN Bylaws (7/21/2008)

Section 4.13. Conflicts of Interest. A director shall disclose all conflicts of interest. A director is disqualified from participating in the board’s consideration or voting on any matter that substantially involves the director’s personal financial interests or those of the director’s immediate family.

4.13.1 It is not a disqualifying conflict of interest for a director to participate in the board’s consideration or to vote on a matter that relates to or involves the interests of the director’s employer.

4.13.2 The president shall rule on all questions concerning conflicts of interest. The president’s decision shall be final.

Health Information Exchange (HIE) Solution from Orion Health for Alaska eHealth Network (AeHN)

Why Orion Health?

- ✓ Orion Health was founded in 1993, and we have over 10 years experience with HIE solutions worldwide
- ✓ We have over 20 flagship HIE reference sites worldwide, including USA, Canada, New Zealand, Australia, United Kingdom and Europe
- ✓ We have over 200,000 clinicians using our applications, covering the lives of over 35 million patients
- ✓ Our largest live HIE production customer, Alberta Health Services, has over 30,000 clinical users
- ✓ Our Orion Health Rhapsody Integration Engine is already used by three customers in Alaska:
 - South East Alaska Regional Health Consortium (SEARHC)
 - State of Alaska Department of Health
 - Social Services and Central Peninsula General Hospital.
- ✓ Some of our largest customers are from remote geographies similar to Alaska – Maine HealthInfoNet HIE, most Canadian providences (including Alberta, New Brunswick, Saskatchewan, Quebec and the Northwest Territories), Norway and New Zealand.
- ✓ We have previously integrated to all of the common EHR, EMR and ADT and departmental systems in Alaska, including Cerner, Epic, Meditech, Siemens, Healthland, SCC, McKesson, GE Centricity, Greenway and NextGen.
- ✓ Our solution been developed by clinicians for clinicians and includes world-class privacy and security standards for effective health information exchange while still protecting the patient's right to privacy.
- ✓ We are leaders in Public Health. Over 45 USA state public health departments and the CDC use Orion Health technology for messaging and public health reporting.

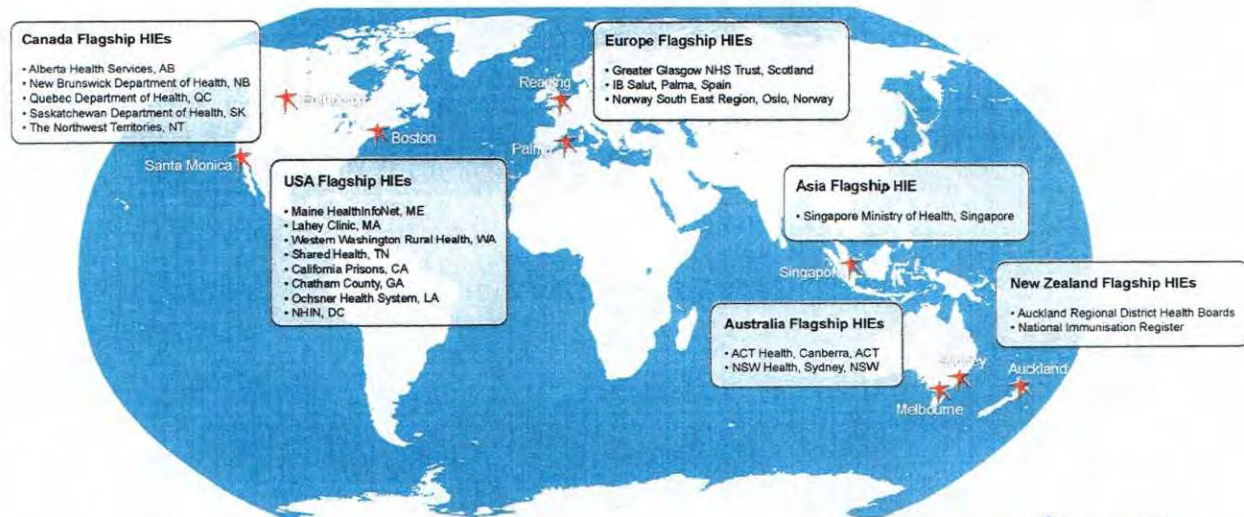
Benefits

- Proven capabilities and outcomes
- Flexible
- Scalable
- Cost Effective
- Modular approach to implementation
- Easily leverage existing technology
- Standards-based
- Integration to existing EMRs and EHRs

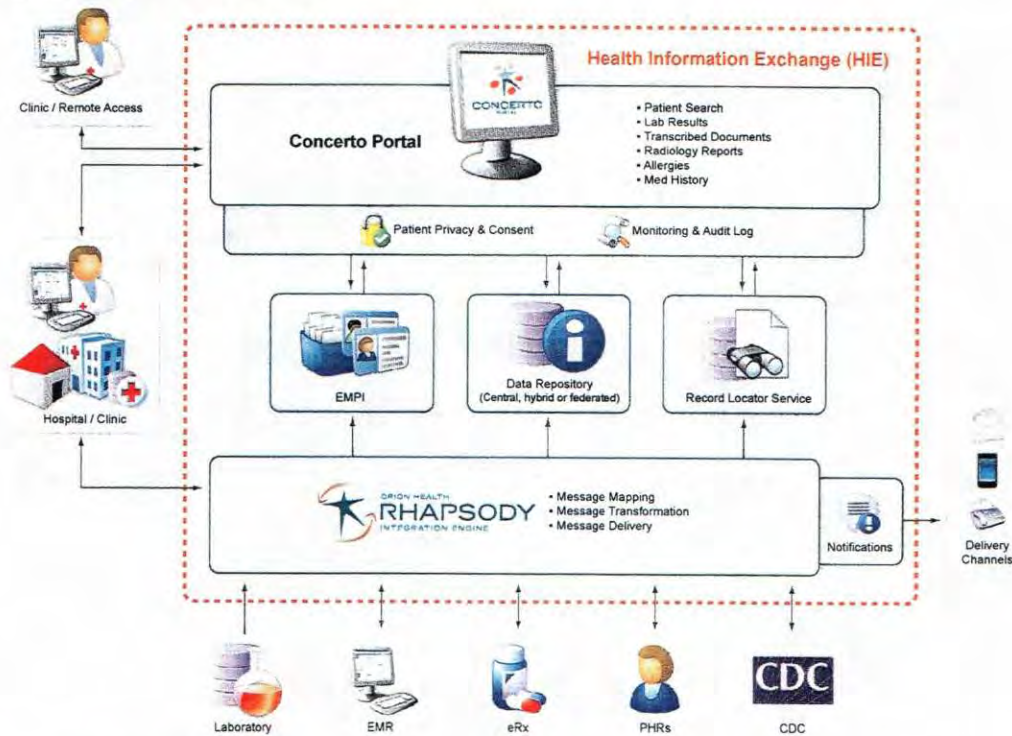
About Orion Health

Orion Health has over 1,000 customers in 22 countries who use our health integration technology. Worldwide, Orion Health is implementing health information communities involving over 35 million patients with hundreds of thousands of active users. Orion Health supplies health integration software to many leading institutions, including Lahey Clinic, New York State Department of Health, UCLA Medical Center, Shared Health, Alberta Health Services, the State of Maine and U.S. Centers for Disease Control and Prevention (CDC). In the USA over 45 state health departments and over 10 state universities use Orion Health products. In addition, over 400 vendors embed Orion Health tools in their products.

For over ten years, Orion Health has been implementing technology and expertise to deliver successful HIE solutions to nations, states, and healthcare organizations both large and small across the globe.



The Orion Health HIE Solution

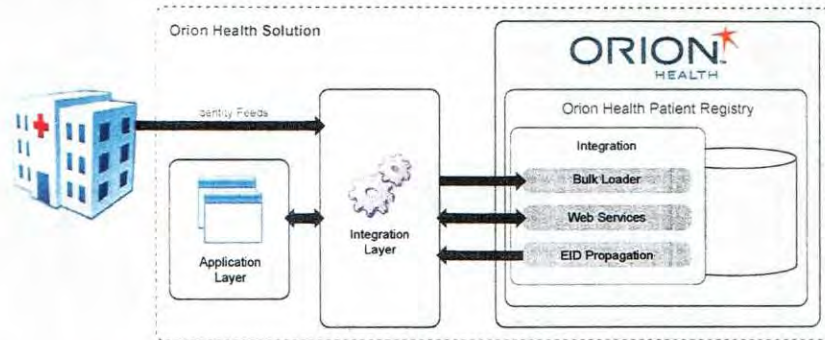


Key Software Capabilities

Enterprise Master Patient Index (EMPI)

The Orion Health EMPI solution embeds Initiate Systems Catalyst EMPI application. It delivers a single, trusted and complete version of records in real-time and enables users to obtain a complete and accurate view of all data associated with persons, objects, locations and events.

The Orion Health EMPI is an innovative technology that provides best-of-breed patient reconciliation and search capabilities to overcome consistency, reliability and quality issues typically found in health care communities. The Orion Health EMPI leverages Initiate's leading Master Data Management platform to provide fit for purpose patient registry capabilities and leverages the learnings from over 200 customer implementations to optimize the matching and linking algorithms used for patient identification.



Health Information Exchange

Orion Health has extensive expertise in the management and deployment of electronic healthcare systems to offer a complete, pre-integrated solution for a single, region-wide Health Information Exchange.

The solution being proposed here has been implemented previously, and is ready to be implemented without extensive on-site integration; saving time, money and resources.

Our solution has been architected to support all prevailing clinical data standards, regulations and modes of working. The systems proposed are deployed in sizable clinical environments, including a number of regional initiatives that utilize the combined solution, demonstrating the technical and clinical scalability of the solution.

The solution pulls data from existing systems and provides a unified view of region-wide health data in a single location. By using standards-based interoperability, the proposed solution means that no changes are required to these existing systems, allowing us to deploy a state-wide solution with minimal disruption to the existing systems and existing clinical process.





Audit Trail and Reporting

All user activity within the solution is logged, enhancing AeHN's audit capabilities and improving the general security of patient data. Audit trails of user logins, logouts, applications used, security overrides, patient selections and individual documents viewed are recorded, with the date and time. Audit log data is stored in a separate audit database.

Concerto™ records all user activity e.g. login attempts, applications opened, user access to patient data, password and user profile changes, administrative and management functions etc.

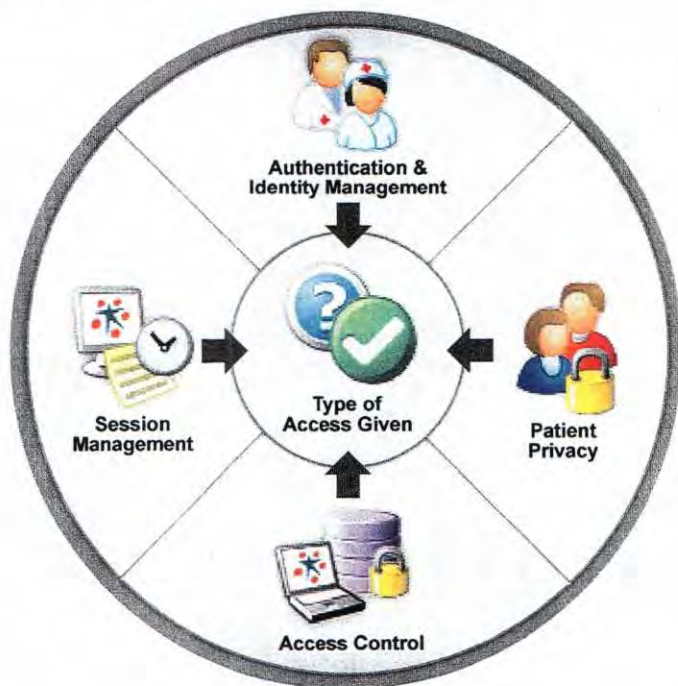
Search Criteria

User ID: Patient ID Type: User Events: Other Events: Session: Search Results: Time: User ID: Event Type: Message: Patient ID: Patient Name: ID Type: IP Address

Time	User ID	Event Type	Message	Patient ID	Patient Name	ID Type	IP Address
03 Nov 13 39	murdocha	Open Document	Nursing Progress Note	19994-4444	Bewles Edna	Patient id MRO	
03 Nov 13 39	murdocha	Open Document	Discharge Summary	19994-4444	Bewles Edna	Patient id MRO	
03 Nov 13 38	murdocha	Open Document	Admission Note	19994-4444	Bewles Edna	Patient id MRO	
03 Nov 13 38	murdocha	Open Document	Admission Note	19994-4444	Bewles Edna	Patient id MRO	
02 Nov 11 16	murdocha	Open Document	Chest Xray	GAS1936	Enfield Madge MRS	Patient id MRO	
02 Nov 10 05	murdocha	Open Document	Mental Health Assessment	82568-4564	Lewis William MR	Patient id MRO	
30 Oct 15 31	nurse	Open Document	HIV Serology	82568-4564	Lewis William MR	Patient id MRO	
30 Oct 15 36	nurse	Open Document	Mental Health Assessment	82568-4564	Lewis William MR	Patient id MRO	
30 Oct 15 24	murdocha	Open Document	Mental Health Assessment	82568-4564	Lewis William	Patient id MRO	
30 Oct 15 24	murdocha	Open Document	Mental Health Assessment	82568-4564	Lewis William	Patient id MRO	
30 Oct 14 31	murdocha	Open Document	Thyroid Function	GME1970	Thurby Jennie	Patient id MRO	
26 Oct 06 40	murdocha	Open Document	Discharge Summary	GAS1936	Enfield Madge MRS	Patient id MRO	
26 Oct 06 39	murdocha	Open Document	Discharge Summary	GAS1936	Enfield Madge MRS	Patient id MRO	

Privacy Management Function

Concerto™ Portal has been developed by clinicians for clinicians and includes world-class privacy and security standards for effective health information exchange while still protecting the patient's right to privacy.



Access control within Concerto™ is based on the user's role and their membership in one or more user groups. Individual Concerto™ users can be assigned to user groups that determine their level of access to different information systems. For example, clinicians, nurses and administrators would each require different levels of access to patient information. The membership, user privileges and restrictions of these access groups can be fully configured to suit the unique needs of each site.

Concerto™ Clinical Portal enforces patient level consent through the use of configured relationships between the patient and Concerto™ Clinical Portal users, and an authorized administrator configures this within Concerto™ Clinical Portal.

Concerto™ Clinical Portal is able to manage clinician access to sensitive patient information. Every user of Concerto™ Clinical Portal is a member of one or more user groups, these groups control the applications and patient data to which they have access. Users will not be able to access applications to which they do not have access; neither will they be able to view data they are not permitted to see. Patient consent is a central factor in this access control mechanism.

In addition to this, sensitive information (such as HIV status, sexual or mental health episodes) can be masked from the user. Data can be masked at the field level. Masked and locked data is indicated in a way that shows that the data exists, but hides the actual data itself.

Data Repository Capabilities

The Orion Health Clinical Data Repository (CDR) is a data repository designed specifically for the healthcare industry. It enables the creation and maintenance of a secure, single patient record that can be securely accessed and updated by hospital clinicians and administrators and authorized external parties like primary care providers, insurers, social services agencies and specialist consultants.

The Orion Health CDR can natively display a wide variety of document formats including ADT information, structured laboratory reports, transcribed laboratory reports, transcribed radiology reports, Microbiology reports, and other reports in the following formats (HTML, PDF, .jpeg, .png, .wmv). It can in fact store documents of any type, although it is recommended that formats be restricted to those that can be sensibly displayed by a web browser.



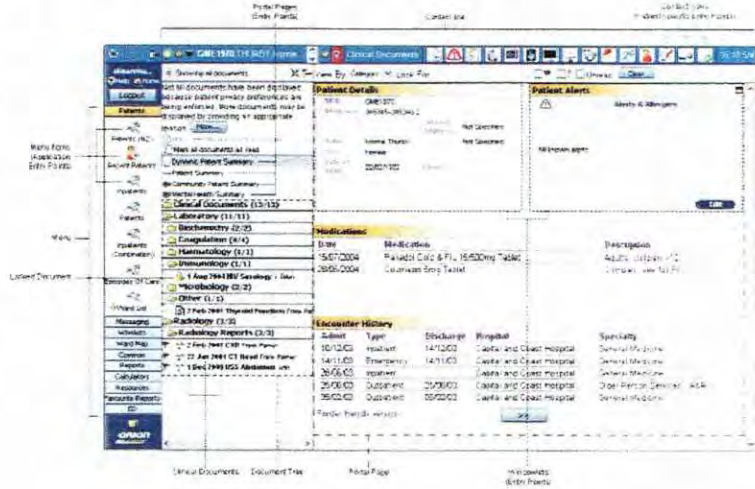
Composite Record Viewing

Concerto™ Clinical Portal is a browser-based, single sign-on web portal that provides secure access to multiple hospital and community-based information systems, connecting them to provide a “single patient view” of data across all medical applications. Concerto™ Clinical Portal uses powerful web software to collate and display medical data from contemporary, legacy and “best of breed” systems.

Presented in an easy-to-use, intuitive graphical user interface, Concerto™ Clinical Portal is designed to be easy for staff to learn and use. It features a clear and simple graphical environment with a “patient-centric” view of data. For example, once a patient has been selected, the user can access any of that patient’s information in just one click.

Examples include:

- Patient demographic information from ADT/HIS systems
- Radiology images and reports, including PACS images
- Laboratory reports
- Outpatient (Ambulatory) and Inpatient (Acute) systems
- Medical document repositories
- Electronic clinical ordering/CPOE
- Hospital/health authority intranets
- Clinician email and calendar
- Transcribed reports and clinical notes
- Clinical guidelines
- Scanned documents
- Mental health
- Scheduling
- Clinical Decision Support

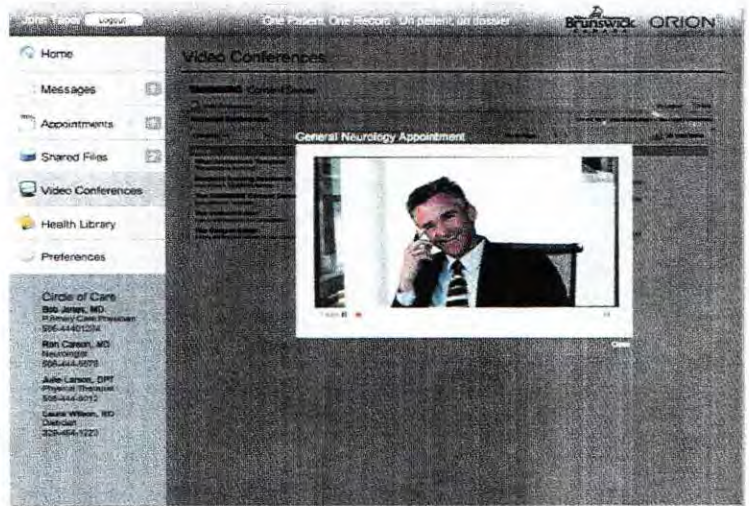


Personal Health Record

The Concerto™ Portal can be flexibly configured to grant a patient secure access to their own personal health information in the form of a “patient portal”. This Concerto™ Patient Portal presents the patient with a consolidated view of their health information, and may also include other solutions such as clinical messaging/communication, and educational resources.

The Concerto™ Patient Portal is designed to improve the way that patients connect to and communicate with their associated health providers. It provides a secure entry for patients to view shared files about their health as well as a wealth of other information, and provides tools to improve communications. The patient can input certain data, typically in relation to wellness programs (e.g. weight, height, smoking status, device measurements like blood sugar or blood pressure, lifestyle questionnaires etc).

Alternatively, the personal clinical information may be exchanged with another entity such as a PHR using an interoperability standard such as the Continuity of Care Document. By exchanging a CCD message, Orion Health HIE solution can integrate with and support the use of PHRs like Microsoft HealthVault and Google Health as well as and numerous EMR vendors.



Secure Messaging Service

Notifications and Subscription Management is a key feature of the Orion Health HIE solution that enables real-time alerting in response to information flowing through the HIE.

Users can subscribe to pre-defined events such as a hospital admission and subsequent discharge, or finalized laboratory results available for review using Concerto™ Portal. As messages flow through the HIE, they trigger alerts, messages, or document exchanges delivered to a portal messaging inbox, e-mail account, iPhone, or an EMR system.

The notifications tools improve efficiencies allowing for better clinical outcomes and reducing healthcare costs by ensuring that each provider has access to a comprehensive dataset when treating the patient.

The Concerto™ Clinical Portal user messaging system provides an inbox where a patient or a clinician can manage the messages they receive from other Concerto™ users, as well as notifications delivered to them based on monitoring they have configured against the patient.



9. LCIA will use its best efforts to insure that the clients' interests are represented as they pertain to legislation. LCIA does not warrant or guarantee the success of its efforts.

10. LCIA recognizes that it may become aware of confidential information relating to BG and its' business plans and operations; LCIA agrees that such information will remain confidential and will not be disclosed to any other party without eHealth's permission.

ACCEPTED BY

BY _____

eHealth Network

DATE _____

BY _____

Wendy Chamberlain

Legislative Consultants in Alaska (LCIA)

DATE _____

Phone: 907-230-4308

Email: wendyc@gci.net

224 4TH Street, Juneau, Alaska 99801