

Comments on the Florida Health Information Exchange Plan Overview
Issue Date: 5/8/09

Commenting Organization: Big Bend Health - Zack Finn
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Comment Date: May 8, 2009

From: Zach Finn [mailto:zfinn@avocarehealth.com]
Sent: Friday, May 08, 2009 5:17 PM
To: Turner, Carolyn
Cc: 'Pam Walker'; Sullivan, Christopher; allen@electronet.net
Subject: RE: Draft Florida HIE Plan Overview -- Request for Comment

Carolyn,

We have been reviewing the draft Florida HIE plan and surmised that one of your main objectives with this document is to satisfy Section 3013 of the HITECH Act that requires states who apply to receive implementation grant funds must have a Secretary approved plan submitted to the ONC. To this effect I have attached a document (StatePlanNotes.doc) that has information on what other leading states are doing for Health IT (the source site is <http://www.nascio.org/> and they seem to have some of the most up-to-date information) and may be useful as a best practice donor source.

I am currently working on a technical model and business plan (as we believe that they cannot be separated) that line up with the strategic initiatives that I already sent to you (what we believe is required to for sustainable connected healthcare communities based on our lessons learned) and ensuring that they line up with the national plan.

Lastly I wanted to introduce you to a pro-bono research analyst for Big Bend RHIO, Pam Walker, who has been helping us wade through all the information out there to find what is accurate and true to the proposed national legislation. I have asked her to review details regarding specific requirements (i.e. does the current HIECC board meet the "Required Consultation" outlined in SEC 3013 (g)) to help make sure that we are not missing any critical components to the plan.

Have a wonderful weekend!
Zach

From: Zach Finn [mailto:zfinn@avocarehealth.com]
Sent: Thursday, May 07, 2009 11:23 AM
To: Turner, Carolyn
Cc: Sullivan, Christopher; allen@bbrhio.com; 'Pam Walker'
Subject: RE: Draft Florida HIE Plan Overview -- Request for Comment

This is great Carolyn!

Are you the primary author of the document to this point?

I have been working on a best practice model that define the strategic initiative required to bring about Sustainable Connected Healthcare Communities based on the lessons learned in Big Bend (and other RHIOs) from the previous FHIN grants program (see attached draft of this vision). Along these lines I have also been creating a strategic plan that cross-references these strategic initiatives to federal funding as well as identifying and lining up partners across the

state with a proven track record in accomplishing these goals. Is it possible for me to start working with you to incorporate our work into the state plan?

Additionally we have been researching and documenting ARRA funding legislation for our members which might be useful to others across the state (we would be happy to share with other interested groups and the state). Attached are our first two "issue briefs" which include an ARRA overview plus a nice summary on the Medicare and Medicaid incentive programs (base on my work in this community this is the main concern of healthcare providers).

I am excited about this project and look forward to working on it!
Zach

From: Turner, Carolyn [mailto:turnerc@ahca.myflorida.com]

Sent: Thursday, May 07, 2009 9:45 AM

To: allen@bbrhio.com; kkearns@hcnetwork.org; drdsaver@msn.com; kholzer@fha.org; fwitson@medone.org; Catherine.Peper@bcbsfl.com; dsteward@mail.ucf.edu; karen@fccmh.org; WDillon@lawfla.com; Robert_Harmon@doh.state.fl.us; Maureen Levy, MD.; Matt Doster; Benson, Holly; waltculbertson@eprescribeflorida.com; Lucy_Gee@doh.state.fl.us; todd.hardman@surescripts.com; lshettle@yahoo.com; Scott Langdon; zfinn@bbrhio.com; Victoria@McBroomConsulting.com; Wells, Anne; hong.xiao@fam.u.edu; Michael Jackson; Janes, Bill; Linda.fuchs@myflorida.com

Cc: Nye, Christine; Sullivan, Christopher; Phinney, Brenda; Leiva, Diane; Fox, Heidi; Kennedy, Patrick; Watson, Dana; Green, Jennifer; Bush, Becky; Kennedy, Patrick; Barfield, Cheryl; Arnold, Tom

Subject: Draft Florida HIE Plan Overview -- Request for Comment

Members:

The Agency is initiating a process of public comment on the development of the Florida Health Information Exchange Plan. Attached is the draft HIE Plan Overview for your review and comment. The overview includes the HIE vision statement and objectives, a description of proposed HIE components and infrastructure, and the Agency's action plan for preparing a proposal to the Office of the National Coordinator for Health Information Technology.

The Agency will be posting the draft Florida HIE Plan Overview on www.FHIN.net and interested parties will be invited to return comments to FLHII@ahca.myflorida.com. Please return your written comments by May 22, 2009. All comments received will be posted to the www.FHIN.net website.

The Governor recently announced the designation of the Agency and the HIECC to lead these efforts (press release attached). The Agency recognizes the expertise of SEPAP members and encourages SEPAP members to participate in this process.

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<http://www.nascio.org/publications/documents/NASCIO-ProfilesInProgress3.pdf>

Florida Health Information Network (FHIN)

Group Website: www.fhin.net/FHIN/workgroups/HIECC.shtml

Governance: 14-member Coordinating Committee

Source of Authority: Agency for Health Care Administration

Source Document: www.fhin.net/FHIN/workgroups/HIECCmission112607.pdf

State Government Involvement: The Health Information Exchange Coordinating Committee was organized by the Florida Agency for Health Care Administration during the fall of 2007 to advise and support the Agency in developing and implementing a strategy to establish a privacy-protected, secure, and integrated statewide network for the exchange of electronic health records among authorized physicians.

State CIO Involvement: The state CIO has been involved with the Florida Health Information Network since its beginning. Input from the state CIO is welcomed for both policy creation and in reviewing technical and security models of the proposed network

Major Initiatives: The Health Information Exchange Coordinating Committee advises and supports the Agency for Health Care Administration to develop and implement a strategy for establishing a privacy protected, secure, and integrated statewide network for the communication of electronic health records among authorized parties. The Committee functions as an issue-oriented technical workgroup of the State Consumer Health Information and Policy Advisory Council.

- 1) In 2008, the HIE Coordinating Committee endorsed the Personal Health Record website for disaster preparedness developed by the Agency.
- 2) In 2008, the HIE Coordinating Committee awarded a Point of Care Grant to the Miami-Dade County Health Department to install Electronic Health Record software in two free clinics in Miami.
- 3) In 2009, the HIE Coordinating Committee approved the launch of a Medicaid health information exchange in a public-private partnership between the Agency and Availity, LLC. Availity will integrate Florida Medicaid, Blue Cross Blue Shield of Florida and Humana claims data into a claims-based electronic health record and offer it at no charge to all Medicaid providers in the state. Future plans are to include lab results, immunization data and discharge data on the uninsured.
- 4) In 2009, the HIE Coordinating Committee endorsed a \$1 million Rural Infrastructure Grant to leverage the construction of a broadband network among ten rural health care facilities as part of the FCC Rural Health Care Pilot Project.

Last Updated: 04.09.2009

Minnesota e-Health Initiative

Group Website: www.health.state.mn.us/e-health

Governance: 25-member Advisory Committee

Source of Authority: Public-private partnership

State Government Involvement: This Initiative is spearheaded by the state Department of Health and involves stakeholders across state agencies in Minnesota in its Advisory Committee

Major Initiatives: The Minnesota e-Health Initiative is a public-private collaborative whose vision is to accelerate the adoption and use of health information technology in order to improve health care quality, increase patient safety, reduce health care costs and improve public health statewide.

The purpose of the initiative is to:

- Empower Consumers with information to make informed health and medical decisions.
- Inform and Connect Healthcare Providers by promoting the adoption and use of interoperable Electronic Health Records and electronic health information exchange.
- Protect Communities and Improve Public Health by advancing efforts to make public health systems interoperable and modernized.
- Enhance the Infrastructure through:

- Adoption of standards for health information exchange.
- Policies for strong privacy and security protection of health information.
- Funding and other resources for implementation.
- Assessing and monitoring progress on adoption, use and interoperability

The e-Health Initiative supports the fast-growing health information exchange initiative in Minnesota:

Minnesota Health Information Exchange (MN HIE)

Group Website: www.mnhie.com

Governance: 6-member Board of Managers including a representative from the Department of Human Services.

Source of Authority: Non-profit

Source Document: www.governor.state.mn.us/mediacenter/pressreleases/2007/

State Government Involvement: MN HIE is a public/private partnership between hospitals, insurance companies and the Minnesota Department of Human Services.

State CIO Involvement: The State CIO is monitoring MN HIE activities to assure compliance with State Statute and the Governors health information technology direction.

Major Initiatives: The Governor announced the state's participation when the project was unveiled in 2007 and in 2008, the Minnesota Legislature passed a bill authorizing the Minnesota Department of Human Services to participate as a sponsor in this private-public partnership.

Membership in MN HIE provides secure medical information for enrollees in state health care programs, including Minnesota Care, Medical Assistance and General Assistance Medical Care. MN HIE will connect doctors, hospitals and clinics across the state so they can quickly access secure electronic medical information.

Last Updated: 04.20.2009

Nebraska Information Technology Commission eHealth Council

Group Website: www.nitc.ne.gov/eHc/index.html

Source of Authority: Lieutenant Governor and the Nebraska Information Technology Commission

Source Document: www.nitc.ne.gov/eHc/eHealthCounciloverviewJan2008.pdf

State Government Involvement: The Nebraska Information Technology Commission, which is chaired by the Lieutenant Governor, formed the eHealth Council in 2007. The eHealth Council includes representatives of state government as well as representatives from public health, health care providers, eHealth initiatives, payers and employers, consumers, and resource providers.

State CIO Involvement: The Office of the CIO is represented on the eHealth Council and provides administrative and programmatic support.

Major Initiatives: The Nebraska Information Technology Commission's eHealth Council was created to foster the collaborative and innovative use of eHealth technologies through partnerships between public and private sectors, and to encourage communication and coordination among eHealth initiatives in Nebraska. The eHealth Council is currently developing a state eHealth plan.

The eHealth Council is charged with:

- Reviewing the current status of healthcare information technology adoption by the healthcare delivery system in Nebraska;

- Addressing potential security, privacy and other issues related to the adoption of interoperable healthcare information technology in Nebraska;
- Evaluating the cost of using interoperable healthcare information technology by the healthcare delivery system in Nebraska;
- Identifying private resources and public/private partnerships to fund efforts to adopt interoperable healthcare information technology;
- Supporting and promoting the use of telehealth as a vehicle to improve healthcare access to Nebraskans; and
- Recommending best practices or policies for state government and private entities to promote the adoption of interoperable healthcare information technology by the healthcare delivery system in Nebraska.

Other major initiatives with involvement from the state of Nebraska and the Information Technology Commission include:

Nebraska Health Information Initiative (NeHII)

Group Website: www.nehii.org

Governance: NeHII Board of Directors

State Government Involvement: The Lieutenant Governor sits on the Board of Directors and a grant from the Nebraska Information Technology Commission provided partial funding for the pilot in 2009. NeHII is also actively involved in the Nebraska Information Technology Commission's eHealth Council.

State CIO Involvement: Office of the CIO staff participates in the NeHII Consumer Advisory Council.

Major Initiatives: NeHII celebrated its official launch on April 2, 2009 and will connect all facets of the healthcare industry through the same system, allowing hospitals, physicians, laboratories, radiology centers, and pharmacies to share patient information in real-time across the state. NeHII is utilizing a hybrid federated model with an opt-out platform. The statewide rollout is planned for July 2009.

Nebraska Statewide Telehealth Network

Group Website: www.netelehealth.net

Governance: Nebraska Statewide Telehealth Network Governing Board

State Government Involvement: The State of Nebraska (including the University of Nebraska, Nebraska Department of Health and Human Services, the Nebraska Information Technology Commission, and the Office of the CIO) has acted as a partner and facilitator in the development of the Nebraska Statewide Telehealth Network.

State CIO Involvement: The Office of the CIO has acted as a partner and facilitator.

Major Initiatives: The Nebraska Statewide Telehealth Network connects over 100 hospitals and public health departments in Nebraska, connecting rural patients to clinicians through videoconferencing and allowing professionals across the state to collaborate. The network received a \$95,000 appropriation in the most recent spending package approved by President Barack Obama.

Last Updated: 04.08.2009

Rhode Island Health Information Exchange

Group Website: www.riqi.org

Governance: Department of Health and Rhode Island Quality Institute

Source of Authority: Governor

Source Document: www.rilin.state.ri.us/News/pr1.asp?prid=5220

State Government Involvement: The state department of health works in partnership with the Rhode Island Quality Institute to manage the Health Information Exchange, and a number of state agencies are also involved in this effort.

State CIO Involvement: The State CIO is not involved in this effort at this time.

Major Initiatives: Rhode Island has become a national leader in EHR adoption. The Rhode Island Quality Institute has been working to develop a statewide Health Information Exchange and many committees involve representatives of the healthcare and government communities.

In 2008, the Governor signed into law the Rhode Island Health Information Exchange Act to create a statewide health information exchange. The state tasked the Rhode Island Quality Institute; a private agency with state government involvement, to run the voluntary health data exchange and the Department of Health will oversee this effort.

The Act creates patient privacy and data security protections for information that will be shared through CurrentCare—Rhode Island's Health Information Exchange (HIE).

Consumer protections in this law include:

- A specification that participation in the HIE is voluntary—both consumers and providers choose whether or not to participate;
- The ability to obtain a copy of confidential health information from the HIE;
- The ability to obtain a copy of a Disclosure Report relating to access of a patient's confidential health information through the HIE;
- Notification of breach of security of the HIE consistent with the RI identity theft law;
- The right to terminate participation in the HIE;
- The right to request that inaccurate information provided to the HIE be corrected through a provider;
- Oversight by the Department of Health;
- The creation of an HIE Advisory Commission to make recommendations to the Department of Health regarding the use of health information in the HIE; and
- Civil and criminal penalties for violation of the Act.

Last Updated: 04.15.2009

Tennessee Office of e-Health Initiatives

Group Website: www.tn.gov/ehealth

Governance: Governor's e-Health Advisory Council (16 members)

Source of Authority: Executive Order

Source Document: www.tennesseeanytime.org/ehealth/documents/ExecutiveOrder35.pdf

State Government Involvement: The Council is administered under the Department of Finance & Administration.

State CIO Involvement: The State CIO works closely with the Director of the Office of e-Health Initiatives to coordinate efforts around the use of health information technology.

Major Initiatives: The Office spearheads the Tennessee e-Health Network, the state's mechanism for statewide health information exchange. Tennessee opened its statewide broadband network – the network the state uses to conduct its business – for the benefit of health care providers and created a physical home for the exchange of patient information. This acts as a private backbone that already exists in all 95 counties. While you can get to the public internet, information that travels the network is not transmitted across the internet.

The network offers secure, high-speed broadband capabilities with very high security protocols and service performance level guarantees to practitioners at state-negotiated rates. The state of Tennessee has carved out a specific “channel” on its network and tailored it to the particular security concerns related to health information.

There is an added layer of HIPAA-compliant authentication to assure that only health care providers using the information for the purpose of treatment can utilize the network.

By design, it is only to be used to offer key information to medical professionals in the process of making treatment decisions. This is unique, nationally, in its specific design to only be used for purposes of treatment and other allowable uses by HIPAA. Authorized e-Health Network users can exchange files and messages securely, and access key Department of Health registries including domestic violence, immunizations and controlled substance databases. The state will soon add a master patient index (MPI) and record locator services (RLS) to the e-Health Network's application features.

The Office also administers Physician Connectivity Grants, providing up to \$3,500 per physician and \$2,500 per clinician, to help health care providers offset the costs of purchasing hardware, software and peripherals associated with connecting to e-health resources. To receive the grants, healthcare providers must agree to electronically prescribe (e-prescribe) for two years. To date, the Office has approved 1,830 health care providers and more than 420 treatment sites in Tennessee as grant recipients. The Office provides e-prescribing training and education programs to support its e-prescribing initiative among recipients and has trained more than 330 grant recipients as of April 2009. Tennessee has 2,238 active electronic prescribers, with 1,110 pharmacies in the state accepting prescriptions electronically. In 2008, Tennessee health care providers issued more than 2 million electronic prescriptions, representing three percent of all prescriptions written in the state.

Health Information Exchange (HIE): Tennessee has three successful HIEs. The *Mid-South eHealth Alliance* is a regional health information organization (RHIO) sharing clinical encounter data among 24 emergency departments and ambulatory clinics in the Memphis area. They have approximately 2.1 million records from 880,000 unique patients and add approximately 30,000 records daily.

Innovation Valley Health Information Network is a community-based, non-profit collaborative of local consumers, physicians, hospitals, employers, payers and other healthcare providers and provides a collaborative, consumer-centric health information network that provides consumers and their permitted caregivers real-time access to consumers' current and historic medical records.

CareSpark is a regional, community-based non-profit organization serving northeast Tennessee and southwest Virginia. CareSpark has developed a secure network that enables exchange of information for the purpose of patient care and treatment among physicians, hospitals, pharmacies, laboratories, imaging centers, public health departments and other facilities serving approximately 750,000 patients in the region.

The state has added 2 new HIEs, MiddleTN Connected, which is situated in the middle TN area and is comprised of 5 local hospitals, and West TN Healthcare, which is located in upper West TN and is comprised of hospitals and clinics.

In late 2006, Governor Bredesen was appointed to co-chair the NGA's new State Alliance for eHealth, organized to oversee consensus efforts to improve the nation's health care system through the effective and efficient use of health information technology. The Governor continues to hold this post as Co-Chair.

Last Updated: 03.25.2009

Vermont Information Technology Leaders (VITL)

Group Website: www.vitl.net

Governance: 11-member Board of Directors

Source of Authority: Non-profit, public-private partnership

Source Document: www.vitl.net/interior.php/pid/2

State Government Involvement: VITL is supported by state agencies and also receives funding for HIT research and development from the state budget. The VITL Advisory Board represents virtually every stakeholder in the healthcare arena in Vermont.

State CIO Involvement: The state CIO has served as a Director for VITL.

Major Initiatives: VITL is a multi-stakeholder corporation formed by a broad base of providers, payers, employers, patients, and state agencies. The efforts of VITL are being coordinated with other state and federal initiatives and VITL is partnering with hospitals, physician practices, and other health care organizations across the state of Vermont to implement IT projects to improve the quality and effectiveness of health care.

In January of 2009, VITL submitted its annual process report which highlighted that a pilot project of the Clinical Transformation Program was successfully launched in 2008 in assist 18 full-time Clinicians with EHR adoption and workflow redesign, ensuring that EHRs are deployed for maximum benefit in improving patient outcomes and efficiency. The development work accomplished during the pilot will enable VITL to ramp up its EHR implementation grant programs financed by the Health IT Fund in 2009.

Also in 2008, VITL launched its EHR Connectivity Service to enable hospitals to deliver electronic test results directly to physician EHRs. This service is critical for physicians implementing EHRs, and it lays the foundation for bi-directional health information exchange, which VITL expects to deploy in 2009.

VITL's staff and advisors also revised and updated the Vermont Health Information Technology Plan, first published in July 2007. This included a six-month process to solicit input from health care providers and consumers regarding development of privacy and security policies for the Vermont health information exchange network. A statistical snapshot of VITL's Progress is as follows:

- 1) Medication Histories Delivered: 85,000 from April 2007 to Jan. 2009
- 2) Blueprint Transactions: 795,000 to date
- 3) Lab Results Delivered: 53,000 from Sept. 2008 to Jan. 2009
- 4) Pilot Site EMRs: 82,000 Patient Visits a Year
- 5) Patient Demographics Registrations: 309,000 to date

Last Updated: 04.15.2009

Virginia Health Information Technology Council/ Governor's Office of Health IT

Group Website: www.hits.virginia.gov

Governance: The Council is co-chaired by Secretary of Technology and Secretary of Health and Human Resources.

Source of Authority: Executive Order

Source Document: www.hits.virginia.gov

State Government Involvement: In 2006, Governor Kaine issued Executive Order 29 to continue the work of the Health Information Technology Council. Led by the Secretary of Technology and the Secretary of Health and Human Resources, stakeholders across the field of healthcare transformation and IT were brought together to further the mission of improving the cost and quality of care delivery in the Commonwealth. The Council undertook grant initiatives designed to provide public monies to private entities advancing the cause of health IT utilization. Executive Order 55 was issued in 2007 to extend the work of the Council in this endeavor.

State CIO Involvement: The state CIO is *ex officio* member of the Council.

Major Initiatives: Three “**Innovation Motivator**” organizations were chosen for grant awards based on their proposed health IT projects as well as their tenure and respect in the marketplace. During the second cycle of awards, two “**Pioneer in the Community**” organizations were chosen based on their emerging contribution to the health of their communities and their leadership position within their marketplace. During the past two years, intense planning, policy and program development has been undertaken by the Council and its grantee partners. The projects funded by the Council, and other health IT projects supported by the Council, will provide benefits not just to their own respective communities but to the Commonwealth as a whole.

State Funds	Organization	Federal Funds
\$250,000	MedVirginia	\$4.47M
\$250,000	CareSpark	\$4.15M
\$250,000	Community Care Network of Virginia	\$1.95M
\$150,000	NOVARHIO	\$.030M
\$150,000	Centra Health	\$.025M

The Commonwealth achieved 10-1 leverage on a \$1.1 Million investment.

Other projects include:

Virginia Health Exchange Network (VHEN): Through a collaboration with the Virginia Hospital and Healthcare Association, the Virginia Association of Health Plans, and the Governor’s Office of Health IT; Virginia payers and providers came together with the goal of lowering transaction costs associated with verifying a patient’s insurance eligibility. By procuring a common portal for Virginia providers to use when interacting with Virginia payers, it allows a provider to retrieve up-to-date eligibility information from any participating Virginia health plan. A request for information was issued in the summer of 2008 with vendor selection completed in the fall of 2008. Implementation is currently underway.

The Council also endorses the Hampton Roads area’s pilot project to link civilian and military/VA health systems. These potential initiatives will leverage CCD reporting through the use of Personal Health Record (PHR) systems. There is a need for pediatric consultations between Portsmouth Naval Hospital, Virginia’s largest birthing facility, and other civilian providers. Additional “value cases” will be developed as opportunities arise.

Virginia is the only state with two participants (MedVirginia and CareSpark) in the Nationwide Health Information Network Trial Implementation. These two organizations successfully demonstrated interoperability to a national audience at the September 24, 2008 meeting of the American Health Information Community. In addition, Virginia was one of twelve communities in the United States selected for participation in the Centers for Medicare and Medicaid Services (CMS) Electronic Health Records Demonstration. CMS is providing up to \$30M in funding to support physician electronic health record adoption.

Virginia has strong representation on national standards development workgroups such as the Health Information Security and Privacy Collaborative. Also, the Commonwealth has been designated as a Chartered Value Exchange (CVE). The CVEs represent one of several initiatives undertaken by Health

and Human Services (HHS) to implement a vision for health care reform built on four cornerstones including adopting interoperable health information technology.

Last Updated: 04.15.2009