



**Community Choice, PHCO grant application
To the Washington State Health Care Authority
For funding for
A Regional Consumer-Controlled Health Record Bank Pilot Project**



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I) Project Summary

Community Choice, PHCO is a community-based Physician, Hospital Community Organization serving North Central Washington and the communities in our geographical area. Since its inception in the mid 1990s, Community Choice has consistently had strong community member representation on the Board of Directors, typically comprising 25 – 33% of its membership. Community Health Network of Washington (CHNW), our strategic provider partner in this grant application, is a network of 19 federally qualified health centers (FQHC) serving 600,000 patients in the State of Washington. Together with our partners, we propose using approximately \$600,000 in available Washington State Health Care Authority funds to create a Consumer-Controlled Health Record Bank Pilot (HRB) Project primarily in the four-county area of Chelan, Douglas, Grant, Okanogan and secondarily in various regions outside of these counties where CHNW has affiliate clinics. The grant project will be supported by several layers of regional collaboration already established. These include:

- The Community Choice health care consortium
- The 19 CHNW clinics
- Community Choice's Statewide Health Insurance Benefit Advisors (SHIBA) HelpLine Volunteers program
- Partnership with an extensive Spanish radio network
- Existing substantial health care information technology (HIT) infrastructure currently being utilized for sharing of consumer health information among providers
- Other non-health care industry-based partners such as 23 public school districts and an extensive network of 28 public libraries in our region.

In our community with over 80% of our providers using EMRs, we propose to leverage a substantial amount of this existing and available HIT, putting the pieces together to create a region-wide HRB serving North Central Washington. We propose building a robust HRB using Microsoft's HealthVault as the data repository, which can be accessed by consumer controlled patient health records (PHRs) currently integrated into the platform. Our success will be founded on strong networks within our community, widely deployed consumer engagement infrastructure already in place, and a culture of IT utilization among our providers that is unique.

Project Objectives: The proposed Community Choice pilot HRB project has the goal of attaining the following objectives:

1) Facilitate the enrollment and utilization of a minimum of 7,500-10,000 individuals in their own HRB accounts-Through significant personal outreach efforts, which leverage out existing care networks and long standing community relationships, we will the increase awareness of the HRB service among specifically targeted population groups. These demographic cohorts are frequent users of the health care system in our region, and who have need of access to their health care treatment information. Through our SHIBA volunteers and pilot project collaboration partners, we will directly engage individuals accessing health care, and attempt to persuade them to enroll in their own HRB accounts. These personal marketing

efforts will be supported and complemented by broader education to the general patient community through use of mass media.

2) Bring informational value to consumers' HRB accounts-By interfacing to various data sources, including several clinic electronic medical records (EMR) in the region and the Washington State's CHLD profile (Washington State's immunization registry), we will gather and submit health care data into our HRB. On a continuing basis, we intend to automatically update consumer HRB accounts as their health care providers' records are updated. This will reduce the amount of time required for consumer input, and provide a significant amount of useful and accurate information to consumer-controlled HRB accounts.

3) Bring informational value to health care providers' EMRs so that they will use the HRB data in their work-flows-Providers in our region have largely already changed their work flows to include EMRs. We aim to provide them even more information from the HRB that they can use in treatment of their patients. This added information will support further advances of EMRs to include, for example, e-prescribing, enhanced by information received from the HRB on patient medication history. Further, by using a "single sign on" provider access to this information from several data repositories nearly instantly, we will facilitate the federation of data that providers now search for on several individual data repositories. This will shorten the acquisition time for information, provide better, more accurate information, and reduce the cost of effecting health care.

4) Report the results of our efforts to the Health Care Authority-Community Choice recognizes that the concepts of HRBs: electronic health care data capture, electronic data access, and reporting are just now emerging in health care, although similar capabilities have long existed in other industries. We recognize that, in deploying these new concepts, there are many risks to overcome, and a great deal of conscious-raising, engagement, outreach, persuasion, recruitment and marketing to be done on both the consumer and the health care provider side. Accordingly, it is possible we won't meet our objectives. However, regardless of the outcome, we intend to report our results to the Health Care Authority, so they can draw on our experiences. We will measure enrollment in the HRB at a web-based sign-on point, and confirm these numbers with a technology partner, and request satisfaction survey results from those that create their own HRB accounts, every three months, reporting utilization back to the HCA. Please see section VI "PHSD Performance Score Card", below for an example report.

Geography and Participants: Our primary service area is comprised of Chelan, Douglas, Okanogan, and Grant Counties. Our secondary expanded service area includes most of Central Washington State within the reach of our extensive and growing Spanish radio network, and 16 additional clinic sites outside these four counties belonging to Community Health Network of Washington, our strategic provider partner organization in this pilot project. The counties in our primary service area are predominantly rural and bear HPSA and MUA/MUP designations. Grant County is designated as a Champion Community while Okanogan County is an EZ/EC designated area. The primary service area population is comprised of 65% white, and the rest are Native American/ Alaska natives (3.6%), Blacks (0.3%) and Asian/ Pacific islanders (0.6%) and 13.5% some other race. The region's average Hispanic population is 17%, but the region's seasonal migrant farm-worker influx can increase to 30% during harvest. Some municipalities in our service area are reaching 50% in Hispanic population with many of these residents being second or third+ generation Latino-Americans.

The current membership of the Community Choice regional health care consortium includes: Lake Chelan Clinic, Brewster Medical Center, Quincy Valley Medical Center, North Valley Hospital-Tonasket, Family Health Centers with clinics in Brewster, Okanogan and Tonasket, Oroville Family Medical Clinic, Columbia Valley Community Health-Chelan/Wenatchee, Central Washington Hospital-Wenatchee, the Wenatchee Valley Medical Center system including clinics located in Wenatchee, East Wenatchee, Moses Lake, Omak, Tonasket, Royal City and Cashmere, and Chelan-Douglas Public Health District and Okanogan Public Health District. Two of the nineteen clinics in the CHNW network have overlapping membership with Community Choice: The Family Health Centers and Columbia Valley Community Health. Columbia Valley Community Health, along with two other clinics, the Columbia Basin Health Association, and the Community Health Association of Spokane are to be included in the Community Choice pilot project. Other CHNW member clinics and other health care providers will be added as resources allow. Other partners in this project include: North Central Education Support District No. 171, comprised of 23 school districts in the region, Aging and Adult Care Center of Central Washington, with services in two additional counties and those four served by Community Choice, the North Central Regional Library system with 28 outlying community sites; and Amezola Productions and Services. Combined, the aggregate number of consumer visits per year exceeds 1.3 million. The Advisory Board of the Community Choice Pilot HRB, which bears the name Patient Health Safety Databank (PHSD,) includes representation from Community Choice member hospitals, clinics, and three community members, comprising approximately 25% of the Advisory Board. The PHSD is our sounding board back to the provider and consumer populations, and provides direction to the project, which is governed by the Board of Community Choice.

II) Scope of Project/Project Requirements

A) Data Sets

The data sets that the PHSD has suggested for the Community Choice pilot project include: consumer identifiers, including demographic information, medications history, allergies, immunizations, laboratory reports and radiology narratives.

B) HRB functionality

The envisioned Community Choice pilot HRB project is based on acquiring data from all healthcare EMRs that participate in the pilot project, and sending that information electronically to Health Vault, where it can be accessed by the consumers' HRB accounts. Some of this data needed to supply these six data sets will be created in the EMRs, such as prescriptions written for consumers, which contains medication history information. Other data, such as external laboratory and radiology reports, will be sent by outside entities to the regional EMRs. We will acquire immunization history from the Washington State CHILD profile via Healthphone (an interface engine, similar to Covisint, being deployed by CHNW), through Covisint, and send that information to the EMRs.

We will send the information from the EMRs to HealthVault using the consumer's identifiers (e.g. first name, last name, date of birth, gender, Zip), which will be entered into an enterprise master patient identifier hosted by Covisint. This ID set will be used to query all EMRs on a periodic basis (e.g. every night) to determine if new, updated information is available from any

of the repositories. If new information is available it will be captured by Covisint, the interface engine, and sent to the appropriate HRB consumer account in HealthVault.

Once in HealthVault, the consumer can pull these six data elements into their HRB accounts and populate the appropriate sections of their HRB accounts with this updated information. When data is needed by providers, the consumer can print this information from his/her HRB account, allow the provider to access and edit it directly, or allow the provider to perform a real-time data query..

When providers access the HRB we will use Covisint to query, in real time the consumers' HRB accounts, and at the same time pull in information from other regional EMRs and other data repositories such as the Washington State CHILD Profile which will provide additional data points regarding patient medication history and reconciliation. Covisint will federate this queried data into a "single sign on" web portal for the providers' view, and allow them to import the data into their EMR if needed. Diagram #1 below provides a pictorial view of the data flow envisioned by the Community Choice pilot project.

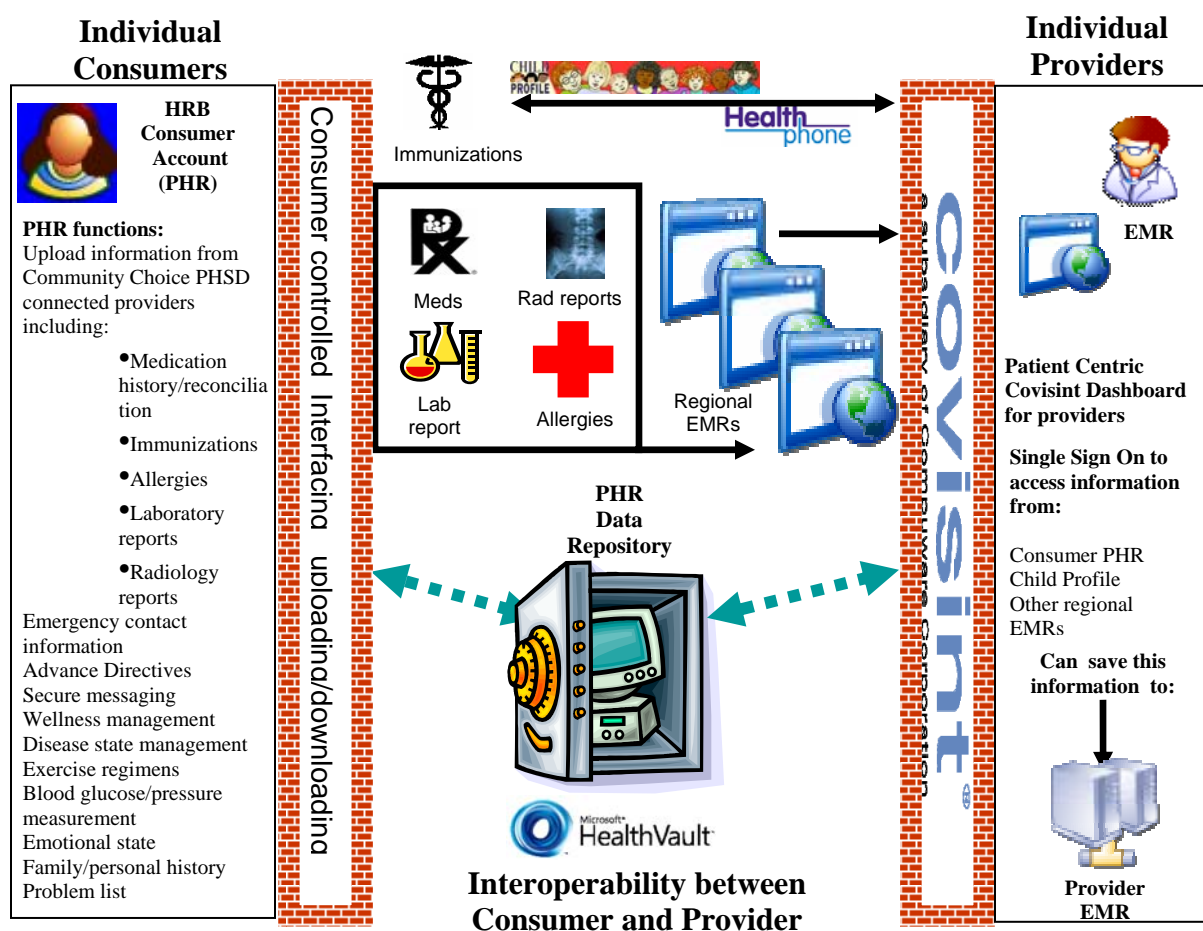


Diagram #1

C) Consumer Functionality

Through HealthVault and individual HRB accounts (PHRs), consumers can create accounts, acquire health care information from providers, enter their own data, and share that information with other family members and health care providers. Regardless of where this information is initially entered, in HealthVault or the individual PHR, the two platforms are totally interoperable, and can cross-populate data provided to either platform. Consumers are in total control of this information, and by using security provisions available in HealthVault and PHRs, can decide which other parties have access to this information. Audit capabilities are available to consumers in both HealthVault and the embedded PHRs.

D) Format

The format of printed information is organized around consumers' health care needs, and is dependent on the particular PHR chosen by the consumer. The print screen shown below is from one HealthVault-compliant PHR, "ActivePHR", and allows the consumer to choose which portions of his or her record to print out and take to the encounter. Based on consumer permission, HealthVault, and the PHRs both allow web-based view by the provider virtually eliminating the need for paper; a very useful capability in the event a consumer forgets to bring a printed sheet to the encounter.

Print Options

Select which topics you wish to print. Indicate if you'd like to include a list of questions to ask your doctor.

1) Select topics

- Select All
- Conditions
- Tests
- Procedures
- Medications/Supplements
- Allergies
- Immunizations
- Hospital Visits
- Health Care Team Members
- Emergency Information
- Insurance Information
- Personal Profile

2) Print questions to ask your doctor

▼

3) Choose date range

▼

E) Security and Audit Functions

Both HealthVault and Covisint use industry-standards to address security concerns. HealthVault follows Microsoft's Security Development Lifecycle. This means that security and privacy are factored in throughout the development process. During development, Microsoft engages in both internal and external security testing and privacy audits. A "minimal access" data model helps ensure that only information to which the consumer consents is shared with other people and services. HealthVault requires consumers to use a "strong" password. HealthVault logs each time a record is written, changed or read. Users can view an audit trail in their HealthVault accounts at any time. Microsoft's HealthVault systems and databases operate with extra precautions. The traffic in Microsoft's datacenters is isolated onto a virtually separate network and the HealthVault servers are located in physically separate, locked cabinets. As an additional precaution, all health data traffic to and from HealthVault, its users and its solution providers is encrypted. HealthVault backup data is also encrypted and its transmission is logged.

F) Standards

As Microsoft will be hosting HealthVault, they will set the standard interfacing language and the data sets for HealthVault. Microsoft has announced that it will release the HealthVault XML interfaces under the Open Specification Promise (OSP). The OSP is a way to help enable developers and customers who are working with commercial or open source software to implement specifications through a simplified method of sharing of technical assets, while recognizing the legitimacy of intellectual property. With this information, third parties have what they need to recreate and re-implement the HealthVault service. Microsoft will make the complete HealthVault XML interface specification public, laying out in detail how to interact with the HealthVault platform. This should be accomplished by fall of 2008.

Microsoft has also announced that it will release the source code of the HealthVault .NET Software Development Kit (SDK) under the Microsoft Reference License on CodePlex. CodePlex is an online collaborative software development portal that is also a vehicle for sharing source code. CodePlex is hosted and maintained by Microsoft.

Covisint, the interface engine between the various EMRs and HealthVault, can capture data sets sent to it in virtually any form. Among messaging protocols it supports are: FTP(s), HTTP(s), MQ, WebServices, XML, AS2. It also supports synchronous and asynchronous messaging, real-time and batch processing, HL7, Any-to-Any document and code set translation, content based routing, real time Extensible Markup Language (XML) messaging to and from Web Services enabling disparate applications and organizations to develop virtual organizational and cross-organizational composite applications over the Internet

G) Sharing Lessons Learned – Project Evaluation

We have developed plans to evaluate the progress of engagement of consumers and providers in connecting to the Community Choice pilot HRB project. These plans include: a consumer sign-up portal which will be featured in our advertising; reports from Covisint indicating the number of unique IDs (described in the Technical Description section) and the number of HealthVault accounts opened; and a consumer HRB satisfaction survey hosted in connection with the Community Choice web site (see section VI "PHSD Performance Score Card"). We intend to use the information we gather to ensure that our consumer and provider engagement plans are effective, and if we fall short of our goals, use the information to correct our path to goal attainment. Secondly, we will report the success of our efforts back to the HCA and HIIAB.

After considerable dialog within our regions health care community, we believe we know the opinions, perspective and concerns of our regional providers. Through that provider and consumer engagement, we have developed the following hypotheses regarding this HRB marketplace:

- Question: What needs to be done to get consumers and providers to use a HRB? Hypothesis: Consumers rely on their health care providers, personal relationships, and information networks for advice regarding healthcare decisions. We have the full commitment of providers in our participating organizations. These organizations, led by Community Choice, have deep networks for information distribution in our communities such as our Spanish radio network. The section below regarding “Outreach” details this engagement plan. Providers must see the service makes their job easier, and increases the quality of care they provide. Given that over 80% of our providers already use EMRs, much of the costly work-flow redesign has been accomplished. Typically, our providers now are eager to use additional technology that fits into this electronic workflow. Based upon our physician engagement feedback, this HRB service will match up well with existing work flow patterns.
- Question: How much/what data is needed to provide value to the consumer/user of a HRB? Hypothesis: Much will depend on the state of wellness (or lack thereof) of the individual consumer, and the frequency with which he/she accesses the health care system. We believe that it will be a challenge to successfully engage certain types of individuals, such as healthy males between the ages of 25 and 40. These individuals are likely to only think about health care during an emergent onset of illness, and are likely to have little use for a HRB. Mothers with young children, who need to track immunizations and record development will have much more need for information that can be delivered to a HRB, as will snowbird seniors and migrant farm workers whose need for portability of their growing health care data and histories is significant.
- Question: What are the next steps indicated for moving towards provider participation? Hypothesis: We believe that provider participation is the complement to consumer participation. Both must find value in the information available in a HRB for them to use it on an ongoing basis. Accordingly, we are attempting to “stack the deck” in favor of a successful Community Choice project, based on direct feedback from providers, and provide them the information they value and already use (the six preliminary data elements), but we will deliver it through the HRB in the future rather than have them search for it on paper or through several discrete on-line connection points to other EMRs.
- Question: How can timely data be obtained? Hypothesis: In its most basic form of utility, consumers can bring a print out of data they have manually entered into the HRB. This form of information limits the usefulness to the provider as view only, where he/she can include this within a paper chart, or scan it into an EMR as a gif, jpeg, or some other pictorial file type. On the other end of the spectrum, health data automatically populated to the HRB can be accepted by the consumer, and shared electronically at the time of health encounter. The provider can then decide to include that information as an addition to his/her EMR records. In a subsequent project we hope to allow full integration of shared information so that providers can get an instantaneous summary of progression of disease or treatment, e.g. integration of laboratory results from different providers that are aggregated and trended over time.

- Question: What needs to be done to earn the trust of the public? Hypothesis: Demonstrated acceptance and enthusiasm by providers will go a long way to allay apprehensions of consumers. Likewise, the promotion of the service from trusted information networks is critical (e.g. native language translations, churches, schools, libraries, and other trusted institutions). The value of the information contained in the HRB, and the quality of the privacy and security guarding it will eventually assuage consumer concerns regarding HRBs as they begin to realize that outcomes of their health care are enhanced by HRB utilization.
- Question: What needs to be done to earn provider trust and minimize provider barriers? Hypothesis: Anything we can do to enhance the effectiveness of the provider in his/her ability to effect health care while reducing the effort to do so will be well received. Bringing providers a high-value payload of information, on a timely basis, at a reasonable price will be overwhelmingly accepted. We have repeatedly been told this, and the rapidly growing phenomenon of cross viewing of non-aligned clinics' EMRs in our region gives us compelling corroborating evidence.

H) Migration plan

In the event of a failure of the Community Choice project, consumers would still be able to maintain their own PHRs, and Microsoft would continue to host the data (in the event of a failure of one PHR platform, consumers, whose health care data is housed in HealthVault could electronically migrate that data to a new PHR platform). The only activity that would be disrupted would be the electronic data interoperability between and among providers and consumers. If it were determined that this interoperability was to be discontinued, the providers, supported by Community Choice, would be responsible for notifying the region's consumers that electronic interoperability was due to cease, and consumers should in the future, request printed health care information and manually enter this into their HRB accounts so they could continue to share printed PHR-based information with providers who would no longer have web access to the information.

I) Baseline data collection

There is currently no integration between our regional providers' EMRs and consumers' PHRs. However, WorldDoc, a PHR, which has been recently integrated into HealthVault has been provided to employees of Central Washington Hospital, one of our health care partners, for approximately four years. We intend to query WorldDoc as to the number of open accounts, and the level of activity those accounts have seen. Further, dialog with HealthVault leads us to believe that we can query Microsoft regarding the number of recently opened accounts. We will use both data points as our baseline data.

III) Target Consumer Population and Outreach

A) Initial Target Geographic Area

The initial geographic target area for the HRB pilot project includes our immediate four county region which includes Chelan, Douglas, Grant and Okanogan counties. Given the participants in Community Health Network of Washington, our strategic partner in this project, and our relationships in the Spanish speaking community, potential growth beyond this pilot could easily include most of Central Washington State and include the 16 additional CHNW sites outside our four county service area.

B) Target Consumer Populations

Our target populations will be focused on 5 key demographics. There will be some overlap by certain individuals among these demographics (Spanish speaking mothers over 65 with diabetes, and who continue to work at a participating hospital, for instance) , but that will only serve for multiple iterations of information regarding this HRB service to be received by our potential clients. So, within the goal of 7,500 – 10,000 lives, our segregated demographic goals are as follows.

<u>Consumer Enrollment Total Goal:</u>	<u>7,500 – 10,000 lives</u>
• Mothers:	1,500 – 2,000 mothers
• Seniors:	1,500 – 2,000 seniors
• Migrant/Spanish language:	1,500 – 2,000 Hispanic
• Engaged patients:	2,250 – 3,000 patients
• Staff/employees	750 – 1,000 staff/employees

We anticipate that the active recruitment and assistance in establishing consumer HRB accounts by staff and providers at our health care partners' practices will secure 50% of our Enrolled Target Population (or up to 5,000 individuals) during the pilot period. The other 50% will occur from the ongoing outreach and enrollment campaign through our public school partners, enrollment events at our public library sites and other project partners as supported by our anticipated 3.5 FTE project staff and volunteers.

1) Mothers

For parents and mothers in particular, who are often in charge of enrolling their children in summer camps, different schools and have a need to access various health care providers, having ready access to their families health data especially immunizations can save valuable time and headaches. We intend to market these benefits to parents and guardians of children very effectively.

Community Choice has well established credibility among parents and public education professionals because of our work in increasing access to health care in the last six years. In addition to the existing awareness of our current services by parents, previous and current partnerships and relationships with public education professionals provide a natural and ready opportunity to leverage additional collaboration to ensure success in this pilot project. In addition to Community Choice's partnership with these public education entities, the Executive Director of Community Choice is a well respected figure in the public education and higher education field having served over ten years on the Wenatchee School Board and current board chair. Additionally, he is vice-chair of the Governor-appointed ten-member Higher Education Coordinating Board (HECB) that provides leadership for higher education across the entire state of Washington. We will use these professional affiliations to leverage additional partnerships with educational institutions to further the successful implementation of this pilot project.

City-Data.com reports that the population of mothers in our four county region is: Chelan; 16,000, Douglas; 8,400, Okanogan; 8,900, Grant; 20,000. Not all of these mothers present to the health care providers in our consortium, many will overlap in another Target Population Group, Migrant/Spanish speaking, and many more will have children old enough that immunization record keeping is no longer a substantial family issue. Accordingly the actual discrete number of

this Target Population Group will be much less than the City-Data.com numbers would suggest. However, based on our marketing and outreach efforts, we aim to enroll 1,500 – 2,000 of these mothers in the HRB project between October, 2008 and June, 2009.

2) Seniors

For the last four years, Community Choice has been the Washington State Office of the Insurance Commissioner (OIC) contracted sponsor of the of the Statewide Health Insurance Benefit Advisors (SHIBA) program for Chelan, Douglas, Okanogan, Grant and Adams counties. We currently have 16 active SHIBA volunteers spread out among various communities serving these five counties. Additionally, we have established strong partnerships with senior centers and the Aging and Adult Care organization that services these same five counties. In the last four years we have had individual contact with an average of 800 seniors annually, fielding questions about Medicare and Medicare Supplements. Our current services to seniors include orientation, health care navigation, and benefits counseling; enrollment in the Medicare Part D prescription program and other supplements; outreach and enrollment in the Medicare Low Income Subsidy program; Medicare Patrol program preventing waste, fraud and abuse of Medicare recipients as well as other access to community resources.

Community Choice is already naturally positioned to effectively and efficiently engage and coordinate participation of this population in the pilot HRB. The HRB value proposition has already been acknowledged by our current SHIBA volunteers who have provided the following observations: seniors need a reliable source of unbiased information and assistance to services that can help them take advantage of health care services; seniors are among the highest utilizers of health care services often needing care from numerous health care providers; seniors are among the greatest consumers of multiple medications and often have difficulty tracking and staying compliant with their medications; seniors often move to warmer regions of the country or the world during winters; and like Migrant farm workers, seniors depend on trusted institutionalized services to function effectively in our society. The HRB services will be a key expansion of current benefits available for our growing aging population. As we use our SHIBA volunteers to promote the HRB, our experience in tapping into this growing source of volunteer help will further support our successful introduction of this new access to consumer health data.

City-Data.com indicates the population of aged Medicare enrollees in our four-county service area is: Chelan; 7,000, Douglas; 6,500, Grant; 9,000, Okanogan; 5,700. As with other Target Consumer Populations, not all of these Medicare enrollees will present to our consortium health care providers during the course of the pilot project, or receive marketing information via our media outreach. However, we believe we can ensure the enrollment of 1,500 – 2,000 seniors in the pilot project HRB.

3) Migrant/Spanish Speaking

The Community Choice pilot HRB will represent an important new tool to reducing health disparities and improving the health of Migrant and overall Latino/Mexican American population. We intend to seize this opportunity to initiate partnerships with organizations that provide services to this population and in the process begin introducing a culture of greater use of technology including web-based data resources relevant to the health of this historically underserved population.

Among education professionals serving migrant children and families in school districts and communities across the state and the country, it is widely acknowledged that these children are among the most overly immunized children among our student population. Yet, the fear remains that some of these students may be missed as they move from school to school while their parents follow the harvests of agricultural crops across many states. These education professionals report that while many of these children's parents report their awareness of their children receiving immunizations, they too often cannot provide proof because they misplaced records that are required by school districts as a condition for registration and admission to schools. Because of the high risk this mobile population represents to the health safety of our mainstream student population, migrant students need a reliable system for tracking their immunizations and other health data important to their good health.

Based in Sunnyside, WA, the Migrant Student Record System (MSRS) was created to help track these students' academic progress and accrual of high school education credits. The Migrant Education professionals in the state of Washington have recognized the need for a similar data system that can assist in the tracking of immunizations and other health data important to the health of these students. While they have begun tracking immunizations of students based on a self-reporting process, the consumer HRB account's web-based service represents a more accessible and reliable source for immunizations and other health data important to this population.

Regrettably, there are several key barriers that must be addressed to ensure that the HRB is used by this often under-educated and under-informed population. These barriers include 1) limited access to computers and Internet access; 2) language barriers along with illiteracy; 3) poor awareness and timidity which limit the access to resources. We intend to address each of these issues with help from our consortium partners in order to maximize the HRB benefit to this target population.

Community Choice has a successful history of reaching and engaging the Spanish speaking communities in North Central Washington with numerous outreach, education and enrollment services for health care benefits and other resources. Building on that history we are strengthening the partnership with local school districts (specifically the professionals in the Migrant/Bilingual Education departments at school districts) which will lead to effective and efficient leveraging of existing services provided to this population.

We have secured agreement from public education professionals within the Washington State Migrant Student Record System already involved in tracking student immunization data for students across the state. Additionally, by state statute, all school districts participating in the federal migrant/bilingual program funding have formal Migrant/Bilingual Parent Advisory Committees (PACs) that serve to advise and bridge effective interactions between school districts and this target population. Our partnership with Migrant Education services will allow access to this well established infrastructure of communication/education venues to effectively engage this population and promote the HRB. Although the total Hispanic population of our four county region is estimated at between 30,000 and 40,000, and changes seasonally, this Target Population overlaps with our Mother and Senior Target Populations. Accordingly, we believe we will be able to recruit 1,500 – 2,000 Hispanic consumers to open HRB accounts.

4) Engaged Patient Population

The population in the counties we serve is as follows: Chelan; 70,000, Douglas; 34,000, Grant; 78,000 and Okanogan; 40,000. Approximately 80% of this population is served by our four main health care partners in this pilot project: Wenatchee Valley Medical Center, Central Washington Hospital, Columbia Valley Community Health Clinic, and Central Washington Physicians.

The most “engaged” patients are those who are managing their own care, in coordination with their physicians. Patients on registries for diabetes or asthma are particularly engaged in their healthcare, as are patients (or more accurately their families) with congestive heart failure or with a cancer in remission.

In promoting this HRB service to these key patient cohorts, we expect to quickly enroll a cross-section of patient profiles. While each provider will also market the HRB service to all appropriate patients which enter their respective facilities, particular focus will be given to those patients who are more likely to find value in adoption of a HRB account. Total enrollment should grow to 2,250 – 3,000 in this pilot.

5) Staff and Employees of Participating Providers

Our first 4 provider organizations have joined this project with an understanding of and a commitment to assisting our outreach and enrollment efforts. The partnership includes Community Choice commitment to providing marketing/outreach materials, orientation and ongoing training of key provider staff and grant funded interfaces between their EMR systems and the Consumer Health Safety Databank within Microsoft’s HealthVault environment.

A Target Consumer Population segment will be comprised of the employees and staff of our health care partners. This population is approximately 3,000 individuals, and from that population we believe we will recruit at least 750 HRB enrollees.

Below is a more detailed description of these 4 partners, the scope of their patient load and comments on their spectrum of care.

Wenatchee Valley Medical Center, with its 300 clinician employees serves this region with over 625,000 visits annually. These providers already recognize the power of shared electronic health data, and took the regional lead in allowing other non affiliated providers access to their EMR. They currently host over 735 “licenses”, allowing non WVMC providers web-based access tracking encounter data on patients they have referred to the Center. However, this information is not currently being electronically transmitted into consumer HRB accounts, and they are willing to support that effort in this pilot project.

Central Washington Hospital's emergency department serves as the region's trauma center, and is the largest Level III Adult and Pediatric Trauma Center in North Central Washington. Other services include inpatient and outpatient surgery, cardiac program, coronary and intensive care, respiratory care, oncology, dialysis, neonatal nursery, home health and hospice, skilled nursing and rehabilitative services such as cardio-pulmonary, physical, speech, and occupational therapies. The hospital hosts approximately 10,000 patient admissions annually in addition to out-patient services. At nearly the same time the WVMC

was beginning to allow access to their EMR, Central Washington Hospital deployed Orion's web-based Concerto system allowing clinician access to hospital records.

Our pilot project's third key provider organization is Columbia Valley Community Health Clinic (CVCHC). CVCHC is a primary care practice offering medical services for the entire family, including prenatal care. There are 16 providers to choose from: 7 family practice physicians, 1 internal medicine physician, 2 physician assistants, and 1 nurse practitioner. Three dentists provide primary dental care for children with a limited focus on acute problems for adults. This clinic hosts approximately 60,000 medical patient visits annually.

Our pilot project's fourth key provider organization is Central Washington Physicians, a 22 provider clinic, owned by Central Washington Hospital, with practice emphases on primary care, obstetrics-gynecology, orthopedics, and internal medicine. This clinic hosts approximately 60,000 patient visits annually.

C) Outreach efforts

In our proposed pilot HRB project we envision utilizing all our current partnerships and resources to promote the initiation and utilization of a least 7,500 - 10,000 consumer HRB accounts. Specifically, we will employ 3.5 staff FTEs (the partial responsibilities of one will be to direct 16 - 20 trained volunteers), generate and distribute marketing material, provide education and marketing to our provider partners, and marketing support on their behalf. These same staff will also be tasked as ongoing interfaces between our HRB project and the North Central Regional Library system, Aging and Adult Care centers, and the Migrant Educational service system, to provide support for the marketing efforts these organizations have already indicated willingness to perform. Using our SHIBA volunteers, we will reach out to over 2,400 past and current SHIBA clients and promote the HRB. Following our history of appearances at public events and trade shows, we will engage in 15 - 20 community events, create, distribute and promote press releases and public service announcements to regional media outlets, including our Spanish speaking radio partnership network that, with a 16 county reach, provides news coverage to an estimated 80,000 people daily. A breakdown of these objectives, activities, outcomes and time-lines is detailed in the PHSD Outreach & Enrollment Work Plan section below.

D) Natural expansion potential

We envision using a phased approach to our proposed project. The first phase, scheduled to last four months, will include the six data elements previously mentioned and four test site health care providers: Wenatchee Valley Medical Center, Central Washington Hospital and Central Washington Physicians, and Columbia Valley Community Health. These are the providers in closest proximity to Community Choice, and are the largest direct health care organizations in the Community Choice consortium. Education regarding the goals of the PHSD pilot project will be given to the individual clinicians and support staff of these organizations, and consumer marketing and outreach will commence nearly immediately upon announcement of a successful grant award.

Once we are assured the first phase system is complete, we will add Lake Chelan Clinic, Brewster Medical Center, Quincy Valley Medical Center, North Valley Hospital, Community Health Association of Spokane and Columbia Basin Health Association in the second phase,

which is planned for a second four-month period. Provider education and consumer marketing and outreach will commence in these outlying cities during the second phase.

As the resources of time and budget allow, we intend to add more provider sites including other, yet-to-be-determined clinics in the CHNW system. Other sites which have expressed interest, and are in areas close to Community Choice include Columbia Basin Hospital-Ephrata, Samaritan Hospital-Moses Lake, Mattawa Community Medical Clinic, and, based on their request, even some organizations who competed with Community Choice in this grant application including: Cascade Medical Center, Lake Chelan Hospital, Okanogan-Douglas Hospital and Mid-Valley Hospital, and Medical Center.

We believe that although the provider representatives participating in the PSHD have told us they are comfortable sharing only the first six data elements at this time, that at a future date, they will want to share additional elements such as family history, past personal medical history, and current problem list. HealthVault will accommodate a much greater array of data than the initial six elements we will transmit to it during the pilot project time-line. Over time, the electronic sharing of additional data sets will significantly increase the value of HRB accounts. As the HRB concept matures, the increased shared data will facilitate advances in health care such as enhancing provider ability to participate in the management of consumer chronic diseases. Effective chronic disease management would likely save health care payers a considerable amount of money, and may be part of the basis for sustainability of the HRB.

IV) Infrastructure

A) Existing infrastructure

The 80% market penetration of EMRs in our region confirms that our region's providers have accommodated this disruptive technology in their work flows. It is now common place that clinics exchange licenses with other clinics and hospitals allowing each other access to one another's clinical information on shared consumers. We believe this shared technology is already having the desired effect of reducing medical errors and duplicative tests in our region. All of this interconnectivity is transported via fiber optic transmission lines installed years ago by the Chelan, Douglas and Okanogan counties. Virtually all of the health care providers in our region have access to this broad-band connectivity. Many of these end points are routed through a "Med-WAN" built in 2001 primarily by grant funds provided to Community Choice. The Med-WAN (a secured web-based wide area network dedicated to health care providers) is currently being operated by General Communication, Inc (GCI). GCI (Nasdaq: GNCMA) is an Alaska-based company providing voice, video and data communication services to residential, commercial and government customers. Founded in 1979, GCI introduced long-distance competition to Alaska. The company employs 1,250 people and has annual revenues in excess of \$520 Million.

The deployment of the Med-WAN was followed by four consecutive years of USDA Telemedicine grants that provided for the introduction of Tele-radiology, Tele-pharmacy, Tele-interpreting services and other health information exchange modalities throughout our region. Consequently, these HIT innovations have supported a momentum and movement of health care data off paper and on to EMRs by most of the clinics in our region. While Community Choice has served as a key stimulus for this changing culture in healthcare, we applaud our consortium partners who have exercised great leadership in making all this possible.

B) Proposed Infrastructure Additions

Unfortunately, this health care information that, within HIPAA guidelines, is becoming more readily exchanged among providers, is not being directed to consumer-oriented consumer health records, yet. Community Choice believes that better health care can be affected with improved communications between provider and consumer. This pilot project allows a realization of that value on a limited target population, and we see this as a next logical step in the current exchange of data. Fortunately the needed supportive infrastructure is mostly in place in the region. The remaining technology needs are those which allow connection between health care provider and consumer, and storage of the aggregated consumer information in consumers' HRB accounts. Essentially, we need part of the grant funds to cover the cost of integration between the various EMRs in the region and the consumers' HRB accounts. Gratefully, Microsoft has deployed HealthVault (discussed in more detail in the following section), which allows secured storage of consumer health data at no cost to the consumer user. Additionally there currently exist several PHRs (or Programs, as Microsoft calls them) which interact with HealthVault, and can readily exchange information between HealthVault and the PHR. Some of these PHRs are also free to consumers, and some have minimal monthly or annual membership fees. Community Choice will not dictate which PHR Program the consumer selects, but will use grant funds to provide the interfaces between regional EMRs and HealthVault. How consumers decide to manage the information that providers send to HealthVault is best left to them. Our marketing material will make mention of capabilities consumers need to consider when selecting a PHR, and will provide examples.

V) Technical Description

Fundamental to the Community Choice pilot project is that communication will flow electronically from provider to consumer and from consumer to provider. The six data set flow will be from current data repositories such as regional provider EMRs, and the Washington CHILD profile registry (which will be sent through HealthPhone), through Covisint (further described in the following section), into HealthVault. There, once a consumer has agreed to open a HealthVault account, he or she can receive the data from the regional provider EMRs and further load this HealthVault stored information into the PHR of their choice. Based on agreements between and among the consumer and providers in the region, information can be pulled from the consumer HRB account, and the various data repositories outlined above by the Covisint system, aggregated by data set, and reported to a provider who has initiated the query.

When providers initially recruit consumers to open HealthVault accounts, work flow will include the following steps:

- Provider and consumer agree to share information with each other through HealthVault. (The provider follows its own processes requiring documentation of the agreement, e.g. a separate sheet of paper that along with HIPAA notices becomes part of the consumer's record.)
- From the "HealthVault – patient monitoring" portlet of the Covisint portal (shown below), the provider and consumer agree on a verification question and answer that the consumer will be asked online after entering this code (in the example following the question is, "What is your mother's maiden name?" and the answer is "Anderson". Then the Covisint portal generates an identity code for the consumer, and calls into HealthVault to create this code (in the example below the code is JKIPF-XNMQ-HQPK-

HKZG-CTNN), and in addition to the verification question and answer and code, it provides to HealthVault a unique ID, ensuring that the provider's Covisint portal and HealthVault correctly identify the same, individual consumer on the initial, and all subsequent sign-ons.

The screenshot shows the Covisint patient dashboard. The patient's name is GORDIE HOWE (03/31/1928). The dashboard includes sections for Patient Allergy-Meds, Recent EKG Reports, Recent Lab Reports, Recent Radiology Reports, and Patient Eligibility HAP. The HealthVault Patient Monitoring section contains a challenge question: "what is your mothers maiden name" with an answer field containing "anderson". Below the question is the instruction: "Give this id to the patient, they will need to log into Health Vault" followed by the identity code: "JKPF-XNMQ-HQPK-NKZG-CTNN".

- The provider delivers the identity code to the consumer, along with instructions about HealthVault. This can be done in different ways, such as printing the details from the Covisint portal, telephoning the consumer, etc., and the delivery mechanism is at the provider's discretion.
- The provider sends the relevant data set from the encounter from his/her EMR at the conclusion of the encounter (or at some other convenient, timely opportunity) through Covisint to HealthVault.
- At home, through the Community Choice sign-on website (listed prominently in our marketing collateral), which will track some limited demographic information for reporting to the HCA, the consumer links to, and visits the HealthVault website, signs into the HealthVault account and enters the identity code that he/she received from his provider's practice. Then, he/she answers the verification question.
- The consumer selects the appropriate record(s) in his/her account that he wants to give his/her provider access to, and approves the specific access that his provider is requesting (e.g. viewing medications and allergies in his HealthVault record).
- The consumer also registers for the PHR of his/her choice and using the interoperable data set already in place between HealthVault and the PHR, populates the data sent by the provider, through Covisint, and into HealthVault.
- On some previously arranged schedule, the provider's clinical system calls into HealthVault, through Covisint, to check if any new consumers have given the clinical

system access to their HealthVault records. For each new consumer, HealthVault provides to the clinic system, the unique ID that it originally passed in, as well as the Health Vault account ID and HealthVault record ID for that consumer.

- The provider's Covisint portal stores the returned HealthVault account ID and record ID along with the consumer's clinical record for future use.

A) HealthVault

Community Choice has chosen Microsoft's HealthVault at the Health Record Bank repository of all individual consumer-related health and health care information sent to it. HealthVault is a personal health platform that lets health care consumers gather, store, and share health information online, and is available to consumers at no cost. With HealthVault, health care consumers can control their own health records. They can also share their health information with family, friends, and health care professionals, and have access to online health information management tools. Consumers can store health information for other people (such as their family) in one HealthVault account. Each person's information is stored and accessed separately in their own health record. HealthVault allows an account to contain multiple health records. This feature enables, for example, family health managers to create and manage records for family members.

Consumers can choose to use separate programs that work with HealthVault ("Programs") to edit and augment their health record. These Programs, which link directly to Health Vault, and share information, bi-directionally, include web-based applications such as PHRs, self-help diaries, guided exercise regimens, chronic disease-state monitoring and reporting programs, and emergency contact and advance directive repositories. These Programs help consumers manage their information and can assist them in their search for, and acquisition of relevant health and health care information.

1) Collection of Consumers' Personal Information

When consumers activate their HealthVault accounts they are asked to enter an e-mail address and password. The first time a user signs in to HealthVault, he or she is asked to create an account. To create an account, consumers must provide personal information such as name, date of birth, e-mail address, gender, and postal code.

HealthVault uses the e-mail address consumers provide when creating their accounts to send consumers an e-mail requesting that consumers validate their account. These e-mail addresses may also be used by Programs as described in those respective Program privacy statements. An account allows consumers to manage one or more health records, such as the ones they create for themselves and their family members. Consumers choose what information to put in their records. Examples of the types of information consumers can store in a record include:

- fitness-related activities such as aerobic sessions
- measurements such as blood glucose and blood pressure
- discharge summaries from hospitalizations
- lab and radiology test results
- medications
- health history

Consumers can use Programs to enter a wide range of health information into a record. Consumers can also store documents and can give Programs permission to view, add, modify, and/or delete information in a record.

By default, individual consumers who sign up for accounts are the custodian of any records consumers create. A custodian has full control over a record, including who else gets to view and modify the record. Some of the information stored in the records consumers manage may be highly sensitive, so consumers need to consider carefully with whom consumers choose to share the information.

2) Sharing Personal Health Information

A key value of the HealthVault is the ability to share consumer's health information with people and services who can help consumers meet their health-related goals. For example, consumers can share health information from records under their control to:

- Co-manage the health of a family member
- Use products and services that can improve or monitor their health
- Consult with their health care providers
- Provide fitness information to coaches and trainers

Consumers can share information in a health record they are custodian of with another person by sending a sharing invitation e-mail through HealthVault. If the person accepts their sharing invitation and has or creates a Service account, he or she is given access to that information. Consumers can specify how long others have access (custodian access does not expire but, like all sharing access, it can be revoked at any time) and whether they can modify the information.

Consumers can also choose to grant custodial access to other persons, such as their spouse or health care provider, for any record for which they are a custodians. The level of access consumers can grant as a custodian include:

- View-only access (time-limited access)
- View-and-modify access (time-limited access)
- Custodial access (no time limit)

Access becomes active only when the consumer's e-mail invitation to be included in account management is accepted by the recipient.

Custodial access is the highest level of access. A custodian of a health record can:

- Read, change or delete the record
- Grant to others any level of access to the record, including custodial access
- Revoke the access of anyone to a record, including other custodians, and including the custodian who granted them custodial access in the first place

When a user with "View and modify" or custodian access deletes a piece of health information, it is archived so that it is visible only to record custodians. Programs and other users with whom

consumers have shared their information, but who are not custodians of the record, are not able to see archived health information.

Consumers can also share personal information and health information when they use HealthVault linked Programs such as PHRs. Consumers decide which Programs they want to use. Consumers must approve (or deny) the Program's specific request for a.)The type of information it needs to access in order for it to function properly and b.)What it wants to do with the information (view, add, modify). Programs are listed in the HealthVault Programs Directory at HealthVault.com, and consumers can also access Programs directly through their own respective Web sites. A Program informs consumers of what personal and other health record information it requires in order to function, and the Program will inform consumers, generally through a privacy statement, how it will use their data. Consumers must affirmatively authorize a Program's access to any health record in their account for which consumers have the necessary access levels. Microsoft obligates Program providers not to disclose their data without consumer express consent. Consumers can freely grant and revoke a Program's access to their records through HealthVault. The access consumers grant a Program through HealthVault is valid until consumers revoke that access.

HealthVault users with whom consumers have shared their records can also give a Program access to those records. Consumers can “audit” or review a complete history of how Programs have accessed the information in their records by using the History feature in their HealthVault account. This audit includes details regarding a) Who accessed the information, b) The affiliation to the consumer, c) Time and Date of access, d) Data elements reviewed, e) Type of access (view, print, export, etc.)

When consumers close their account, all records for which consumers are the sole custodian are deleted. If consumers share custodial access for a record, they can decide whether or not to delete the record from HealthVault. Consumers can close their account at any time by signing into their HealthVault account and editing their account profile. After closing their account, if consumers change their mind, they can create a new account and recover information from their previous account, providing consumers do this within 90 days of closing their previous account.

3) Sharing Records with Programs through HealthVault

Microsoft provides consumers with information about Programs available through HealthVault. Consumers can view the Programs and examine their respective privacy statements and terms of use prior to using them or allowing them access to any of their health information. In order to make a Program available through HealthVault, the Program provider must commit to protecting the privacy of their health data. Microsoft can revoke a Program provider's access to HealthVault if a Program does not meet its privacy commitments to Microsoft.

No Program has access to their information through HealthVault unless and until consumers opt in through HealthVault to grant it access. Except as required by law, no Program may transfer consumer's information from HealthVault to third parties without their consent. Consumers control what health information they allow Programs to access and the length of time they can access the information. If a Program requires information consumers are uncomfortable sharing, consumers can choose not to authorize record access to that Program. HealthVault allows consumers to control (by accepting or denying Program requests for access) which health

information types in a specific health record consumers choose to share with each Program and what actions each Program is allowed to perform on the health information

B) Covisint Interoperability

Covisint, a division of Compuware corporation (CPWR), enables organizations of any size, location or technical sophistication to securely share vital business information and applications across internal and external business partners. Covisint has developed a scalable, ASP model interoperability technology platform that currently provides 99.9%+ system availability and is the largest federated identity and access management delivery mechanism in the world. Covisint technology includes:

- Federated Identity and Access Management allowing for the provisioning of user, system and web service credentials including cross domain single sign-on to 3rd party applications with consumer context
- Real time Any-to-Any messaging engine to transform data across communities and between disparate systems, including paper based sources
- EMPI (enterprise master person index) to enable accurate consumer identification and linking of records across large network
- RLS (record locator service) to allow for retrieval of documents and information from outside clinical data sources
- Centralized auditing and logging of all messaging and transactions
- Collaboration Tools for role based, secure communication and data sharing within the Community Choice HRB pilot project
- HealthVault integration, HIPAA compliance and 24x7 help desk

1) Covisint Framework

The Covisint technologies are designed to facilitate rapid deployment to a community at low cost. The Covisint model supports the various adoption models and technical capabilities of community members, enabling organizations with sophisticated technologies and organizations operating on paper, fax and phone to effectively communicate with each other. Diagram #2 details the capabilities available in each one of Covisint's services groups. The Community Choice pilot project will choose from these capabilities as needed to integrate data exchange between and among regional EMRs and HealthVault.

2) Integration with Microsoft HealthVault

Covisint has established a national partnership with Microsoft, working to connect physician offices, hospitals and other providers to HealthVault. While some large organizations will connect to HealthVault directly, Covisint has opened up the path for organizations of any size to send data to HealthVault and receive data back, integrating that data with the consumer dashboard, practice EMR, PMS or other applications. The integration of the Covisint Physician Collaboration Center with Microsoft HealthVault offers providers of health care the ability to securely collaborate and share information with their patients, thereby strengthening the provider-consumer relationship and enhancing the opportunity for improvements in both the quality and cost of care.

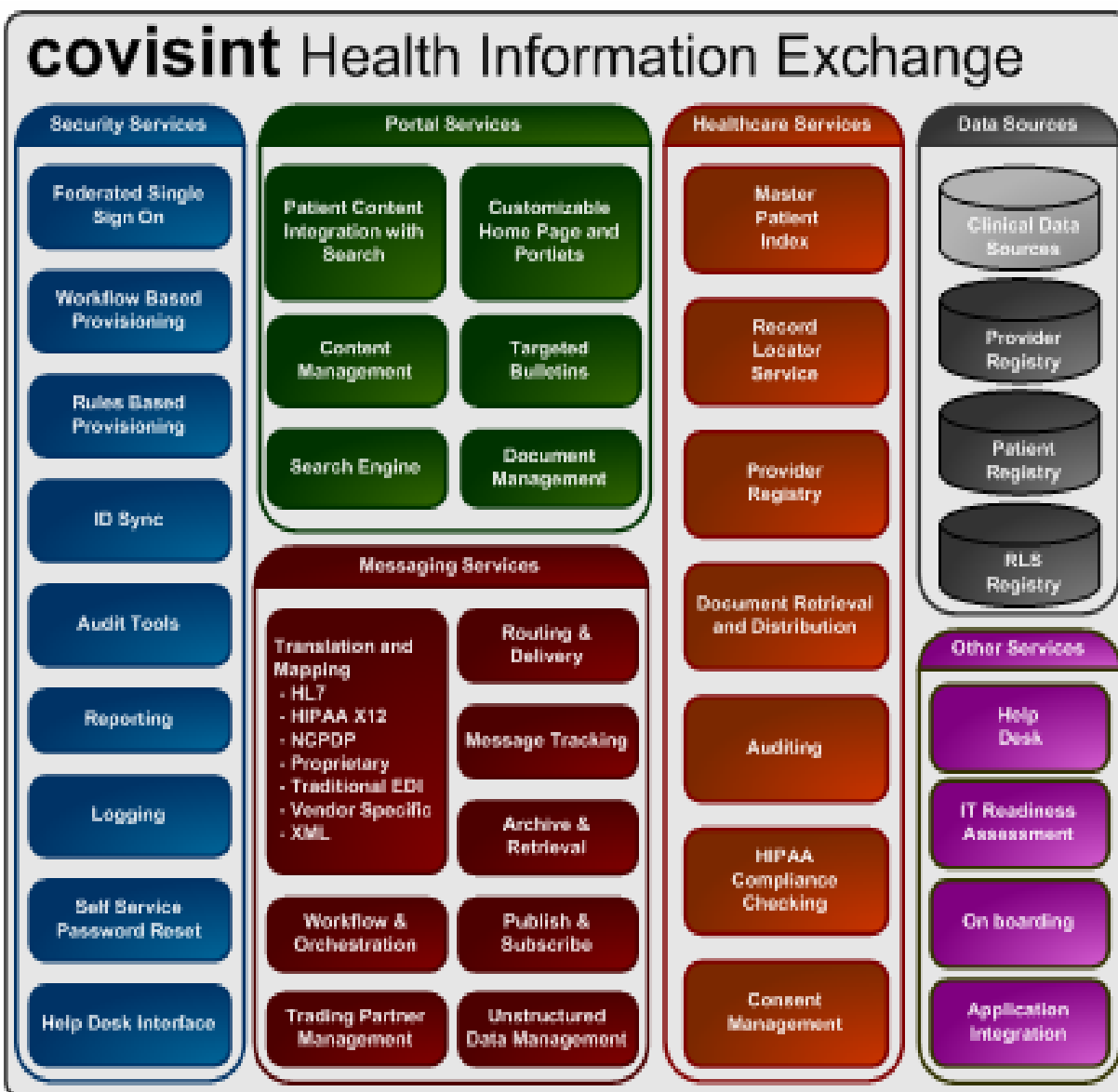


Diagram #2

This integration will automate the bi-directional delivery of clinical information between the provider Collaboration Center and Microsoft's HealthVault. Upon electronic receipt of clinical transactions from Microsoft HealthVault, Covisint will:

- Receive identified clinical data types via secure transmissions from Microsoft HealthVault
- Automatically convert these transactions to their respective document format.
- Integrate each data type as a portlet with the physician's dashboard.
- Transmit clinical data from the Collaboration Center via secure clinical standards to Microsoft's HealthVault.
- Provide a means for physicians to "auto register" consumer's with HealthVault.

This is a significant step in enhancing the Covisint Collaboration Center by providing a consumer access component to our customers and enhancing the consumer’s ability to maintain a complete and accurate record of care in HealthVault. This solution is designed to:

- Enable timely physician access to data entered by the consumer in HealthVault.
- Enable portability of the HealthVault data into the physician’s EMR.
- Provide an easy to deploy, cost-effective solution that increases value to physicians using Covisint.
- Facilitate a process that provides immediate practical value to physicians by increasing access to consumer data and reducing manual workflows and multiple web-based look-ups currently in place to access and manage consumer health information.
- Fulfill provider demand for immediate and secure access to a consumer’s personal health information.

VI) PHSD Performance Score Card

An example of the types of questions, and format for compiling responses when surveying consumer users of HRB accounts follows:

Target Group/Strategy: _____ Period: ____ to ____ Lead Staff: _____

Performance Indicators	Base Line Data	Established Goals	Quarterly Progress	Outcomes
1. # of Enrollments				
2. # of times a PHR is accessed by owner				
3. # of data sets imputed by owner				
4. # of data sets imputed by provider				
5. # of enrollments per PHR				
6. Other				

Online Client Satisfaction Survey Questions: In the **last three** months...

1. How many times did you access your PHR in the last three months? 1, 3, 5, More
2. How many medical encounters where data was accessed or imputed by others? 1, 3, 5, More
3. How many times did you use the print out feature of your health data? 1, 3, 5, More
4. My level of satisfaction with the use of my Personal Health Record is: Low 1, 3, 5, High
5. Comment Section: Recommendations for improvement?

VII) Budget

Our budget includes approximately \$322,000 for outreach and marketing efforts, of which approximately \$41,000 is provided by Community Choice as in-kind contribution. Approximately \$270,000 is budgeted for interfaces between health care providers EMRs and the HRB, of which Community Choice will provide \$35,000 as an in-kind contribution.

VIII) Projected Enrollment by Target Group/Strategy

The following matrix details the envisioned growth of regional consumer HRB accounts, by month and Target Consumer Population type.

TARGET GROUP OR	Oct. 08	Nov. 08	Dec. 08	Jan. 09	Feb. 09	Mar. 09	9-Apr	9-May	Jun. 09	Total participants
<i>Planned project activities and events</i>	<i>Campaign kickoff, Seniors going south</i>	<i>Seniors going south, many school activities</i>	<i>Colds/flu season High med. encounters</i>	<i>Colds/flu season High med. encounters</i>	<i>Provider data uploading Big Event</i>	<i>Busy signup activity</i>	<i>High level of outreach, migrants arrive</i>	<i>High level of outreach & signups to camps</i>	<i>High level of outreach & signups to camps</i>	<i>Minimum target level</i>
SHIBA-Medicare & Medicaid enrolled	65	70	90	125	150	175	225	300	300	1,500
Moms/parents-schools	100	100	75	125	150	200	250	250	250	1,500
Latinos/Migrants-schools	150	150	75	100	100	225	225	225	250	1,500
HC partners' employees	10	20	30	100	125	125	125	115	100	750
HC partners' patients	75	150	175	200	250	300	350	400	350	2,250
TOTAL										7,500

IX) Community Choice Outreach and Enrollment Work Plan

The following matrix details the envisioned Community Choice pilot project work plan. Objectives	Strategies/Activities	Responsible Agency or person	Outcomes	Time-line
1. Facilitate the enrollment and utilization of 7,500 - 10,000 individuals in their own consumer HRB accounts.	a) Recruit, hire & train project staff and volunteers. b) Generate marketing content/materials. c) Enrolling seniors – train our SHIBA volunteers to be able to promote and guide the enrollment of seniors and clients in HRB accounts. d) Engage with partner champions of PHSD with orientations, training, marketing content e) Initiate media marketing campaign to raise awareness. f) Establish enrollment sites and events. g) Initiate ongoing educational activities on effective utilization of HRB accounts (Spanish/English wherever possible).	PHSD staff, volunteers and health care facility partner champions.	a) 3.5 PHSD FTEs, 20 volunteers trained and capable of marketing the PHSD to respective target groups. b) Collaborate w/ accessmyhealth.org and HIIAB to generate print, audio and video marketing content. c) Reach out to current SHIBA clients, enroll 1000 seniors. d) Complete one staff training at each HC partner and PHSD partner site, including school districts per month. e) PHSD website goes live, run radio adds frequently for high awareness. f) Coordinate one enrollment event at each HC partner site (10 events). g) Run radio testimonials on HRB account benefits.	a) 1 st three mths. b) 1 st three mths and ongoing. c) Thru-out pilot period. d) 1 st six mths. e) Initiate on 3 rd month. f) 1 st six mths. g) Initiate on 3 rd month & ongoing.
2. Bring informational value to consumers' PHRs.	a) Establish interface between providers EMRs and HealthVault for medication history. b) Establish interface between Child Profile and HealthVault for immunizations. c) Establish interfaces between HC partners' EMRs and HealthVault for EMR consumer data. d) Initiate uploading of consumer health data to activated PHRs within HealthVault. e) Generate media interest around these events targeting consumers and providers.	PHSD staff and pilot Partners – Covisint, Community Health Network.	a) Provide medication history data to HRB. b) Provide immunizations data to HRB. c) Provide ID, medication, allergies, lab, rad. data to HRB. d) PHRs within HealthVault populated with consumer data accessible with consumer authorization. e) Targeted news releases, media interviews, etc. (English/Spanish). Achieve high consumer awareness to support enrollment events/activities coinciding with media interest.	a-e) inception of project and ongoing.

<p>3. Bring informational value to health care providers' EMRs</p>	<p>a) Establish interface capacity to access patient data electronically from PHSD with patient authorization. b) Initiate uploading of consumer health data to activated PHRs within HealthVault. c) Generate media interest around these events targeting consumers and providers.</p>	<p>PHSD staff and pilot Partners – Covisint, Community Health Network.</p>	<p>a) Participating HC partners will benefit of information interchange to consumers. b) Achieve minimum of 5000 activated accounts within PHSD consumer HRB accounts. c) Do 16 -20 media events, 100 - 150 commercials, 60 - 80 community site events, HC partner visits.</p>	<p>a-c) 1st six months and ongoing.</p>
<p>4. Report results to HCA.</p>	<p>a) Track performance indicators based on Performance Score Card. b) Generate Client Satisfaction via online survey.</p>	<p>PHSD staff & pilot partners.</p>	<p>Aggregated data reports on enrollment levels and usage by consumers and providers with ability to disaggregate data for analysis. Also client satisfaction survey reports.</p>	<p>Quarterly and ongoing.</p>

Grant Submission Checklist

Major Timeline of Activities	Check When Done	Required	Not Required	Date
Letter of Intent (highly encouraged)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5/21/2008
Grant Solicitation Conference (highly encouraged)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5/22/2008
Question and Answer Period	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/23 – 6/06/2008
On-site Evaluations or Oral Presentations (if required)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/18/2008*
Grant Solicitation Responses Due and submit to: annette.burgin@hca.wa.gov	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6/30/2008
Grant Awards Announced				7/23/2008*
Earliest Possible Project Start				8/14/2008*
Pilot System Operational and In Production	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2/02/2009
Final Project Report Due	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6/01/2009
Deliverable Item or Requirement	Check When Done	Required	Not Required	Date Submitted
Letter of Intent (if submitted):		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Submit to Annette Burgin by 4:00 p.m., PDT	<input checked="" type="checkbox"/>			
Letter of Intent – Content Check:				
<i>Descriptive Title & Summary of Project</i>	<input checked="" type="checkbox"/>			
<i>Name of Project Director</i>	<input checked="" type="checkbox"/>			
<i>Address/Telephone Number</i>	<input checked="" type="checkbox"/>			
<i>Names of Other Key Personnel</i>	<input checked="" type="checkbox"/>			
<i>Identify Participating Institutions and/or Entities</i>	<input checked="" type="checkbox"/>			
Grant Solicitation Responses				
Deliverable Item or Requirement	Check When Done	Required	Not Required	Date Submitted
Application Content:				
<i>25 Single-Sided Pages Maximum</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>8 ½ x 11 Inch Paper</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>1 Inch Margins</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Minimum 12 Point Type</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Electronically Submitted in MS Word or PDF</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Letters of Support (LOS):				
<i>LOS and/or Cooperation, No More than 10</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>LOS Limited to One Page Each</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>If providing supplemental information; cite as references.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Project Requirements of Section XI (addressed and included)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Biographical Information:				
<i>Limited to Two Pages for Each Key Personnel</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Biographical Information Includes:				
<i>Education</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Experience</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Honors/Awards</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Publications/Presentations</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Name of Project Director</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Statement of Assurances:				
<i>Signed by Project Director</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Statement of Assurances Submitted</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

* = on or about this date

Washington State Health Care Authority
Funding Opportunity
**2008 GRANT SOLICITATION FOR
CONSUMER-CONTROLLED HEALTH RECORD BANK PILOTS**

STATEMENT OF ASSURANCES

I make the following certifications on behalf of the Applicant named herein: As an individual authorized by the Applicant to make binding agreements, I make the following statement of assurances as a required element of this Application. On behalf of the Applicant, I understand that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to review of this Application and subsequent potential award:

Applicant warrants that, in connection with this Application:

1. All information presented in this proposal is true, correct, and complete to the best of Applicant's knowledge and all Applications submitted to HCA are subject to applicable public disclosure laws.
2. None of the funds requested in this Application are requested for duplicate or equivalent budgetary items (i.e., equipment, salaries, consulting) for which funding from another source is being provided.
3. Applicant is not requesting funding aside from that necessary to pay for services specifically earmarked in the Application, and that costs for such services do not exceed those that would be paid by a prudent person for same or similar services.
4. Applicant acknowledges that the submission of a timely and complete Application in no way guarantees award or receipt of funds from the Washington State Health Care Authority.
5. Applicant certifies agreement to all the terms and conditions of this Application including, but not limited to, the discretionary nature of a decision by the Washington State Health Care Authority to not award funds or to award funds at a particular funding level, that is not subject to appeal.
6. Applicant acknowledges that submission of false or misleading information will automatically disqualify this Application from further consideration.

Signature

Date

6-30-2008

Title

Applying Organization



June 24, 2008

Washington State Health Care Authority
Health Record Bank Grant Program
P.O. Box 42682
Olympia, WA 98504-2682

Dear Health Record Bank grant review committee,

As Board Chair and a community member on the Community Choice non-profit board, I am very pleased with the leadership of the Health Care Authority in pursuing the creation of a patient controlled health record bank utility in the state of Washington. Our region's healthcare delivery system has been very innovative in introducing numerous health information technology applications over the last five years. I am proud to say that Community Choice has been the key stimulant for many of these initiatives by securing federal telemedicine grants leveraged with local resources from our healthcare consortium members. This pilot project represents the natural next step for our region where the consumer is again the focus of our work.

Over six months ago, Community Choice convened a planning committee composed of three community members and several representatives from our member hospitals and clinics to study and recommend to the Community Choice Board if and what type of a consumer controlled health record bank would meet our regional needs and have the best chance for long term sustainability. The PHSD planning committee, as it was named, provided a recommendation that has been well articulated in the Community Choice application for this grant pilot project.

One of the key competencies of our Community Choice leadership and staff is working with actual consumers of healthcare in our region. Every day, consumers are calling our office with questions about healthcare benefits and other needs that our staff and SHIBA volunteers can assist in solving. Our outreach capabilities in English and Spanish are strong and well proven. Over 5000 people were helped personally with healthcare benefits alone in the last four years. We reach an estimated 20,000+ people daily within our four-county immediate service area and over 80,000 throughout our entire radio network coverage area.

Since the founding of this organization, Community Choice has had at least three community representatives in its governing board and this has helped keep the focus on "what's best for the consumer." As a retired public health official and a community member on the board of Community Choice, I ask for your due consideration of our project proposal. I may be reached at patmalone2@verizon.net or 509-884-6349 if I can be of additional help to this project proposal.

Sincerely,

A handwritten signature in blue ink that reads "Pat Malone".

Pat Malone, Board Chair
Community Representative



June 30, 2008

Washington State Health Care Authority
Health Record Bank Grant Program
P.O. Box 42682
Olympia, WA 98504-2682

Dear Health Record Bank Pilot grant review committee,

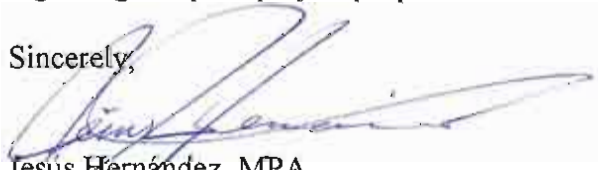
Community Choice PHCO – Physician, Hospital, Community Organization – is pleased to submit an application to the Washington State Health Care Authority for funding for a Regional Consumer-Controlled Health Record Bank Pilot Project. With over 80% of our providers in our region using electronic medical records (EMRs), we propose to leverage a substantial amount of this existing and available health information technology (HIT), putting the pieces together to create a region-wide HRB serving North Central Washington. We propose building a robust HRB using Microsoft's HealthVault as the data repository, which can be accessed by consumer controlled patient health records (PHRs) currently integrated into the platform. Our success will be founded on strong networks within our unique widely deployed consumer engagement infrastructure already in place, and a culture of IT utilization among our providers.

Community Choice has a successful history of outreach and engagement of healthcare consumers for over six years. While we began as a PHCO in the mid 90's to engage in managed care contracting, the organization later terminated that function and evolved to more consumer focused services, developing programs for locally based chronic disease management and a significant amount of work on increasing access to healthcare. We are currently recognized by regional consumers as a primary source of un-biased health information for Medicare, Medicaid, Basic Health, Prescription Drug programs and other related resources in our five county service area. Consequently, we have developed several broad layers of outreach networks to help us reach the various client populations. The bilingual/bicultural capabilities in our staff, position us well to serve the large and growing Spanish speaking population in eastern Washington.

Over six months ago, a Community Choice planning committee began studying this potential HRB project and has made recommendations to our board. This committee will continue in an advisory capacity to work with the leadership of the HCA and HIIAB subcommittees in the successful deployment and sustainability of this important service to our communities and state.

I may be reached at jesus.hernandez@cwhs.com or 509-782-5030 if there are any questions regarding our pilot project proposal.

Sincerely,



Jesús Hernández, MPA
Executive Director & Project Director



Jesus Hernandez, Executive Director
 Community Choice PHCO
 102 Maple Street, Suite B
 Cashmere, WA 98815

Dear Mr. Hernandez:

On behalf of our respective healthcare organizations we, the below mentioned Community Choice consortium members, are providing a collective letter of participation in and support of the North Central Washington Patient Health Safety Databank (PHSD). We welcome the development of a shared health information utility in North Central Washington that will make consumer data and other clinically-relevant information accessible to healthcare consumers in a secure and confidential manner for the benefit of consumers and the healthcare delivery system. We understand the overarching goal is to build a robust health record bank for our region with the following four primary pilot period objectives:

- 1) Facilitate the enrollment and utilization of between 4,000 and 5,000 individuals in their own Personal Health Records (PHR)
- 2) Bring informational value to PHRs
- 3) Bring informational value to health care providers
- 4) Report the results of our efforts to the Health Care Authority

We approve the PHSD Planning Committee recommendation to begin by sharing the following health data elements: medications, allergies, immunizations, lab and radiology reports, along with adequate patient identifiers. Other data elements may follow. We join in the project as Healthcare Provider Partners and recognize our key role as providers of consumer data as established through appropriate Memorandums of Understanding and Business Associate Agreements concurrent with the deployment of this pilot. We agree to share these data elements upon consumer authorization and will work with our EMR vendors to facilitate the interfacing capacity necessary for secure HIPAA compliant transmission of consumer data.

We collectively look forward to supporting this innovative pilot project and implore the HCA and state leaders to commit to supporting this pilot's goals thoroughly to its full potential.

Respectfully signed,

Wenatchee Valley Medical Center, CEO
 Central Washington Hospital, CEO
 CWH Family Physicians, Administrator
 Columbia Valley Comm. Health, CEO
 Family Health Centers, CEO
 Quincy Valley Medical Center, CEO
 Mid-Valley Hospital & Clinic, CEO
 North Valley Hospital & Clinic, CEO
 Lake Chelan Clinic, Administrator
 Community Medical Center, Administrator

	Date: 6/23/2008
	Date: 23 June 08
	Date: 6-24-08
include in subsequent phase	Date: N/A
	Date: 06/24/08
include in subsequent phase	Date: N/A
	Date: 6/23/08
	Date: 06/23/08
	Date: 6/23/08



Jesús Hernández, Executive Director
Community Choice PHCO
102 Maple Street, Suite B
Cashmere, WA 98815

Dear Jesús,

On behalf of Microsoft HealthVault, we are pleased to engage with Community Choice and Community Health Network of Washington as a technology partner in the development and future expansion of the North Central Washington Patient Health Safety Databank (PHSD) pilot project. Microsoft HealthVault is very interested in supporting community based efforts to extend the reach and power of Microsoft's technology to underserved populations as much as our mainstream communities. With that in mind, we have already established a strong working relationship with your other technology partner Covisint, in developing the integration between Health Information Technology (HIT) systems/data repositories necessary to make specific patient health data accessible to consumers via Microsoft HealthVault.

With Microsoft HealthVault supporting technology, your vision of a shared health information utility that makes consumer data and other clinically-relevant information accessible to healthcare consumers has great potential. We understand you have the following four primary pilot objectives:

- 1) Facilitate the enrollment and utilization of 5,000 individuals in their own Health Record Bank (HRB) accounts
- 2) Bring informational value to HRB accounts
- 3) Bring informational value to health care providers' EMRs so they will use the HRB data in their encounter work-flows
- 4) Report the results of our efforts to the Health Care Authority

Microsoft has relevant outreach and marketing resources that will be made available to supplement and integrate into your marketing and outreach efforts for this project. We stand ready to make these resources available concurrent with the deployment of this pilot project. We appreciate the extensive experience and competencies that Community Choice and Community Health Network of Washington enjoy in effectively engaging diverse consumer groups and especially the low income and underserved populations. We recognize our key role as providers of established infrastructure for the necessary compilation and storage of health data to support this project and are pleased to provide our support.

Sincerely,

Bill Reid, FACHE
Director, HealthVault Platform Strategy
Health Solutions Group



COMMUNITY
HEALTH NETWORK
OF WASHINGTON

June 27, 2008

Jesús Hernández
Executive Director
Community Choice PHCO
102 Maple Street, Suite B
Cashmere, WA 98815

Dear Mr. Hernandez:


Community Health Network of Washington is pleased to engage with Community Choice as a strategic partner for the development and future expansion of the North Central Washington Patient Health Safety Databank (PHSD) pilot project. Community Health Network of Washington (www.chnwa.org) is an organization comprised of 19 member Community Health Centers with 92 clinic sites, 148 affiliated health centers having 273 clinic sites, and a health insurance company, Community Health Plan of Washington. We serve over 600,000 low income and uninsured patients in 33 counties of the state of Washington. All of our member health centers are Federally Qualified Health Centers, and three of those centers are in your immediate pilot service area.

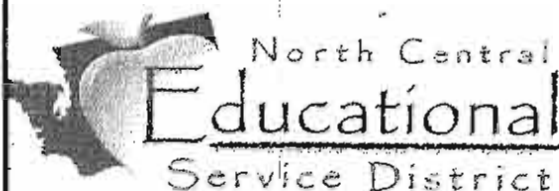
We welcome the development of a shared health information utility that will make consumer data and other clinically-relevant information accessible to healthcare consumers in a secure and confidential manner for the benefit of consumers and the healthcare delivery system. We understand the overarching goal is to build a robust health record bank for our region with the following four primary pilot period objectives:

- 1) Facilitate the enrollment and utilization of 5,000 individuals in their own Health Record Bank account
- 2) Bring informational value to consumers' Health Record Bank account
- 3) Bring informational value to health care providers' EMRs so that they will use the HRB data in their encounter workflows
- 4) Report the results of our efforts to the Health Care Authority

This project will leverage results from a Community Health Network of Washington funded pilot project that is establishing re-usable interfaces for clinical data exchange between disparate Electronic Medical Record systems. The extensive experience and competencies that Community Choice provides to effectively engage diverse consumer groups is a natural cooperation for bringing the Health Record Bank benefits and services to the low income and underserved populations served by our network clinics.

Sincerely,


Russell Saborra
Chief Information Officer



430 Olds Station Road - Wenatchee, WA 8801
PO Box 1847 - Wenatchee, WA 8807
Phone 509.665.2610 - Fax 509.662 9027
www.ncesd.org

Mr. Jesus Hernandez
Executive Director
Community Choice PHCO
102 Maple Street, Ste. B
Cashmere, WA 98815

Dear Mr. Hernandez:

The Title I Migrant Education Health Program (MEHP) is pleased to extend our support and desire to participate as a partner of the North Central Washington Patient Health Safety Database (PHSD) pilot project. The MEHP www.ncesd.org/migranthealth serves 23 public school districts across four counties. In particular, we share in the concern of the persisting health disparities that exist in our state and our nation between migrant/minority children and our mainstream population. That is why we are especially pleased that your project includes a significant focus on this sector of our population. Migrant farm workers in particular have an especially high need to track immunizations of their children and family as they move around following the various agricultural crops in our state and nation. The MEHP currently tracks immunizations, through the Migrant Student Data and Recruitment Systems, Migrant Student Information System. An interface with the state's Child Profile database will greatly increase availability of this student health data. Access to other data elements such as allergies and medications will be of great benefit to this mobile population.

We look forward to this mutually beneficial partnership to better serve our communities. The regular MEHP staff trainings and forums we currently facilitate with school parent groups and school personnel at various school districts provide a convenient venue to promote the benefit and use of these new services. We are ready to support the pilot project's four goals where possible:

- 1) Facilitate the enrollment and utilization of between 4,000 and 5,000 individuals in their own Personal Health Records (PHR)
- 2) Bring informational value to PHRs
- 3) Bring information value to health care providers
- 4) Report the results of our efforts to the Health Care Authority

Sincerely,

Mike Taylor

Migrant Health State Supervisor
North Central Educational Service District
PO Box 2424
Chelan, WA 98816
509-682-0373/fax 682-3407
miket@ncesd.org



NCRL

North Central Regional Library

Mr. Jesus Hernandez
Executive Director
Community Choice PHCO
102 Maple Street, Ste. B
Cashmere, WA 98815

Dear Mr. Hernandez:

On behalf of the North Central Regional Library system I am pleased to extend our support and desire to participate as a partner in the North Central Washington Patient Health Safety Databank (PHSD) pilot project. The North Central Regional Library system www.ncrl.org is a public service organization with 28 public libraries in rural communities across five counties. We support your project's focus on empowering the consumer with access to their health data and other online resources that can be accessed via our library sites internet access.

We commend Community Choice for the leadership it continues to provide to our region with innovative collaborative efforts with great benefit to everyone. We look forward to this mutually beneficial partnership where your outreach efforts promote our libraries as friendly places with access to online resources and other services. We understand this pilot project has the following four primary goals:

- 1) Facilitate the enrollment and utilization of between 4,000 and 5,000 individuals in their own Personal Health Records (PHR)
- 2) Bring informational value to PHRs
- 3) Bring information value to health care providers
- 4) Report the results of our efforts to the Health Care Authority

We welcome the opportunity to work with your project staff in holding informational events at our library sites where our services can be highlighted to English and Spanish speaking members of our communities. Additionally, we see this new access to personal health information a benefit our own employees may want to take advantage of for their personal and family benefit.

I will act as our organization's representative. We look forward to championing this project's benefit inside our own organization as well.

Sincerely,

Dan Howard
Director of Public Services



Washington State Senate

Senator Margarita Prentice

Chair, Ways & Means Committee

11th Legislative District

Olympia Address:
PO Box 40411
Olympia, WA 98504-0411

Telephone:
(360) 786-7616
E-mail: prentice_ma@leg.wa.gov

June 26, 2008

Jesus Hernandez, Executive Director
Community Choice PHCO
102 Maple Street Suite B
Cashmere, WA 98815

Dear Director Hernandez:

I am delighted to extend my strong support of your one year pilot of a patient controlled Health Record Bank in North Central Washington. It is so encouraging to have one of our state's healthcare providers taking the lead in exploring ways to motivate consumers to be more active and informed in their personal health.

It is also important to be proactive in addressing the persistent health disparities in our state and nation. That is why I am especially pleased one of your project's demographic groups is the large and growing Latino sector. Your organization is well equipped to reach and engage that population as well as our mainstream residents.

As a long time nurse and current chair of the Senate Ways and Means Committee, I commend Community Choice for the innovative and collaborative leadership it continues to provide to your service area. Thank you for your diligent efforts in finding solutions to the healthcare challenges in our state. You are always welcome to contact my office if I can be of any assistance to your project.

Sincerely,

A handwritten signature in cursive script that reads "Margarita Prentice".

MARGARITA PRENTICE

Senator ~ 11th Legislative District

Chair, Ways and Means Committee

MP/mar



Washington State Senate

Senator Linda Evans Parlette

Senate Republican Caucus Chair

12th Legislative District

Olympia Office:
316 Legislative Building
P.O. Box 40412
Olympia, WA 98504-4012
Phone: (360) 786-7622
Fax: (360) 786-1266

District Office:
625 Okanogan, Suite 301
Wenatchee, WA 98801
Phone: (509) 663-9702
E-mail: Parlette.Linda@leg.wa.gov
Hotline: 1-800-562-6000

June 24, 2008

Jesus Hernandez
Executive Director
Community Choice PHCO
102 Maple Street, Ste. B
Cashmere, WA 98815

Dear Mr. Hernandez:

I am writing in support of the North Central Washington Patient Health Safety Databank (PHSD) pilot project. I am pleased our state is exploring ways to stimulate greater and more informed participation of healthcare consumers in their personal health. I am optimistic this new access to health information can reduce the costs of healthcare while improving the health of Washingtonians. As a pharmacist myself, I can see how the ability to track medications alone can be a huge benefit for patients and providers.

I commend Community Choice for the leadership in providing to our North Central Washington region with innovative collaborative efforts in the area of healthcare. I understand this one year pilot project has the following four primary goals:

- 1) Facilitate the enrollment and utilization of between 4,000 and 5,000 individuals in their own Personal Health Records (PHR)
- 2) Bring informational value to PHRs
- 3) Bring information value to health care providers
- 4) Report the results of our efforts to the Health Care Authority

As a state senator in rural Eastern Washington, I understand the challenges communities face with limited resource and high needs for care. I appreciate your diligent and cutting edge work in helping us solve the healthcare challenges in our region and our state.

Please do not hesitate to contact my office if I can be of further assistance.

Sincerely,

LINDA EVANS PARLETTE
Washington State Senator
12th Legislative District



June 20th, 2008

Jesus Hernandez, Executive Director
Community Choice PHCO
102 Maple Street, Ste. B
Cashmere, WA 98815

Dear Mr. Hernandez:

It is my pleasure to extend my overwhelming support for the North Central Washington Patient Health Safety Databank (PHSD) pilot project. I am also pleased that our state is exploring ways to stimulate greater and more informed participation of healthcare consumers in their personal health. A concern of mine is the persisting health disparities that exist in our state and our nation between people of color and/or low income status and our mainstream population. That is why I am especially pleased that your project is including that large sector of the population in your project's service area. Farm workers in particular have an especially high need to track immunizations of their children and family as they move around following the various agricultural crops in our state and nation.

I commend you and your healthcare consortium partners for the leadership you continue to provide to our state via innovative and collaborative efforts with great benefit to everyone. I understand this one year pilot project has the following four primary goals:

- 1) Facilitate the enrollment and utilization of between 4,000 and 5,000 individuals in their own Personal Health Records (PHR)
- 2) Bring informational value to PHRs
- 3) Bring information value to health care providers
- 4) Report the results of our efforts to the Health Care Authority

As Latina state legislator that grew up in Eastern Washington, and raised a family there, I understand the need for such a special program that would be beneficial to many people. We must do more preventative health care programs so that we can have healthier communities. Thank you for your diligent and cutting edge work in addressing the healthcare challenges in our state.

Do not hesitate to contact my office if I can be of additional help to your project.

Sincerely,

A handwritten signature in blue ink that reads "Phyllis Kenney".

Phyllis Gutiérrez Kenney
State Representative, 46th District