

Comments on the Florida Health Information Exchange Plan Overview
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Commenting Organization: Florida Association of RHIOs

Address:

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From: Christine Isham [mailto:crisdanish@gmail.com]
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Attached document contains comments submitted on behalf of FAR - Florida Association of RHIOs.

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FAR Response to AHCA HIT/HIE Plan

Expanding availability of electronic health records is transforming Florida's healthcare system, one community at a time. Florida emerged as a leader in the national movement toward electronic Health Information Exchange (HIE) in 2005 when the Governor established the Florida Health Information Network Grants Program. The Legislature authorized \$5.5 million in FHIN grants, which was matched by local communities and used to create entities known as the Florida Regional Health Information Organizations or RHIOs.

In 2007, leaders of these HIE projects organized the [Florida Association of RHIOs \(FAR\)](#) to maximize collective resources and work toward shared goals. FAR members represent ten HIE projects, and new programs are expected to emerge as a result of federal "Stimulus" funding. While each Florida RHIO has unique services and operations, FAR provides a unified voice and resource for HIE efforts in Florida, encouraging diversity and local operations.

FAR promotes local use of real-time, secure electronic health information exchange in all regions of Florida, with an eye toward eventual data exchange and analysis on statewide basis. Through user education and training programs, public awareness activity, presentations to legislative and regulatory bodies, participation in research projects, and development of new technologies, FAR is working to enable functional HIE activity across the state.

FAR believes that continued support for and use of Florida's RHIOs should be a priority objective of the proposed HIT/HIE Plan. Florida's RHIOs and HIE programs are NOT recognized as key stakeholders in the "Public-Private Partnership" envisioned in the Plan. Participation by leaders of the Florida RHIOs in developing the Florida HIT/HIE Plan is essential to get statewide impact, and this inclusion will demonstrate Florida's compliance with the legislative intent clearly stated in ARRA regarding utilization of local and regional entities to build the national health information infrastructure.

The Plan states: "The Agency proposes to partner with a not-for-profit organization, institution, or other eligible entity that can establish a State-Level health information exchange ... and the centerpiece of the proposed infrastructure is the State-Level HIE." The implication is that AHCA intends to create a new entity to operate state-level HIE. We respectfully note this action totally invalidates all previous FHIN activity in Florida, and, at a time when concepts such as "reduction" "restraint" and "alternatives" are staples of economic and political messages, it does not make sense to commit scarce public resources to "new" business when private enterprise has already stepped up to take on this role. Furthermore, there is no discussion of where AHCA will get resources to operate this new state-level HIE entity post-ARRA.

Since most health care is delivered locally or regionally, there is limited need for state-level HIE unless it provides capability not achieved by local networks. Since the existing RHIOs/HIEs have already connected, or begun to connect local providers – hospitals, clinics, physicians, public

health departments, pharmacies, laboratories, and insurance payers, we believe it is a practical and smart decision to expand the existing health information loop rather than create a new one.

We acknowledge that all Florida RHIOs are not equally functional, and that each HIE operates on a unique platform built for its community and stakeholders. However, the opportunity to address HIE connectivity and compatibility issues is paramount, and ARRA funding provides resources to complete the missing links in the original FHIN Plan based on the premise of independent regional HIEs that can be securely linked to share information on a state and national basis as needed.

The cadres of volunteers working to build RHIOs across Florida have invested considerable time and effort into this project, following the guidelines and advice of AHCA. New HIE initiatives in Florida should build on existing infrastructure and expertise, and not jeopardize the RHIOs value by interjecting a new “super-player” into the system. FAR members are ready and willing to help AHCA achieve its goals by fully implementing the original FHIN model to meet current needs. We believe that the Florida RHIOs/HIEs have been and should continue to be key stakeholders in the Florida HIE structure. The Florida HIT/HIE Plan should focus on creating new RHIOs or extending the reach of existing programs to areas of the state not currently served.

For the past two years, FAR members have voluntarily initiated collaborative efforts to encourage greater HIE utilization across the state, through RHIO-to-RHIO connectivity, mentoring of start-up RHIOs, participation in Medicaid pilot projects, and special initiatives like the Rural Broadband network.

The value of statewide data collection and exchange will be realized chiefly in macro services such as analysis, trending, best practices, policy planning, and shared resources. This is where AHCA can make a significant contribution to the growth of HIE activity in Florida. To ensure consistent levels of data collection and exchange in all regions, patient information collected by state agencies (Medicaid, Health Department, DCF, etc.) must be accessible to local HIEs. In addition, because Florida is home for large numbers of active duty and retired military personnel, AHCA can facilitate early NHIN connectivity with the Florida RHIOs, which will enable information exchange with military providers such as DOD and VA. While NHIN connectivity to a state data repository may be useful to facilitate data exchange between states and federal agencies, Florida RHIOs should have the option to use a state gateway or to create their own interface using 'NHIN Connect' software.

We are disappointed that the proposed Plan does not use ARRA incentives to continue development of the community-based FHIN concept, nor to delineate a role for the RHIOs developed under AHCA leadership. Until recently, Florida was recognized as one of the leading states for HIT activity. We believe that ARRA funding could be used to reinstate this status for Florida and for AHCA. However, accomplishing such bold vision in a time of scarce resources requires that all stakeholders have a seat at the table, and the stakeholders with the most to gain and lose must be given opportunity to prove their value to the people of Florida.

If AHCA is to be successful as Florida's designated agent for HIT Stimulus grants and loans under ARRA, its role should be to assist established RHIOs and HIEs to meet federal mandates for meaningful use, address product certification and quality control, provide venues for user training and support, expand provider connectivity, encourage patient involvement in HIE, and enable extensive and secure data exchange.

We hope AHCA will consider a revised version of this Plan incorporating a more active and responsible role for the Florida RHIOs/HIEs. This could be accomplished in the short-term by expanding membership of the Health Information Coordinating Committee (HIECC) to include more representatives from Florida RHIOs and community-based HIEs, and designating a portion of ARRA funding to support RHIO development as part of Florida's HIT/HIE Plan.

Submitted by:

Florida Association of RHIOs (FAR)

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Note: FAR members serving on HIECC are not participating in this response