

Health Information Security
and Privacy Collaboration
Provider Education Toolkit



HEALTH INFORMATION
SECURITY & PRIVACY
TOOLKIT

March 31, 2009

Health Information Security and Privacy Collaboration

Provider Education Toolkit Final Report and Implementation Guide

Prepared for

RTI International
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Chicago, IL 60606

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Prepared by

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Health Information Security & Privacy
COLLABORATION



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1. EXECUTIVE SUMMARY

The Health Information Security & Privacy Collaboration (HISPC), a multiyear project launched in 2006 by the Department of Health and Human Services, identified misunderstandings and concerns surrounding privacy and security of health information as one of the major barriers to health information exchange (HIE). The HISPC Provider Education Toolkit Collaborative (HISPC-PET) set out to address providers' concerns by developing a provider education and outreach campaign called *The Health Information Security and Privacy Toolkit for Providers*.

Eight states—Florida, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Tennessee, and Wyoming—comprise the HISPC PET. The goals of the HISPC PET are to

- increase provider awareness of the privacy and security benefits and challenges of HIE,
- introduce health care providers to the benefits of health information technology (health IT) and electronic health information exchange,
- motivate providers to understand the advantages of participating in electronic health information exchange,
- identify the steps to HIE implementation, and
- encourage participation in HIE.

To meet the above goals the HISPC PET developed and implemented a peer-to-peer health care provider outreach and education initiative. Some of the major tasks in the development of this resource included an assessment of providers' perceptions of HIE and health IT and related privacy and security concerns, identification of the best communication methods to reach the target audience, selection of a public relations firm with demonstrated experience in health information technology messaging, development of creative educational and outreach tools, and deployment of the toolkit in each of the individual collaborative states and at the national level.

The Provider Education Toolkit includes resources such as web, print, and electronic media with messaging targeted at primary care clinicians and providers that can be easily customized and adopted by other states and organizations. To assist potential users in the replication, adoption, or modification of the material, the PET collaborative has developed this implementation guide describing the steps involved.

The HISPC PET work products are reliable resources which can be perpetuated, improved upon, and used to educate health care providers about secure and safe interoperable electronic health information exchange.

Figure 1

www.Secure4Health.org

Figure 2



2. UNDERSTANDING THE PROBLEM

According to a report published in the July 3, 2008, *New England Journal of Medicine*,¹ only 4 percent of physicians in the United States have implemented a fully functional electronic health record (EHR) system in their practice, and only 13 percent have a basic EHR system. Many physicians and health care providers exchange health records using methods such as handwritten notes, telephone calls, faxes, and e-mail—all of which pose privacy and security risks for a patient's protected health information.

Several reasons have been cited for low health IT adoption rates and participation in HIE among the health care provider community. These barriers to health IT adoption have been cited in earlier phases of HISPC work and were reinforced by the assessment undertaken by the HISPC PET. Barriers pertinent to this collaborative work included the following:

- Provider confusion about how to ensure the privacy and security of patient data, how to comply with Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules and state level legal privacy requirements, and how to avoid inappropriate disclosure of personal health information.
- Provider financial considerations including cost of health IT, disruption to workflow, staff training, return on investment, and potential liability in the event of a breach.
- Provider mistrust of electronic exchange of health information because of misunderstanding or lack of knowledge about functional requirements and standards.
- Provider lack of knowledge about the benefits and improved efficiencies made possible by health IT and HIE.

¹ *New England Journal of Medicine*, Electronic Health Records in Ambulatory Care—A National Survey of Physicians.

3. CRAFTING THE SOLUTION

3.1 Baseline Assessment and Communication Strategy

The eight-state HISPC PET was formed to address the above issues in an effort to minimize barriers to HIE and encourage adoption of health IT. HISPC PET conducted an environmental scan to learn about provider perceptions, attitudes, and concerns about health IT and HIE and to determine the best communication channels to reach a provider target group during a pilot period. Through informal discussions with 124 provider associations, HISPC PET gained insight into the attitudes and concerns of the members of these associations. This information led to the development of a communication matrix, which was used to help select the target audience, method of communication, and messaging strategy for the pilot education and outreach campaign. The collaborative selected primary care clinicians as the target audience and determined that the best way to reach this provider group was via electronic and face-to-face means by partnering with professional associations that represent this audience.

"The majority of physicians and health care providers in Florida exchange health records using methods such as handwritten notes, telephone calls, faxes, and e-mail—all of which pose security risks for a patient's protected health information." Florida HISPC-PET

3.2 Partner Selection

Once the target audience was identified, individual states began to engage relevant professional associations. Each state selected several partner associations representing primary care clinicians from those that had been contacted in the earlier months and worked toward developing a meaningful relationship to support the pilot effort. Developing a rapport with the partner associations was a critical piece. These associations provide the integral link to their membership, the target audience. They would send out e-mail blasts announcing the project and support the collaborative lead in the state with other activities such as identifying face-to-face opportunities, suggesting physician champions to work with, distributing materials, placing a newsletter in their publications, and posting a link to the national website.

3.3 Public Relations (PR) Firm

The next step the HISPC PET took was to hire a public relations/marketing firm to help develop the messaging and outreach strategy. HISPC PET developed and released an RFP that identified the scope of work, past experience requirements, and funding levels available. Seven proposals were received. The collaborative identified the top three firms using a scoring system. These firms were invited to showcase their talent and expand on their proposal ideas in individual WebEx presentations to the collaborative. Final evaluation allowed HISPC PET to select Edge Partnerships of Lansing, Michigan.

The collaborative met with Edge in person to approve a tagline, a logo, and develop a work plan and schedule for the pilot peer-to-peer outreach and education campaign, *The Health Information Security and Privacy Toolkit for Providers*. The educational content is uniquely packaged in a manner that makes dissemination easily accepted by a provider audience niche ready and willing to receive it.

The tagline: **It's Safe. It's Secure. It's Time.**

The message conveys that sharing information electronically can improve patient safety and enhance the quality of care by helping to improve clinical decisions and care coordination and reduce medical errors. Properly implemented, Certification Commission for Healthcare Information Technology (CCHIT)-certified electronic health record systems include many of the security protections providers use every day to maintain the confidentiality and security of their patient records. The days of paper patient records are drawing to a close. With the right resources and colleague support, today's providers can take steps toward integrating electronic health information exchange technology into their practice. This wise investment promises several returns: fully documented records, financial savings, better patient care, and time saved.

Secondary message: **Get Connected**

As a first step, providers need to get connected to the Internet, and through the Internet to the resources and information available, to their colleagues who can support them in learning about and adopting health IT and participating in HIE, and to other ongoing health IT/HIE-related efforts in their state and region. An important piece of the messaging for this project is that providers do not have to plunge into buying a fully functioning EHR to start—they can take small, incremental steps and gradually ease into HIE cost-efficiently through ePrescribing, electronic referrals, and tapping into results delivery systems offered by their local health systems.

3.4 Physician Champions

One of the most important parts of our dissemination strategy is the physician champion. Physician champions were identified at the national and state levels. Physicians want to hear important information from their peers; they are more likely to listen to and trust advice coming from their colleagues. HISPC PET was able to engage four national physician champions who are recognized for their support of health IT for improving quality of care for patients, improving workflow efficiencies, and providing enhanced privacy and security of patients' health information.

"Privacy is foundational to interoperability. . ." John Halamka, MD, Chair HITSP

The four national physician champions are:

- David C. Kibbe, MD, Senior Advisor, American Academy of Family Physicians
- John Halamka, MD, MS, Chair, Health Information Technology Standards Panel; CIO and Dean for Technology at Harvard Medical School; Chairman, New England Health Electronic Data Interchange Network
- Mark Leavitt, MD, Chair, Certification Commission for Health Information Technology
- Daniel Mongiardo, MD, Lieutenant Governor for the State of Kentucky

All four physician champions appear in videos on the <http://www.secure4health.org/> website.

3.5 Tool Development

Working very closely with Edge Partnerships, and using the information gathered during the baseline assessment, the collaborative decided what materials or “tools” would be the most appropriate for the campaign. A strong focus of the campaign was the national website, <http://www.secure4health.org/>. The website is a rich resource for physicians wanting to explore health IT and HIE and looking for answers to common questions relating to the privacy and security concerns they may have. The physician champions were videotaped expressing their views and responding to 26 FAQs on this topic. The collaborative researched and found reliable sources where providers could obtain additional information specific to privacy and security of protected health information in electronic health data exchange.

The tools span a broad range of resources such as print material (newsletter, journal article, brochure, editorial, and press release), presentation tools (generic PowerPoint, pop-up stand banner, and videos), and electronic media (website, e-mail blasts, and videos). An EHR dashboard demo has been added to give providers an idea of how their patient data could be received, displayed, and shared while participating in HIE.

Each collaborative state developed a state-level website which links to the national site. The national site also includes links to each state’s site. In addition to the national effort, each of the eight states developed its own strategy for disseminating and piloting the toolkit. All states employed printed material such as brochures and quick fact booklets or cards to deliver the messages developed at the national level. Most states focused on face-to-face meetings using physician champions to spread the word to their peers. Since each HISPC PET state is at a different stage in health IT adoption and participation in HIE, each state modified the outreach materials and dissemination strategy to meet its specific needs. Several of the states in HISPC PET participated in multiple HISPC collaboratives and integrated their work by posting material from their other collaboratives on their state sites.

4. IMPLEMENTING THE SOLUTION

The toolkit was piloted by primary care providers directly through website materials and peer-to-peer, face-to-face venues, and indirectly through national and state associations across the country. The national website, <http://www.secure4health.org/>, was unveiled January 16, 2009, with press releases going out to all the major media outlets in each state. Each partner association at the state level sent an e-mail blast notifying its membership of the pilot kickoff and encouraging them to go to the website for further information. Two subsequent e-mail blasts were sent in early and late February.

Each state carried out its plan to pilot the HISPC Provider Education Toolkit with its partners. In early March, the HISPC national conference was held in Bethesda, MD, to showcase the efforts of the seven HISPC collaboratives. The video HISPC PET presented at the plenary session is another powerful tool for use at venues to disseminate information highlighting the benefits and challenges of health IT and HIE.

5. RESULTS

The collaborative members and physician champions have all received positive feedback on the Toolkit. Traffic to the website is robust and Toolkit materials, presentations, and other educational media have been welcomed by the associations. Associations have highlighted the material on their websites, in their newsletters, at educational conferences, and in e-mail blasts.

Each time an e-mail blast was sent out, Google Analytics reported a spike in traffic to the website. The statistics from the time the website was launched on January 16, 2009 to March 23, 2009 are displayed in the figure below.

Figure 3



Additional quantitative information:

- Number of state-level partner associations that piloted the toolkit: 28
- Number of national associations contacted: 6
- Average number of attendees at the state educational conferences: 46
- Number of CMEs taken since January 16, 2009: 28
 - Implementing an EHR in Your Practice: 21
 - HIPAA Basics: Privacy & Security Issues Self-Study: 7

Additional states have shown interest in using the materials to help their providers learn about security and privacy best practices to spur health IT adoption and participation in HIE. National provider associations have indicated interest in promoting additional HISPC materials such as the model agreements for interstate electronic health information exchange developed by the Inter-Organizational Agreements collaborative, and *Report on State Medical Records Access Laws* developed by Georgetown University’s Health Policy Institute & O’Neill Institute for National and Global Health Law. The intent is to post these materials on the HISPC PET national website as they become available.

6. LESSONS LEARNED

Physicians, nurse practitioners, medical managers, and other clinicians often dictate the effective scope of procedural changes at their respective locations and thus can be either the most influential advocates for change or the most vocal opponents. For this reason we believed that enlisting the support of professional provider associations to disseminate the PET message would effectively serve three purposes: first, more credibility would accrue to the message if it was being disseminated by a professional health care organization; second, the associations would have a chance to review and vet the materials and provide feedback on the approach of the pilot, thus ensuring acceptability and success of the toolkit; and third, active stakeholder engagement from the start would ensure the buy-in and sustainability of the project.

The following are some of the important lessons the project team learned during the pilot phase:

- Identify physician champions; they are essential to success in provider education.
- Contact partners frequently to ensure that they understand their roles and responsibilities. Some partners may be enthusiastic when first committing to participate and later realize they cannot follow through with their commitment because of Board concerns, other pressing activities, or lack of interest in promoting the message to their members.
- Build flexible reasonable timelines using long-range planning tools. Unrealistic, tightly constructed deadlines restrict choices.
- Use tools such as project management software and matrices to stay on track and evaluate progress consistently.
- Talk to a target audience member first and discuss your ideas with an advisor from that group.
- Be knowledgeable about the content approval process and plan accordingly; this can be time intensive and involve several layers of approval. Be flexible to get the best product.
- Be aware: Professional organizations have varying staff levels and some may not have the capacity for this type of partnership.
- Research partnering association agendas for the year and piggyback whenever possible on their conferences and meetings. The first quarter of the year did not coincide with as many opportunities as desired.
- Working with multiple associations requires tact and political awareness.
- Allow sufficient time for testing the tools. The 7-week timeframe for this pilot was very short. While the websites will remain accessible, additional outreach and education efforts to attract providers to the materials is necessary to achieve a higher level of knowledge.
- Send HTML-formatted e-mails and a PDF copy to be sure the content is readable.

- Be as clear and detailed as possible when developing an RFP for outside help. Determine who is responsible for content development and define explicit timelines.

7. RECOMMENDATIONS AND REMAINING CHALLENGES

An ongoing educational endeavor to help providers react appropriately to patient concerns and doubts regarding privacy and security of data will be important to the success of the project's overarching goals. The work of the other HISPC collaboratives needs to be understood and disseminated. These substantive activities must be communicated to dispel doubts and concerns.

Finally, leveraging the investment of manpower, hours, expertise, and materials already used to educate providers and their health IT proxies will require financial and personnel resources. Personnel involved must be health policy literate and mature in their understanding of the industry and the target audience. The <http://www.Secure4Health.org> website must be maintained and updated as the industry changes, because it provides a wealth of resources specific to providers' concerns regarding privacy and security of patients' health records in an electronic environment. Public relations outreach must be strategic and done in collaboration with national associations to be most effective.

APPENDIX A: HISPC PET PARTICIPANTS

The HISPC-PET team constitutes eight states:

- Florida
 - Christopher B. Sullivan, PhD, Agency for Health Care Administration
 - Diane Leiva, PhD, Agency for Health Care Administration
 - Lyric Cobb, Agency for Health Care Administration
 - Melinda Whetstone, Florida State University
 - Vicki Combs, Florida Department of Transportation
- Kentucky
 - Laura Cole, MBA, Cabinet for Health & Family Services
 - April Smith, PMP, Cabinet for Health & Family Services
- Louisiana
 - Lisa Stansbury, MHSA, Louisiana Health Care Review, Co-Chair
- Michigan
 - Linda McCardel, Michigan Public Health Institute, Co-Chair
 - Joe Chamberlain, Michigan Public Health Institute
 - Kelly Coyle, JD, Michigan Public Health Institute
- Missouri
 - Charlotte Krebs, MA, CAE, Primaris
 - Bridget McKeage, PhD, Primaris
- Mississippi
 - Bo Bowen, Information & Quality Healthcare
 - Mary Helen Conner, MPH, BSN, CHES, Information & Quality Healthcare
 - Kathryn Piazza, MBA, RHIA, Information & Quality Healthcare
- Tennessee
 - David Rosenthal, PhD, University of Tennessee Health Science Center
 - Michael Caudle, MD, University of Tennessee Health Science Center
 - Chanchai McDonald, PhD, University of Tennessee Health Science Center
 - Ian Brooks, PhD, University of Tennessee Health Science Center
- Wyoming
 - Rex Gantenbein, PhD, University of Wyoming
 - Barb Robinson RN, MBA, PhD, University of Wyoming
 - Fran Cadez JD, MBA, Legal Consultant
 - Britnee Brost BS, EMT, University of Wyoming

HISPC PET also had the benefit of two HISPC Technical Advisory Panel (TAP) members—Holt Anderson, Executive Director of NCHICA (North Carolina Healthcare Information and Communications Alliance) and Ryan Bosch, MD, then a practicing physician at George Washington University. Dr. Bosch was able to assist in the initial critical stages of toolkit development, however left the project shortly thereafter. Anderson was instrumental in obtaining the physician champion videos from Dr. John Halamka and Dr. Mark Leavitt, in addition to providing invaluable advice and support throughout the project.

The HISPC PET states have developed partnerships with professional medical and educational organizations that represent and educate their members. These partnering organizations have been instrumental in the dissemination of the Provider Education Toolkit. A complete list of the participating associations at the state level is included as Appendix B.

Apart from provider associations, each state in the PET collaborative has also formed a representative steering committee, which is expected to serve as an important conduit for feedback and vetting of the toolkit components during the material development process. These steering committees represent additional stakeholders such as:

- State agencies including departments of health and hospitals
- Health care facilities (providers) and their privacy officers
- Support organizations
- Subject matter experts
- Insurers (payers)
- Educational institutions
- Consumer organizations
- State-level health information technology commissions

APPENDIX B: PARTNERING ASSOCIATIONS

Florida

- Florida Medical Association
- Florida Academy of Family Physicians
- Florida Osteopathic Medical Association
- Florida Academy of Physician Assistants

Kentucky

- Kentucky Medical Association
- Kentucky Medical Group Management Association
- Kentucky Academy of Family Physicians
- Kentucky Osteopathic Medical Association

Louisiana

- Louisiana State Medical Society
- Louisiana Medical Group Managers Association
- Louisiana Rural Health Association
- Louisiana Academy of Family Physicians

Michigan

- Michigan Academy of Family Physicians
- Michigan Chapter of the American College of Physicians
- Michigan Association of Osteopathic Family Physicians

Mississippi

- Mississippi Academy of Family Physicians
- Governor's Health Information Infrastructure Task Force

Missouri

- Missouri Association of Osteopathic Physicians and Surgeons
- Missouri Academy of Family Physicians
- Greater Kansas City Medical Managers Association

Tennessee

- Tennessee Medical Association
- Tennessee Medical Group Managers Association (MGMA)

- State of Tennessee Office of eHealth Initiatives
- Tennessee QSource

Wyoming

- Wyoming Medical Society
- Wyoming Primary Care Association
- Wyoming Nurses Association
- Wyoming Hospital Association

APPENDIX C: TOOLKIT IMPLEMENTATION: A STEP-BY-STEP GUIDE

States or other entities that want to replicate the entire HISPC-PET process should anticipate conducting a 12- to 18-month project. States that want to leverage the results of the HISPC PET project more directly by customizing and deploying HISPC PET's tools and channels of communication should refer to Appendix D.

1. Conduct Baseline Assessment

To replicate the HISPC-PET process, start by conducting a baseline assessment or environmental scan to identify any beliefs, attitudes, and concerns that impede health IT adoption and participation in HIE in the local or regional health care provider community. The baseline assessment consists of locating health care professional associations and having an informal dialogue with them about their members' views on electronic health information exchange and security and privacy issues, their readiness to adopt health IT, and their preferred methods of communication. Conducting a literature search may also yield clues about barriers to electronic health information exchange adoption, the characteristics of adopters, and their reasons for adopting. Questions that help determine the interest level of associations' members include:

- Is electronic health information exchange and privacy and security a topic of board meetings?
- Is the association looking for or engaging speakers on security and privacy for conferences?
- Is the association turning to other experts in the area to understand the topic?
- Does the association have educational information about the topic on its website or in its newsletters?
- Are the association's members asking for information on HIE/health IT?

Several methods can be used to identify provider associations, including reviewing registered lobbying organizations, phone book searches, and general Internet searches. Multiple attempts should be made to schedule meetings and phone conversations with associations who do not initially respond to phone calls and e-mails.

The assessment lays the groundwork for determining which provider group should be the first target, what the message content should include, how it should be structured, which communication channels are preferred by the association's membership to disseminate the message, and which organizations will partner with the collaborative to deploy the toolkit.

2. Recruit and Engage Stakeholders

Stakeholders should be recruited based on feedback from the environmental scan and association members should be targeted for engagement outreach.

- Form or engage a steering committee. Each HISPC PET state formed or engaged an existing steering committee, which represented a broad array of organizations with an impact on health IT and HIE in the state. The members included representatives from health care providers, state and local government, health care facilities, support organizations, and the vendor community. As subject matter experts, steering committee members can provide constructive feedback regarding their perception of the importance of the topic to various provider groups.
- Engage the provider association(s). Meet with organizations to assess their membership's level of interest and involvement in terms of adoption of health IT and the salience of security and privacy issues related to health information exchange. Within this context, the focus is on understanding the attitudes and beliefs of organization members related to health IT and HIE networks, to shape the content strategy and develop materials and message delivery conduits.

3. Select Target Audience and Communication Channels

Based on the outcomes of the baseline assessment, select your target audience. Use a matrix tool such as a Microsoft Excel spreadsheet to list the organizations, their members' concerns, the number of members, the type of communication channels, and any other information you believe to be helpful in the selection process. Consider the impact you are hoping to make and the receptiveness of your potential partners to carry the message to their members. The PET collaborative selected primary care clinicians as its target audience. The secondary audience was the medical group management associations, or other secondary decision-makers within the primary care clinical practice setting.

The preferred communication channels for all the PET groups were (in order of selection):

- E-mail/listservs
- Newsletters
- Conferences/meetings

The preferred messenger for all channels:

- Peer-to-peer engagement involving especially those providers who have already gone through the process of converting their offices for health information exchange

Recruit a member from your proposed target audience and use him or her to validate your findings and assist with responding to perceptions the audience might have. The PET collaborative validated conclusions from conversations with associations and others with a target audience member expert. In this case, the group had access to Dr. Ryan Bosch, who gave invaluable feedback as to the efficacy of the strategies recommended during conversations with associations.

4. Hire a PR Firm

Develop a request for proposal (RFP) and send to a list of PR firms outlining the objectives, a brief background of the project, a statement of work, and a list of clearly defined criteria against which the bidding PR firms will be evaluated. Examples of criteria to focus on:

- Sample ideas to start with—based on the background, what can the firm provide in the RFP response to show its capabilities
- Examples of past media work including taglines/messaging, electronic media developed, print material examples
- Experience with large regional and national projects related to health care
- Demonstrated experience with technology messaging particularly in the health care community
- Experience creating and implementing business-to-business or trade marketing campaigns
- References
- Company background and stability

Develop a process such as a scoring system for initial review of the RFPs. Narrow the field to several finalists. Have the finalists present their work in person if feasible or through a WebEx so all decision makers can gain a feel for the type of material they are capable of developing. Proceed to select your final choice. You may want to consider a best and final offer if two firms are similarly ranked in terms of price and services/product.

5. Contracting

The contract should be a concise and clear statement of work responsibilities and timelines. Timelines should include dates and time span for providing draft materials, reviewing them, turning them around with corrections, and final review. Clearly specify in the contract the party responsible for content development. Will you be responsible for drafting or will the PR firm be responsible based on material you have provided to them? Finalizing the contract must also include agreement on a list of deliverables and a payment schedule.

6. Content Development

This part of the project involves a high level of collaboration between the project team members, the PR firm, and the stakeholders. Information gathered during the baseline assessment phase regarding the message content and the preferred methods of communication should be used to guide the team in developing the educational toolkit. Timelines should include adequate opportunity for sharing the materials developed with the partner associations. Some partners may require Board approval before agreeing to the content. The resulting toolkit is a highly focused, easy to use, one-stop shop for providers

looking for ready-to-use information to assist in decisions regarding adoption and use of health IT and participation in HIE.

Specific toolkit elements developed by PET include the following:

Tagline and the Logo:

The PET tagline “It’s Safe. It’s Secure. It’s Time” is highly effective and reinforces the collaborative’s main message to the health care provider community.

The easily recognizable logo can be customized for use by any state. All PET states have customized it for their state-specific audience.

Physician Champion Videos:

The collaborative developed two physician champion videos featuring Dr. David C. Kibbe, Senior Advisor, American Academy of Family Physicians and Kentucky’s Lieutenant Governor Dr. Daniel Mongiardo, talking about the advantages of health IT and HIE and encouraging fellow physicians to adopt EHRs. In addition to these, two more videos featuring Dr. Mark Leavitt, Chair, CCHIT and Dr. John Halamka, Chair, HITSP, on the benefits of health IT and HIE have also been uploaded on the PET website.

Snippets from the physician videos are used in the PET “commercial” video posted on the website. Drs. Kibbe and Mongiardo also answer 26 “Frequently Asked Questions” in an interactive web environment. Eight of the video FAQs appear at once and are rotated periodically.

Apart from the national website, the individual PET state websites have videos featuring their own state-level physician champions. These videos can be replicated by any state using local physician champions.

Louisiana: <http://www.secure4health.org/>

Wyoming: <http://www.uwyo.edu/health/>

Florida: <http://www.fhin.net/PSresourceCtr/PEToolkit.shtml>

Kentucky: <http://ehealth.ky.gov/index.html>

Michigan: <http://www.mihispc.org/>

Missouri: <http://www.mosecure4health.org/>

Mississippi: <http://www.mshispc.com/>

Tennessee: <http://www.secure4healthtn.com/>

Website:

<http://www.secure4health.org/>. The website contains the following pages:

- **Home Page:** Contains the physician champion videos, tagline, and a news section.
- **About Us:** Outlines the goals of the Toolkit, gives contact information for the PET collaborative team members and also provides the executive summary of the HISPC project.
- **Participating States:** Is a map showing the eight HISPC PET states and the remaining HISPC states. This page includes a linking function to the eight state-level websites for the PET states. The page can be easily modified to add any new states interested in piloting the toolkit and linking its webpage to the national website.
- **Dashboard Demo:** Walks the providers through a simulated EHR to give a feel of what an EHR looks like.
- **Testimonials:** Provides a list of testimonials from reliable resources.
- **FAQ:** This page addresses some of the major concerns providers may have regarding health IT and HIE issues when purchasing a system, and when sharing information through an HIO or other HIE model. Answers to the top eight questions are provided in audiovisual form using the physician champions and are rotated with 18 additional audiovisual FAQs.
- **Media:** Includes news release, e-mail blasts (announcing the launch of the pilot and repetitive messages to access the resources available), editorial column, newsletter article, and journal article outlining easy steps to security and privacy compliance, carried by national and local associations known to be content experts or respected conduits. Tools to be used by other states/organizations reside here as well. Work products from other HISPC collaboratives will be posted as they become available.
- **Resources:** Links to useful resources.

Educational Conference Material:

The collaborative developed portable banners and Microsoft PowerPoint presentations for physician champions or subject matter experts to use at conferences, physician breakfast gatherings and other professional meetings. There is a generic PowerPoint presentation on the website for use by anyone. These pieces facilitate logo recognition and give peer-to-peer presentation support.

CME Credits:

Links to two free CME courses are provided and promoted through the national website. These are:

- HIPAA Basics: Privacy and Security Issues Self-Study Module
- Electronic Health Records: Implementing a System in Your Practice

National Professional Affiliations Established:

The following associations included <http://www.secure4health.org/> on their websites as links:

- The American Health Information Management Association placed a link on its website under Other Resources and Links at <http://www.ahima.org/emerging%5Fissues/PrivacyandSecurity.asp>.
- The American College of Physicians also linked to the PET website at http://www.acponline.org/running_practice/technology/.
- Dr. John Halamka, MS, linked to the PET website on his blog, <http://www.geekdoctor.blogspot.com/>.

These national champions and relationships are invaluable to creating a sustainable outreach model for security and privacy education efforts. They lend credibility to the content, and lead to content use by those developing other materials.

APPENDIX D: HOW TO USE THE HISPC PET TOOLS

Other states and organizations are free to use the tools and materials developed by the HISPC PET collaborative.

- Identify your target audience.
- Seek out partners to support your efforts.
- Identify one or more provider champions.
- Download the following from <http://www.secure4health.org/> to use (some of these can be easily customized for your use):
 - HISPC PET “commercial” video
 - E-mail blasts
 - Newsletter article
 - Journal article
 - Editorial
 - Press release
 - Brochure
 - Generic PowerPoint presentation
 - Additional video or audio clips
- Direct your provider group to <http://www.secure4health.org/>.
- Place a link to the national site on your partners’ websites.
- Develop a page on a prominent website under your control related to health IT/HIE or privacy and security of electronic HIE so that the Participating State Map can link to it for information.
- Use the *Contact Us* link on <http://www.secure4health.org/> to let us know that you need a mapping to your state site and we can update the appearance of your state on the map.
- Contact one of the HISPC PET members or send a request to the *Contact Us* link on the national site for questions or assistance you may need.

Get Your Providers Connected!