

Comments on the Florida Health Information Exchange Plan Overview
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Commenting Organization: Florida Association of Hospitals
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Florida Hospital Association (FHA) has enjoyed a long and successful partnership with the Agency for Health Care Administration (Agency) and look forward to continuing that partnership as a new Health Information Exchange Plan is developed. We reviewed the Agency document entitled “Florida Health Information Exchange Vision, Goals and Objectives, and Action Plan” (hereafter referred to as “Plan”) as well as distributed the document to our membership for review.

I appreciate the time Ms. Nye and her staff took to discuss the intent of the “Plan” document with me. The assurance of Ms. Nye that the “Plan” was merely the Policy Center’s attempt to general discussion and collect suggestions for the “real” plan allowed me to eliminate some comments and/or shorten, yet I need to make sure we are clear that there is wide spread concern that the “Plan” as written is more reflective of an exchange of claims data not clinical data. FHA and its membership believe the focus should be on exchanging meaningful clinical data. We also, believe that distributing the Plan prior to presenting the Plan to the Health Information Exchange Coordinating Committee (hereafter referred to as the HIECC) has created at a minimum the perception of distrust and contributed to many of the concerns voiced by various stakeholders upon review the of the Plan.

The following comments, suggestions and questions are the result of a compilation of FHA staff and FHA Hospital Member review of the document distributed by the Agency for comments.

Comments – Objectives

1. The Objectives should be vetted and approved by the HIECC.
2. The Federal grants available may be for multi state exchange and thus the objectives may need to be broaden to consider how Florida would participate in a multi/state – regional plan.
3. Objective # 5 – *“The upgrade of the Agency’s hospital encounter data including inpatient stays and emergency department visits to enable use in statewide health information exchange for coordination of care, particularly for **the uninsured.**”*
 - a. Per our discussion, for many reasons not the least of which is the conflict between the Policy Center’s data reporting time frames and time period within which a hospital complying with state statute for determining uninsured/charity can classify the patient as uninsured precludes the consideration of using hospital discharge data as a meaningful source of uninsured patient information.
 - b. The use of the hospital encounter data in the statewide health information exchange for coordination of care does not appear consistent with the federal goal of sharing clinical not administrative data.
 - c. The Governor’s Office, Senate and House Leadership have all indicated a commitment to matching cost verses benefit when applying new regulations or revising current regulations on hospitals. We are concerned that the cost of expanding the data collection and/or changing the reporting timeframes for hospital discharge data will increase hospital cost without providing real value in the delivery of meaning health information exchange. However, per our discussion we look forward to discussing this objective when the Policy Center has a clear understanding of its goals.
4. Objective #7 – the reference to payer based personal health records again appears counter to our understanding of the federal objectives.
5. Objective #10 – “telemedicine/broadband” – we strongly support the expansion of broadband to all communities as there is direct correlation between a communities education level and health status; we also strongly support the use of telemedicine for all providers and patients. The shortage of specialty providers in Florida cannot be mitigated without the adoption of telemedicine for all providers. Telemedicine adoption may be the most important short-term outcome of the ARRA funding in terms of providing patients with access to specialty and sub-specialty consults as the physician shortage in certain specialty and subspecialties becomes more acute.

Comments – Florida HIE Overview Components and Infrastructure

1. We strongly urge the Agency and the Policy Center to workshop this plan with the HIECC

2. How does the Agency see this Plan interfacing with the various RHIO's previously funded by the Legislature?
 - a. How might the Plan be modified to prevent re-inventing the preverbal "wheel"?
 - b. Are there lessons learned from the RHIO's that could provide some value to the creation of a new entity?
3. The Plan appears to have settled on a structure for the state-wide health information exchange what other models were considered and why were the other models rejected?
4. The structure suggested could be subject to mission/vision shifts with each new election cycle, what other structures did the Agency consider and what were the pros and cons?
5. The federal interoperability standards could provide the opportunity for a less expensive means of exchanging data yet the Plan does not seem to recognize that as a possibility.
6. The inclusion of Population Health within the Plan is concerning to many when considered in connection with the multiple references to Payers. We strongly suggest the Population Health components not only be vetted through the HIECC but also through the Policy Center's Consumer Health Information Committee.

Closing

Again, thanks to Ms. Nye and Policy Center staff for meeting with me to clarify the intent of the Plan. FHA and its member hospitals support the Agency's efforts to maximize ARRA funding for Florida and to facilitate the adoption of electronic health records as well as the exchange of meaningful health information. However, the knowledge that the Plan was prepared before the last HEICC meeting yet not shared with the HEICC; includes multiple references to linking, using and exchanging administrative data verses concentrating on clinical data; proposes a structure that many believe is technologically intense and expensive; and proposes an organizational structure that may not necessarily meet the long term needs of the consumers has caused great concern.

I am available to meet with Agency staff to discuss this document and look forward to working to create the "real" Plan per Ms. Nye's comments that the Plan upon which we are commenting was intended merely as a vehicle to generate ideals and topics of discussion as the Agency develops in coordination with all stake holders a "real" Plan for Florida.

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