

## **Overview**

Inland Northwest Health Services (INHS) is proposing a Health Record Bank (HRB) pilot project that partners an extensive health information network in eastern Washington with the consumer-friendly web-based application available from Google Health. INHS is a national leader in connecting health care providers to patient health information using innovative and effective health information technology tools. Through the proposed HRB pilot, INHS intends to expand its current health information exchange to include consumers and to facilitate sharing of information between providers in ambulatory care settings. The INHS HRB pilot will enroll consumers and providers from different populations and different health care settings, allowing for the identification and direct comparison of characteristics of consumers and providers that may promote HRB adoption. INHS is committed to an effective, high quality health care system in Washington, and fully supports the efforts of the Washington State Health Care Authority and the Health Information Infrastructure Advisory Board to further this cause.

## **Background Information**

INHS, a 501(c)(3) nonprofit organization established in 1994, is a successful, mature, and self-supporting Health Information Exchange (HIE) providing services to its member health care organizations on a fee-for-service basis. The range of business and technical operations offered by INHS has grown to include hospital information system management, physician office electronic medical record system management, telemedicine services, emergency air medical transport, inpatient rehabilitation services, community health education, and health professional continuing education, as well as health information exchange.

As INHS' service offerings have grown, so have the number of organizations that receive these services. INHS provides hospital information system services to 38 primarily independent hospitals in the states of Washington, Idaho and California. Physician office electronic medical record (EMR) services are provided to 70 clinics serving more than 400 physicians.

With extensive experience in the delivery of secure integrated information technology solutions for health care providers, the logical next step is to engage the consumer. INHS has served on the Board of Directors for the Health Information Infrastructure Advisory Board (HIIAB), and has been an active participant in various HIIAB committees. We understand the vision of the HIIAB for utilizing health record banks to engage consumers and facilitate communication between consumers and health care providers. The INHS HRB brings together key partners to leverage the existing INHS health information infrastructure for implementing a consumer health record bank. The expertise of INHS and its partners assures

that the HRB will be operational within the timeframe established by the Washington State Health Care Authority (HCA), and that fundamental questions about HRBs can be answered.

The key partners in the INHS HRB are:

***INHS ([www.inhs.info](http://www.inhs.info))***

**Size:** \$91M, 501(c)(3) nonprofit organization

**Mission:** INHS provides unique, effective, affordable services using collaborative and innovative approaches for the benefit of the entire health care continuum.

**Primary Business activity:** Health Information System services

**Role:** Serves as the HRB and oversees all project activities.

**Rationale:** INHS is a Health Information Exchange (HIE) operating in WA, ID, and CA. For the purposes of the HRB pilot, a subset of hospitals and clinics will serve as the Enrolled Target Population. The size of the existing INHS hospital and physician office network in the State of Washington would provide the potential of significant growth of the Target post pilot.

**Relevant work:** INHS connects 38 hospitals with 4,400 beds, 38 hospital laboratory systems, multiple reference laboratories, two regional imaging centers, 70 physician offices with more than 400 physicians, and emergency services.

**Size:** The INHS Network contains more than 2.6 million health records.

***Google ([www.google.com](http://www.google.com))***

Google is a public and profitable company focused on search services. Google operates web sites at many international domains, with the most trafficked being [www.google.com](http://www.google.com). Google is widely recognized as the "world's best search engine" because it is fast, accurate and easy to use. Google's breakthrough technology and continued innovation serve the company's mission of "organizing the world's information and making it universally accessible and useful."

***Google Health ([www.google.com/health](http://www.google.com/health))***

In the spring of 2008, Google launched a consumer driven online health record system. Branded as "Google Health" the system allows an individual to store and manage all health information in one central place and in a safe and secure environment. Google Health believes that the consumer should decide how much to share and with whom to share health information. Google Health is free, and Google will not sell or share anyone's information.

With Google Health, an individual's ability to manage health information includes the following capabilities:

1. Build online health profiles
2. Import medical records from hospitals and pharmacies
3. Learn about health issues and find helpful resources
4. Search for doctors and hospitals
5. Connect to online health services

**Rockwood Clinic ([www.rockwoodclinic.com](http://www.rockwoodclinic.com))**

Rockwood Clinic is a multi-specialty clinic, representing primary care, urgent care and specialty care from multiple locations including Spokane, Coeur d'Alene, Cheney and Medical Lake.

Rockwood Clinic sees more than 160,000 patients a year and employs more than 190 physicians and providers and a total of more than 900 employees. Rockwood Clinic offers more than 30 specialties and operates from six primary clinical locations providing concentrated medical and urgent care services and several other specialty care locations throughout Spokane, Washington and Coeur d'Alene, Idaho. Rockwood Clinic is the largest freestanding outpatient diagnostic and treatment center between Central Washington and Minneapolis, and the largest regional referral center and is home to the region's most comprehensive and skilled medical and health care experts.

**Physicians Clinic Of Spokane ([www.pcsclinic.com](http://www.pcsclinic.com))**

The Physicians Clinic of Spokane (PCS) is an independent physician owned group composed of specialists including internal medicine and rheumatology. PCS provides health care services at three locations in the Spokane area.

PCS is committed to providing quality medical care and has current and ongoing desire to be a center of excellence known for:

- Providing high quality, evidenced based, cost effective care for its patients in the group practice setting.
- Actively measuring quality by accepted metrics.
- Being a leader in the development of electronic medical records, electronic patient communication and seamless availability of patient information to facilitate care.
- Implementing consumer responsive systems, policies and procedures, which enhance the clinic's recognition in the community and region.
- Positively impacting and serving the local and broader community.

**Heart Clinics Northwest ([www.hcnw.org](http://www.hcnw.org))**

Heart Clinics Northwest, PS, (HCNW) is a single specialty physician group with associated health care workers specializing in the delivery of cardiovascular care. The group offers a variety of services related to the diagnosis and treatment of cardiac and



vascular diseases. All physicians are Board Certified cardiologists who provide general cardiovascular care. In some cases, HCNW is also able to provide subspecialty care such as electrophysiology, echocardiography, nuclear, and invasive/interventional cardiology through specific physicians in the group who specialize in these areas.

### **Industry Involvement**

INHS has achieved much since its inception in 1994. These accomplishments have been showcased in the way in which INHS has successfully transformed an entire regional health care system through the creative application of information technology, the strategic use of shared services, the connection of rural communities, a commitment to patient safety and healthier communities and the continuous drive and passion of its more than 1,000 employees.

It can also be seen through a number of honors awarded to INHS through the past years. In 2003 INHS won the Technet Catalyst Award and in 2004 the Spokane Regional Chamber of Commerce Technology Agora Award for best company in the non-profit category. INHS has also been awarded the Warren Featherstone Reid Award for Quality, Cost Effective Health Care.

For six years more than 10 hospitals on the INHS network have ranked as the most wired hospitals in the nation. INHS CEO Tom Fritz has said "It's about creating the safest hospitals in the nation; these innovative solutions combined with clinical knowledge improve patient outcomes, reduce length of stay and help prevent medication errors, allowing hospitals to better serve their communities."

INHS has continuously stood out as a leader in the nation's health care system. Former Speaker of the U.S. House of Representatives, Newt Gingrich, noted "Inland Northwest Health Services is one of the systems I encourage everyone interested in health innovation to visit...Their new ideas and new developments never fail to give me confidence that we can live longer, with better health at lower cost."

INHS is extensively involved in state, regional and national efforts to improve health care quality. CEO Tom Fritz serves on the board of trustees for the Certification Commission for Healthcare Information Technology (CCHIT), an independent, not-for-profit organization whose mission is to create an efficient, credible and sustainable product certification program. Mr. Fritz is also a member of the Board of Directors for the National Alliance of Health Information Technology. He sits on the eHealth Initiative's Leadership Council and the Policy Steering Committee where he co-chairs the Consensus Legislation Work Group on Standards for Interoperability and the Role of Government. Mr. Fritz is also an appointed member to the WA State Health Information Infrastructure Advisory Board addressing state-wide health information exchange, and a member of the American Health Information Community (AHIC) Successor Business Sustainability Planning Group, a public-private partnership focused on the creation and use of an interoperable nationwide health information system.

Other INHS staff serve on the boards of the Foundation for Health Care Quality, OneHealthPort, and the Northwest TeleHealth Resource Center, and have served on the boards of the Washington State Rural Health Association, the Washington State Public Health Association, the American Telemedicine Association and the National Rural Health Association.

### **Description of Pilot**

The INHS Health Record Bank (INHS HRB) project will initially involve three clinics in eastern Washington, representing more than 240 health care providers. The patient population covered by these clinics is estimated to be 300,000 to 400,000. This figure is estimated because we are uncertain exactly how much overlap there is between the patient populations in the participating clinics. The project will collect at a minimum patient medication and allergy data and potentially other data types from different clinical data sources including hospitals and physician offices into a single centralized database. INHS already has in place an extensive information technology infrastructure that manages and shares health information between a wide variety of health care organizations. The INHS HRB will interface with external web-based personal health information management systems. In the pilot project, that external system will be Google Health, although in the future other such products including Microsoft's HealthVault could be used. The web-based system allows patients to add personal health information such as over-the-counter medications or allergic reactions and to grant access for physicians or family members to view that information. The patient can also use the web-based system to import data from non-INHS data sources such as pharmacies and to conduct research into their health conditions.

Access to the information in the INHS HRB will occur through several mechanisms. At the most basic level, patients will be able to make hard copies of this information from the web-based personal health information management system to take to a doctor's appointment. Patients will also be able to sign up for a Smart Card, a device that looks like a debit card but with an electronic chip that can hold health information. Patients will be provided with readers that will allow them to download data from the INHS HRB onto the Smart Card or upload it from the Smart Card to the INHS HRB. Area emergency rooms will also be provided with readers so that patients who need emergency care can have critical health information accessed right away. Patients will also be able to grant physicians or family members direct access to their web-based personal health information management system, which will also allow them to do research on their conditions.

The following figures outline the data sources for the INHS HRB and the relationship between the HRB and Google Health.



**Physician Clinics**



**Centricity EMR**

**Hospitals**



**MEDITECH**



**Point of Care**

**Point of Care PHR**



Google



**Consumer Personal Health Record**



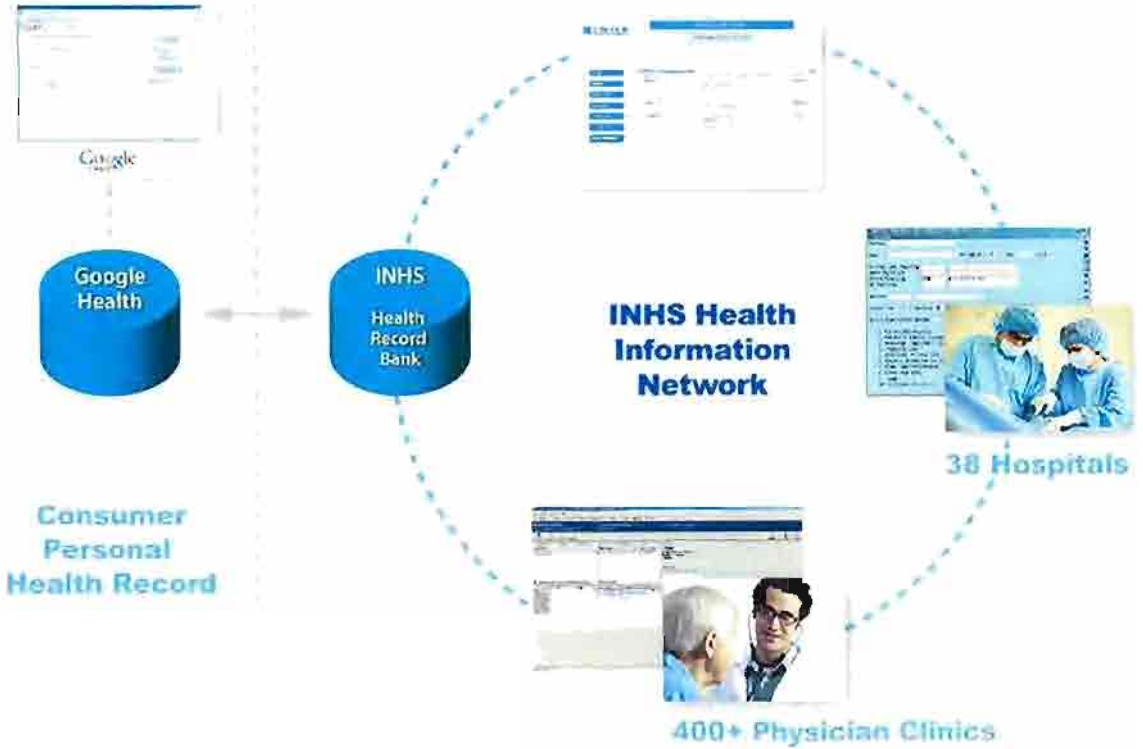
**INHS Health Information Network**



**400+ Physician Clinics**



**38 Hospitals**



INHS will work through the participating physician offices to enroll patients for the pilot project. Materials will be placed in the clinic waiting and exam rooms, and will be sent to patients via the clinics' normal communication channels including emails and newsletters. INHS will also hold enrollment fairs to provide information and assist patients in signing up for an HRB account. Mass marketing techniques such as press releases, news stories and media ads will be used to increase general awareness about health record banks.

The INHS HRB will be evaluated through qualitative and quantitative measures to assess participation and satisfaction by both patients and providers. Comparisons will be made between patients representing the general population who seek care from a large multi-specialty clinic system and patients with chronic medical conditions who seek care from separate primary care and specialty practices.

The INHS HRB project will be led by Marc Johnston, an experienced project manager and health information technology professional. Nicole Stewart, INHS Director of Communications, will lead the marketing and consumer engagement efforts. Douglas Weeks, PhD, INHS Senior Research Investigator, will serve as the lead on evaluation of the project. Additional INHS staff will provide subject matter expertise and guidance, including Tom Fritz, CEO; Fred Galusha, CIO; Craig Nielsen, Chief Application Architect; Mike McDaniels, Security Specialist; Mike Smyly, Senior Director of Business Development; and Dave Lenartz, Director of Web Development. In addition to the expertise that the INHS staff bring to the project, consultants outside of INHS with specific knowledge and expertise will be contracted to provide support for key project elements, including John Christiansen, JD, an attorney specializing in health information law; and Karen Hartmann-Voss, a health information consultant specializing in policies and procedures. Resumes for all of these individuals are attached to this proposal. INHS reserves the right to substitute individuals with equal or greater expertise for anyone named in this proposal should the need arise.

INHS has recently been awarded a grant from the Washington State Health Care Authority to assess the availability of medication information at health care encounters. INHS will be surveying health care providers and conducting provider and patient focus groups to determine how often medication information is available at health care encounters and how complete and accurate that information is. The study will also seek to determine how providers and patients would recommend increasing the availability of medication information. The information gained through the medication study will be used to help guide the design of and help evaluate the results of the INHS HRB study.

The timeline and key activities associated with the INHS HRB project are described in the project plan contained in Attachment A.



## **Rationale for Proposed Solution**

The design of the INHS HRB recognizes that, as expressed in the grant solicitation, the concept of HRBs is relatively new and untested. Therefore the focus of the INHS HRB pilot is making key data available and evaluating consumer and provider response. This will help determine the value of an HRB for decision-makers considering expanding such tools throughout the State of Washington. The INHS HRB design also supports HCA's interest in achieving enough Enrolled Population volume to report meaningful lesson learned.

With those considerations as the focus, the INHS HRB pilot design incorporates data from multiple physician clinics and hospitals as well as external sources that are available through Google Health, including some pharmacies. Consumers can also enter data directly into the system through Google Health, and can edit all information. Given the size of the existing INHS network, expanded data offerings can readily be made available for consumers in the future.

Of specific note, the INHS HRB pilot offers a large target pilot population, estimated at between 300,000 and 400,000 patients, increasing the likelihood that the project will obtain a large enough Enrolled Population to allow for meaningful lessons learned. Because INHS already has a major, self-supporting health information technology infrastructure in place, and because the pilot project leverages existing resources including Google Health, there is great potential for sustainability post pilot. Further, the chosen model is easily replicable with other health care organizations in other communities across Washington.

For the purposes of the INHS HRB pilot, Google Health will serve as the user interface to the consumer. Using an existing tool such as Google Health will assure that the project can be operational on the very short time-line defined by the HCA. Further, the Google Health tool is easy-to-use and readily available, and brings with it major name recognition. All of these are characteristics that will help promote consumer engagement and adoption of the HRB concept. Google Health is currently capable of limited granularity of consent, meaning the consumer offers consent to bring data in, or does not grant consent. However, they have plans to develop a more granular consent functionality in the near future. The INHS HRB will have the ability to control what data is sent to Google, therefore providing some control of the granularity of the data included in Google Health. Decisions about data transmission to Google will be made with guidance from the Provider and Consumer Advisory groups.

## **Project Requirements**

### **1. Information on External Sources**

The INHS HRB pilot will provide information including medications and medication allergies from multiple external data sources. It is worth noting that the INHS data sources available

include extensive clinical data types from a full complement of hospital and physician office electronic medical record systems, with integrated medical imaging.

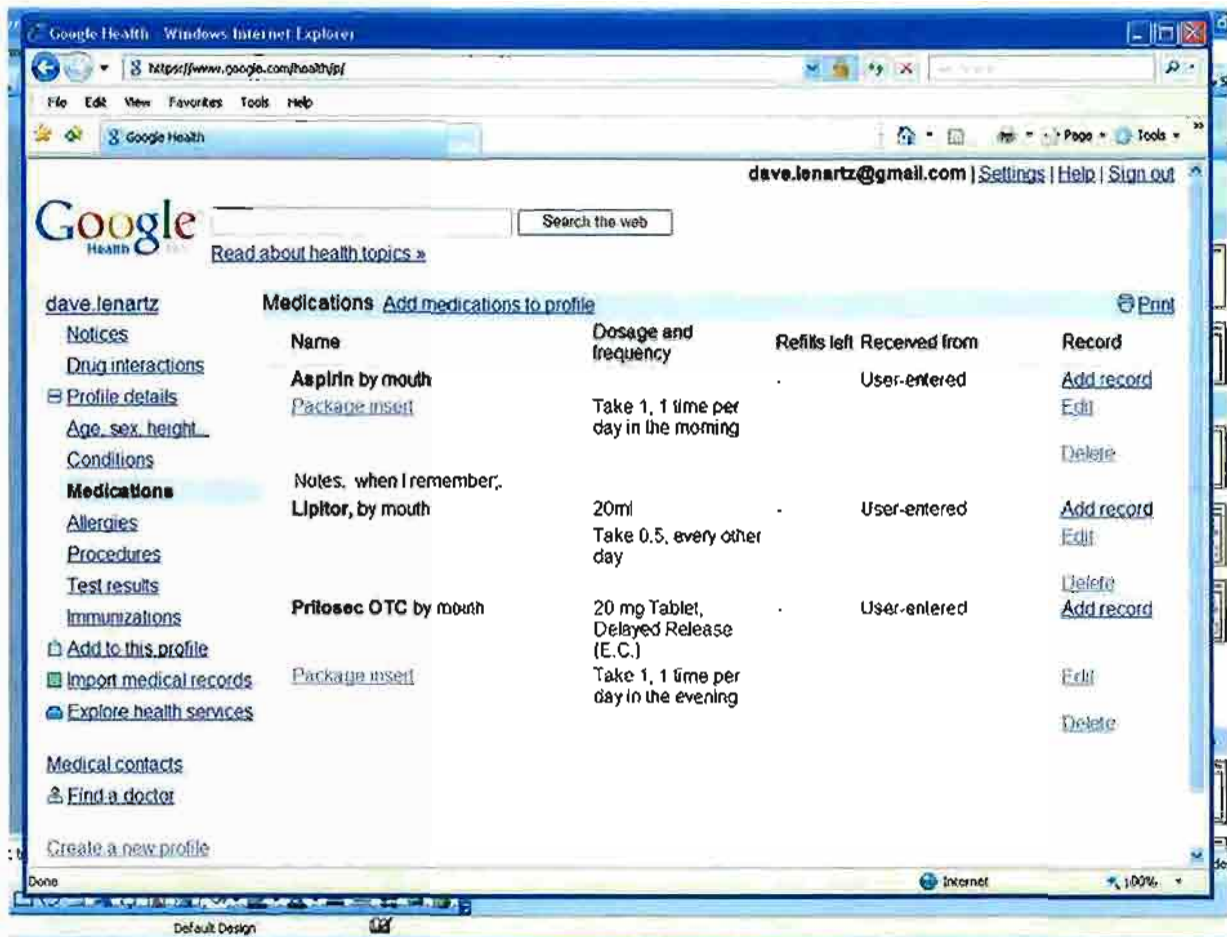
Laboratory results and immunizations are likely to be included in the INHS HRB pilot, but the decision on the inclusion of these data types will be addressed with the guidance of the Provider and Consumer Advisory Committees. Given the existing INHS infrastructure, inclusion of additional data types does not present any technical difficulties. However, there are different policy and practice implications associated with different data types and input from the Advisory Committees is necessary before making these decisions.

A benefit of the INHS and Google hybrid solution is the ability for the consumer to populate their record from a variety of external sources, which currently include Walgreen's, Medco, Longs Drug Stores, RxAmerica, MinuteClinic from CVS Caremark, and Quest Laboratories. In addition to the INHS data sources that will be implemented during the INHS HRB pilot, Google Health is currently working to provide access to many other data sources.

Future development will address the inclusion of advance directives, patient histories, hospital discharge summaries, and imaging reports. While this data is currently available from a technical perspective, the operational considerations require a longer evaluation and planning period than the pilot timeframe allows.

## **2. Support of Consumer View and Print**

Once the consumer has established a Google Health account, they have the ability to view and print the information the consumer has chosen to include in their record. The consumer simply logs into their Google Health Record to view data that has been populated by external healthcare sources, including the INHS HRB, as well as any consumer-entered data. The ability to print the record is a choice from within the Google Health account. The following screenshot shows a Google Health page with medication information, and also the capability of printing the page.



INHS will be providing additional functionality for consumers as part of this pilot by making available a Smart Card. The Smart Card looks like a debit card, but is embedded with a chip that can hold personal health information. The consumer plugs a small card reader into a desktop computer via a standard USB port. The card reader enables a consumer to enter personal health information onto the card. Information will also be downloadable to the card from the INHS HRB. During the pilot, emergency rooms in Spokane will be provided with card readers, so that individuals who need emergency care will be able to use the Smart Card to give emergency room personnel access to critical health information.

### 3. Use and Partnership

To encourage active use of the INHS HRB, consumers who are participating in the pilot will be reminded to update their medication lists prior to any appointments. These reminders will be issued electronically, either through an automated phone system that calls the consumers

with a reminder about the appointment or through an automated email generated by the physician office EMR. Each of the participating physician offices in this pilot has the potential to do one or the other of these reminder mechanisms.

The use and importance of the printed medication lists will be reinforced during the office visits, as described below. Educational materials will also be given to the consumer at the end of the office visit, encouraging them to routinely update their HRB between office visits.

#### **4. Printed Information/Workflow**

The INHS HRB pilot will determine and evaluate useful methods of incorporating the printed information from the HRB into clinical office workflows with the guidance from the Provider and Consumer Advisory Committees.

As noted above, we envision an educational process to advise and encourage the consumer to update their HRB record between office visits as well as reminders that will be issued to consumers prior to office visits. As this pilot will offer the use of smart cards in addition to the ability to print a paper copy of the record, the consumer can choose which method they would like to employ.

Specific workflows will vary by physician office and cannot be finalized without the input of the Provider and Consumer Advisory Committees. However, an example workflow follows:

Step 1: Prior to clinic visit, consumer updates their HRB records and either prints a hard copy or updates the Smart Card.

Step 2: Consumer checks in at the registration desk of the clinic.

Step 3: Consumer is “roomed”. (Taken to exam room, and current health complaint, vitals, etc. is obtained by nurse). It is at this point that the consumer presents their printed record or presents the Smart Card for viewing.

Step 4: The rooming nurse includes the consumer provided HRB record in the chart, or alternatively, for offices using an electronic medical record, asks the consumer to give the document when the care provider enters the room.

Step 5: At this point the consumer can mention that while they are here for XXX complaint, they noticed on their HRB that they are due for an immunization, etc.

Step 6: Caregiver reviews HRB printout, discusses with consumer, and updates the clinic medical record as appropriate.



## 5. Enrolling Target Population

The INHS HRB pilot project will focus on attracting consumer populations that are associated with specific physician offices. We are taking this approach for three reasons. First, we are targeting specific offices because of the need to establish interfaces between those office electronic medical record systems and the consumer-accessible HRB. Second, by working directly with physician offices, we will be able to receive regular feedback in order to minimize provider concerns about workflow, process, and informatics challenges related to provider use of the HRB. Third, by working through physician offices we are able to leverage the relationship that those physicians have with their patients, including a certain inherent level of trust and established communication mechanisms.

We will be targeting two different patient populations for the pilot project. The first patient population is associated with independent physician practices that have a high percentage of older adults and individuals with cardiac conditions. Physicians Clinic of Spokane is an internal medicine practice that sees primarily adult and geriatric patients. They refer many of their patients to Heart Clinics Northwest for specialty cardiology care. The fact that they are separate practices with separate electronic medical record systems means that the primary care providers and the specialists currently do not have access to a common patient record. They rely on the patients and on traditional means (telephone and fax) to obtain information about the patient from the other providers. The patients seen by these two practices are more likely to have chronic medical conditions which require more frequent office visits, larger numbers of prescriptions, and periodic hospitalizations than the general population. They are also patients that are likely to be seen by multiple practices. All of these are characteristics that may instill a need in this patient population or their caregivers to track information about their health care, and therefore would seem to make them more likely to benefit from an HRB.

The second population will be patients associated with a large physician clinic system based in Spokane. Rockwood Clinic provides primary and specialty care and radiology and laboratory services all within a single system. Rockwood Clinic is just completing a major implementation of a single electronic medical record throughout their system, which will enable providers in different locations to readily access all relevant patient information. The patient population seen by Rockwood is more representative of the general population including families, children and the elderly. This population's level of interest in tracking their health information and using HRBs would seem to be highly variable.

The size of the target population of both providers and patients makes it highly likely that we will be able to achieve an enrollment target of at least 5,000 participating patients. Across all participating clinics the total patient population is estimated to be between 300,000 and 400,000, so that only two percent enrollment is necessary to exceed the target. The total number of available physicians is more than 160, and the number of physician extenders is more than 80. By using a common HRB infrastructure and common marketing mechanism

across both of these sizable patient and provider populations, we will be able to make some valuable comparisons and learn critical lessons about what types of patients and providers are most likely to use HRBs. We will also be able to ask a variety of important questions:

- Are individuals with chronic conditions, such as cardiac conditions, more likely to use an HRB than patients without such conditions?
- Are there important demographic variables, such as age or sex, that increase the likelihood of a patient using an HRB?
- Are physicians in separate practices who refer patients to each other more likely to take advantage of the information in an HRB than physicians in a single large clinic system?
- Are physicians more or less likely to use the information in an HRB than physician extenders such as nurse practitioners and physician assistants?

The answers to these questions will help inform the future development of HRBs in Spokane and across the country.

In addition to the advantages cited above of working through specific physician offices, we believe that consumers and providers will be interested in participating in the INHS HRB due to the name recognition of both INHS and Google. INHS is well known among providers in our community as a reliable source of innovative technology-based services and programs. Our services and programs are also well known and appreciated by members of the general public. Google has become a household name and a standard part of most people's vocabulary. Further, Google services are well-known as being easy-to-use and readily accessible. We will build upon all of these advantages in our efforts to market the HRB and enroll consumers.

The INHS HRB pilot will utilize three different approaches to marketing. The timing for each of the marketing efforts is summarized in the project plan in Attachment A. INHS will incorporate HCA and HIIAB materials and messages into all of these marketing approaches.

- *Broad community campaign:* In the fall of 2008, INHS will initiate a community campaign intended to increase general awareness about the project and the value of HRBs. The campaign will prominently feature the names of INHS, Google and the participating clinics. The campaign will include press releases, press conferences, and advertising. The focus will be defining and identifying the advantages of HRBs; emphasizing security, privacy and consumer control; and noting which organizations will be participating in the pilot. INHS also intends to establish a website with information about HRBs and the pilot project. The website site will be referenced in all the campaign materials.
- *Marketing through physician offices and other specific venues:* When the HRB is ready to be rolled out, we will begin marketing the program through the participating physician offices. This will include sending information out to patients through existing clinic newsletters and electronic communication, posting information on the clinic websites, placing materials in the waiting and exam



rooms, and providing clinic staff with information that they can hand patients during visits. These messages will include the same information described above but will also describe the enrollment process. In addition to promoting the program through the participating clinics, INHS will also utilize the cardiac rehabilitation program at St. Luke's Rehabilitation Institute (an INHS-operated facility) as a venue for informing and enrolling program participants. In addition, we will ask area pharmacies to help promote the program.

- *Enrollment fairs:* To facilitate enrollment and promote the program, INHS will hold periodic enrollment fairs at the participating physician offices and in separate locations. The fairs will be staffed by members of the INHS HRB project team, who will hand out information about the HRB and will also have computers set up to help walk people through the enrollment process. The fairs will be actively advertised at the physician offices and in the community.

Enrolling in and using the HRB will need to be very simple in order to garner the highest levels of participation. To facilitate enrollment and use, INHS intends to establish an Enrollment Concierge position. This individual will be available by phone from 8:00 to 5:00 Monday through Friday to answer questions about the application and to help walk people through the enrollment process. The Enrollment Concierge will also be able to help people use the system and will get them connected to the INHS Help Desk to resolve any technical problems. The INHS Help Desk is available 24/7.

## 6. Available Technology

INHS currently has all of the technical infrastructure necessary to successfully implement the HRB plan as outlined in this document. Today INHS operates as the defacto healthcare information network for Eastern Washington. INHS maintains the data center for 38 hospitals, and 70 physician offices and clinics on our private network. We employ expert technical resources in the areas of integration, data communications, server and database, security, disaster planning along with a clinical analyst team that includes nurses and pharmacists. INHS and its partners are recognized nationally as one of the most technically advanced healthcare information networks in the country.

**7. Security** The pilot HRB must offer the following capabilities related to security:

*a. Physical security of data must meet industry standards.*

The INHS Data Center is a secure facility that is manned 24x7 by the INHS Operations Staff. Entry to the Operations area is controlled by Keycard/Badge access where those wishing to access the main data center floor must sign in with the Operations Staff. Access to the Data Center floor is then controlled by two-factor authentication, currently using a Keycard/Badge reader combined with a biometric hand reader. The interior of the data center is monitored by operations staff via video cameras which display on a larger panel of displays within the Operations Area.

*b. Service availability must be 24/7 with at least 99.9% uptime.*

INHS has maintained an uptime of 99.9% or greater for all applications within the INHS data center for the past 12 calendar months.

*c. Data transmission to and from HRB must be encrypted to industry standards.*

All data passing between INHS and external 3<sup>rd</sup> parties is either encrypted using IPsec-AES based VPN tunnels, SSL based encryption, or a combination of the two.

*d. All data imported to or exported from external sources or read from the HRB is matched to the appropriate individual consumer (with mechanisms for rapidly correcting any errors that may occur). AND*

*e. Authentication:*

Note: The following paragraphs respond to Sections D and E, in total.

INHS will manage consumer identification and authentication as an interface between Google Health and participating providers.

Neither HIPAA nor other federal law, or any Washington state law provides specific standards for online identification and authentication. The most authoritative standards are the federal electronic authentication standards,<sup>1</sup> which are binding on federal agencies and influential in the private sector. These standards define authentication standards in terms of (1) registration procedures, (2) types of online factors used for authentication, and (3) procedures for authentication factor transmission to the user, applicable to four "Assurance Levels" defined according to the sensitivity of the information and transactions they support. This approach has also been implemented for Transact Washington access.

Google Health will be the initial registration agent for consumers. Google Health registers consumers using Google's standard procedures: An individual establishes a Google profile with a self-selected user name. The authentication factor, a password, is also self-selected. An individual who has an established Google account can create a Google Health account as a separate Google service, while an individual who does not yet have a Google Health account can create one by first establishing a Google profile, then creating a Google Health account. Google does not attempt to verify the identity of users.

These processes match Assurance Level 1, meaning there is "little or no confidence" in identity of the user. This is appropriate for a user's access to standard Google content, or content the user enters or uploads into a Google Health account. However, it would not be

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<sup>1</sup> U.S. Executive Office of the President, Office of Management and Budget, *E-Authentication Guidance for Federal Agencies* (OMB 04-04, December 16, 2003); U.S. Department of Commerce, National Institute of Standards and Technology, *Electronic Authentication Guide* (NIST Special Publication 800-63, September 2004); and Centers for Medicare and Medicaid Support, *Information Systems Security Policy, Standards and Guidelines Handbook* Version 1.2 (July 19, 2004)

appropriate for medical record access, which requires at least Assurance Level 3 (“high confidence”). Before making medical record information available to a user through a Google Health account, then, additional assurances need to be obtained.

Level 3 Assurance generally requires at least (1) registration by in-person or on-line presentation of photo identification, plus sponsor verification or third-party identity proofing, (2) “single-factor plus” authentication by password plus “soft token,”<sup>2</sup> or two factors (e.g. password plus smart card), and (3) “out of band” authentication password issuance, for example by mail or in-person.

This means that INHS anticipates developing a secondary identification and authentication process for association of Google Health users with specific patients, to provide the additional assurances. This might be administered in a number of different ways, such as consumer sign-up at the point of care, as with the “patient portals” used by a number of healthcare organizations. The consumer might then use a secondary password, transmitted separately by INHS, to activate an INHS-provisioned soft token and authorize the upload of medical record data into the Google Health account. Once the consumer has been registered and authentication established, the same soft token could be used to authorize uploads from other providers upon their verification that they have records for that consumer. An information sharing agreement will be executed during the consumer sign-up process.

This is only a sketch of a process which will need considerable fleshing out with policies, procedures and appropriate agreements, and coordination with Google Health. However, it is consistent with the policies published by Google Health, and INHS has robust abilities to implement access to records from many providers on a technically rigorous basis. INHS can therefore manage consumer identification and authentication at the interface between the consumer’s Google Health account, which is wholly under the consumer’s control, and the provider, who needs high confidence in the identity of the individual who seeds access to records to upload them into that account.

*f. Authorization: Consumer owner of the HRB account will have the capability to administer (i.e., set, view, maintain, and/or modify) access control for all data managed by the HRB at the following levels:*

Note: The following paragraphs answer Section F in total.

Under the Google Health Terms of Use and Privacy Policy, the account user has sole control over access to information in the account. The account user can designate “contacts” (i.e., individuals using browsers) and “websites” (i.e., entities using the Google Health Data API) which are permitted to access the information in the account, by filling in on-line forms. Google Health has published an on-line “Google Health Sharing Authorization” which authorizes the sharing of information with designated entities and individuals.

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<sup>2</sup> Both “hard tokens” and “soft tokens” refer to methods of storing cryptographic keys which are used to authenticate a user. The difference between the two is that a “hard token” stores the key in a specific device such as a smart card, while “soft token” key is stored on a server, disk or other electronic media, and is itself encrypted subject to password or other activation data access

As under existing law, and practical reality, once a consumer has possession of his or her medical information in Google Health, the consumer has the right to do as he or she likes with it. The account user can enable or terminate access by all or specified other individuals or entities at will, and can delete all information permanently by deleting the Google Health profile.

However, the Google Health Sharing Authorization appears not to provide adequate assurances and other elements appropriate to authorize a provider to disclose (i.e., upload) medical record information into a Google Health account. An appropriate additional authorization will need to be developed which includes the other elements and is electronically signed, so that providers have the assurance that it meets the requirements of HIPAA, Washington law, and their own risk management needs.

*g. Audit: Consumer owner of the HRB account will have reasonable access to audit reports containing the following:*

Google Health does not offer audit capabilities at this time, and the only access to the Google Health account, or the INHS HRB, is the consumer. The INHS HRB will however, maintain a record of draws and contributions from the HRB.

## **8. Industry Standards**

The INHS Health Record Bank will implement an EDI transaction interface for communication between other participants within the INHS Health Information Network. This HRB transaction interface will utilize widely accepted industry standards in order to facilitate rapid adoption and ease of use among health care providers.

For data transport the HRB transaction interface will utilize common HL7 message transactions (version 2.x). A key transaction format will be the use of the industry standard continuity of care record (CCD transaction).

The content of the CCD message transactions will also utilize industry standard definitions and terms that is specific to their clinical area.

For security and encryption the health record bank will utilize IPSec-AES based VPN tunnels or SSL based encryption with public key encryption (PKI) and digital certificates authorized for each member of the health information network.

## **9. Advisory Committees**

The INHS HRB pilot will include both Consumer and Provider Advisory Committees. INHS will work in partnership with these committees to assure that the HRB will be effective and valuable to both providers and consumers. These Advisory Committee are a critical to the success of the pilot, and serve as the liaison between the “users” of the system and the developers and managers of the HRB. The Advisory Committees will also provide guidance



in how to best promote the HRB, including how to best educate patients and providers about the benefits and encourage usage.

The Provider Advisory Committee will include representatives from each of the participating physician groups as well as other providers including emergency department physicians and staff practicing in urgent care clinics. These other groups are important to include as they may see patients who are participating in the pilot and who bring with them medication lists printed from the HRB or Smart Cards with their medical information. INHS will work with the participating physician groups and with area emergency rooms and urgent care clinics as well as the Spokane County Medical Society to identify representatives for the advisory committee.

The Consumer Advisory Committee will be recruited from the patient population served by the participating physician groups. Other consumers will be invited to participate as well. INHS will work with area employers through Greater Spokane Incorporated to identify potential advisory group members. INHS will also work with senior citizen and other community service organizations to recruit advisory group members from special populations.

Both Advisory Committees will be supported by INHS HRB Project Team members, who will coordinate the meetings, take notes, and prepare summary reports of Committee recommendations for use in the design and implementation of the HRB. The Advisory Committee members will receive small incentives including food at the committee meetings, reimbursement for travel to meetings if needed, and gift cards to show appreciation for their participation.

The need for the advisory committees has already been recognized in the formation of the pilot concept for the INHS HRB. During discussions with clinic representatives to determine their level of interest in participating, physicians asked many pertinent questions that have been considered in the design we propose, and addressed many key topics that should serve as areas to evaluate during the pilot. Issues that were raised during our preliminary discussions with physicians included assuring that patients are correctly identified, determining whether minors can create and access HRBs, assuring that providers can control release of information from their electronic medical record system, and establishing caveats regarding the quality and timeliness of data in the HRBs.

We believe that HRBs will not succeed without physician buy-in and support. Therefore it is critical that providers and patients alike are comfortable with the policy framework for the HRB. We will use the Consumer and Provider Advisory Committees to define this policy framework, establishing rules for issues such as access to data in electronic medical record systems and interpretation of data in HRBs. If any of our provider groups or patients are not satisfied with the policies that are established for the INHS HRB project, they will have the right to withdraw from the project.



The INHS HRB is a community effort, bringing together Consumers and Providers as active participants throughout the pilot process and beyond. These Committees will interact with designated HIIAB committees as desired by the HIIAB Board of Directors.

## 10. Evaluation

### *a. What needs to be done to get consumers and providers to use a HRB?*

Some key points that we believe are necessary:

- Provide value to consumers and providers, as determined by them.
- Provide a secure and trusted environment and processes to ensure the confidentiality of the data.
- Make it easy to use for the consumer, and easy to incorporate into the physicians workflow.
- Initial offering must provide data that is useful and available (reinforcing value).
- Marketing and education, so they know about it, and know how to access it.
- Convenient enrollment and help
- Forum for making recommendations
- Data collection of what works, what isn't working and for future efforts. This legacy of knowledge would aid in creating value in the future resulting in greater acceptance.
- Technical support and training for provider offices.

### *b. How much/what data is needed to provide value to the consumer/user of a HRB?*

Minimally, medication lists and allergies.

### *c. What are the next steps indicated for moving towards provider participation?*

Identifying data that will be valuable to providers, and addressing provider concerns including patient identification, control of data being released from electronic medical record systems, and quality of data in HRBs.

### *d. How can timely data be obtained?*

Interfaces from multiple data sources where the consumer receives care or service, triggered by the request of the consumer. The second method is by the consumer entering information themselves.

### *e. What needs to be done to earn the trust of the public?*

- Trusted service organization
- Clear policies and procedures that are developed with consumer input.
- Consumer control of the record
- Consumer control of the record output.

- Educational sessions to help understand HRBs and medical information and to answer any questions they might have.

*f. What needs to be done to earn provider trust and minimize provider barriers?*

- Trusted service organization
- Clear policies and procedures that are developed with provider input.
- Provider guidance in the development and delivery of a pilot (Physician Advisory Committee).
- Processes to incorporate the HRB record into their workflow in a manner that provides more value than effort.

*g. Other questions the Applicant recommends be considered for the evaluation plan.*

- From the Consumer Committee of the HRB, what information is the most important to them to include?
- When is it appropriate to send data from a physician EMR to the HRB? For example, as they occur, after the physician has reviewed them, after the physician has reviewed them with the patient?
- Who would be willing to pay for the service, and how much is it worth to them?

## **11. Migration Plan**

The INHS HRB will be able to send the data, at the request of the consumer, to other HRB's or HRB substitutes using the same interface that sends the data to Google. Alternatively the new HRB can become a link on the Google consumer record, at which point it could receive the data as well as send it. A third approach is that the consumer prints a hard copy of the record for storage, or enters relevant information at another site.

Addressing the plan for disposition of the HRB information after termination of the pilot is twofold:

1. The consumer decides whether to terminate or continue their Google Health Record.
2. The consumer and the Spokane physician community may continue to commit to this process beyond the pilot. Patients already sign authorization documents allowing the distribution of their clinical data to the providers serving INHS.

## **12. Sustainability**

INHS is very interested in working collaboratively with HCA and HIIAB to develop sustainable HRBs for Washington residents. We have a strong track record for developing successful and sustainable health information technology programs. INHS has been involved

in the HRB process since its inception and will continue to be an active partner with HCA and HIIAB in developing models for financial sustainability, organization and governance.

### **13. Assessment**

Evaluation of the INHS HRB will consist of both quantitative and qualitative methods. To establish baseline data, INHS will conduct surveys of the patient population at the time of enrollment. Patients will also be surveyed after participating in the pilot. Patients will be asked both times to complete a short survey that asks how they are currently tracking their health information, how easy the information is to access, who currently has access to that information, what kind of information is important to them, how they use this information when interacting with providers, and what concerns they have about electronic health information.

In addition to surveying the patient population, INHS intends to survey health care providers and clinic staff. These surveys will be conducted prior to beginning the pilot and toward the end of the pilot. The provider and staff surveys will ask what kind of information is available to them at the patient encounter, how easy that information is to obtain, how reliable the information is, how the information is used when interacting with patients, and what concerns they have about electronic information.

In order to gain a full understanding of consumer and provider reaction to the health record banks, INHS will also conduct focus groups with both of these populations. The focus groups will be held toward the end of the pilot, with separate groups being held for patients and providers. There will be two patient focus groups – one for the chronic condition/cardiology population and one for the general population. Similarly there will be two provider focus groups – one for the Heart Clinics Northwest and Physicians Clinic of Spokane providers and one for the Rockwood Clinic providers. Trained facilitators will solicit comments from the focus group participants on the same topics that will be included in the surveys.

Quantitative measures will focus on the effectiveness of the enrollment process and on utilization of the HRB. Project staff will track the number of people who attend enrollment fairs, the number of people who enroll at the fairs, the number who call the Enrollment Concierge, and the number enrolled by the Concierge. Overall marketing campaign efforts will also be tracked, including the number of news stories about the program, number of times that information was made available to patients, etc. To assess utilization of the HRB, INHS will work with Google to track the number of people who set up Google Health accounts to obtain data from the INHS-controlled data sources and will also measure the number of times the data is drawn from the INHS HRB.

### **Closing Statements**

The RFP from the Washington State Health Care Authority requesting proposals for



consumer-controlled health record bank pilots noted that the pilots should focus on improving the availability of data and encouraging HRB use by consumers and providers. The INHS HRB described in this proposal has a high likelihood of achieving both of these aims, even within the very short timeframe defined by the HCA. Consumers will have greater access to their health information through the linking of existing clinical data sources to a consumer-managed, web-based portal. Providers will have greater access to patient information through the availability of tools that enable consumers to share their information with different clinicians. Providers and consumers will work together to determine how best to use the new tools and information provided to them, which will lead to increased adoption.

The design of the INHS HRB project has high potential for producing key learnings for the HCA and the HIIAB. The comparison of two different patient and provider populations within the same community using the same tools will yield solid lessons about who is most likely to use an HRB. The size of the target population and the capability of the participating organizations to enroll large numbers of participants will assure that the results are meaningful. The result of the INHS HRB pilot will be findings that can help the HCA, HIIAB and the State Legislature make decisions about expanding the HRB concept across the entire population of Washington State.

Spokane is a community where health care providers have come to expect ready electronic access to health information, when and where that information is needed. Those high expectations are in large part due to the efforts of INHS, which has consistently developed and delivered innovative, effective health information technology tools in the community for more than 12 years. INHS is ready to offer the same level of innovation and expertise to consumers, and looks forward to working with the HCA to make it happen.

**Contact Information:**

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509-710-8316 C  
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[daviesjc@inhs.org](mailto:daviesjc@inhs.org)

Task Name	Duration	Start	Finish	Responsible
1 Form and maintain Physician Advisory Committee	208 days?	Thu 8/14/08	Mon 6/1/09	Marc Johnston
2 Form and maintain Consumer Advisory Committee	208 days?	Tue 8/14/08	Mon 6/1/09	Nicole Stewart
3 Establish policies for HRB	51 days?	Fri 8/22/08	Fri 10/31/08	Physician and Consumer Advisory Groups
4 Coordinate Consumer and Provider Committee activities with HCA	208 days?	Thu 8/14/08	Mon 6/1/09	Marc Johnston and Nicole Stewart
5 Establish INHS HRB Database	77 days?	Tue 8/14/08	Fri 1/28/09	Dave Lenartz
6 Establish and test mechanisms for identity and consent management	89 days?	Mon 9/15/08	Thu 1/15/09	Dave Lenartz
7 Establish interfaces between INHS Centricity system and INHS HRB Database	43 days?	Wed 10/1/08	Sun 1/12/09	Dave Lenartz
8 Establish interface between Rockwood Centricity system and INHS HRB Database	20 days?	Mon 11/3/08	Sun 1/12/09	Dave Lenartz
9 Establish interface between INHS HRB Database and Google Health	34 days?	Mon 12/1/08	Thu 1/15/09	Dave Lenartz
10 Test Google Health/HRB system	10 days?	Mon 1/5/09	Fri 1/16/09	Dave Lenartz
11 Begin general marketing and promotion campaign	77 days?	Wed 10/1/08	Thu 1/15/09	Nicole Stewart
12 Establish Enrollment Candidate position	1 day?	Mon 11/3/08	Mon 1/19/09	Marc Johnston
13 Roll out INHS HRB	96 days?	Mon 1/19/09	Mon 8/1/09	Project Team
14 Begin marketing HRB to patients or participating physician clinics	1 day?	Mon 1/5/09	Mon 1/5/09	Nicole Stewart
15 Implement enrollment laws	1 day?	Mon 1/19/09	Mon 1/19/09	Nicole Stewart
16 Enroll consumers	74 days?	Mon 1/19/09	Thu 4/30/09	Nicole Stewart
17 Maintain help desk and concierge support for INHS HRB	106 days?	Mon 1/5/09	Mon 6/1/09	Marc Johnston
18 Establish consumer and provider focus groups for evaluation	22 days?	Wed 4/1/09	Thu 4/30/09	Doug Weeks
19 Survey participating consumers and providers to evaluate the HRB	22 days?	Wed 4/1/09	Thu 4/30/09	Doug Weeks
20 Obtain quantitative metrics on HRB usage and overall HRB program	22 days?	Wed 4/1/09	Thu 4/30/09	Doug Weeks
21 Analyze evaluation results	11 days?	Fri 6/1/09	Fri 6/1/09	Doug Weeks
22 Prepare summary report and lessons learned from the project	22 days?	Fri 6/1/09	Mon 6/1/09	Project Team

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.

*Mark J. Johnston*  
Signature

*6/26/08*  
Date

*Director*  
Title

*INHS/IRM*  
Applying Organization



Google Inc.  
1600 Amphitheatre Parkway  
Mountain View, CA 94043



Main 650 253.0000  
Fax 650 253.0001  
www.google.com

June 30, 2008

Thomas M. Fritz  
Chief Executive Officer  
Inland Northwest Health Services  
601 W. First Ave.  
Spokane, WA 99201

Dear Mr. Fritz,

Google Health is happy to consider accepting Inland Northwest Health Services as a Google Health integrated partner. We recognize that integrated health information systems such as INHS have data that could be of great value to Google Health users.

Google Health is an open platform. We publish our technical documentation and anyone who wants to integrate or partner with us can do so. We don't work exclusively with any organization or company. We partner with hospitals, retail pharmacies, medical groups, health insurance plans, laboratories, pharmacy benefit managers (PBMs), electronic health record solution-based companies, and other interesting companies that offer personalized online health tools to our users.

We appreciate your interest in the Google Health platform and look forward to further discussions with you regarding your becoming a Google Health integrated partner so that users may securely request and receive their personal health information and medical records from the providers you serve..

Sincerely,

A handwritten signature in blue ink that reads "Missy Krasner".

Missy Krasner  
Product Marketing Manager  
Google Health  
Google



400 East Fifth Avenue, Room 200  
Spokane, WA 99202-5443  
Phone: (509) 834-2311  
Fax: (509) 459-1197

Thomas M. Fritz  
Chief Executive Officer  
Inland Northwest Health Services  
601 W. First Ave.  
Spokane, WA 99201

Dear Mr. Fritz,

The Rockwood Clinic is willing to participate in the INHS' Health Record Bank pilot project and is committed to enhancing health information exchange and health care in Spokane.

The Rockwood Clinic has long been supportive of our community's efforts to apply information technology to health care, as evidenced by our active participation in the Spokane County Medical Society's Informatics Committee and in a variety of health information technology projects led by INHS. Over the last two years we have made our own investment in health information technology, through a clinic-wide implementation of an electronic medical record system. We believe that the value of this system will be enhanced through electronic health information exchange with the hospital information systems operated by INHS as well as the electronic medical record systems of other health care providers in the Spokane area. We are interested in exploring the potential for health record banks to serve as a mechanism for facilitating this information exchange and also for promoting communication between patients and providers.

We appreciate the leadership that INHS has shown in advancing health information technology across our region, and look forward to working with you on this initiative.

Sincerely,

Susan Heider  
Chief Information Officer

Glen Stream, MD  
Medical Director,  
Clinical Information Services

Rockwood Clinic, its employees, agents, and service providers assume no liability for any loss or damage to the data, information, or files of any patient or provider. The patient's responsibility is to ensure the security of their data. The patient's responsibility is to ensure the security of their data.



Fellows  
American College of Cardiology

www.heartclinicsnw.com



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Ronald D. Jenkins, MD

June 26, 2008

Thomas M. Fritz  
Chief Executive Officer  
Inland Northwest Health Services  
601 W First Ave.  
Spokane, WA 99201

Dear Mr. Fritz,

Heart Clinics Northwest (HCNW) is very supportive of and looks forward to collaborating with you on the INHS Health Record Bank pilot project.

HCNW is a single specialty physician group with associated health care workers specializing in the delivery of cardiovascular care. Our group offers a variety of services related to the diagnosis and treatment of cardiac and vascular diseases. Our staff currently includes 28 physicians, six physician assistants, and two nurse practitioners. Thanks to the support of INHS, we maintain a comprehensive electronic medical record system that allows us to access a patient's health information anywhere within our clinics or within area hospitals. New hospital, laboratory and imaging information is automatically downloaded into our patients' records.

As a specialty practice, we receive many referrals from primary care providers in the area. Our patient population tends to receive care at many different locations for a variety of health conditions. Therefore, a project that will improve the collection and sharing of medication information is of great interest to us. Enabling physicians to better share medication information and helping patients communicate with their physicians about their medication use will have a significant impact on our ability to care for our patients.

We also would like to learn more about our patients' level of interest in having access to their health information. This knowledge will help us in our future planning for our health information system.

We appreciate the leadership that INHS has shown in advancing health information technology across our region and look forward to working with you on this initiative.

Sincerely,

Mary Odenthal  
Chief Operating Officer

MO:jk

Thomas M. Fritz  
Chief Executive Officer  
Inland Northwest Health Services  
601 W. First Ave.  
Spokane, WA 99201

Dear Mr. Fritz,

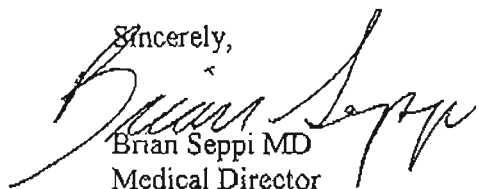
The Physicians Clinic of Spokane (PCS) is very supportive of and looks forward to collaborating with you on the INHS' Health Record Bank pilot project.

PCS has a more than 60-year history in the Spokane area, and currently includes 18 physicians, five nurse practitioners and one physician's assistant at our three campuses. We are one of the most wired medical groups in the nation, with an integrated electronic medical record and practice management system that allows secure access to a patient's information anywhere in our clinics or remotely from a provider's home or from a hospital. Our EMR automatically receives information on our patients whenever they are admitted to an area hospital or when they have laboratory or imaging tests. Many of these advancements have been made possible through the support of INHS.

We believe that better access to a patient's medication information is a key step toward improving the quality of health care. Our participation in the Health Record Bank pilot will help us develop a better understanding of how a patient's medication information can be tracked between health care providers, and how to encourage a patient to actively participate in the medication tracking process. We also would like to learn more about our patients' level of interest in having access to their health information. This knowledge will help us in our future planning for our health information system.

We appreciate the leadership that INHS has shown in advancing health information technology across our region, and look forward to working with you on this initiative.

Sincerely,



Brian Seppi MD  
Medical Director  
Physicians Clinic of Spokane



801 W. Riverside, Suite 100, Spokane, WA 99201  
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Thomas M. Fritz  
Chief Executive Officer  
Inland Northwest Health Services  
601 W. First Ave.  
Spokane, WA 99201

Dear Mr. Fritz,

Greater Spokane Incorporated is very supportive of the INHS' Health Record Bank pilot project.

A strong, effective health care system is critical to our region's economy, both as a major sector of employment and also as a component of a vital infrastructure that attracts new employers and residents. Greater Spokane Incorporated is committed to accelerating regional economic prosperity throughout the Spokane region. Working to create a world-class business climate, we partner with organizations such as INHS in support of a healthy and vibrant environment in which to live, work and do business.

We believe that consumer engagement in health care is an important element in an effective health care system. Thanks in large part to the efforts of INHS, Spokane has one of the most wired and interconnected health care systems in the country. To date, however, consumers have been limited in their ability to tap directly into this electronic health information system. We support the INHS Health Record Bank pilot project because we believe that the project will produce valuable information about how to provide health information to consumers and how to encourage consumers and providers to use that information. Through our Health Care committee, which includes representation from employers and consumers, we will work with you to disseminate information about the project and its findings.

We appreciate the leadership that INHS has shown in advancing health information technology across our region, and look forward to working with you on this initiative.

Sincerely,

A handwritten signature in black ink that reads "Amy K. Johnson". The signature is written in a cursive, flowing style.

Amy K. Johnson  
Vice President, Workforce and Education