



Healthcare Reform – IT, Security & Privacy Issues/Concerns

Joint Legislative Committee on Health Care Reform Law - November 2011
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Photo Source: World Congress of Information Technology 2010, <http://www.wcit2010.org/tracks/eHealth>

The Principles of Liberty

The Oklahoma Constitution Acknowledges this Principle of Liberty.

- Art. 2, Sect. 1: “All political power is inherent in the people; and government is instituted for their protection, security, and benefit, and to promote their general welfare;...”
- Art. 2, Sect. 2: “All persons have the inherent right to life, liberty, the pursuit of happiness, and the enjoyment of the gains of their own industry.”
- Art. 2, Sect. 7: “No person shall be deprived of life, liberty, or property, without due process of law.”

**HE did *not* give
man dominion over man.**



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Government+Industry +Academia = PPPs /One “Fused” System

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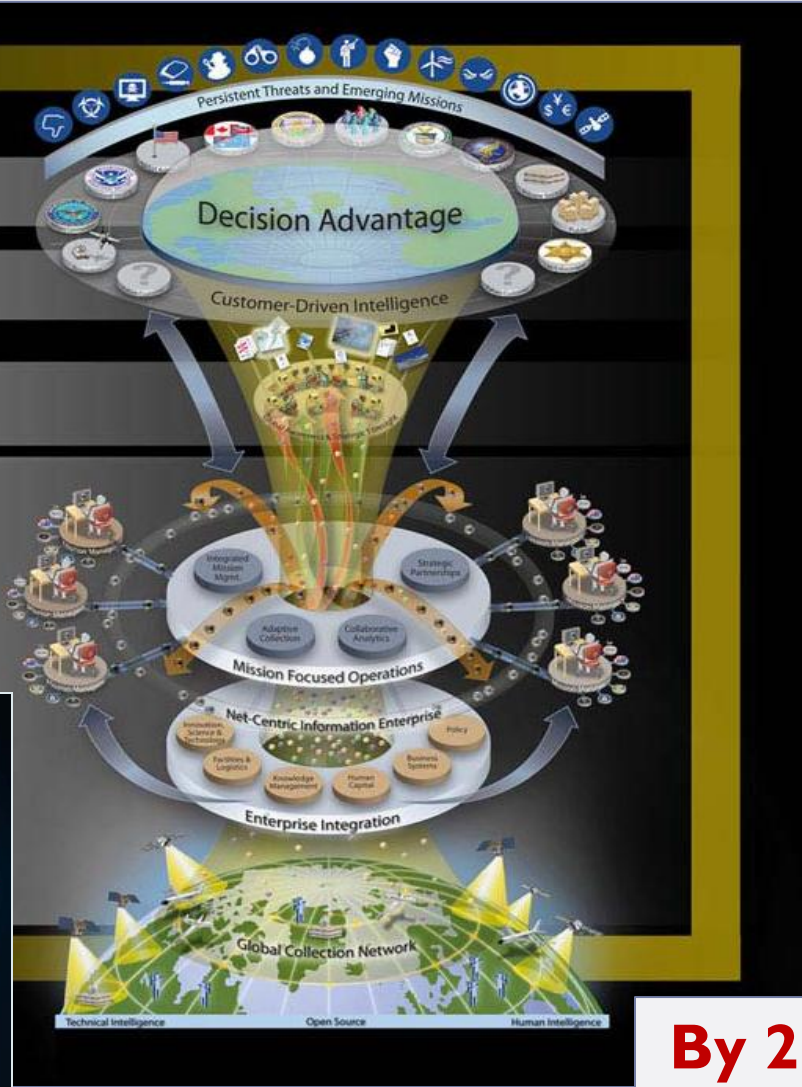
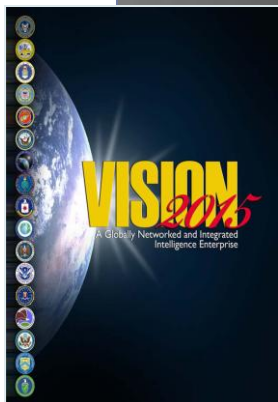
Part I

The Federal Data Hub/IT/Digital Everything

Federal Data “Hub” – the New American Idol.

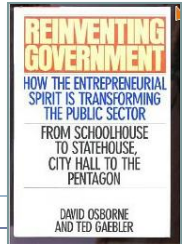
Seamless Flow of Information

- Information sharing requires common standards and interoperability of information technology systems – at the federal, state, local, tribal and territorial level
- **Requires the elimination of institutional and jurisdictional barriers to information sharing**
- State laws, regulations and policies that “inadvertently and unnecessarily prohibit or significantly limit the exchange of electronic **(including health)** information” are changing to allow the seamless flow of information across organizational borders.

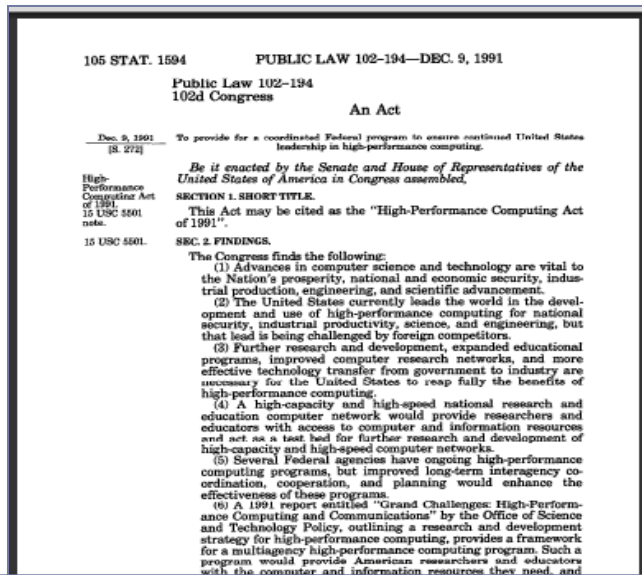


By 2015

IT – (Information Technology)

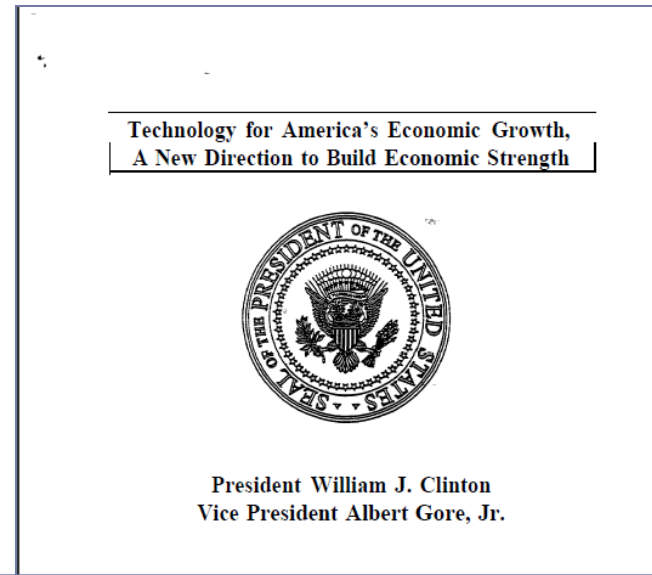


1991 – High Performance Computing Act of 1991



Established a 'network' for research, and for use by the America people.

1993 – Technology for America's Economic Growth



Created a National Information Infrastructure, including **networking in healthcare**

Today - “ubiquitous” or “pervasive” computing



Digital Everything

- Digital everything - Persons, Places, Things, and Events
- Data on persons, places, things, and events is being collected, aggregated, analyzed and shared – across jurisdictions regionally, nationally and internationally
- Technology now includes the ability to locate, identify and track (surveillance) persons, places, things and events remotely

IT in ARRA and PPACA

2009 – The Stimulus Bill -The REAL Health Care Reform Law

1. The HITECH Act – Health Information for Economic and Clinical Health -Title XIII of Division A, and Division B of the American Recovery and Reinvestment Act of 2009, Public Law 111-5
2. Adoption of certified EHR technologies and requirements for their “meaningful use”; State Health Information Exchanges/ SHIECAP (Cooperative Agreements)

2010 - PPACA – (Patient Protection & Affordable Care Act +)

PL 111-148 and 111-152

Health IT provisions:

1. Quality of Care - Sections 2717, 3004, 3005, 3013, 4302, 6301, 10332, 10333, 10109, 10305
2. Programs – Sections 1322, 1323, 2401, 2703, 3011, 4103, 5405, 934, 5604, 6701, 10410
3. Reimbursement Structure (Insurance Exchanges) – Sections 1311, 2706, 3002, 3021, 3022, 3024, 3201
4. Operating Rules and Standards –Sections 1104, 1561
5. Health IT Workforce – Sections 2801, 3012, 3501, 3502, 5101, 5301, 6114

Part II

Health Care Reform Defined/National Standards/Global Adoption



Health Care Reform - Defined

- ▶ **Health Care Reform** - is really about the use of IT to implement a nationwide health information network (NHIN), that will enable the seamless flow of information across boundaries, and that allows a growing *global* surveillance system to function.
- ▶ **Electronic Health Records** - Reform is predicated on the creation of a standardized, interoperable electronic health record (EHR) on every single individual
- ▶ **Cradle-to-Grave** – EHRs are used for data collection, aggregation and reporting and are intended to track a person from birth to death. (Longitudinal)
- ▶ **EHRs are universal and to be shared globally** – not only within our government, but with foreign governments, universities, and other third parties.
- ▶ **Requires Standardization and Interoperability** – to establish uniformity and compatibility in data collection, regardless of jurisdiction
- ▶ **EHRs include each person's genetic information** – and will be used for research purposes without the knowledge or consent of the person
- ▶ **Rights killing** - Health care reform, and other data collection networks, do an “end-run” around search warrants and nullify our inherent rights to life, liberty and property.



NAPHSIS

Providing Leadership in the Use of Health Information to Improve the Public's Health.

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What's New

- State Profile Survey
- Latest Executive Director's Newsletter
- SDR Re-engineering Vendors (as of May 2011)
- SDR Re-engineering Vendors (as of May 2011)

Featured Projects

- Assessment Initiative
- State Profile Survey
- National Violent Death Reporting System (NVDORS)
- Electronic Registration Development Maps
- Environmental Public Health Tracking Network (EPHTN)
- Assessing the Vital Statistics Infrastructure
- Cooperative Agreement for State Vital Statistics Improvement

Resources

- Employment Opportunities
- Frequently Asked Questions
- NAPHSIS Training Resources
- Research Review Process for Access to NCHS Data
- Inter-Jurisdictional Exchange Record Layouts
- Web-based Data Query Systems (WQDS)
- Birth Event Reporting Guidelines
- Links to Other Organizations
- Statistical Reports
- Inter-Jurisdictional Exchange of Vital Records
- Vital Records Offices Online
- Member Survey Results
- Position Papers and Resolutions
- Statistical Measures and Definitions

Get in Touch

NAPHSIS

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Silver Spring, MD 20910

By Phone: 301-563-6001

By Fax: 301-563-6012

Vital Statistics Practices

EVVE

Electronic Systems

Security

Return to [Home](#)

Electronic Systems

This is the homepage for the Electronic Systems projects currently in progress at NAPHSIS. These consist of the Electronic Birth and Electronic Death Registration Systems, and STEVE. For additional information on these projects, please see the links below.

Electronic Birth Registration Systems (EBRS)

- [Cooperative Agreement for State Vital Statistics Improvement](#)
- [Recent Electronic Vital Registration System RFPs](#)
- [Electronic Birth Registration System Development Map](#)
- [Electronic Birth Registration Documents Library](#)
- [SSA's Electronic Enumeration at Birth User's Guide and SSA-2853 Forms](#)

Electronic Death Registration Systems (EDRS)

- [Electronic Death Registration Systems Project](#)
- [Recent Electronic Vital Registration System RFPs](#)
- [Electronic Death Registration System Development Map](#)
- [EDR Electronic Certification Participation Map](#)
- [EDR Electronic Filing Participation Map](#)
- [Electronic Death Registration Documents Library](#)
- [Online Verification of SSNs Software Download](#)

State and Territorial Exchange of Vital Events (STEVE)

- [STEVE Project Overview](#)
- [STEVE System Development Map](#)
- [Getting Ready for Electronic Inter-jurisdictional Exchange](#)
- [IJE Assessment and Exchange Layouts](#)
- [IJE/STEVE Record Layouts](#)
- [STEVE System Overview \(Mar 2011\)](#)

National Model

- [Requirements for a Model Vital Statistics System](#)
- [Use Cases and Artifacts](#)

Permanently linked to EHRs - NIEM Compliant

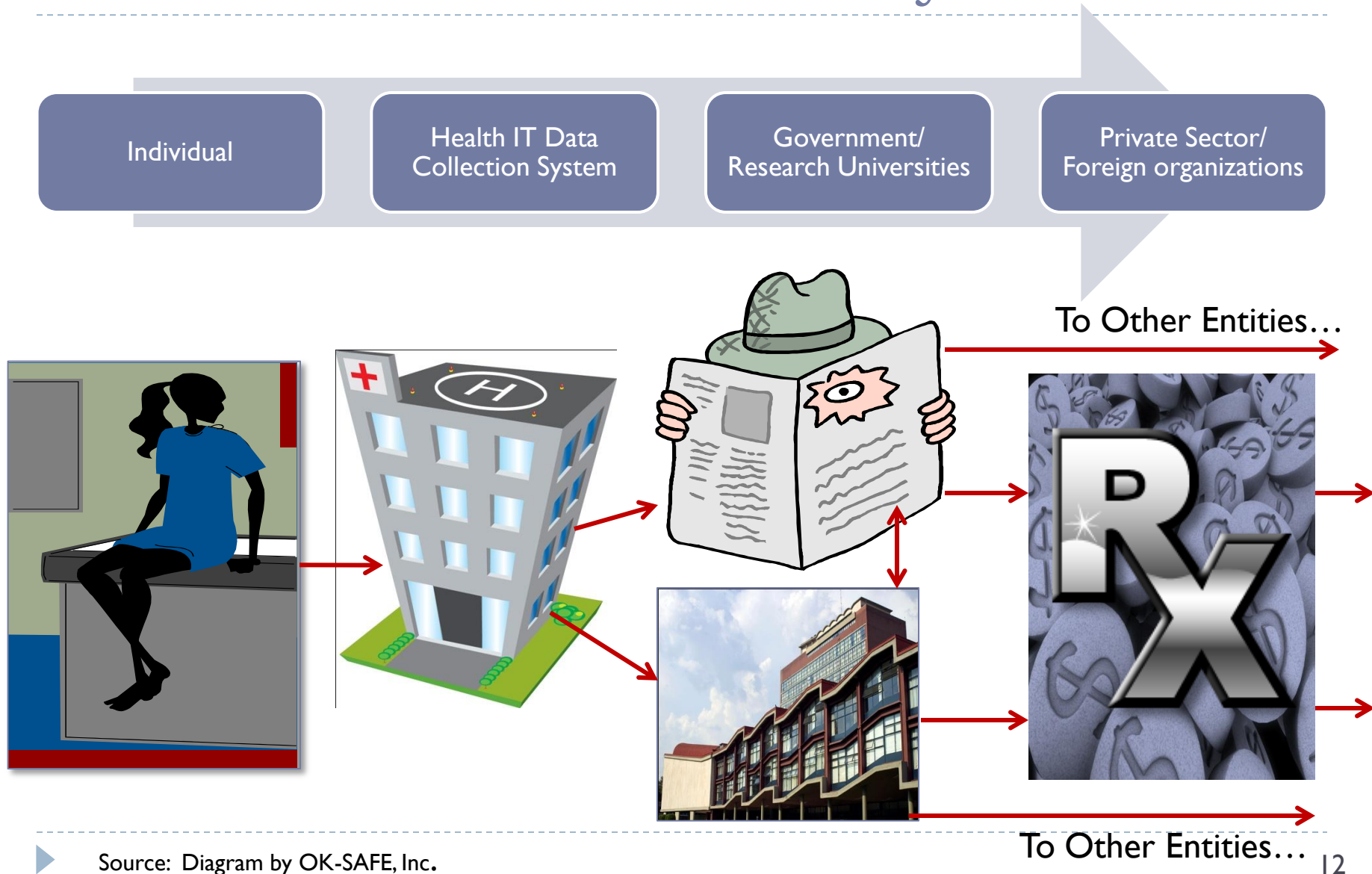
NAPHSIS – Electronic Vital Records

Cradle-to-Grave

- NAPHSIS -National Association for Public Health Statistics and Information Systems
- Electronic Birth, Death Certificates for data collection, aggregation, and cross-jurisdictional sharing
- Data standardization and interoperability of systems



The Seamless Flow of Information – From You to the Feds...and Beyond



What makes it work?

Standardization & Interoperability

- ▶ **Standards** – Common use, rules, guidelines, formats, coding, etc. Establishes **UNIFORMITY**.

HL7 International – Health Level 7 International has been adopted by U.S. (global)

ICD-10 – International Classifications of Diseases, V10 – For health coding and claims, adopted by U.S. (global)

- ▶ **Interoperability** – one system can communicate with another system, even if using different software and hardware.

ALL FEDERAL GRANTS that involve technology, including all healthcare, law enforcement and education grants, **REQUIRE** compliance with federal IT standards and interoperability capabilities.

ALL federal standards are international standards and globally interoperable.

State CIOs, the OHCA, the Oklahoma Health Information Exchange, (OHIET), RHIOs, HIOs adopt common standards and interoperability requirements.

The U.S. and the states' healthcare systems *must* comply.



National Standards/Acronyms

- ▶ **FHIM** - Federal Health Information Model – Fed. information model
- ▶ **NHIN** - Nationwide Health Information Network – A network of networks
- ▶ **NIEM** - National Information Exchange Model – Data model
Goal - Information sharing across all levels and branches of government. Collaborators are DHS, USDOJ, and HHS.

The National Information Exchange Model (NIEM) is the result of a collaborative effort by the United States Department of Justice and Department of Homeland Security to produce a set of common, well-defined data elements to be used for **data exchange development and harmonization.**

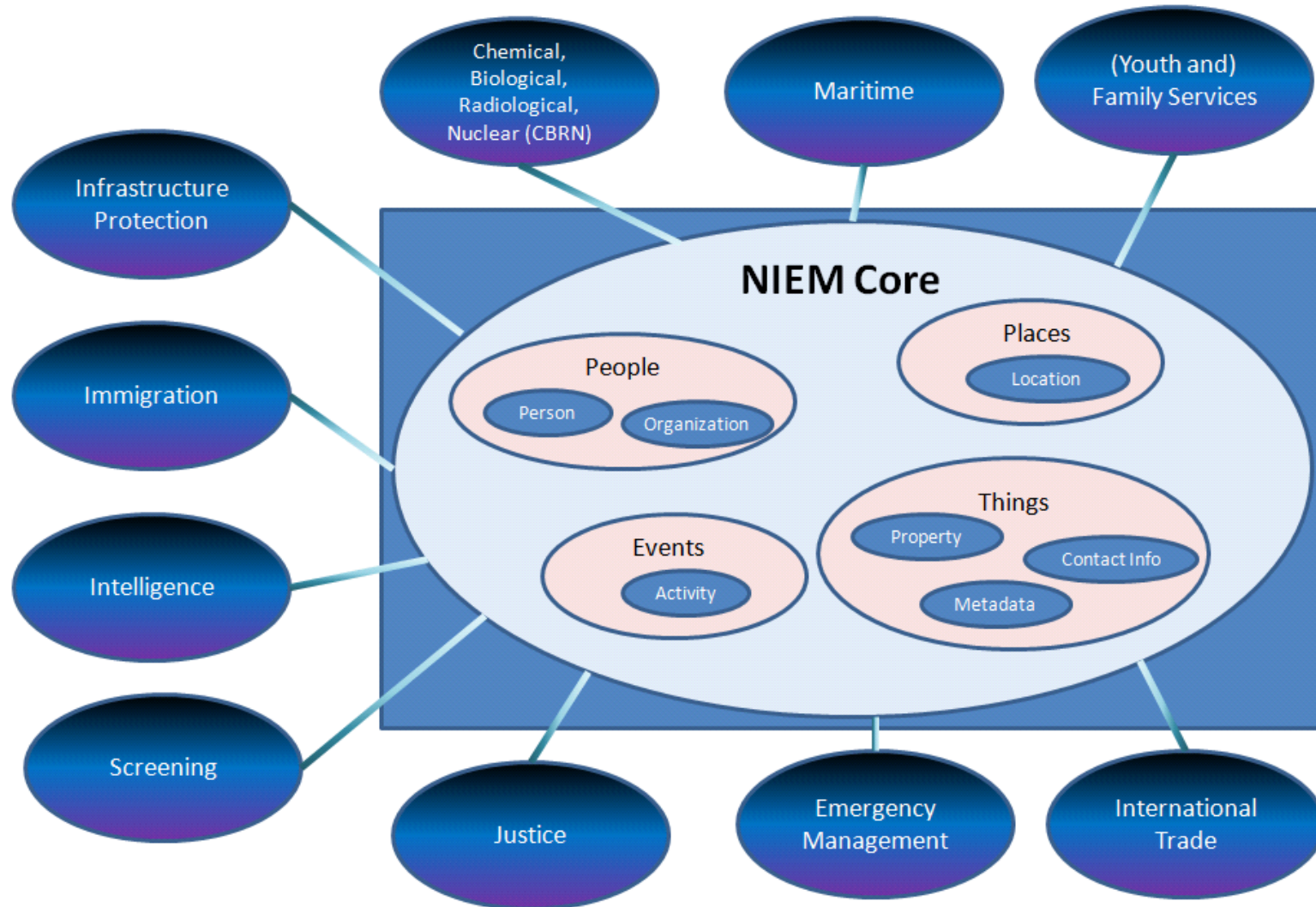


NIEM – Makes the Federal Data Hub Work



- » ONC's Office of Interoperability and Standards is building a Health Information Exchange Model (NIEM Health) that is harmonized with NIEM

NIEM Core



Identity - Carbon-based life form or silicon?

NATIONAL STRATEGY FOR TRUSTED IDENTITIES IN CYBERSPACE

Enhancing Online Choice, Efficiency,
Security, and Privacy

APRIL 2011



Federated Identity Management (FIM)
– Log in once

Trust - The Identity Ecosystem

The Identity Ecosystem

“It is an online environment where individuals and organizations will be able to trust each other because they follow agreed upon standards to obtain and authenticate their digital identities—and the digital identities of devices.”

Although the private sector will lead development, the federal government will act as an early adopter to **“stimulate demand.”**



The Two Exchanges Linked

The Health Information Exchange (HIE) exists now in Oklahoma.

- ▶ 2004 - Groundwork laid in 2004 via OK's participation in the national Health Information Security and Privacy Collaborative (HISPC) program.
- ▶ 2005 – Creation of the Secure Medical Records Transfer Network (SMRTNET), OK's first regional health information

The Health Insurance Exchanges (HIX or HBX) determine Eligibility –

- ▶ Collect demographic/income-related info to determine eligibility for state programs or use of the Exchange
- ▶ **Exchange info with the IRS** for purposes of verifying/determining:

Both exchanges are NIEM Compliant; will be linked for purposes of data collection, aggregation, analysis, and sharing; and will require a federated identity to access

- ▶ 2008 – OK in the CMS EHR Demonstration Project; **SB 1420 Creates the Oklahoma Health Information Exchange Act**
- ▶ 2009 – **SB 757** -Health Information Infrastructure Advisory Board (HIIAB)
- ▶ 2010 – **SB 1373 – Oklahoma Health Information Exchange Trust (OHIET)**, which oversees the state's implementation of HIT and HIE.

PPACA

- ▶ Exchange citizenship/immigration status info with **Social Security Administration/Department of Homeland Security** to verify eligibility to use Exchange
- ▶ Streamline/coordinate enrollment procedures for all state health subsidy programs and facilitate enrollment in those programs



Global Adoption

EHRs for Everyone

If only I
had an
i-Phone!



Global Adoption

WHO -

Strategic Outcome: Total information awareness “to address emerging threats”

Objective:

- An Electronic health record (EHR) on everyone
- Access to technologies for data collection, aggregation and reporting

Global Adoption: A Global Perspective and a Charter



HIMSS
Capgemini
CONSULTING TECHNOLOGY OUTSOURCING

Steering Committee
and the Global Enterprise Task Force

“The U.S....is the only country, for example,
that has not adopted a
universal healthcare system.”

**“EHR development is ...the first step
in building a national system.”**

© 2008 Healthcare Information and Management Systems Society (HIMSS).



WORLD ECONOMIC FORUM
COMMITTED TO IMPROVING THE STATE OF THE WORLD

Global Health Data Charter



The diagram illustrates the Global Health Data Charter. It features a central circle labeled 'Access' surrounded by eight principles: Stewardship, Availability, Accessibility, Data Quality, Standardization, Technology, Privacy, and Rights & Protection. This central circle is flanked by 'VISION' (BETTER HEALTH DATA FOR BETTER HEALTH) on the left and 'RESULTING VALUE' on the right. The vision is supported by 'PRINCIPLES' (Leadership, Collaboration) at the bottom. The resulting value includes 'Improve Health Outcomes', 'Address Disparities', and 'Enable Innovation'.

“Technology: Digital records, interoperable networks and technical toolsets must be in place for optimal management and dissemination of health.”

**The Charter states there will be secondary usages of data collected -
And the U.S. is a Member**

EXAMPLE of USE-CASE



And with whom did the European physician share the medical data? Who knows?
U.S. laws do not apply outside of this country...

Interoperability Showcase
Florida, Feb. 2011

ONC – Global Medical Data Exchange

- Electronic Health Network demonstrated exchanging medical data on a global scale, using Cisco MDES and CONNECT.
- Medical data was shared between a U.S. physician and a European physician.
- The use case demonstrated bi-directional exchange of medical data.
- Purpose was to illustrate that the Nationwide Health Information Network (NHIN) is global.

Part III

Office of the National Coordinator/
Government+Industry+ Academia=PPPs/One “Fused” System

Office of the National Coordinator (ONC)



On April 27, 2004, President Bush issued Executive Order (E.O.) 13335 establishing the position of a National Coordinator for Health Information Technology (IT) within the Office of the Secretary of Health and Human Services.

ONC Initiatives include establishing the Nationwide Health Information Network (NHIN), and supporting the development of the Federal Health Architecture.

The ONC has set a goal that every person in the U.S. must utilize an electronic medical record by 2014.

Example - Enrollment Workgroup Members – Ronan Rooney, Curam

Workgroup Members

Chair: Aneesh Chopra, Federal CTO

Co-Chair: Sam Karp, California Healthcare Foundation

Members:

- Cris Ross SureScripts
- James Borland Social Security Administration
- Jessica Shahin U.S. Department of Agriculture
- Stacy Dean Center on Budget & Policy Priorities
- Steve Fletcher CIO, Utah
- ~~Reed V. Tuckson~~ UnitedHealth Group
- Ronan Rooney Curam
- ~~Rob Restuccia~~ Community Catalyst
- Ruth Kennedy Louisiana Medicaid Department
- Ray Baxter Kaiser Permanente
- Deborah Bachrach Consultant
- Paul Eggerman Businessman
- Gopal Khanna CIO, Minnesota
- Bill Oates CIO, City of Boston
- Anne Castro Blue Cross/Blue Shield South Carolina
- Oren Michels Mashery
- Wilfried Schobeiri InTake1
- Bryan Sivak CTO, Washington, DC
- Terri Shaw Children's Partnership
- Elizabeth Royal SEIU
- Sallie Milam West Virginia, Chief Privacy Officer
- Dave Molchany Deputy County Executive, Fairfax County

Ronan Rooney – CURAM Software

- Headquartered in Dublin, Ireland and Herndon, VA
- Corporation documents filed in Oklahoma June 2011
- Lobbyists hired same month - Courtney Jones, Robert Stem
- Already networking with OK state legislators for OK contract for the Insurance Exchange – enrollment and eligibility

The ONC's Strategic Plans -

**ONC Federal Health IT
Strategic Plan – 2008-2012**

**ONC Federal Health IT
Strategic Plan – 2011-2015**

Office of the
National
Coordinator

CHANGE - Yes, We Can!

Technology Nullifies Principle!

“inadvertently and unnecessarily prohibit or limit the appropriate exchange of information...”

must change to accommodate the technology.

ONC will leverage the National Information Exchange Model (NIEM)

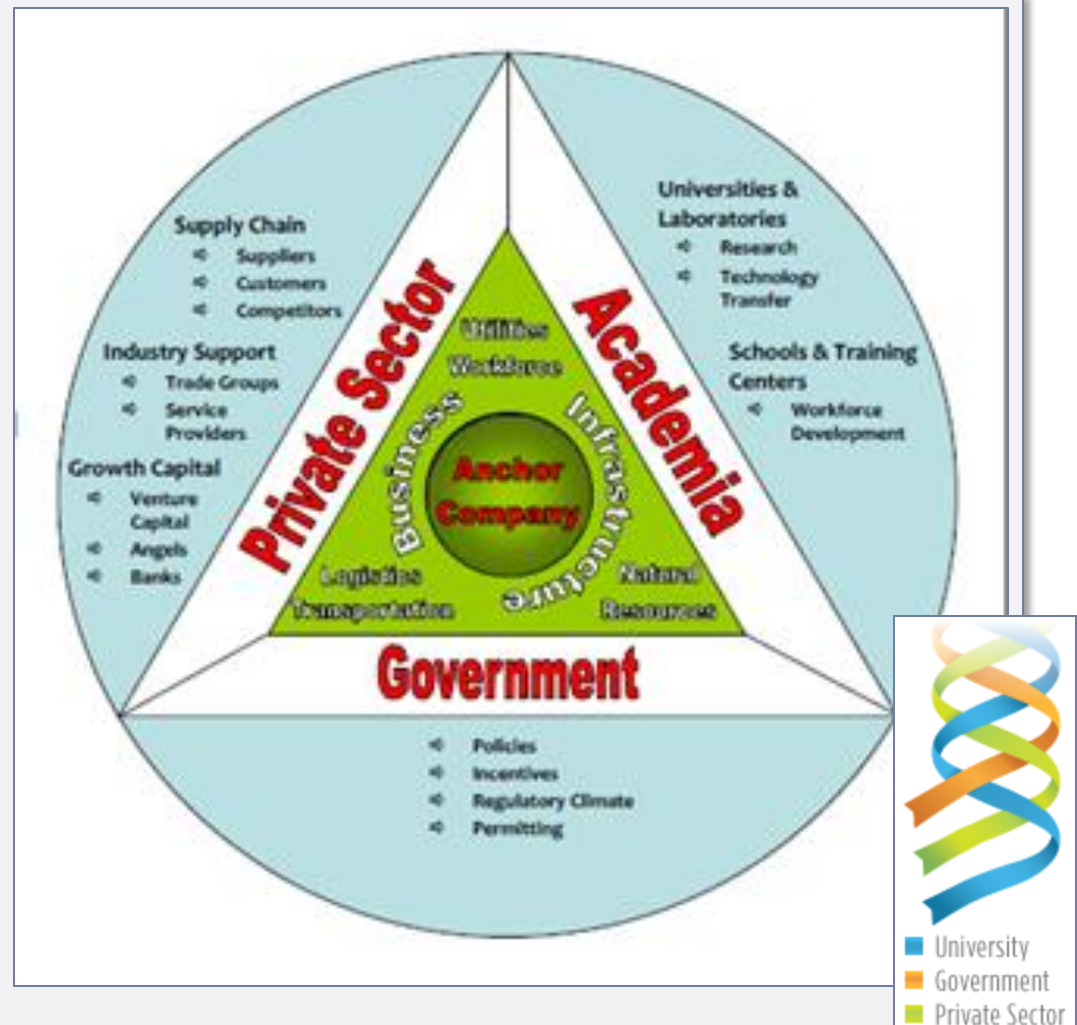
Government, Industry, and Academia - PPPs

The “New Economy” Triangle:

A “knowledge-based” economy involves strategic alliances, aka public/private partnerships:

1. Government
2. Industry anchor company
3. Academia

This is NOT the free-market.

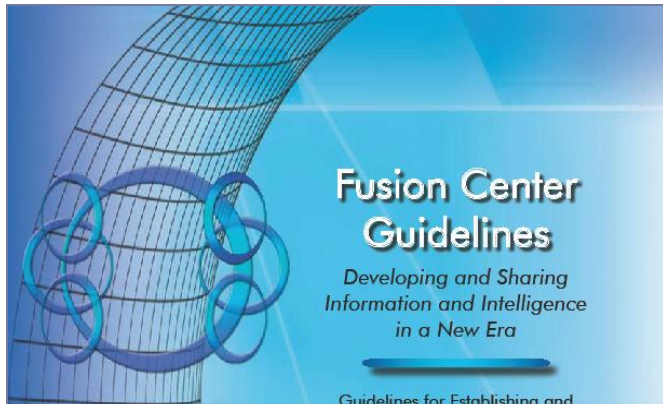


One “Fused” System

Elimination of Barriers to Information Sharing

Health Care Reform - One “Fused” System

Fusion Center Model: Data Collection, Analysis, and Sharing



Health Care Reform: Data Collection, Analysis, and Sharing



Both systems NIEM (National Information Exchange Model) Compliant

Eliminate barriers to information sharing between the federal, state, tribal, and local governments and the private sector.

Share info nationally & internationally

Eliminate barriers to information sharing between the patient, provider, payer and federal, state, tribal, and local government and private sector.

Share info nationally & internationally

Federal Enterprise Architecture - CONNECT

1. Department of Health & Human Services
2. Administration for Children and Families (ACF)
3. Administration on Aging (AoA)
4. Agency for Healthcare Research and Quality (AHRQ)
5. Agency for Toxic Substances and Disease Registry (ATSDR)
6. Centers for Disease Control and Prevention (CDC)
7. Centers for Medicare & Medicaid Services (CMS)
8. Food and Drug Administration (FDA)
9. Health Resources and Services Administration (HRSA)
10. Indian Health Service (IHS)
11. National Institutes of Health (NIH)
12. Substance Abuse and Mental Health Services Administration (SAMHSA)
13. Department of Commerce
14. Department of Defense (DoD)
15. Department of Agriculture (USDA)
16. Department of Energy (DOE)
17. Department of Homeland Security (DHS)
18. Department of Housing and Urban Development (HUD)
19. Department of Justice (DOJ)
20. Department of Labor (DOL)
21. Department of State
22. Department of the Treasury
23. Department of Transportation (DOT)
24. Department of Veterans Affairs
25. Environmental Protection Agency (EPA)
26. National Aeronautics and Space Administration (NASA)
27. National Science Foundation (NSF)
28. Office of Personnel Management (OPM)
29. Railroad Retirement Board (RRB)
30. Small Business Administration (SBA)
31. Social Security Administration (SSA)
32. United States Agency for International Development (USAID)

Fusion Centers and Public Health

“Integrating the PH/HC (Public Health/Health Care) community into a fusion center does not require additional capabilities but simply the incorporation of their information, expertise, and **resources into the existing fusion center operations.**”

Fusion Centers and the Health Care Systems are NIEM Compliant (National Information Exchange Model)

Fus

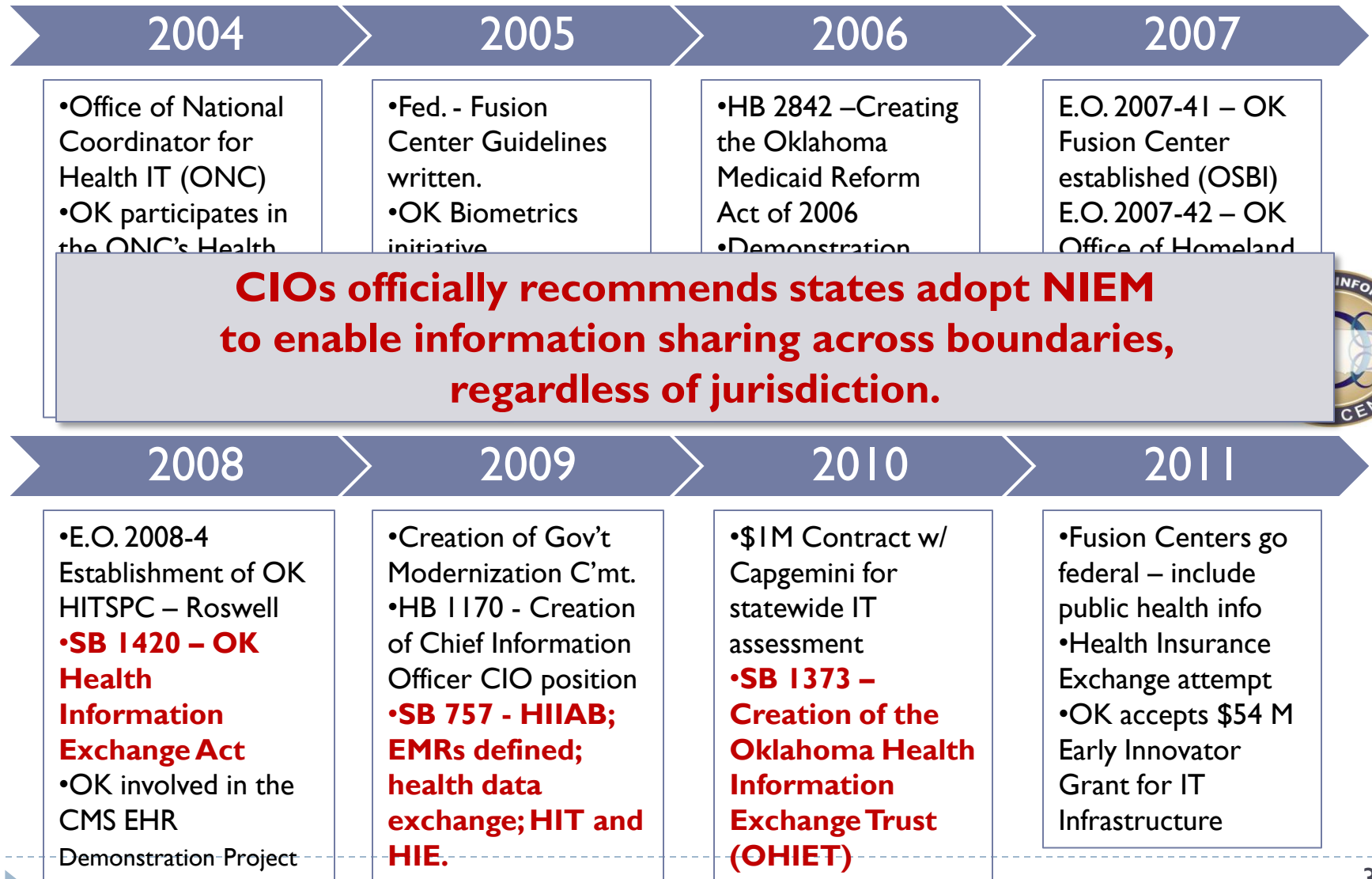
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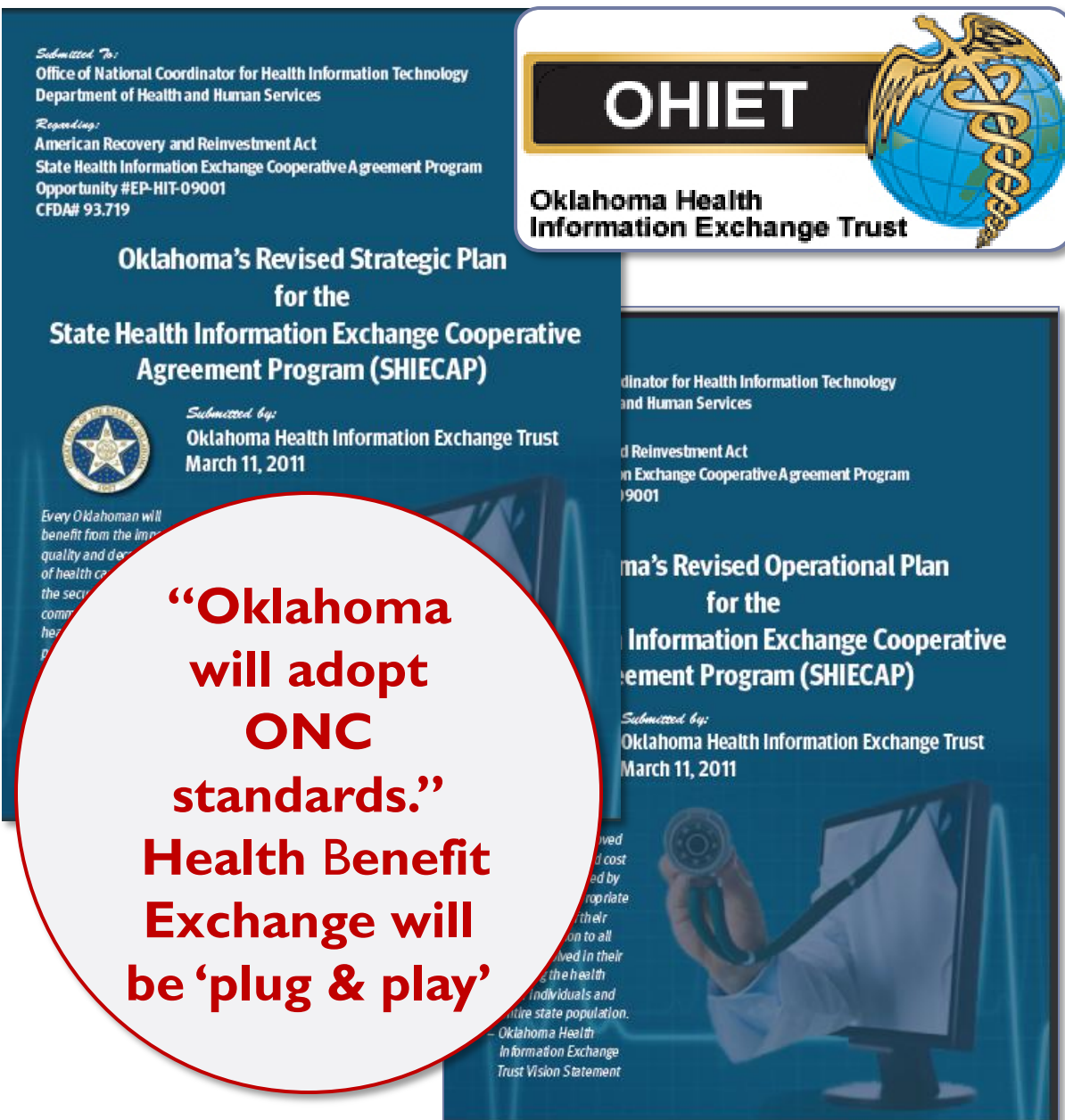


Part IV

State Initiatives

Federal/OK Legislation/Related Initiatives





OK Health Information Exchange Trust (OHiet) Plans

• **OHiet created in 2010 in SB 1373, by Crain/Schwartz**

- 7 Trustees – Including David C. Kendrick
- Kendrick - Archimedes, Inc. .
- Archimedes received a \$15.6 funding from Rob't Wood Johnson Foundation.
- Archimedes awarded Beacon Community contract, and is intended to be adopted statewide.

Source: OHiet website:

<http://tools.okhca.org:82/OKHIE/STRATEGIC%20AND%20OPERATIONAL%20PLANS/STRATEGIC%20AND%20OPERATIONAL%20PLANS/OHiet%20operational%20Plan%20Rev%20Mar%202011%20Final.pdf>

Archimedes – The Virtual Doctor is Always In

ARCHIMEDES

IndiGO Video

Health Outcome Decisions Include:

- Quality-adjusted life years (QALYs)
- Life years
- Costs
- Cost per QALY
- Cost per life year
- Cost per event averted

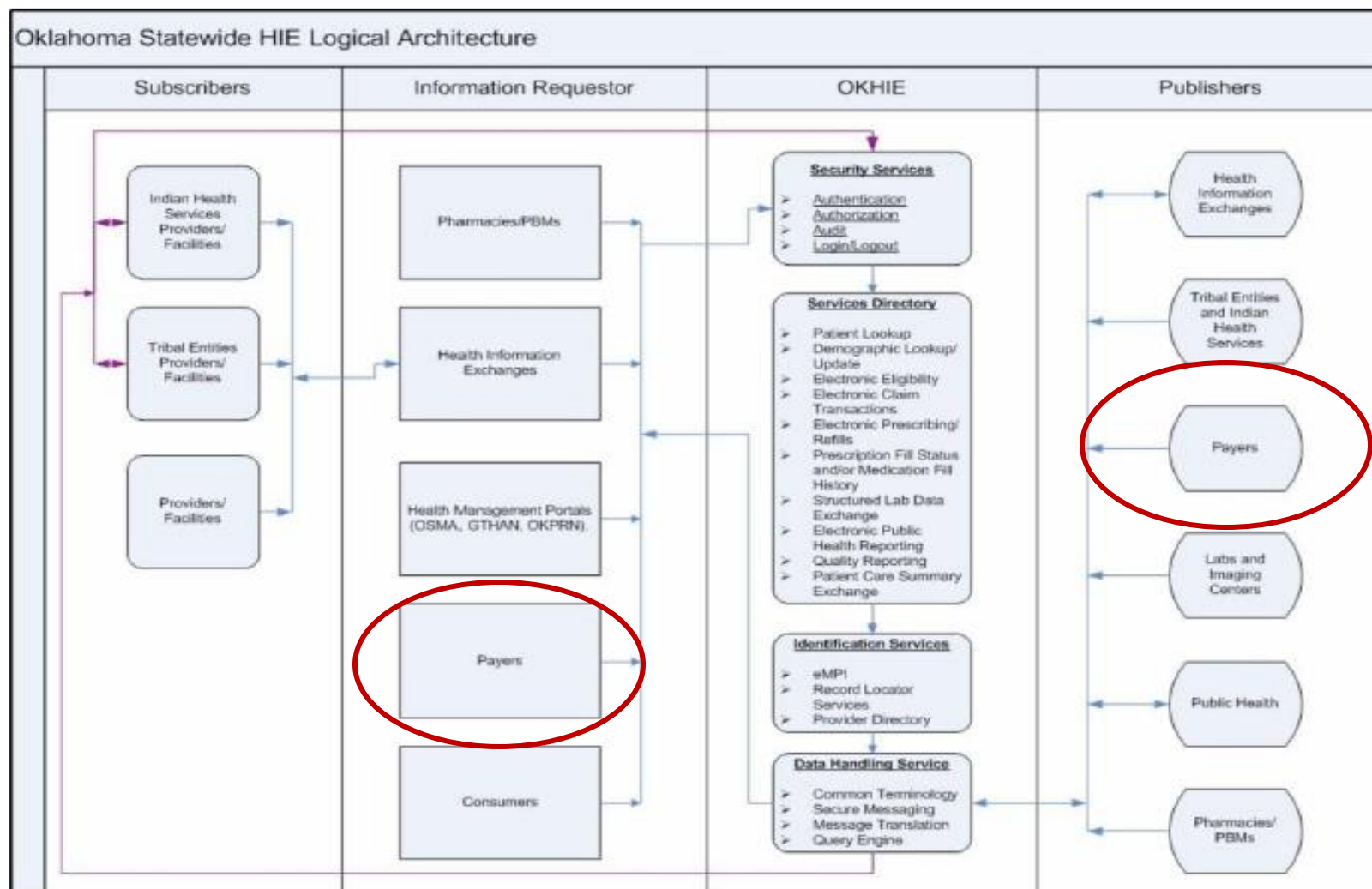


Quantifying Healthcare

The Archimedes Model

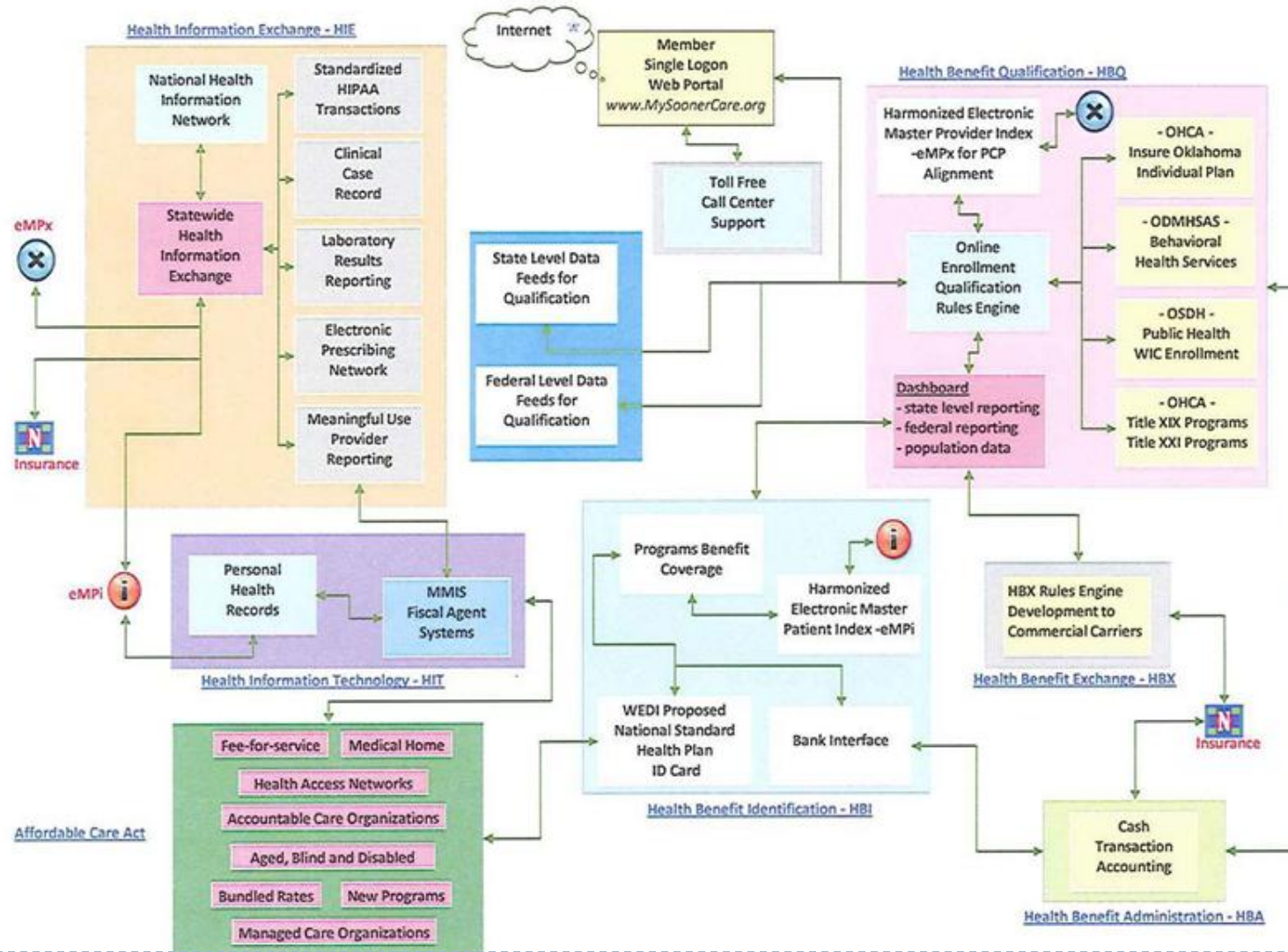
A software program to diagnose and treat carbon-based life forms

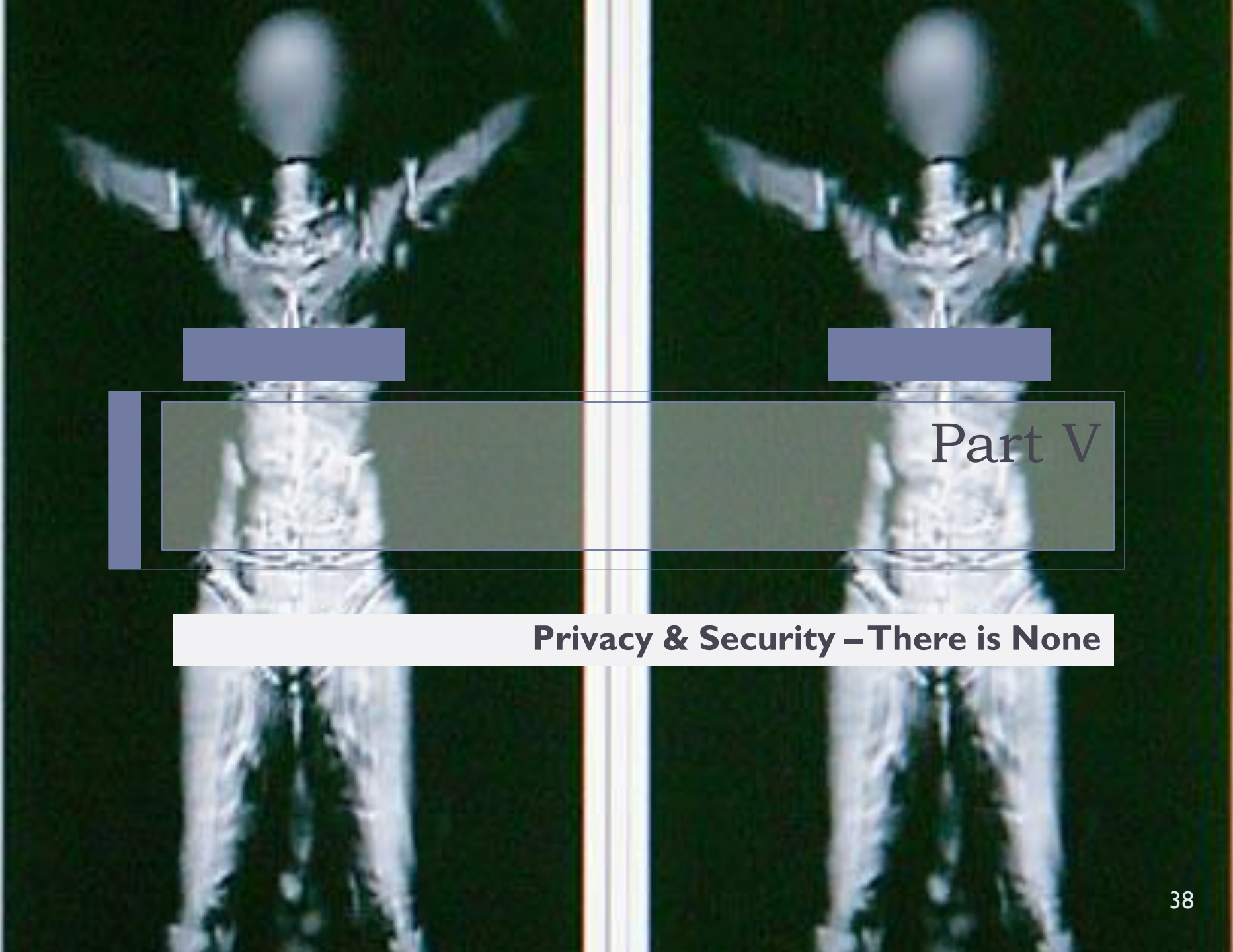
Exhibit 6: Oklahoma Statewide HIE Logical Architecture



OK Health Benefits Exchange Logic Model

LOGICAL MODEL OVERVIEW

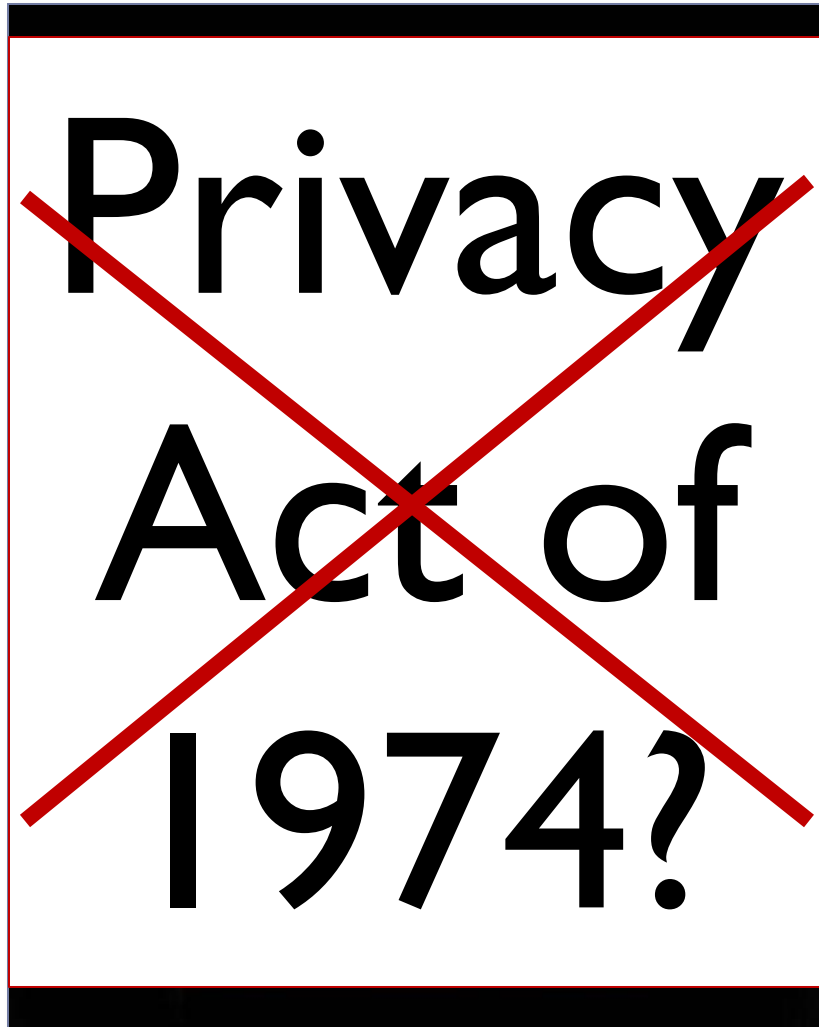




Part V

Privacy & Security – There is None

EPIC Comments re: DHS NPRM, System of Records Notice (SORN)



- ▶ DHS is dismantling the Privacy Act of 1974. by attempting to give itself broad information sharing authority and by exemptions from the Act's requirements about disclosure of personal information.
- ▶ The Electronic Privacy Information Center (EPIC) states, **"The system of records will involve an unprecedented collection of personal information, subject to the Privacy Act."**
- ▶ The information DHS is seeking "extraordinarily broad"...
- ▶ "Moreover, the agency claims an unusually broad authority to share this information with both public and private parties," including foreign and international interests.



Privacy - What Privacy?

DHS Wants it ALL...this is the list:

- Full name;
- Date and place of birth;
- Social Security Number (Many state, local, tribal, territorial, domestic security, emergency management, and private sector individuals, organizations and agencies collect/use SSNs as an identifier and may be shared with the Department);
- Citizenship;
- Contact information including phone numbers and email addresses;
- Address;
- Physical description including height, weight, eye and hair color;
- Distinguishing marks including scars, marks, and tattoos;
- Automobile registration information;
- Watch list information;
- **Medical records;**
- Financial information;
- Results of intelligence analysis and reporting;



Rights? Human Subjects Research –

Human Subjects Research – without consent! And without oversight either.

The federal notice proposes a new rule to expand researcher access to private patient data and biospecimens, allow studies and analysis that interfere with the patient-doctor relationship **without patient consent** or customary research oversight requirements, lessen legal contracts for protecting patient data, centralize oversight and control, and eliminate consent requirements for researcher access to deidentified, *but identifiable*, tissues, body parts, and patient DNA.

In 1991, the "Common Rule" - a uniform set of rules for the protection of human subjects in *federally-funded* research - was adopted by 15 federal agencies. However, the FDA's "Advance Notice of Proposed Rulemaking" now states,

"The intent is to revise the Common Rule."



Security?

Breaches-By the Numbers

Stanford Security Breach

By Kevin Sack, 9/8/2011

Patient Data Posted Online in Major Breach of Privacy

A medical privacy breach led **to the public posting** on a commercial Web site of data for **20,000 emergency room patients** at Stanford Hospital in Palo Alto, Calif., including names



“...experts on medical security said the Stanford breach spotlighted **the persistent vulnerability** posed by legions of outside contractors that gain access to private data.”

- 542,303,627 - Total # of records breached (2005-2011)
- 164,659,284 - Total # of above were ED, GOV, MED, or NGO
 1. 131,583,366 - Just GOV
 2. 22,431,091 - Just MED

Money Trumps Privacy, Rights & Security...

LOCKHEED MARTIN

We never forget who we're working for®



February 13, 2008

**Lockheed wins \$1 billion FBI
biometric contract FBI awards
Lockheed Martin a 10-year contract**

Electronic Health Records

“Accenture Health discovers emerging trends in international electronic medical records (EMR) and electronic health records (EHR) markets.”

“The global EMR/EHR market is slated to be **worth \$19.7 billion in 2013**—and a



Interoperability Standards for Emerging Technologies - \$22.8M

“Newly emerging technologies such as a smart electrical grid (i.e., Smart Grid), **interoperable electronic healthcare records**, and cloud computing promise to transform our society and galvanize U.S. industry.

For each technology to be effective, however, many complex interconnected **components must be fully interoperable, able to exchange information, and work together seamlessly on a nationwide scale.**”

Martin on the contract will be **Accenture** and BAE Systems Information Technology.”

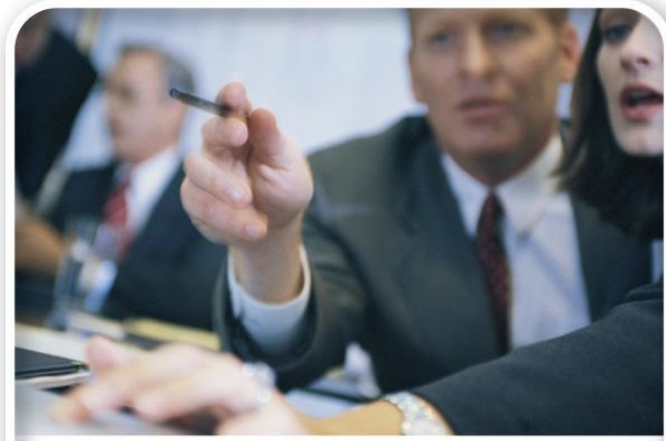
outsourcing services for the state's Medicaid agency.



OHCA \$281M Contract with HPES

(Hewlett Packard Enterprise Systems)

- ▶ **Shares information with the Health Insurance Exchange (HIE) and link to Electronic Health Records (EHRs)** (pp. E-57, 58)
- ▶ “...and is aligned with the Medicaid Information Technology Architecture (MITA) and **the National Health Information Network (NHIN)**” (p. E-113)
- ▶ “Existing Health Exchanges—Our solution can accommodate and capitalize on efforts to **integrate into other local community and private health exchanges** through its gateways. It provides a framework for future enhancements.”



By retaining HPES, OHCA continues with an innovative partner. Our system and people have proven across time to be the foundation for dynamic healthcare change in Oklahoma.

204_130_01_0710



Part VI

Conclusion & Recommendations

The American People Are NOT Slaves – Nor simply ‘carbon-based life forms’

Conclusion:

Government, via health care reform and other federal initiatives, is establishing a globally networked and integrated intelligence enterprise - one that includes an extraordinary amount of extremely personal, detailed information about the America people.

Government, in it's attempt to be an all-knowing technocratic “god” and to satisfy the IT industry's insatiable, ever-changing appetite, is doing an end-run around human dignity and nullifying our God-given rights to life, liberty and property.

“Nature has not made men slaves, but free, with an intrinsic right to liberty when they infringe not the equal freedom of others. Not only so, but liberty is a divine principle, recognized in Scripture. So the Psalmist declared, “I will talk at liberty; for I seek thy precepts,” and Jesus taught that it is lawful for a man to do what he will with his own, when he thereby commits no wrong to others.”

Biblical Law , by H.B. Clark, p. 15

Recommendations:

1. Repent – not kidding here
2. Do not establish a state-based Health Insurance exchange – it will be the same as the Federal government's version
3. Allow people to escape HIT/HIE system without penalty; do not penalize providers who opt *not* to adopt EHRs or participate in this system
4. Repeal state laws that prohibit individuals from seeking alternative health care services, i.e. homeopathic medicines or non-traditional treatments
5. Terminate the Oklahoma Health Information Exchange Trust
6. Audit the Oklahoma Health Care Authority – expenses outweigh benefits
7. Adhere to the OK Constitution - work to restore liberty

Sources –

- ▶ Digital Man Graphic: World Conference on Information Technology, 2010
<http://www.wcit2010.org/tracks/eHealth>
- ▶ The U.S. Constitution – Bill of Rights
- ▶ The Oklahoma Constitution/Legislation – www.oscn.net
- ▶ Information Technology Timeline - <http://www.isoc.org/internet/history/brief.shtml#darpa>
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