eHEALTH INITIATIVE
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2011 REPORT ON HEALTH INFORMATION EXCHANGE

HIE VENDORS: AN EVOLVING MARKET

MARKET REPORT & HIE VENDOR LIST

SUSTAINABILITY REPORT

WORKFORCE DEVELOPMENT REPORT

FULL REPORT

EXECUTIVE SUMMARY

CHART BOOK

Based on Results from eHealth Initiative's Eighth Annual Survey of Health Information Exchange

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About eHealth Initiative

eHealth Initiative (eHI) is a Washington D.C.-based, independent, non-profit organization whose mission is to drive improvements in the quality, safety, and efficiency of healthcare through information and information technology. eHI is the only national organization that represents all of the stakeholders in the healthcare industry. Working with its membership, eHI advocates for the use of health IT that is practical, sustainable and addresses stakeholder needs, particularly those of patients.

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I INTRODUCTION

The health information exchange (HIE) vendor market has seen significant changes over the past year. In the eHealth Initiative's 2011 Survey of Health Information Exchange (HIE), initiatives were asked about vendors for the first time. This report presents baseline data about HIE initiatives and their vendors.

The eHealth Initiative (eHI) fielded the first eHealth Initiative Health Information Exchange (HIE) survey in 2004. Over the last decade, eHI has been monitoring the progress of health information technology (HIT) and health information exchange (HIE). During this time there has been enormous growth for both HIT and HIE; in 2004 there were a few dozen HIE initiatives, today there are approximately 255.

While the last decade has seen growth and change, the past year has been transformational for health information exchange. Results from this year's *2011 Report on Health Information Exchange: The Changing Landscape* demonstrate that exchange is no longer an experiment or a project that initiatives and hospitals can dabble in or take years to develop. In order to survive, HIE initiatives and health systems must jump whole-heartedly into advanced health information exchange with workable business models.

The survey asked 196 initiatives to identify their primary HIE vendor and share cost data, which provides the basis for this report. Vendor support is explored with regard to implemented and planned functions, important vendor attributes, expenditures and support. All data was self reported by HIE initiatives. Note there are several vendors not mentioned in this report. Only vendors reported by 127 survey respondents are included in this report.

The Evolving Vendor Market

While the field remains very wide in terms of the number of vendors who offer HIE products and services—more than 35 HIE vendors were identified through the eHealth Initiative Annual Survey of HIE initiatives—the last year has seen many mergers and acquisitions.

Some of the market's leading HIE vendors have been purchased by payer-based parent companies. These acquisitions are seen by some in the industry as a benefit, infusing these entities with greater resources and an enhanced product suite. Others are cautious and perceive the potential for insurer/health plan involvement and their access to information.

Several vendors have chosen to merge with or acquire other companies in order to expand their service offerings quickly. Other companies are vertically integrating to offer more robust services to their clients and gain new clients. Some vendors are new to HIE, and have made a strong entry into the market over the past year. HIE vendors need to rapidly evolve their services to meet the needs of the market to help HIE initiatives remain relevant and sustainable.

The recent infusion of federal funding and state support has made the HIE market more attractive to vendors. Given the onslaught of new policies and requirements facing many HIEs, the demands placed on vendors will be robust. Vendors will have a short window to help HIEs implement services that support providers in achieving meaningful use stages 1 and 2.

II SELECTING A VENDOR

Many initiatives engage in complex processes to select a vendor. Vendors play a critical role in implementation processes. Of 127 respondents, 26 initiatives indicated they have not yet chosen a primary HIE vendor, and eight initiatives use a homegrown system. Figure 1 provides a complete list of vendors identified in the survey responses by the number of HIE initiatives that named them as their vendor or who reported having a homegrown system.

In 2005, eHI developed a framework for assessing and tracking health information exchange development. eHI identified seven stages of development that most initiatives will move through, at varying paces. The eHealth Initiative HIE maturity schema is defined as follows:

STAGE 1: Just decided to form HIE and recognition of the need for health information exchange among multiple stakeholders in your state, region or community. (Public declaration by a coalition or political leader); Seeking other partners or stakeholders.

STAGE 2: Getting organized with other stakeholders; defining shared vision, goals, and objectives; identifying funding sources, setting up legal and governance structures. (Multiple, inclusive meetings to address needs and frameworks).

STAGE 3: Transferring vision, goals and objectives to tactics and business plan; defining your needs and requirements; securing funding. (Funded organizational efforts under sponsorship). Not transmitting any data yet.

STAGE 4: Well under way with implementation—technical, financial and legal. (Pilot project or implementation with multi-year budget identified and tagged for a specific need). Have started transmitting some patient data, pilot or testing transmission of data.

VENDORS SELECTED BY HIES

	Number of All Initiatives
Axolotl (now OptumInsight)	22
Medicity	14
Cerner	9
Mirth	9
GE Healthcare	8
Homegrown System	8
IBM	8
ICA	7
Microsoft	6
eClinical Works	5
CareEvolution	4
Covisint	4
Intersystems	4
Verizon	4
Epic	3
McKesson	3
Nextgen	3
Orion Health	3
Wellogic	3
Browsersoft	3
HealthUnity	2
MedPlus	2
PatientKeeper	2
RelayHealth	2
Siemens	2
Thomson Reuters	2
Noteworthy	2
AT&T	1
Avocare	1
CareFx	1
Cogon Systems	1
dbMotion	1
Harris	1
Oracle	1
Sandlot	1
Total	215

Figure 1: *Vendors Selected by HIEs*

STAGE 5: Fully operational health information organization; transmitting patient data that is being used by healthcare stakeholders. Not fully sustainable, still reliant upon federal funding, loans or not broken even yet.

STAGE 6: Sustainable and fully operational health information organization; transmitting patient data that is being used by more than 2 entities healthcare stakeholders, not dependent upon federal funding.

STAGE 7: Sustainable and fully operational health information organization. Demonstration of expansion of organization to provide value-add services, such as advanced analytics, quality reporting, clinical decision support, PACs reporting, EMS services.

Vendors Selected by Advanced Initiatives

Of 75 advanced initiatives (stages 5, 6 or 7), 59 responded with the name of their current vendor. Figure 2 illustrates which vendors were selected by advanced initiatives.

Geography

Geography does not seem to play a significant role in the vendor selection process as most of the leading vendors have HIEs that span most or all regions of the country. However, those initiatives reporting the use of homegrown systems are primarily located in the Northeast and Southeast regions of the US.

Vendors Selected by Advanced Initiatives

	Number of Advanced Initiatives Selecting Vendor
Axolotl (now OptumInsight)	18
IBM	8
Medicity	6
Mirth	6
Cerner	5
Homegrown System	5
GE Healthcare	4
Microsoft	4
Intersystems	3
Verizon	3
Covisint	2
Epic	2
Orion Health	2
ICA	1
eClinical Works	1
CareEvolution	1
McKesson	1
Nextgen	1
Wellogic	1
HealthUnity	1
MedPlus	1
PatientKeeper	1
RelayHealth	1
AT&T	1
Avocare	1
CareFx	1
Cogon Systems	1
Harris	1
Oracle	1
Sandlot	1
Browsersoft	0
Siemens	0
Thomson Reuters	0
Noteworthy	0
dbMotion	0

Figure 2: *Vendors Selected by Advanced HIEs*

Type of HIE

The data was stratified to assess whether different types of HIEs were served by specific vendors. Figure 3 below illustrates HIE initiatives by their reported organizational type and their selected vendors. Note: some SDEs are also community-based non-profit HIEs and identified themselves as community-based rather than as an SDE.

Vendor Selected by Type of Initiative

Vendor	Academic Institution	Community Based For-Profit Organization	Community Based Non-Profit Organization	Hospital Based or Integrated Delivery Network (IDN)	Public Health Agency	State Run HIE or State Designated Entity (SDE)
Axolotl (Now OptumInsight)	0	2	17	1	0	2
Cerner	0	1	6	2	0	0
GE	0	0	6	1	0	1
IBM	0	0	5	1	0	2
ICA	0	0	6	0	1	0
Medicity	0	1	7	2	0	4
Microsoft	0	0	4	1	0	1
Mirth	0	0	9	0	0	0
eClinical Works	1	2	1	0	0	1
Homegrown	1	1	6	0	0	0

Figure 3: *Vendor Selected by Type of Initiative*

Architecture

Organizations may structure their architecture in different ways. eHI has defined HIEs as generally falling into one of three architecture models:

- Centralized – characterized by health information and data that resides in one central location.
- Federated – health information is stored at the local or regional level with the HIE services acting as a conduit for exchange between other entities.
- Hybrid – a combination of centralized and federated, often a central repository of information with "edge servers" utilized for data storage.

When asked to describe the architecture model that the HIE initiative is using 85 responded. Overwhelmingly, these HIEs reported using a hybrid architecture model (44). Federated HIEs accounted for 23 responses and centralized, 18.

When looking at the type of the HIE and the architecture model, two types of HIE initiatives comprise the majority of respondents: community-based non-profit HIEs (52) and State run HIE or State Designated Entities (13). For both HIE types, a hybrid architecture model was most common. There was no significant difference in the architecture model reported by other types of HIE initiatives given the small number of respondents.

Technical Architecture by Type of Initiative

HIE Initiative Type	Centralized	Federated	Hybrid
Academic Institution	2	0	1
Community Based Non-Profit Organization	12	14	26
Community Based For-Profit Organization	2	4	2
Hospital Based or Integrated Delivery Network (IDN)	2	2	4
Medicaid Agency	0	0	0
Public Health Agency	0	1	0
State Run HIE or State Designated Entity (SDE)	0	2	11

Figure 4: *Technical Architecture by Type of Initiative*

Number of Vendors Considered

Choosing the right vendor to meet the HIE needs of a given community is exceedingly important to the long-term success of an HIE initiative. They must choose a vendor that meets both their current and future needs. In a market with dozens of vendors, initiatives have to carefully evaluate a number of vendors. While 47 initiatives considered only 1-3 vendors, almost an equal number (41) evaluated up to 10 vendors. See Figure 5 below for a breakout of the number of vendors initiatives evaluated. The type of HIE does not seem to have a significant bearing on the number of vendors considered; however, integrated delivery networks (IDNs) more often reported that they considered fewer than 4 more vendors when making a selection.

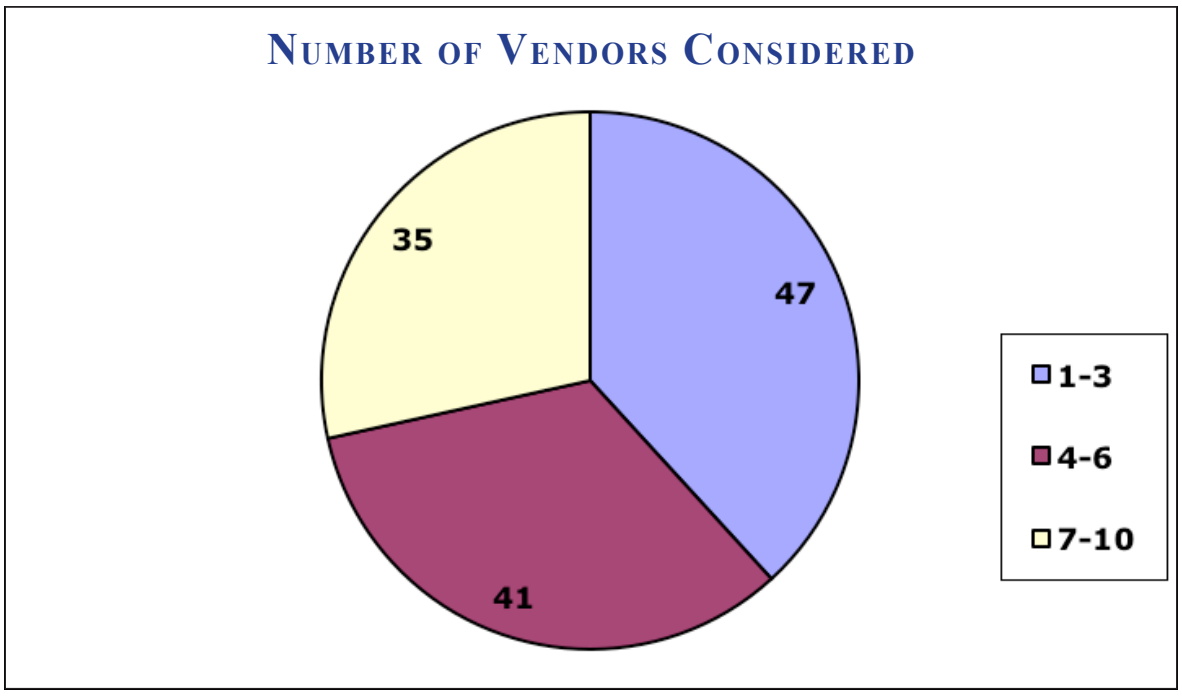

Figure 5: *Number of Vendors Considered*

Most Important Attributes

Initiatives were asked what is important to them in a vendor. The top response was platform flexibility (46), followed closely by experience (40). Clearly, initiatives are looking for vendors that can be responsive to the changing needs of the initiative as it develops. While cost is less important with regard to vendor attributes, it remains a concern for many initiatives. Figure 6 details which attributes HIE initiatives reported being most important in a vendor.

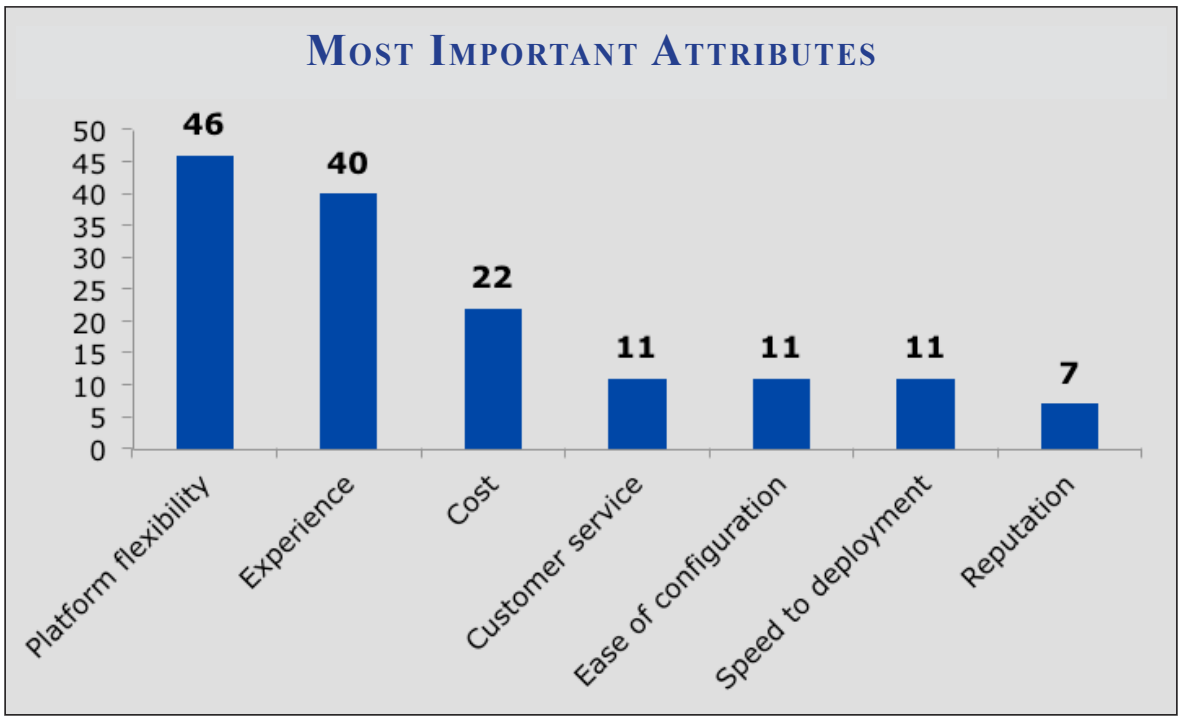

Figure 6: *Most Important Attributes*

Important Vendor Attributes by Type of Initiative							
	Platform Flexibility	**Experience**	**Cost**	**Customer Service**	**Ease of Configuration**	**Speed to Deployment**	**Reputation**
Academic Institution	1	0	0	1	0	0	0
Community Based For-Profit Organization	5	4	4	1	2	1	1
Community Based Non-Profit Organization	33	21	16	9	7	8	5
Hospital Based or Integrated Delivery Network (IDN)	3	2	1	0	0	0	0
Public Health Agency	1	0	0	0	1	0	0
State Run HIE or State Designated Entity (SDE)	4	13	1	0	1	2	1

Figure 7: *Vendor Attributes by Type of Initiative*

How Type of HIE Impacts Selection

The results demonstrate that different types of HIEs rate vendor attributes differently. State run HIEs or SDEs are overwhelmingly more concerned with the vendor's experience and much less concerned about platform flexibility. Cost was not the top attribute. Conversely, community-based HIEs (both for- and non-profit) and hospital/IDN initiatives are much more concerned about platform flexibility, with experience also being an important attribute. The cost attribute for these initiatives is also important. For a breakdown of important vendor attributes by type of HIE initiative, see Figure 7 above.

As noted in the previous section, one might presume that the need for state initiatives or State Designated Entities (SDEs) to move quickly to implementation (in order to satisfy federal funding requirements under the State HIE Cooperative Agreements) is the primary reason why these initiatives are more concerned with experience. The expertise that a more experienced vendor brings to the initiative is likely to be an advantage toward rapid deployment of the HIE functions and subsequent user adoption. In general, HIEs are concerned about the changing healthcare landscape and the need to be nimble and adaptive to the evolving standards and requirements. As such, platform flexibility is of critical importance for HIE initiatives.

III EVALUATING VENDOR SUPPORT

Many organizations periodically review their service providers. Nearly a quarter of respondents (54) indicated that they will re-evaluate their vendor in the next twelve months. Twenty-one initiatives provided reasons for why they are re-evaluating their vendor. Customer service (6), issues with configuration (6), cost (5), and poor implementation (4) were cited as reasons.

Satisfaction with Vendor Service

Initiatives were asked to rate their satisfaction with their vendor's level of customer service. Respondents were given a rating scale of 1 to 5, with 1 being very satisfied and 5 being not satisfied. The average rating from all HIE initiatives was 1.9 indicating that overall, HIEs are satisfied with the level of customer service their vendors provide.

Type of Implementation Support Provided

Respondents were asked what type of support vendors provided prior to and following implementation of their HIE application. Of the 32 initiatives that responded to the question, many reported that their vendor provides a full suite of support services from outsourcing all implementation work (7) to performing all of the technical work with more limited project management (5). Some reported that their vendor provides a full team of resources including project management and technical analysis (8). Only one HIE initiative reported that their vendor provides 24/7 help desk support. Figure 8 below depicts the support services that initiatives reported that their HIE vendor provides.

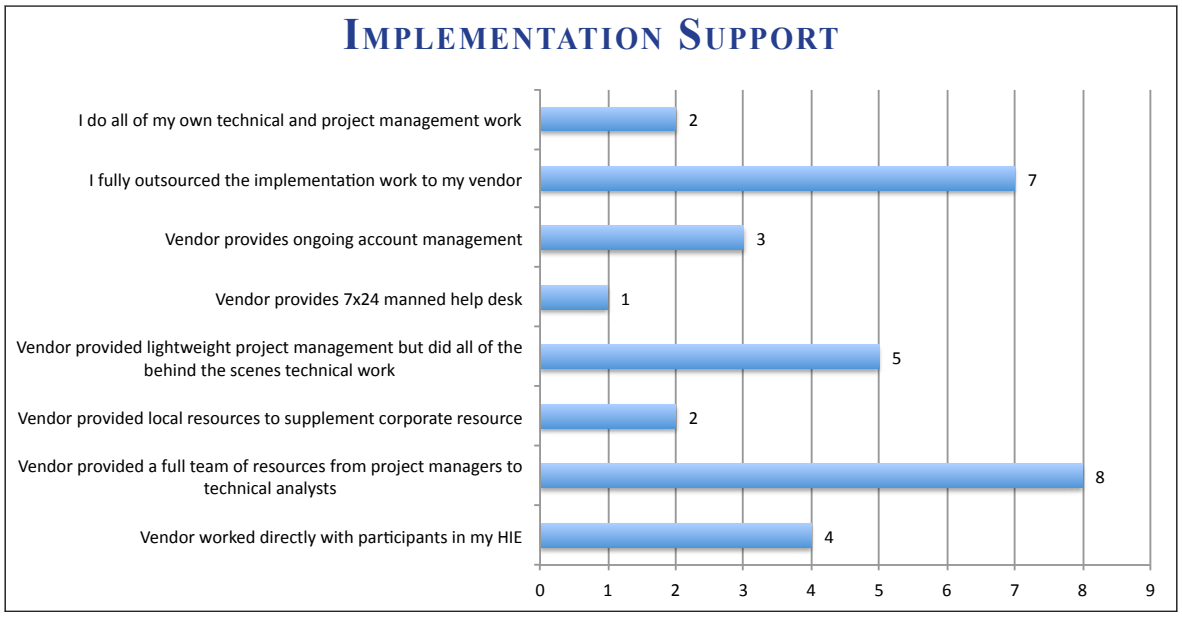

Figure 8: *Implementation Support*

IV | COST

The cost of HIE can vary substantially based on many factors, such as functionality, data types (and the number of source systems), interface complexity, number of data sources, architecture and data storage, capacity of HIE and their reliance on the vendor, among others. Some vendors help make HIE more affordable by performing work and discounting license fees in the early stages of implementation, with the cost increasing over time as the HIE matures and becomes self-sustaining.

The majority of initiatives indicated that cost was a major factor when choosing their vendor. Consequently, approximately a quarter of all respondents (55) spent under $100,000 on their vendors in the last fiscal year. A total of 14 initiatives indicated they spent more than $1 million on their vendor in the last fiscal year. Figure 9 below details the amount initiatives have spent on their vendors in the last fiscal year, represented by the type of organization.

Amount Spent in the Last Fiscal Year

	Community Based Non-Profit Organization	Community Based For-Profit Organization	Hospital Based or Integrated Delivery Network (IDN)	Public Health Agency	State Run HIE or State Designated Entity (SDE)	Response Count
$0.000-100.000	38	2	0	2	13	55
$100.001-200.000	10	2	0	0	0	12
$200.001-300.000	5	0	1	0	0	6
$300.001-400.000	5	1	1	0	0	7
$400.001-500.000	2	1	1	0	0	4
$500.001-600.000	1	0	0	0	1	2
$600.001-700.000	3	0	1	0	0	4
$700.001-800.000	1	1	0	0	0	2
$800.001-900.000	0	0	0	0	0	0
$900.001-1 Million	7	1	1	0	0	9
Over $1 Million	9	1	0	0	4	14

Figure 9: *Amount Initiatives Have Spent with Vendors*

Size and Cost

One might assume that larger HIE initiatives spend more, but initial findings are not clear. Large initiatives often have 11 or more hospitals participating. Of the 20 large initiatives with 11 or more hospitals participating, 11 indicated they spent less than $100,000 in the last year, while 9 spent more than $1 million.

Cost to Get Started

When looking at the stage of implementation that the responding HIEs reported it is interesting that those in the early stages of data exchange (stages 3 and 4) spend less than those in more advanced stages. HIEs initiatives in Stage 5 of implementation are more likely to have spent over $1 million on their vendor in the past fiscal year. This is likely due to the growth mode that HIEs are in at this stage of operation and the potential for vendor fees increasing at this phase.

Amount Spent in the Last Fiscal Year by Stage

Answer Options	Stage 3	Stage 4	Stage 5	Stage 6	Stage 7
$0-100,000	23	14	7	2	0
$100,001-200,000	0	3	4	2	2
$200,001-300,000	0	3	3	0	1
$300,001-400,000	0	1	3	2	1
$400,001-500,000	0	2	0	1	1
$500,001-600,000	0	2	0	0	0
$600,001-700,000	0	3	1	0	1
$700,001-800,000	0	0	0	0	1
$800,001-900,000	0	0	0	0	0
$900,001-1 Million	0	3	4	3	1
Over $1 Million	0	0	7	2	3

Figure 10: *Amount Initiatives Have Spent with Vendors Based on Stages of Development*

Federated Model Cost

Of the HIE initiatives that indicated how much they spent last year on their HIE vendor, 65 also reported on the architecture of their HIE system. The majority of these initiatives reported having a hybrid model (33), federated accounted for 18 initiatives, and 14 were centralized models. Regarding cost, federated models were more likely to have spent less than $100,000 on their vendor than centralized or hybrid models. Hybrid models were more than three times as likely as centralized models to spend more than $1 million on their vendors in the past fiscal year.

Amount Spent on Vendor by Architectural Model

Amount Spent on Vendor	Architectural Model		
	Centralized	Federated	Hybrid
$0-100,000	4	11	9
$100,001-200,000	2	2	1
$200,001-300,000	1	2	0
$300,001-400,000	0	0	4
$400,001-500,000	1	0	3
$500,001-600,000	0	0	1
$600,001-700,000	2	0	2
$700,001-800,000	0	0	1
$800,001-900,000	0	0	0
$900,001-1 million	3	1	4
Over $1 million	1	2	8
Total	14	18	33

Figure 11: *Amount Spent on Vendor by Architectural Model*

V SUMMARY OF KEY FINDINGS

New Medicare Shared Savings Program rules, privacy regulations, and the recommendations for Stage 2 Meaningful Use are pressing down on HIE initiatives. HIE initiatives must quickly support stakeholders in meeting meaningful use requirements. The vendor market must be prepared to provide the level of functionality expected by HIE initiatives. The demand for HIE products and services is great and the vendor community must respond quickly. Key findings are listed below:

- Nearly a quarter of respondents (54) indicated that they will re-evaluate their vendor in the next twelve months for reasons of poor customer service, configuration, cost and implementation issues.
- The most important attributes that HIEs look for in an HIE vendor, in order of importance, are platform flexibility, experience, and cost.
- Seventy-six percent of initiatives considered 4 to 10 vendors when selecting their primary HIE vendor.
- Most HIE initiatives report outsourcing the technical work and some or all of the project management responsibilities to their HIE vendor.
- HIEs in the early stages of maturity spend less on their HIE vendor (less than $100, 000 in the past fiscal year) than more advanced HIEs who more frequently report spending over $1 million per fiscal year.
- Federated architecture models report spending less on their HIE vendor, while hybrid models spend more on their vendors than the other models.

VI METHODOLOGY

The 2011 Eighth Annual Survey of Health Information Exchange was launched on May 17, 2011 and closed on June 20, 2011. Announcement of the survey was communicated through newsletters, mailing lists, and meetings to a wide range of audiences in order to elicit responses from national, state, regional, enterprise, and community-based initiatives working on health information exchange.

Each response was reviewed carefully, and significantly incomplete responses, duplicates, or responses from organizations not directly involved with health information exchange were excluded. Responses to the survey were self-reported by participants. While responses were reviewed by eHealth Initiative staff for reasonableness, in most cases they were not verified.

After review, a total of 196 initiatives were included in the results. It should be noted that not all respondents answered each question, so a selection bias may exist. To view a list of initiatives, please visit www.ehealthiniative.org.

Repeated attempts were made to contact all of the organizations who participated in the 2009 and 2010 Annual Surveys of Health Information Exchange. Personal emails were sent to individuals listed as organizational contacts, and follow-up phone calls were made to organizations that did not respond prior to the survey completion deadline. eHealth Initiative staff was able to verify that an additional 59 initiatives that either responded in previous years or were provided by a State HIT Coordinator or vendor, are still pursuing HIE. Additionally, staff members were able to verify through phone calls and emails that 10 advanced HIEs that responded to the 2010 survey are still advanced in 2011.

To incentivize organizations to take the time to participate in and complete the survey in its entirety, participants were entered in a random drawing for one of two 16 GB Apple® iPads™.

VII APPENDIX

Index of Vendors Selected by Specific Initiatives

Initiative Name	State(s)	Vendor(s)
Alabama Health Information Exchange	Alabama	Not decided at this time
Alaska eHealth Network	Alaska	Orion Health
Appalachian Health Information Exchange	Ohio	hybrid system using CCR/CCD
ARCHIE - Arizona Rural Community Health Information Exchange	Arizona	Not Chosen
Arkansas Office of Health Information Technology	Arkansas	Not Chosen
AtlantiCare	New Jersey	Wellogic
Atrius Health	Massachussetts	Not Chosen
Bay Area Community Informatics Agency (BACIA)	Oregon	Medicity
Big Bend Regional Healthcare Information Organization	Florida	Avocare Open Health Tools Mirth
Bronx Regional Health Information Organization	New	Axolotl (Now OptumInsight)
Brooklyn Health Information Exchange	New York	IBM Intersystems
Cal eConnect	California	Currently in the procurement process for this and have not started the evaluation process yet.
Camden Coalition of Healthcare Providers	New Jersey	Noteworthy
Carolina Health Information Exchange	North Carolina	Homegrown system- Have Not Chosen a System Yet
Central Florida Regional Health Information Organization	Florida	GE Healthcare
Central Georgia Health Exchange	Georgia	eClinical Works
Chatham County Safety Net Planning Council	Georgia	Orion Health Initiate
Chesapeake Regional Information System for Our Patients (CRISP)	Maryland	Axolotl (Now OptumInsight) IBM
Children's Health Alliance	Oregon Washington	Not Chosen
Children's IQ Network®	District of Columbia Maryland Virginia	eClinical Works
Coalition of Health Services, Inc.	Texas	Not Chosen
Community Health Information Organization	Minnesota North Carolina Wisconsin	Apenimed, formerly Mednet
Community Health Partners	North Carolina	Not Chosen

Index of Vendors Selected by Specific Initiatives

Initiative Name	State(s)	Vendor(s)
CORHIO	Colorado	Medicity
Courage Center	Minnesota	McKesson
CT Department of Public Health/ Health Information Technology Exchange of Connecticut	Connecticut	eClinical Works GE Healthcare McKesson MedPlus Microsoft Nextgen PatientKeepter Among various hospital HIEs
DC Department of Health Care Finance	District of Columbia	Cerner eClinical Works Microsoft Siemens
DC Primary Care Association (DCPCA)	District of Columbia	Microsoft
Delaware Health Information Network	Delaware	Medicity
eHealth Network of Long Island	New York	HealthUnity
Electronic Health Network, LLC	Florida South Carolina	Homegrown System: Electronic Health Network Tiani-Spirit
eLINCx	Ohio	GE Healthcare
Emerson Hospital	Massachussetts	GE Healthcare
Georgia Department of Community Health	Georgia	Not Chosen
GOCHC (Greater Oklahoma City Hospital Council) / SMRTNET	Oklahoma	Cerner Browsersoft Open HRE
Gorge Health Connect, Inc.	Oregon	Epic, Medicity, Nextgen, Not Chosen
Great Lakes Health Information Exchange	Michigan	Axolotl (Now OptumInsight)
Greater Dayton Area Health Information Network	Ohio	Axolotl (Now OptumInsight)
Greater Houston Health Information Exchange	Texas	Not Chosen
Greater Ocala Health Information Trust, Inc.	Florida	PatientKeeper
Hawaii Health Information Exchange	Hawaii	To be determined. HIE RFP was posted on 6/6/2011.
Health Information Network of Arizona	Arizona	Axolotl (Now OptumInsight) Medicity Wellogic
Health Information Partnership for Tennessee	Tennessee	Axolotl (Now OptumInsight)
HealthBridge	Indiana Kentucky Ohio	Mirth Axolotl (Now OptumInsight) Atlas RxNT Wellcentive

Index of Vendors Selected by Specific Initiatives

Initiative Name	State(s)	Vendor(s)
Healthcare Information Xchange of New York	New York	IBM Intersystems Homegrown System
HEALTHeLINK - Western New York's Clinical Information Exchange	New York	Axolotl (Now OptumInsight)
HealthInfoNet	Maine	IBM Orion Health Health Language Inc.
HealthLINC HIE	Indiana	Axolotl (Now OptumInsight) Mirth
HealthShare Montana	Montana	Covisint
HIE Montgomery County	Texas	Not Chosen
Idaho Health Data Exchange	Idaho	Axolotl (Now OptumInsight)
Illinois Health Information Exchange	Illinois	Not Chosen
Indiana Health Information Exchange	Illinois Indiana Kentucky Michigan Ohio	Regenstrief Institute
Inland Northwest Health Services	Idaho Washington	Transitioning from homegrown system to Orion Health
Integrated Care Collaboration	Texas	Epic Mirth
Iowa e-Health	Iowa	ICA
Jackson Community Medical Record, LLC	Michigan	Nextgen
Jersey Health Connect	New Jersey	RelayHealth
Kansas Department of Health and Environment	Kansas	Not Chosen
Kansas Health Information Network	Kansas	ICA
Kentucky Governor's Office of Electronic Health Information	Kentucky	Axolotl (Now OptumInsight) ACS
Lakelands Rural Health Network	South Carolina	CareEvolution
Lewis And Clark Information Exchange	Iowa Kansas Missouri Nebraska	Cerner
LIPIX, Inc	New York	IBM Intersystems
Louisiana Rural Health Information Exchange	Louisiana	CareFx IBM Microsoft

Index of Vendors Selected by Specific Initiatives

Initiative Name	State(s)	Vendor(s)
Louisville Health Information Exchange	Indiana Kentucky	Not Chosen
Medical Information Network - North Sound	Washington	HealthUnity
MedVirginia	Virginia	MedVirginia Verizon Wellogic
Memorial Hermann Health Information Exchange	Texas	Cerner
Michiana Health Information Network	Illinois Indiana Michigan Missouri Texas	Axolotl (Now OptumInsight) Cerner Oracle
Michigan Health Connect	Michigan	Medicity
Michigan Health Information Network Shared Services	Michigan	Not Chosen
Middle Tennessee eHealth Connect	Tennessee	ICA
Mississippi Health Information Network (MS-HIN)	Mississippi	Medicity
Mississippi Health Partners - MHPConnect	Mississippi	RelayHealth
Missouri Health Connection	Missouri	Cerner
Monmouth Ocean Health Information Exchange, Inc.	New Jersey	ICA
MSO OF Puerto Rico	Puerto Rico	Axsys
MyHealth Access Network	Oklahoma	Covisint
NC Health Information Exchange	North Carolina	Not Chosen
NCHICA	North Carolina	Mirth
NeHII, Inc., the Nebraska Health Information Initiative	Iowa Nebraska	Axolotl (Now OptumInsight)
NEPA Health Information Exchange	Pennsylvania	Covisint
New England Healthcare Exchange Network, Inc. (NEHEN)	Massachussetts New Hampshire Rhode Island	Homegrown System
Norman Regional Health System	Oklahoma	eClinical Works
North Carolina Community Care Informatics Center	North Carolina	Homegrown System
North Dakota Health Information Technology Advisory Committee	North Dakota	Not Chosen

Index of Vendors Selected by Specific Initiatives

Initiative Name	State(s)	Vendor(s)
North Texas Accountable Healthcare Partnership	Texas	Not Chosen
North Texas Red River HIE	Texas	Still Planning
Northeast Kentucky Regional Health Information Organization	Kentucky	Mirth/HealthBridge
Northern Virginia Regional Health Information Organization (NoVaRHIO)	Virginia	GE Healthcare
Northwest Florida RHIO (NWFL-RHIO)	Florida	Customized product from Civic Health (Data Futures)
NYCLIX (New York Clinical Information Exchange)	New York	IBM MedPlus
OCPRHIO	California	Mirth
Ohio Health Information Partnership	Ohio	Medicity
Partnership for Health Improvement through Shared Information (PHISI)	Washington	Not Chosen
Paso del Norte Health Information Exchange	Texas	Not Chosen
Pennsylvania HIE	Pennsylvania	Not Chosen
Quality Health Network	Colorado	Axolotl (Now OptumInsight)
Rhode Island Quality Institute	Rhode Island	Intersystems
Rochester RHIO	New York	Axolotl (Now OptumInsight)
SAFEHealth	Massachussetts	Homegrown System
Sandlot	Texas	Sandlot
Santa Cruz Health Information Exchange	California	Axolotl (Now OptumInsight)
SMRTNET Northeast Oklahoma	Oklahoma	Cerner Browersoft
South Carolina Health Information Exchange	South Carolina	CareEvolution
South East Michigan Health Information Exchange (SEMHIE)	Michigan	OMG (MDMI) Clinical Architecture CNSI CSC Reliance JVHL Oracle
Southeast Texas Health System	Texas	Not Chosen
Southern Tier HealthLink	New York	Lawson
Strategic Helath Intelligence, LLC	Florida	Cogon Systems

Index of Vendors Selected by Specific Initiatives		
Initiative Name	**State(s)**	**Vendor(s)**
SunCoast RHIO, Inc.	Florida New York	Siemens
Sushoo HIE	Florida	Sushoo HIE
TACHC	Texas	Homegrown System
Tampa Bay RHIO	Florida	Not Chosen
Texas Health and Human Services Commission	Texas	Most of the vendors will compete in the state as HISPs
The OneHealthPort HIE (Statewide HIE for WA)	Washington	Axway
THINC, Inc	New York	MedAllies
Trenton Health Team	New Jersey	Noteworthy
University of Pittsburgh Medical Center	Pennsylvania	dbMotion
Upper Peninsula Health Care Network	Michigan	Not Chosen
Utah Health Information Network	Utah	Axolotl (Now OptumInsight)
Vantage Holding Company	Pennsylvania	Verizon
Vermont Information Technology Leaders, Inc.	Vermont	GE Healthcare Medicity
Western Health Information Network	California	Mirth
Whatcom Health Information Network, LLC (HInet)	Washington	GE Healthcare Microsoft Kryptiq et al.
Wichita Health Information Exchange	Kansas	ICA
Wright State HealthLInk	Ohio Oregon	Homegrown system: Wright State HealthLink
WV Health Information Network (WVHIN)	West Virginia	CareEvolution Thomson Reuters
Yale New Haven Health System	Connecitcut Rhode Island	Currently use Cerner/Meditech/ Allscripts - future = Epic for all 3 hospitals

Corrections or updates to this data should be sent to ehisurvey@ehealthinitiative.org