

# **Federal Economic Stimulus Package: The Details**

## ***Western States Health-e Connection Summit and Trade Show***

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# American Recovery and Reinvestment Act

## An Overview of the Investment

- § Net investment of \$19B over ten years
  
- § \$2 billion in direct funding channeled through the Office of the National Coordinator
  - \$300 million reserved for subnational and regional health information exchange efforts
  - \$20 million reserved for NIST for work on health care information enterprise integration
  
- § Incentives through Medicare and Medicaid for healthcare professionals, hospitals, and other providers
  - Starting in 2011, will increase the deficit by \$29B through 2019
  - Savings of approximately \$12B
  - Net effect on federal deficit is approximately \$17B through 2019

# Other Funding

- § \$85 million for the Indian Health Service to use on health IT
- § \$1.5 billion for community health centers, a sum that can be used toward health IT acquisition
- § \$500 million for the Social Security Administration for processing disability and retirement workloads, of which up to \$40 million may be used for health IT research and adoption
- § \$1.1 billion to AHRQ, HHS, and the NIH for comparative effectiveness research

# Nine Key Elements

1. Office of the National Coordinator
2. Standards and Policy, and Related Committees
3. Grant and Loan Programs
4. Technical Assistance
5. Workforce Training, Research
6. Medicare Incentives for Healthcare Professionals
7. Medicare Incentives for Hospitals
8. Medicaid Incentives
9. Privacy Provisions

# What We'll Cover Today

1. Office of the National Coordinator
2. Standards and Policy, and Related Committees
3. Grant and Loan Programs
4. Technical Assistance
5. Workforce Training, Research
6. Medicare Incentives for Healthcare Professionals
7. Medicare Incentives for Hospitals
8. Medicaid Incentives
9. Privacy Provisions

# Standards and Policy

# Process for Adoption of Standards

1. **National Coordinator shall review, determine**, and report to the Secretary (within 45 days) **whether to endorse** each standard, implementation specification, and certification criterion for electronic exchange and use of health information, that is **recommended by the HIT Standards Committee** (FACA body) for purposes of adoption by Federal government
2. **HIT Standards Committee** work shall be in alignment with the **areas identified and prioritized by the HIT Policy Committee** (FACA body)
3. **Within 90 days** after receipt of standards, implementation specifications and certification criteria from the National Coordinator, **the Secretary** (in consultation with other federal agencies) shall review and **determine whether or not to propose adoption**

# Process for Adoption of Standards

4. **Secretary must provide notification** to National Coordinator and HIT Standards Committee in writing for non-adoption and reasons related thereto
  
5. **By 12/31/09 Secretary** by a rule-making process shall **adopt an initial set of standards**, implementation specifications and certification criteria in alignment with areas recommended by the HIT Policy Committee
  
6. **Standards**, implementation specifications and certification criteria **adopted before enactment** of the Act, through existing processes **can be applied** toward meeting this requirement

# Relevance of Standards in the Act

## § Federal Adoption

- As each agency implements, acquires, or upgrades health IT systems, it shall utilize, where available, those systems that meet the standards requirements
- President shall take measures to assure that federal activities involving the broad collection and submission of health information are consistent with standards within three years of adoption
- Each agency relating to promoting quality and efficient health care in federal government administered or sponsored health care programs shall require in contracts or agreements with providers, insurers or health insurance issuers, that as they implement, acquire or upgrade health IT systems, they shall utilize, where available, health IT systems and products that use the standards

# Relevance of Standards in the Act

## § Grants and Loans: In General

- To greatest extent practicable, the Secretary shall ensure that where funds are expended for the acquisition of health IT, such health IT shall meet the **standards, implementation specifications and certification criteria** under the legislation

# Relevance of Standards in the Act

## § Medicare Incentives

- Both Medicare incentives for healthcare professionals and hospitals require **“meaningful use” of “certified EHR Technology”**

## § Medicaid Incentives

- Medicaid incentives are to encourage the adoption of **“certified EHR technology”**

# Definitions

- § **Certified EHR Technology:** “Qualified electronic health record” that is certified as meeting **standards** that are applicable to the type of record involved
- § **Qualified EHR:** An electronic record of health-related information on an individual that
  - **Includes** patient demographic and clinical health information, such as medical history and problem lists;
  - **Has the capacity to:**
    - Provide clinical decision support
    - Support physician order entry
    - Capture and query information relevant to health care quality
    - Exchange electronic health information with, and integrate such information from other sources

# HIT Policy Committee: Role

- § Will make **policy recommendations** to the National Coordinator relating to the implementation of a nationwide health IT infrastructure, including implementation of the strategic plan
- § Recommend a **policy framework** for development and adoption of a nationwide health IT infrastructure that permits electronic exchange and use of health information consistent with strategic plan and that includes certain recommendations

# HIT Policy Committee: Role

- § In General, the Committee will recommend
- **Areas in which standards**, implementation specifications, and certification criteria **are needed**
  - An **order of priority** for such development
  - Must include standards, architectures and software schemes for **authentication and security** of individually identifiable health information and other information as needed

# HIT Policy Committee:

## **Areas *Required* for Consideration**

- § Technologies that protect the **privacy of health information and promote security** including segmentation and protection from disclosure of specific and sensitive individually identifiable health information
- § Nationwide health IT infrastructure and utilization of EHR by 2014
- § Technologies to allow for an **accounting of disclosures** made by a covered entity
- § Use of certified EHRs to improve **quality and coordination of care**
- § Technologies that allow **individually identifiable information to be rendered unusable, unreadable or indecipherable** to unauthorized individuals when transmitted
- § Use of systems to ensure comprehensive collection of **demographic data**
- § Technologies that address the needs of children and other **vulnerable populations**

# HIT Policy Committee

## Other Areas *for Consideration*

- § Appropriate use of the nationwide health IT infrastructure for:
  - Collection of quality data and public reporting
  - Biosurveillance and public health
  - Medical and clinical research
  - Drug safety
- § Self-service technologies that facilitate use and exchange of patient information
- § Telemedicine technologies
- § Facilitate home health care
- § Reduce medical errors
- § Facilitate continuity of care
- § Meet needs of diverse populations
- § Facilitate secure access by an individual to PHI as well as family members, care givers, guardians

# HIT Policy Committee Composition

§ Shall serve as a forum for broad stakeholder input with expertise needed for above

§ Appointments by Secretary (3), Senate majority leader (1) and minority leader (1), House speaker (1) and minority leader (1), President and Comptroller General (13) including:

- Patients or consumers (3)
- Health care providers including one physician (2)
- Labor organization
- Expertise in privacy and security (1)
- Expertise in improving health of vulnerable populations (1)
- Research community (1)
- Health plans or third party payers (1)
- IT vendors (1)
- Purchasers or employers (1)
- Expertise in quality measurement and reporting (1)

# **HIT Policy Committee Relationship to Government**

**§ The Federal Advisory Committee Act shall apply to the Committee**

**§ Role of National Coordinator:**

- Take a leading position in establishment and operations of the Committee
- Coordinate policy and programs to assure coordination, no duplication of effort, and alignment of capabilities
- Serve as liaison between Committees and Federal government

# HIT Policy Committee

## Relationship to Other Bodies

- § Not later than 90 days after enactment, HIT Standards Committee shall develop a **schedule for assessment of policy recommendations developed by HIT Policy Committee** and shall update such schedule annually
- § National Coordinator shall ensure that recommendations from **NCVHS** are considered
- § Nothing in section shall be construed as prohibiting National eHealth Collaborative from modifying charter, duties, membership, structure or function to be consistent with section, so as to allow Secretary to recognize it as HIT Policy Committee

# HIT Standards Committee: Role

- § Recommend to the National Coordinator standards, implementation specifications, and certification criteria for the electronic exchange and use of health information for purposes of adoption by federal agencies and consistent with the implementation of the strategic plan
- § Update such recommendations and make new recommendations as appropriate
- § Recognize harmonized or updated standards from an entity(ies)
- § Shall as appropriate, provide for the testing of such standards and specifications by the National Institute for Standards and Technology

# Testing of Standards and Implementation Specifications

- § In coordination with the HIT Standards Committee, the Director of the National Institute for Standards and Technology (NIST) shall test standards and implementation specifications to assure efficient implementation and use
- § NIST Director shall support establishment of conformance testing infrastructure, including development of technical test beds
- § Conformance testing infrastructure may include a program to accredit independent, non-Federal laboratories to perform testing

# HIT Standards Committee Other Requirements

**§ Public Input.** HIT Standards Committee shall conduct open public meetings and develop a process to allow for public comment

# **HIT Standards Committee Relationship to Government**

**§ The Federal Advisory Committee Act shall apply to the Committee**

**§ Role of National Coordinator:**

- Take a leading position in establishment and operations of the Committee
- Serve as liaison between Committees and Federal government
- Review, determine, and report to the Secretary (within 45 days) whether to endorse each standard, implementation specification, and certification criterion for electronic exchange and use of health information, that is recommended by HIT Standards Committee for purposes of adoption by Federal government

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# HIT Standards Committee Composition

- § Shall serve as a forum for the participation of a broad range of stakeholders to provide input
- § Membership shall include providers, ancillary healthcare workers, consumers, purchasers, health plans, technology vendors, researchers, relevant federal agencies, and individuals with expertise in quality, privacy and security, and on electronic exchange and use of information
- § Committee shall represent a balance among various sectors so no single sector unduly influences

# HIT Standards Committee Other Provisions

§ Secretary may provide or ensure that financial assistance is provided by the HIT Standards Committee to defray in whole or in part any membership fees or dues charged by such Committee to those consumer advocacy groups and not for profit entities that work in the public interest as part of their mission

# Grant and Loan Programs

# Immediate Funding to Strengthen the HIT Infrastructure

- § Secretary shall invest in the infrastructure necessary to allow for and promote the electronic exchange and use of health information for each individual in the U.S. consistent with the goals outlined in the strategic plan
  
- § The Secretary shall invest funds through the different agencies with expertise in such goals, such as ONC, HRSA, AHRQ, CMS, CDC, IHS

# Required Uses of Funds

1. **Health IT architecture** that will support the nationwide electronic exchange and use of health information in a **secure, private**, and accurate manner
2. Development and adoption of appropriate certified **EHRs** for categories of providers **not eligible for support under Medicare/Medicaid**
3. **Training** on and **dissemination** of information on best practices to integrate health IT including EHRs, into a provider's delivery of care, consistent with Health IT Research Center

# Required Uses of Funds

4. Infrastructure and tools for the promotion of **telemedicine**, including coordination among Federal agencies in the promotion of telemedicine.
5. Promotion of the interoperability of **clinical data repositories or registries**.
6. Promotion of technologies and best practices that **enhance the protection** of health information by all holders of individually identifiable health information.
7. Improvement and expansion of the use of health IT by **public health** departments.

# State Grants to Promote Health IT (Required)

- § Program established by Secretary, through the National Coordinator to **facilitate and expand the electronic movement and use of health information among organizations** according to nationally recognized standards
  
- § Grants to states/state-designated qualified entities can be in one of two forms
  - **Planning grants**
  - **Implementation grants**

# State Grants to Promote Health IT

## Use of Funds

1. Enhancing **broad and varied participation in the authorized and secure nationwide electronic use and exchange** of health information
2. Identifying **State or local resources** available towards a nationwide effort to promote health IT
3. Complementing other Federal grants, programs, and efforts
4. Providing **technical assistance** for the development and dissemination of solutions to barriers to the exchange of electronic health information;
5. Promoting effective strategies to adopt and utilize health IT in medically underserved communities
6. Assisting patients in utilizing health IT
7. Encouraging clinicians to work with Health IT Regional Extension Centers, to the extent available and valuable
8. Supporting public health agencies' authorized use of and access to electronic health information
9. Promoting the use of EHRs for quality improvement including through quality measures reporting

# Definition of Qualified State-Designated Entities

- § **Designated by the State as eligible** to receive awards
- § **Not-for-profit entity** with broad stakeholder representation on governing board
- § Demonstrate that one of principal goals is to use health IT to **improve health care quality and efficiency**
- § Adopt non-discrimination and conflict of interest policies that demonstrate **commitment to open, fair, and nondiscriminatory participation** by stakeholders

# State Grants to Promote Health IT Required Consultation

- § health care providers (including providers that provide services to low income and underserved populations);
- § health plans;
- § patient or consumer organizations that represent the population to be served;
- § health IT vendors;
- § health care purchasers and employers;
- § public health agencies;
- § health professions schools, universities and colleges;
- § clinical researchers;
- § other users of health IT such as the support and clerical staff of providers and others involved in the care and care coordination of patients

# State Grants to Promote Health IT

## Matching Funds

- § States must agree to provide matching funds when receiving grants (which may include in-kind contributions):
  - For fiscal year 2011, not less than \$1 for each \$10 of Federal funds provided under the grant;
  - For fiscal year 2012, not less than \$1 for each \$7 of Federal funds provided under the grant; and
  - For fiscal year 2013 and each subsequent fiscal year, not less than \$1 for each \$3 of Federal funds provided under the grant.
- § For any fiscal year before fiscal year 2011, the Secretary may determine the extent to which there shall be required a non-Federal contribution from a State receiving a grant under this section.

# Competitive Grants to Support Development of Loan Programs (Optional)

- § The National Coordinator may award competitive grants to states and Indian tribes for the establishment of programs for loans to health care providers
- § No awards to support loan programs will be made before January 1, 2010
- § Grants will be used to support a certified EHR technology loan fund.
- § Grants shall be deposited in the Loan Fund established by the state/Indian tribe.
- § No funds authorized to be used for other purposes shall be deposited in any Loan Fund.

# Optional Loan Programs Purposes

- § Loans shall be distributed to health care providers for the following uses:
- Facilitate the purchase of certified EHR technology;
  - Enhance the utilization of certified EHR technology;
  - Train personnel in the use of such technology;  
or
  - Improve the secure electronic exchange of health information.

# Optional Loan Programs

## Private Sector Involvement

- § Private sector entities may contribute to a Loan Fund, except that such entities may not specify the recipient or recipients of any loan issued under this subsection.
- § The state/Indian tribe may agree to reimburse a private sector entity for any contribution made under this subparagraph, except that the amount of such reimbursement may not be greater than the principal amount of the contribution made.
- § The state/Indian tribe shall make publicly available the identity of, and amount contributed by, any private sector entity and may issue letters of commendation

# Optional Loan Programs Matching Required

§ States and Indian tribes must agree to make available (directly or through donations from public or private entities) non-Federal contributions in cash to the **costs of carrying out the activities** for which the grant is awarded in an amount equal to not less than \$1 for each \$5 of Federal funds provided under the grant.

# Technical Assistance

# Health Information Technology Extension Program

- § The Secretary, acting through the ONC, shall establish a **health IT extension program** to assist health care providers to adopt, implement, and effectively use certified EHR technology that allows for the electronic exchange and use of health information
- § The National Coordinator shall consult with other Federal agencies with demonstrated experience and expertise in information technology services, such as NIST in developing and implementing this program.

# Health Information Technology Research Center

- § The Secretary shall create a **Health Information Technology Research Center** to provide **technical assistance** and develop or recognize **best practices** to support and accelerate efforts to adopt, implement, and effectively utilize health IT that allows for the electronic exchange and use of information in compliance with adopted standards, implementation specifications, and certification criteria.
  
- § The Center shall seek input from other Federal agencies; users of health IT; and others as appropriate

# Health Information Technology Research Center: Purposes

- § Provide a forum for the **exchange of knowledge** and experience;
- § Accelerate **transfer of lessons learned** from existing public and private sector initiatives;
- § Assemble, analyze, and widely **disseminate evidence and experience** related to the adoption, implementation, and effective use of health IT that allows for the electronic exchange and use of information;
- § Provide **technical assistance** for the establishment and evaluation of **regional and local health information networks** to facilitate the electronic exchange of information across health care settings and improve the quality of health care;
- § Provide **technical assistance** for the development and dissemination of solutions to barriers to the exchange of electronic health information; and
- § Learn about effective strategies to adopt and utilize health IT in **medically underserved communities**.

# Health Information Technology Regional Extension Centers

- § The Secretary shall provide assistance for the creation and support of regional centers
- § The regional centers will provide **technical assistance and disseminate best practices** and other information learned from the national Research Center to support and accelerate efforts to adopt, implement, and effectively utilize health IT that allows for the electronic exchange and use of information in compliance with adopted standards, implementation specifications, and certification criteria.
- § The regional centers shall be **affiliated with any US-based nonprofit institution or organization** that applies for and receives merit-based awards to operate a regional center

# Health IT Regional Extension Centers Objectives

1. Assistance with the **implementation, effective use, upgrading, and ongoing maintenance** of health IT
2. **Broad participation** of individuals from industry, universities, and State governments
3. Active **dissemination of best practices and research** on the implementation, effective use, upgrading, and ongoing maintenance of health IT, including EHRs, to health care providers in order to improve quality and protect the privacy and security of health information
4. **Participation in health information exchanges**
5. Utilization of the expertise and capability that exists in federal agencies other than the Department
6. **Integration** of health IT, including EHRs, into the initial and ongoing **training** of health professionals and other relevant individuals in the healthcare industry

# Health IT Regional Extension Centers Target Audiences

- § Regional centers shall aim to provide education and assistance **to all providers** in a region
- § **Prioritize any direct assistance first** to help:
  - Public or not-for-profit hospitals or critical access
  - Federally qualified health centers
  - Entities that are located in rural and other areas that serve uninsured, underinsured, and medically underserved individuals (regardless of whether such area is urban or rural).
  - Individual or small group practices (or a consortium thereof) that are primarily focused on primary care.

# Health IT Regional Extension Centers Financial Support

1. Regional centers may receive financial support for up to four years.
2. Such assistance may not exceed more than 50% of the capital and annual operating and maintenance funds required to create and maintain any center.
3. Support will only continue after the first year if the regional center receives positive evaluations and is working in the best interest of health IT extension services

# Health IT Regional Extension Centers Notice of Program Description and Availability of Funds

1. Secretary shall publish in Federal Register not later than 90 days after enactment, draft description of the program
  - Detailed explanation of program and program goals
  - Procedures to be followed by applicants
  - Criteria for determining qualified applicants
  - Maximum support levels expected
2. Secretary shall subject each application to merit review

# Health IT Regional Extension Centers Components of Application

1. Ability to provide assistance and utilization of health IT appropriate to the needs of particular categories of health care providers
2. Types of services to be provided to providers
3. Geographical diversity and extent of service area
4. Percentage of funding and amount of in-kind commitment from other sources

# Medicare Incentives for Healthcare Professionals

# Medicare Incentives: Basic

Year	Amount
First Year	If 2011 or 2012, then \$18,000 If 2013 or later, then \$15,000
Second Year	\$12,000
Third Year	\$8,000
Fourth Year	\$4,000
Fifth Year	\$2,000
Sixth Year and Beyond	0

# Medicare Incentives Additional Amounts

- § If eligible professional predominantly furnishes services in a Secretary-designated health **professional shortage area, amounts are increased by 10%**
- § No incentives for initial adoption after 2014
- § Doesn't apply to hospital-based eligible professionals (e.g. pathologist, anesthesiologist, or emergency physician, who furnishes substantially all services in a hospital setting)

# Medicare Penalties

Year	Penalty Amount
2015	1%
2016	2%
2017	3%
Beyond 2017*	3%*

\*For 2018 and beyond, if proportion of eligible professionals who are meaningful users is less than 75%, percentage shall increase by 1% from percent in previous year but not be greater than 5%

# Medicare Penalties

- § Secretary on a case-by-case basis, may exempt an eligible professional from application of payment adjustment (e.g. penalty) if requirement would result in significant hardship (e.g. rural area without sufficient internet access)
- § Exemption cannot exceed five years

# Incentive Payments Eligibility

- § Must be “eligible professional”: physician as defined in Section 1861 ( r) of Social Security Act. Language also enables application to certain Medicare Advantage-affiliated eligible professionals
- § Must be a “meaningful EHR user”: see following

# Meaningful EHR User

- 1. Meaningful use** of “certified EHR technology”, including use of electronic prescribing
- 2. Information exchange**
- 3. Reporting on clinical quality measures**

# Certified EHR Technology: Definition

- § “Qualified electronic health record (EHR)” that is certified as meeting standards (as specified in the legislation) that are applicable to the type of record involved
- § “Qualified EHR” is an electronic record of health-related information on an individual that
- **Includes** patient demographic and clinical health information, such as medical history and problem lists;
  - **Has the capacity to:**
    - Provide clinical decision support
    - Support physician order entry
    - Capture and query information relevant to health care quality
    - Exchange electronic health information with, and integrate such information from other sources

# Information Exchange Definition

§ Connected in a manner that provides (in accordance with laws and standards applicable to exchange of health information), for the electronic exchange of health information to improve the quality of care (such as promoting care coordination)

# Demonstration of Meaningful Use and Information Exchange

- § Must satisfy the demonstration requirement through means specified by the Secretary which may include:
- Attestation
  - Submission of claims with appropriate coding indicating patient encounter was documented using certified HER technology
  - Survey response
  - Reporting of clinical quality measures
  - Or other means

# Reporting on Clinical Quality Measures Provisions

- § The Secretary shall select the quality measures consistent with following:
  - Preference to clinical quality measures that have been endorsed under a contract with the Secretary
  - Prior to any measure being selected, it shall be published in Federal Register for public comment
- § Secretary may not require electronic reporting of information unless he or she has capacity to accept information electronically, which may be on a pilot basis
- § Must avoid duplicative or redundant reporting

# Public Reporting

§ CMS will post on its website the names, addresses, and phone numbers of eligible professionals who are meaningful EHR users and group practices receiving incentive payments

# Medicare Incentives for Hospitals

# Medicare Incentives for Hospitals

- § Incentives start in 2011
- § Large hospitals can qualify for up to \$11 million over a four-year period
- § Incentive program uses a complicated formula to determine payments
- § Incentives vary by hospital based on total discharges, Medicare population (A and C), and charity care
- § Hospitals adopting after 2013 receive reduced payments
- § No incentive payments for hospitals first adopting after 2015

# Medicare Incentives Penalties

- § Starting in 2015, eligible hospitals that are not meaningful EHR users will face a market basket adjustment under Medicare
- § The annual Medicare basket adjustment for non-using eligible hospitals will be reduced as follows:
  - By 33 1/1 percent for 2015
  - By 66 2/3 percent for 2016
  - By 100 percent for 2017 and each subsequent year

# Incentive Payments Eligibility and Other

- § Must be “eligible hospital”: as defined in the Medicare section of the Social Security Act.
- § Language also enables application to certain Medicare Advantage-affiliated eligible hospitals
- § Must be a “meaningful EHR user” (same requirements as for healthcare professionals)
- § Same public reporting requirements
- § Same hardship requirements

# For More Information

§ Participate in eHealth Initiative's webinar series on the American Recovery and Reinvestment Act

§ Become an eHealth Initiative member  
[www.ehealthinitiative.org](http://www.ehealthinitiative.org)

§ Contact  
[brian.wagner@ehealthinitiative.org](mailto:brian.wagner@ehealthinitiative.org)

# What Does This Mean for Arizona?

# You are Well-Positioned to Take Advantage of Several Provisions

- § Grants to States and State-Designated Entities
- § Loan programs for EHR support
- § Funding requirement for sub-national and regional health information exchange efforts
- § Regional extension centers
- § Grants for higher education institutions (not covered in my talk)
- § General support for healthcare professionals, hospitals and other providers covered under Medicaid to help them take advantage of incentives

# Key Attributes of Your Work Position You Well

- § Non-profit entity, with involvement of a diverse set of stakeholders across every sector of healthcare
- § Designation, and heavy participation and support from the state of Arizona
- § Maturity—one of the early pioneers in the development of your collaboration and roadmap
- § Strong alignment and collaboration with Medicaid program—a model for others
- § Significant involvement of the clinical community
- § Significant emphasis on privacy and security—from the get-go
- § Strong participation from university, academic and research institution

# Areas on Which to Focus Now

- § Get organized: what are your key focus areas, where is funding needed the most, how does it align with provisions of the Act?
- § Matched funding sources: are they lined up?
- § Collaboration with other entities in Arizona working in this area...creating a common voice
- § Taking stock of what needs to be done to address the privacy provisions (Lisa's talk tomorrow)
- § Staying in touch with the standards, it's not clear how this will roll out

# The Opportunity for Arizona

- § You have demonstrated early...and enormous leadership to date
- § The level of collaboration, engagement and support in Arizona is high
- § You have already developed your roadmap and plan, and are in the process of executing
- § You have a very strong foundation upon which to build to be an enormous success
- § Great opportunity to accelerate your important and significant role in improving the health and healthcare of the citizens of Arizona through health IT!

# Thank You

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