

Comments on the Florida Health Information Exchange Plan Overview
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**Florida Health Information Exchange
Vision, Goals and Objectives, and Action Plan**

Accenture comments to draft Florida HIE Plan Overview published 5/7/2009.

We would like to thank you for the opportunity to provide comments to your Vision, Goals and Objectives, and Action Plan for establishing the Florida Health Information Exchange. This is a key time for establishing health information exchanges with funding being provided in the ARRA to help states achieve transformation change in how health services are provided.

Florida, through AHCA, has already taken the first steps towards a state wide health information exchange network with the demonstration project to provide physicians and patients with access to Medicaid claims-based electronic health records. We were also encouraged to see that AHCA is looking for a not-for-profit organization, institution, or other eligible entity to establish the State-Level health information exchange. Bringing together the myriad of stakeholders, both public and private, will be one of the keys to success.

As you noted, establishing a clear plan will be a requirement to securing ARRA funds from ONC. With some key decision points still to be made in the process, this is likely to continue to evolve for the next month or so. There are also other areas of ARRA funding that are related, and as you point out, there is a need to coordinate with activities around provider EHR Medicaid incentives, broadband and the telemedicine components within that, Regional Extension Centers and the EHR loan program if it is funded.

Figure 1 provided a good clear picture of your vision for health data exchange in Florida, and the connection to a national network when it is in place. The inclusion of claims data in the vision is key. Feeding both clinical and claims data into Quality Data Analysis, Biosurveillance and Florida Center will be a powerful tool especially as health care reform moves the focus away from transaction based payments towards a more outcome based model.

We were pleased to see the recognition of the "NHIN Connect" software interfaces as these will almost certainly be part of the standards ONC requires and will be necessary for connection to the national network. We are very familiar with these interface specification as Accenture's HIE lead was the co-chair, with the Federal Health Architecture lead Technical Architect, for the workgroup that was responsible for developing these interface specifications for ONC. However, it should be noted that the "NHIN Connect" software solution works well for the HIE to State-Level HIE exchange but the provider to Regional or State-Level HIE will still require development work at either the provider level or at the HIE level to make the data accessible.

One of the challenges for the providers will be "Qualified electronic health record". CCHIT is currently focused on whether the software solution supports the data sets required, clinical decision support requirements, physician order entry, and other areas. The real test will be how the solution and features are implemented across the various departments in a provider. This changes the certification from a vendor solution focus to an individual implementation focus which is much more complicated to achieve. This is an area that we will likely see more detailed guidance from ONC in the coming months.

We understand the connection to the Regional Health Information Exchange Gateways as these are existing HIE's that already have providers connected to them. However, we would be interested in

discussing your thoughts around when a provider would opt to connect to a Regional HIE and when they would connect to the State-Level HIE. It is important that a view and approach to provider adoption and connection is taken across the state. Otherwise, there is a danger that there will be Regional HIE's that have overlapping constituents, especially in large metropolitan areas. In contrast, there may be gaps in rural areas, where there is no HIE to connect.

There are some questions and additional areas that you may want to consider;

- Moving beyond getting comments from stakeholders it will be important to identify and actively engage the many stakeholders that will be involved. As you noted this includes the Department of Health and other state agencies but also includes public and private providers, payers, pharmacies, PBM's, reference labs etc.
- This is probably one of the largest transformational changes that the State will undertake, impacting the citizens and businesses of Florida. Looking at it from this perspective we advocate clearly defining desired health outcomes from the start, then developing a roadmap of how to get there, with defined measures and a process for actively managing and refining the approach and plan.
- A key consideration will be who performs the role of the State Designated Entity (SDE). This could either be AHCA or the organization that will be responsible for the State-Level HIE development could also act as the SDE with oversight from AHCA. Whichever approach is taken we would recommend defining clear governance model, a charter for the organization acting as the SDE and clear roles and responsibilities for each of the organizations that will be involved.
- There are a number of technical model decisions that will need to be made early. This area is fairly immature and it is important to take an approach that is flexible and can adapt as ideas, approaches and thinking matures. Beyond the push/pull, RLS and other decisions that you identify, consideration should be given to:
 - Federated versus hybrid versus centralized data models
 - Aggregation of data and protecting anonymity
 - Semantic normalization of data
 - Which data sets will be exchanged

Finally some other areas that will need to be considered include; approach to provider adoption, the financial/business model and state level security and privacy policies. It should be noted that there will not be a single decision point at the start of this effort but decisions will need to be made at various times during the life of these efforts. For example, the governance structure during the early stages will be very different than the governance structure required during steady state operations. The financials and business model will evolve as more providers are connected and more services are considered.

We would like to thank you again for the opportunity to comment and would welcome the opportunity to explore your thinking further and to share our views and experience. Please contact either Greg Martin, Cindy or Martin Renwick at the following:

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