SUMMARY

At the Emerging HIE Forum, CHeQ hosted a half-day program for Emerging HIEs. Over 20 participants, representing eight organizations, from around the state were able to share knowledge and insight in a community of practice discussion.

The Forum focused on lessons learned from the CHeQ- and CHHS-sponsored HIE Planning Grant Program and on the new CHeQ-sponsored Rural HIE Incentive Program. Discussion focused on:

- Shared challenges. Participants were asked in advance to bring and share two challenges with the group. These challenges were written on the room’s white board and used as the basis for afternoon discussion. Commonly cited challenges included the education of providers, patients, and community, and the development of trust.

- An HIE Spotlight presentation given by Rob Pokelwaldt of Tulare Kings HIE, an HIE Planning grantee. Rob shared some of TKHIE’s first steps and current successes.

- A session with CAHIE. Dave Minch and Rim Cothren, leaders from the California Association of HIEs (CAHIE), were available after the Forum to speak with Emerging HIE participants. The session answered questions about adjusting to private HIEs within service areas.

HIE Spotlight Presentation – Tulare Kings HIE

Rob discussed the early history of Tulare Kings HIE (TKHIE) and the importance of trust.

- He stressed that a complete business plan is instrumental to cost and viability when developing a Community HIE. Rob noted that, for TKHIE, it was also important to develop a unifying theme, which became the organization’s preliminary charter, published in April 2012.

- It was also important that TKHIE had access to sustaining funds. According to TKHIE’s fee structure, each exchange member on the governance council has a financial commitment.

- Rob also expressed that community leaders need to decide whether they want to join an existing HIO or develop their own. This is a part of determining long-term goals relating to data, governance, size, and cost for an HIE effort.

Rob then answered questions from other participants regarding TKHIE’s model and business plan. Many participants, especially delegates from SacValley MedShare (SVMS), were interested in TKHIS’s decision to implement a central repository data model, rather than a federated model. Other question topics included concerns regarding connectivity and consent. Participants also asked for Rob’s recommendations on eliminating mistrust and ensuring that an EHR is certified and MU X 2-compliant.
When asked what functionality TKHIE is asking of its potential vendors, Rob answered that the HIE is looking for response and query, RLS, connectivity to HealtheWay eHealth Exchange, and a provider directory. TKHIE is not implementing Direct at this time.

**Discussion on Challenges**

Participants discussed some of their top challenges during the afternoon. Shared challenges included:

- **Education of providers, patients, and community.** Participants agreed that it can be difficult to generate and hold interest about HIE, especially among physicians.

- **Community HIE/Enterprise HIE relationships.** Participants discussed how health systems can coordinate more often with HIOs.

- **Developing trust relationships within and between communities.** Many participants showed interest in creating trust between regional HIOs, especially in areas in which several emerging HIE initiatives are present.

- **Sharing data.** Discussion was spirited regarding differing data sharing models. SVMS was quick to point out the downsides of a central repository model, asking where data-cleansing should happen and who would own the centralized data.

- **Costs and funding.** Participants were eager to learn about differing fee structure models, noting that a clear funding structure helps to build trust.

**CHeQ Activities and Next Steps**

Rayna Caplan then discussed CHeQ’s **Rural HIE Incentive Program.** It became clear that there was some confusion about the program, and CHeQ leadership worked to dispel rumors and answer questions. SVMS was confused as to whether HIOs or provider organizations are eligible for this funding opportunity, and North State Health Connect (NSHC) asked how the Program is being marketed to rural health care providers.

Scott Christman presented other CHeQ activities, including work with trust and provider directories. Rebecca Kriz discussed funding opportunities available through CHeQ, including the **California Trust Framework Pilot Awards** and the **Immunization Interface Implementation Awards**.

Rebecca then expressed CHeQ’s interest in continuing to support emerging HIE initiatives in California. Several participants voiced appreciation at the opportunity to hear directly from CHeQ, and almost all participants expressed how important it is to hear from and reach out to other HIEs.

Scott suggested that CHeQ and emerging initiatives can collaborate to produce educational materials, also offering that CHeQ work with CalHIPSO to pool resources from more established HIE efforts.

**CAHIE and HIO Models**

Dave Minch and Rim Cothren, leaders from the California Association of HIEs (CAHIE), were available to speak to Forum participants about, as Lyman Dennis writes, adjusting to private HIEs in the midst of a community HIE. Lyman provides a comprehensive overview of three modes of operation in his notes.