

State of Louisiana

Louisiana Department of Health

**Request for Information
For
Health Information Technology (HIT) Innovation**

SUMMARY: Providers, patients, and caregivers require information generated from many different systems to make informed health-related decisions. Access to this information can be difficult to obtain given the fragmented nature of the health information technology (HIT) infrastructure in Louisiana. System interoperability and data exchange are critical components in ensuring those involved in making health-related decisions have access to the right information, at the right time. To this end, Louisiana is interested in pursuing innovative strategies to further its HIT agenda. The Louisiana Department of Health seeks public input on the development of a HIT agenda that will result in increased interoperability and data exchange throughout Louisiana.

DATES: To be assured consideration, comments must be received by 11:50pm CST on Monday, April 22, 2019.

ADDRESSES: Comments should be submitted to Shannon Duplessis at HealthIT@la.gov.

FOR FURTHER INFORMATION CONTACT: HealthIT@la.gov with “HIT RFI Question” in the subject line.

BACKGROUND: The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 provides funding to states to promote adoption of certified electronic health records (EHR) and promote meaningful use of those systems. Through its participation in the EHR Incentive program, support of Louisiana’s Health Information Exchanges (HIE) and various HIT/HIE related activities the Louisiana Department of Health has made great strides. However, we have not reached the level of adoption and participation in HIE necessary to see the desired result of a Healthy Louisiana.

As HITECH funding approaches sunset in 2021, the Department seeks to identify strategies and opportunities to utilize those funds to further develop interoperability and encourage participation in HIE throughout Louisiana. To start, LDH worked with Myers & Stauffer LC to develop the Louisiana Health IT Roadmap 2018 – 2021¹. This Roadmap provides a series of initiatives that will help Louisiana invest in core health IT and data exchange infrastructure. In addition to the activities included in the Roadmap, the Department is interested in short-term activities that will increase stakeholder participation and assist in meeting our ultimate goal of data interoperability.

CONTACT INFORMATION: Please provide the name, organization, address, contact number, and email address of the commenter.

¹ http://ldh.la.gov/assets/medicaid/EHR/Louisiana_Health_IT_Roadmap.pdf

QUESTIONS: Respondents are encouraged to provide complete responses to the questions listed below and identify the specific question they are responding to in their submission. Please note that a response to every question is not necessary for us to consider the responses. Additionally, respondents may identify and comment on other issues that they believe are important for the Louisiana Department of Health to consider in developing this strategy.

All commenters are encouraged to answer the following questions.

1. From your perspective, please provide feedback on the current environment of health information exchange in Louisiana. What would be the ideal state for interoperability? Are there challenges and barriers that must be addressed in order to achieve a more ideal state of health information exchange in Louisiana? How can these barriers be overcome?
Comments on the following topics are also encouraged:
 - a. Achieving interoperability among all types of health care providers, vendor types and state agencies.
 - b. Cost and ease of upgrading exchange technology to achieve interoperability.
 - c. Preventing information blocking.
 - d. Trends in the technological advancement of health information exchange over the next five (5) years.
2. In your opinion, please summarize what near-term/interim state or long-term HIT/HIE solution(s) you would recommend to be the best for Louisiana and why?
3. Do you support a statewide model of information exchange across all state agencies, assuming an appropriate data governance model was in place? Why or why not?
4. Describe a data governance model that would benefit the state of Louisiana? Please make note of any regulatory and legal issues for health and non-health related agencies.
5. What type of model would provide ready access to data for researchers given the appropriate Institutional Review Board procedures were followed?
6. The state of Louisiana has two HIEs, several state agencies, and hundreds of EHRs are in use across the state. Describe a solution that would allow interoperability and data exchange between these systems that aligns with the current and future HIT/HIE/Meaningful Use/MACRA/MIPS landscape.
7. Describe a strategy that allows HIE connections to several health care providers at one time instead of one at a time. Further, identify the health care provider networks that would allow Louisiana to reach at least 95% coverage of all hospital beds and 90% coverage of all physician clinics.

8. What challenges do you foresee and how would you propose the Louisiana Department of Health accommodate the 21st Century Cures Act Trusted Exchange Framework and Common Agreement²?
9. Federal funding for HIT/HIE activities comes to an end in 2021. What strategy would you recommend to provide sustainability and revenue to support a statewide HIT/HIE solution?
10. What aspects of telemedicine would most benefit the state? Given the rural structure of the state of Louisiana, what infrastructure is necessary to support telemedicine for patients who are unable to visit a physician in person?
11. How can HIT/HIE be used to address the public health crises of Hepatitis C and opioid addiction in Louisiana?
12. Currently LDH does not accept electronic Clinical Quality Measures (eQMs), which can be used for use in assessing health outcomes or managing population and public health. What infrastructure and strategies should LDH employ to encourage providers to submit eQMs? What HIT/HIE related strategies should LDH employ to utilize eQMs to provide value-based care?
13. The President signed the SUPPORT ACT³ (Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act) into law on October 24, 2018 which provides states with a 100% Federal Financial Participation related to activities for qualified Prescription Drug Monitoring Programs (PDMP). SUPPORT ACT funding is available for Federal Fiscal Years 2019 and 2020 only. What activities should Louisiana pursue to provide access and education to the PDMP for all providers, and educate patients about its usage?
14. Louisiana's experience with emergency preparedness and response provides the Department with a unique opportunity to better understand the health information needs of its citizens. Describe a solution that includes access to the health data of Louisiana's citizens, including vulnerable populations, before, during and after emergency situations.
15. While it is generally known that laws exist to govern who has access to health-related data, patients and providers are often reluctant to share data electronically because of the number of data breaches that have occurred in recent years. What can the department do to educate patients and providers about the importance of the use of HIT, HIEs, data exchange, data interoperability, and health information security?
16. "Information blocking occurs when a person or entity – typically a health care provider, IT developer, or EHR vendor – knowingly and unreasonably interferes with the exchange and use of electronic health information, which is a right protected by the Health Insurance Portability

² <http://docs.house.gov/billsthisweek/20161128/CPRT-114-HPRT-RU00-SAHR34.pdf>

³ <https://www.congress.gov/115/bills/hr6/BILLS-115hr6enr.pdf>

and Accountability Act (HIPAA) of 1996”.⁴ Describe a solution to discourage and prevent information blocking.

17. What education and technical assistance should be provided to patients and providers related to state and national privacy, security, and consent laws governing clinical health information?
18. Is there anything else you would like to share with the Department related to HIT and/or HIE and Louisiana’s approach to data interoperability?

SPECIAL NOTE TO RESPONDENTS: Whenever possible, respondents are asked to draw their responses from objective, empirical, and actionable evidence and to cite this evidence within their responses.

THIS IS A REQUEST FOR INFORMATION (RFI) ONLY: This RFI is issued solely for information and planning purposes; it does not constitute a Request for Proposal, application, or proposal abstract. This RFI does not commit the State to contract for any supplies or services or make a grant award. Further, the State is not seeking proposals through this RFI and will not accept unsolicited proposals. Respondents are advised that the State will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party’s expense.

Information obtained as a result of this RFI may be used to the State for program planning on a non-attribution basis. All submission become State property and will not be returned. The State will accept requests from any interested party to keep the information in its submission confidential and will agree to confidentiality if appropriate in accordance with state and federal law. In all other cases, the State may publicly post a summary of the comments received.

⁴ <https://www.healthit.gov/topic/information-blocking>