

**Mission:**

The Technical Workgroup has been chartered to represent and address the IT related issues to implement a statewide HIS. A robust technical model is required for effective health information exchange. It is imperative to leverage currently available HIT capabilities and build upon technical successes from other implementations to address HIE and business needs. This Workgroup will develop the consensus to ensure appropriate technical standards are applied for TFQ.

**Scope and Boundaries:**

- Identify technical barriers related to exchanging data between hospitals, physicians, ancillaries, and other stakeholder entities.
- Make technical recommendations for the roles and responsibilities for those participating in HIE; leveraging existing national standards, approaches, and models.
- Assessment of existing and planned HIE projects underway in Alabama including an assessment of underlying HIT capabilities. This project will include review and assessment of the inventory of existing state of Alabama technical infrastructure resources and determination of what infrastructure resources can be leveraged.

The Technical Workgroup will **NOT** focus on:

- Vendor solution recommendations.
- The detailed design of edge solutions.
- The resolution to privacy and security issues in compliance with HIPAA; the assigned workgroup will provide direction.

**Constraints:**

- Medical Liability Government
- Turf – needs to change to trust
- Reluctance of providers to change  
    Reward system for those willing/keep paying those who do not change
- Willingness to share info/trust
- Credibility issues
- Trust issues
- Consumer fears/Privacy

**High-Level Timeline/Action Plan through October, 2008 (UPDATED as Needed):**

<b>Action/Milestone</b>	<b>Deliverable (if applicable)</b>	<b>Completion Date (target)</b>	<b>Comments</b>
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Involvement of stakeholders			
Use “partners” for education on buy-in			
Governing structure-quasi governmental			
Self-sustaining-ability to grow and expand			
Demonstration basis?			

**Workgroup Membership:**

<b>Name</b>	<b>Organization</b>	<b>Phone Number</b>	<b>Email Address</b>
Lee Maddox (Co Chair)	Alabama Medicaid Agency (ALMA)		
Jack Doane	ISD		
Kevin Dolan	MSFT		
Ron Tanner	ADSS		
Jean Stone	ADSS		
Viki Brant	ADPH		
Dan McConaghy	APA		
Terrell Flowers	ALMA		
Melanie Harrison	ALDMH/MR		

Linda Hines	ADPH		
Robert Brantley	ADPH		
Jim Burns	ISD		
Fred Ferree	AQAF		
Lesia Williams	ALMA		
Greg Sullivan	Parkway Medical		
Gene Ackers	Finance/ISD		

**Other Notes:**

- Voting-(Operating Rules-Policy WG)
- Meetings-(Operating Rules-Policy WG)
- Legal Structure-(Governance-Policy WG)
- Mission – makes sense
- Quality Improvement-(Clinical WG with overlap here)
- Cost – neutral input from state; Long-term/short -term
- Fragmentation of delivery – coordination of care
- “One man’s cost is another man’s revenue” Too much pressure on provider community – pull back?
- Elimination of duplication issues
- Keep it hassle neutral – no additional overhead
- HIE – A Tool to Affect Change – based on impact not just Medicaid patients and physicians