

## **Background of the Florida Health Information Network Initiative**

### **Introduction**

Over the past five years, the Florida Agency for Health Care Administration (Agency) and the Center for Health Information and Policy Analysis (Florida Center) have worked with a collaboration of stakeholders to create a secure and efficient infrastructure for the statewide exchange of medical records. The Agency's vision is to develop a health care network that will integrate the relevant medical records of every patient at the point of care and allow patients to access their health care information. Both health care providers and consumers benefit from the timely, accurate reporting of a person's medical record. A successful strategy for health information exchange must include the receipt of records from many credible sources, including health care providers at all levels of patient care, health plans and payers, prescription benefit managers, and most importantly patients and their families. Based on experience and vision, the Agency intends to implement a strategic plan to promote the meaningful exchange of health information among the multiple stakeholders across the state, in order to provide better health care for all Floridians.

### **Legislative Authority for Health Information Exchange**

Since 2004, the Florida Legislature has empowered the Agency to address various issues of health information technology and to take steps to foster the adoption of electronic health record systems. During successive years, the Legislature enlarged the range of responsibilities for the Agency, moving from strategic planning to incorporating a grants program and developing a statewide health information network. The sequential changes to Florida Statutes created a critical role for the Agency in transforming health care through the promotion of health information technology.

In 2004, the Florida House of Representatives' *Select Committee on Affordable Health Care for Floridians* reported on the state of health care in Florida and recommended ways to reduce its cost. The Select Committee recommended using compatible information technologies to permit secure, private information sharing throughout health care. It also promoted the use of health information technology to create a single medical record that would belong to the patient and his or her family. Subsequently, in the 2004 Legislative session, the Florida Legislature passed the *Affordable Health Care for Floridians Act*, Chapter Law, 2004-297, directing the Agency to "develop and implement a strategy for the adoption and use of electronic health records."

During the 2005 legislative session, the Legislature worked with the Agency and the Governor's Health Information Infrastructure Advisory Board to develop a program for implementing health information exchange across Florida. The Legislature appropriated \$1.5 million for the Agency to support pilot projects in health information exchange. The Agency developed the Florida Health Information Network (FHIN) grants program as the administrative structure to disseminate these funds.

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In 2006, the Legislature endorsed the concept of the Florida health information network by requiring the Agency to implement a strategy for the “development of an electronic health information network for the sharing of electronic health records among health care facilities, health care providers, and health insurers” (§ 408.05 (5) F.S.). The Legislature increased the scope of the Agency’s responsibility for supporting health information technology by authorizing the Agency to monitor innovations in health information technology, maintain a repository of technical resources, and oversee the integration of health care data from other state agencies (§ 408.05(4) 9, F.S.).

With these added responsibilities in statute, the Florida Center created the Office of Health Information Technology to oversee the creation of a statewide health information exchange and to manage the FHIN Grants Program, which received a \$2 million appropriation for 2006-2007. The Legislature also clarified the Agency’s role in grants administration and specifically directed the agency to administer, manage, and monitor grants to not-for-profit organizations, regional health information organizations, public health departments, or state agencies to “advance the development of a health information network.” (§ 408.05 (4)(b), F.S.).

In 2007, the Florida Legislature directed the Agency to collect information on the benefits of electronic prescribing (e-prescribing) and e-prescribing software and disseminate that information through an electronic prescribing clearinghouse on the Agency’s website (§ 408.0611, F.S.). See <http://www.fhin.net/eprescribe>. The legislation also directed the Agency to collaborate with e-prescribing stakeholders, to create an advisory panel and to prepare an annual report on the progress of electronic prescribing in Florida. The Agency created the State Electronic Prescribing Advisory Panel in accordance with this statute to advise the Agency on promoting e-prescribing in Florida. The Legislature appropriated \$2 million for the continued funding of the FHIN Grants Program.

In 2008, the Florida Legislature did not fund the FHIN Grants Program but did appropriate \$100,000 for a program to demonstrate the benefits of electronic health records in the outpatient clinic setting by improving coordination of patient care and reducing inappropriate emergency department visits. The Agency used this funding to create the Point of Care Model Electronic Health Records Grants Program.

The 2009 Legislature passed the *Electronic Health Records Exchange Act*, which placed the recommendations of the Health Information Security and Privacy Collaboration Legal Work Group into statute. The legislation authorized the Agency to create a universal patient authorization form for the release of a patient’s health record, established standards for the emergency release of health records without patient consent, and provided for immunity from liability for a practitioner relying on the patient authorization form or releasing records in an emergency. The legislation changed Florida law to permit hospitals and other facilities to release patient records to a treating health care practitioner without patient consent and allowed clinical laboratories to disclose a patient’s test results to any health care practitioner involved in the treatment of the patient.

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The legislation directed the Agency to administer a loan program for certified electronic health records system adoption, subject to the availability of federal funds or funding from public or private entities (§ 408.051, F.S.). During the 2009 session, there was again no funding appropriated for the FHIN Grants Program.

### **Leadership and Stakeholder Participation**

#### Governor's Health Information Infrastructure Advisory Board

On May 4, 2004, Governor Jeb Bush signed *Executive Order Number 04-93* to address the escalating costs of health care, the increasing demands on the health care system, the absence of an effective system for sharing medical information among providers and the need to provide health care consumers with online access to their medical records. The Executive Order recognized the need for implementing a health information infrastructure “drawing together critical health information from multiple sources” for the physician at the point of care.

The Governor's Health Information Infrastructure Advisory Board (Advisory Board) was formed to advise the Agency in its implementation of a strategy for developing the health information infrastructure and promoting the adoption and use of electronic health record systems among health care providers. The Advisory Board was asked to identify and recommend policies to overcome barriers to health information exchange, ensuring the security and privacy of records exchanged and submitting regular reports to the Governor and Legislature. In its first year, the Advisory Board held public meetings around the state and brought in experts in health information technology from around the country to testify on best practices in health information exchange.

In early 2005, the Advisory Board released an *Interim Report* that argued for the creation of the Florida Health Information Network (FHIN), using a “controlled launch and learn approach” that would begin with carefully selected community-based pilot projects. The report called for community-based networks of providers to empower the development and implementation of local stakeholder collaborations focused on the adoption of electronic health record systems and health information exchange. These community-based groups would serve as the local foundation for the FHIN. The report noted the difficulty of funding health information infrastructure and recommended a diversity of funding sources, for example, proposing that the Legislature fund a state coordinated health initiatives program.

#### Regional Health Information Organizations

In July 2005, the Agency collaborated with four health information exchange projects to submit a proposal to the Office of the National Coordinator for Health Information Technology for a demonstration project of health information exchange to be used as a prototype for the Nationwide Health Information Network. The Regional Health Information Organizations (RHIOs) were to play an important role both as community “umbrella” organizations to bring health care stakeholders together and as health information exchange intermediaries between the providers in the local community and the Florida Health Information Network.

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The RHIOs were expected to function in the local community as a governing body, developing common policies for health information exchange, common security and privacy infrastructures and a sustainable business model for health information exchange. Each RHIO was expected to provide access to patient records statewide through the overarching connection of a state “FHIN” infrastructure, which would ensure statewide connectivity. The RHIOs were responsible for working at the local level with providers, laboratories, radiology labs, clinics and administrators at all levels. The proposal was not funded, but it established a “road map” for the future development of the Florida Health Information Network. It also brought together a core group of organizations that would form the first RHIOs and who would become recipients of grants under the FHIN grants program.

### FHIN White Paper

In November 2005, the Board brought together a group of information technology experts from the public and private sectors to develop a strategy for developing a state-level approach to support health information exchange in Florida. An outcome of the meeting was a proposal to draft a technical White Paper that would specify the architecture of the state approach as a key component of the Florida Health Information Network and to create specifications and standards to ensure interoperability among the RHIOs and the FHIN. Following public review, the *Florida Health Information Network: Architectural Considerations for State Infrastructure White Paper* was released in 2006 and updated in 2007 as the roadmap for Florida’s state level health information exchange.

The FHIN was envisioned as a statewide health information infrastructure that would enable health care professionals to access a patient’s medical records from any provider database connected to the network over a secure Internet connection. The FHIN would represent a collaborative effort between the public and private sectors, state and local governments, RHIOs and health information exchanges, providers, employers, consumers, health plans and payers. The FHIN would interconnect health care providers across Florida to facilitate the sharing of health care data without regard to where in the state the consumer resides or where the health care was delivered. The FHIN infrastructure would also build around a central server that would maintain connectivity among RHIOs or other health information networks in the state.

There were many expected benefits to be realized as physicians and other providers began to use the network. The FHIN would give providers the technological means to improve health care outcomes by enabling better coordination of care with other providers. It would provide access to vital medical records in an emergency or natural disaster. Finally, patients would be able to track their own progress by either accessing their personal health record (PHR) through the FHIN or obtaining FHIN reports (designed for patients) from their physician.

### FHIN Grants Program

During this period, the Governor’s Advisory Board evaluated proposals for the first round of grants totaling \$1.5 million in 2006 and recommended funding five planning grants, three implementation grants and one training grant to start the Regional Health Information Exchange

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initiative in Florida, representing a diverse set of health care projects that included safety net providers, programs focusing on the uninsured, programs supporting managing chronic care among diverse providers and a professional medical association.

In 2006, with the \$2 million for the FHIN Grants Program appropriated by the Legislature, the Governor's Advisory Board recommended grants to seven demonstration projects spanning the state. Most of the planning grants from the prior year went on to win operational grants to implement health information exchange. Again, in 2007, with the \$2 million the Legislature appropriated for the FHIN Grants program, the Governor's Advisory Board recommended funding one planning grant, seven implementation grants and one training grant, hoping to spur the diverse RHIOs toward full implementation and sustainability. Each of the implementation grants was poised to begin exchanging electronic health records among provider groups in their communities.

The leadership of the developing regional networks brought together hospitals, physicians, insurers, local public health officials, researchers, employers, health care information technology professionals, community foundations, and other interested parties who volunteered their time and expertise to support these local initiatives. Many created new organizations to carry forward the implementation of the network. All the regional networks participated in Florida's Health Information Security and Privacy Collaboration to study current approaches to health information exchange and ensure that the Florida Health Information Network would be secure and privacy-protected as it developed, and that all regional networks could meet the privacy and security standards established for the FHIN. With the loss of funding in the 2008 and 2009 Legislative sessions, the Florida RHIOs were forced to seek funding from sources other than the state, and most halted their forward progress in the absence of ready financial support.

### FHIN Business Model

In the updated FHIN White Paper issued in early 2007, building a sustainable business model for the FHIN was one of the challenges identified by the Advisory Board including obtaining upfront funding for the FHIN and developing a sustainable business model for the RHIOs. The Advisory Board noted that the model had to address privacy and security issues; organization and governance issues; and any technical aspects. The Board also noted that the sustainable business model would be required to identify the next steps to take for the sustainability of health information exchange in Florida and how to maintain a continued collaboration between the Florida Health Information Network and the RHIOs.

In early 2007 the Governor's Advisory Board proposed a sustainable business model for the FHIN and the RHIOs, both of which were considered part of an integrated network. The business plan was an attempt to address funding, organization and governance, privacy and security of data exchange, technical requirements of the network and appropriate methods of charging for data exchange services. The business plan incorporated the business needs of the Florida RHIOs as well as the statewide network. It proposed that the FHIN quickly develop the technical infrastructure backbone for the statewide exchange system and make critical data

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available to the RHIOs to establish the exchange of data needed for treatment in their community. The business plan assumed that Medicaid data would be available through the FHIN and that commercial payers would make claims data available to complement the exchange of clinical data. To achieve 'break-even," the plan assumed that hospitals would be motivated to join the FHIN when they recognized their cost savings would be greater than their share of RHIO fees and that the RHIOs would work to enroll 60% of their local physicians.

The FHIN business plan proposed a funding model that relied on subscription charges to the RHIOs for each physician in their network or a direct charge for physicians in areas not served by a RHIO. The RHIOs were encouraged to develop pricing models for their individual regions and retain profits beyond the fees paid to the FHIN. The FHIN would also charge a reasonable transaction fee for each record exchanged. In addition to its pricing model, it was hoped the FHIN could establish a forum for RHIO collaboration, create purchasing alliances among regional stakeholders to bring down the cost of supplies and services and serve as a portal to prescription and laboratory reporting that would lower costs for the RHIOs. The business plan projected that starting with an initial investment from the Legislature of \$9.4 million in the first year and steadily increasing its participation in the health information exchange, the FHIN was expected to break even in its fifth year and become sustainable in the years following.

In 2006-2007, the Governor's Advisory Board also provided leadership and oversight for the Health Information Security and Privacy Collaboration (HISPC) project funded by the Office of the National Coordinator for Health IT that conducted a systematic study of Florida's privacy and data security laws pertaining to health care records. Under the guidance of the Governor's Advisory Board, the HISPC project produced a comprehensive review of variations in privacy practices related to health information exchange and proposed solutions to identified barriers entitled, "Assessment of Variations and Solutions Report." A comprehensive set of recommendations were issued in 2007 that supported the development of the FHIN, legislative and regulatory changes to facilitate secure health information exchange and public education campaigns.

The last action of the Governor's Advisory Board was to publish a *Final Report* in 2007 for Governor Charlie Crist. The report noted that the significant progress toward health information exchange in Florida was highly perishable, and argued the cost of building Florida's health information network was modest relative to its benefits for the people of Florida. The *Final Report* recommended a "bias in favor of action" on the Florida's health information exchange initiative with continuing financial support for the local health information exchanges and for the Florida Health Information Network through a public-private partnership. It also recommended that the Governor form a new advisory board to guide the direction and development of health information exchange in Florida. According to the time limit set in the original Executive Order, the Board served out its term effective June 30, 2007.

### Health Information Exchange Coordinating Committee

The Agency's Health Information Exchange Coordinating Committee (HIE Coordinating Committee) was created in December 2007 as a work group of the State Consumer Health

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Information and Policy Advisory Council which advises the Agency as provided in § 408.05, F.S.. The HIE Coordinating Committee continues to promote the initiatives of the Governor's Advisory Board. It includes representatives of Florida's Regional Health Information Organizations, hospitals and clinics utilizing advanced electronic medical records systems, rural health, practitioners using advanced electronic health records systems, medical and hospital associations, health plans, university medical schools, consumers, the legal community, information technology associations and state government.

The HIE Coordinating Committee functions to assist the Agency as it develops and implements programs for the creation of a statewide health information network, the adoption of electronic medical record systems and the development of health information exchange at the local level. The HIE Coordinating Committee advises on standards to ensure the interconnectivity of all health care providers and the privacy and security of electronic health information. It is also expected to assess opportunities to increase consumer access to the consumers' health records and incorporate such policies into the Florida Health Information Network grants program. Finally, the HIE Coordinating Committee coordinates its activities with the State Electronic Prescribing Advisory Panel and the Health Information Security and Privacy Collaboration Legal Working Group to reduce barriers to electronic health information exchange. The first HIE Coordinating Committee meetings were held in early 2008.

During 2008, the HIE Coordinating Committee evaluated applicant proposals for \$100,000 awarded by the Legislature for the Point of Care Grants Program and made recommendations to the Agency for funding. With the passage of the American Recovery and Reinvestment Act in 2009, the HIE Coordinating Committee is advising the Agency in its strategic plan for statewide health information exchange.

### **Other Agency Programs to Support State Level Health Information Exchange**

#### Health Information Security and Privacy Collaboration

The Agency has continued to participate in the HISPC project through July 2009. The project produced a report, *Analysis of Florida Statutes Related to Health Information Exchange*, in January 2008 containing the priority recommendations of the Legal Work Group developed from its initial meetings in 2007. In addition, during 2008, the Agency participated in two HISPC collaborative projects: Harmonizing State Privacy Laws and the Provider Education Toolkit. Products of these efforts included a comparative state and federal analysis, the Florida Comparative Analysis Matrix (CAM) and the cross-walk tool, a searchable version of the CAM designed to be a resource for provider education.

#### FCC Rural Health Care Pilot Project

In 2007, the Federal Communication Commission (FCC) awarded \$9.6 million to Big Bend Health to build a one-gigabit fiber optical network in the Florida Panhandle connecting eight rural hospitals and two clinics, and broadband wireless network connecting not-for-profit clinics in the rural counties of the Panhandle. The FCC Rural Health Care Pilot Project provided 85

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percent of the funding required for the costs of constructing a health care network in the Florida Panhandle. The remaining 15 percent of the construction costs must come from matching contributions. The Universal Service Administrative Company (USAC), an administrative agent for the FCC, will distribute funds to participants in the Rural Health Care Pilot Project through June 30, 2010. All construction must be complete by June 30, 2012.

In 2008, the Agency developed a Rural Infrastructure Fund Application with Enterprise Florida, Inc. (EFI), the public-private partnership authorized to promote statewide economic development. In addition, the Agency requested that Opportunity Florida, an economic development partner of EFI located in Chipley, FL, serve as applicant thereby meeting the rural county location requirement. The Agency submitted the Rural Infrastructure Fund Application to Enterprise Florida on March 30, 2009. Enterprise Florida awarded the \$1.125 million in funding to Opportunity Florida for the Rural Health Care Pilot Project. This funding will be used as the 15 percent match to initiate the construction of the network (Phase I), and will leverage \$5.6 million from the FCC.

### Medicaid Participation in Payer Health Information Network

The Agency launched a Medicaid Electronic Health Record (Medicaid EHR) pilot in November 2007 that ran through the close of February 2008. The primary objective of the pilot was to generate an EHR for the Medicaid population using MMIS data and to provide information that would enable the Agency to determine solution requirements for provider acceptance and a statewide deployment. Volunteer Medicaid providers that chose to participate in the pilot viewed the Medicaid EHR application and assessed the information provided.

The pilot objectives included:

1. Clinical and administrative evaluation of the prototype;
2. Assess how best to position or adapt an MMIS generated EHR application in light of other EHR and health information exchange efforts in Florida;
3. Identification of the application requirements, functionality, data sources, and supporting services that would best encourage end-user adoption; and,
4. Creation of methodologies for a statewide rollout.

The pilot focused on the provider population in Leon County of the north Florida “Big Bend” region. The project received comments from Medicaid practitioners who volunteered to participate and a Physician Advisory Group (PAG) that included selected high volume providers. The Big Bend Regional Healthcare Information Organization assisted in encouraging physicians to participate in the pilot. In addition to the technical accomplishments of the pilot, the project was successful in adapting to the expectations of local stakeholders.

Possibly the most useful aspect of the Medicaid pilot is that it afforded the State an opportunity to work across government program lines both internally and externally in collaboration with a local Regional Health Information Organization. The Agency had an opportunity through the

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pilot to explore how Florida Medicaid and local health information organizations could function as part of a statewide health information network.

Based on the experience with the Medicaid EHR pilot, in late 2008 the Agency issued a Request for Information (RFI) to determine the current capability of vendors to offer a statewide multi-payer health information network (HIN) in which Florida Medicaid could participate on a no cost basis. The RFI outlined desirable features for the HIN including requirements for a provider and a consumer personal health record portal. After reviewing the RFI submissions, the Agency contracted with Availity L.L.C. to implement a demonstration project to provide physicians and patients with access to patient-specific, claims-based health information via a secure Web portal. The web portal allows providers to look-up patient eligibility and benefit information and beginning in 2009, medical and prescription claims history from all participating payers including Florida Medicaid. In year two, Availity will integrate eligibility, benefits and claims history data from multiple payers to produce patient-centric view. To access the data, providers must have explicit authorization from the patient, except in a medical emergency where the patient or family is unable or unavailable to consent.

Availity will also offer a secure portal to give Medicaid recipients access to a personal health record (PHR), provided by Health Trio which will allow them to record information about their health care. Health content, useful in patient self-management, will be provided by Healthwise. The PHR will help Medicaid recipients organize their health information, and provide care management tools to assist them in coordinating their overall health care. Initially, the PHR will offer infant and well-child health management tools, including immunization schedules, appointment reminders, and health education materials. In year two, patient-specific claims-based health information will be available to Medicaid recipients, as well. The exchange of health information via the consumer and provider portals will comply with the confidentiality regulations of the Health Insurance Portability and Accountability Act (HIPAA) and other applicable state and federal laws.

### **Conclusion**

The American Recovery and Reinvestment Act of 2009 provides the Agency with potential funding required to implement a strategic plan that reflects the current Florida environment that takes into account the planning and discussion that has occurred over previous years and more recently, with the existing State Advisory Council and Health Information Exchange Coordinating Committee to further the state's goals and objectives. The experiences and initiatives of the last few years provide guidance and direction with critical decisions to be made regarding the next major set of technical approaches to be funded, business planning for sustainable operations, and how best to proceed to establish a stakeholder-based organization with the expertise required to govern the network effectively.

## Appendix A

### **FHIN Grants Program**

During the 2005 session, the Legislature allocated \$1.5 million for the Florida Health Information Network Grants Program to provide planning and implementation funding to Regional Health Information Organizations (RHIOs) in local communities throughout the state. The FHIN Grants Program provided matching support to eligible organizations to advance health information exchange in the local community and to increase the number of practitioners using electronic health records systems and participating in health information exchange. The FHIN Grants Program supported three types of grant categories, each of which required a dollar for dollar match, thus doubling the investment into the health information exchange initiative.

- Planning Grants to support nascent RHIOs in developing a strategic plan for health information exchange in their communities, up to a maximum of \$150,000.
- Implementation Grants to support projects to demonstrate health information exchange among two or more competing provider organizations, up to a maximum of \$500,000.
- Training Grants to provide support for practitioner training designed to increase physician and dental provider use of electronic health record systems, up to a maximum of \$200,000.

The FHIN Grants program was announced in September 2005 and received 18 proposals. The Agency awarded grants to five planning projects, three implementation projects and one training program. The planning and implementation projects funded by the FHIN Grants Program were representative of a broad range of stakeholders and geographic locations across the state. The operational grantees represented the most advanced RHIOs at the time and included the Big Bend RHIO, the Tampa Bay RHIO and the Palm Beach County Community Health Alliance. Grantees were required to submit monthly and quarterly reports and meet every quarter to discuss their needs and progress.

During the 2006 legislative session, the Legislature appropriated another \$2 million for the FHIN Grants Program for FY 2006-2007. The Agency received 20 proposals, worth \$6 million, and awarded funds to four of the previous year's planning grantees and all of the implementation grantees, including AccessEscambia, the Big Bend RHIO, the Tampa Bay RHIO, the Palm Beach County Community Health Alliance, the Community Health Informatics Organization and the South Florida Health Information Initiative. Each of the RHIOs launched into technical development of their respective exchanges. As in the first year, grantees were required to submit monthly and quarterly reports and meet every quarter to discuss their needs and progress.

In the 2007 session, the Legislature again appropriated \$2 million for the FHIN Grants Program for FY 2007-2008. The Agency received 15 proposals, for \$5.2 million in total. Nine projects were offered funding. A planning grant was awarded to the Florida Department of Veterans' Affairs. The seven implementation grants were awarded to the Big Bend RHIO, the Northeast

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Florida Health Information Consortium, the Central Florida RHIO, Access Escambia or the Northwest Florida Regional Health Information Organization, the Palm Beach County Community Health Alliance, the South Florida Health Information Initiative, and the Tampa Bay Regional Health Information Organization. The training grant was awarded to the Florida Association of RHIOs, through the Palm Beach County Community Health Alliance. During this grant period, grantees were required to submit reports, attend quarterly meetings and to submit metrics of exchange that tracked their progress. Metrics included the number of facilities, physicians' offices and physicians authorized to use the network, the number of patients with accessible records and the number of queries to the network each quarter.

The funding provided for the FHIN Grants program between 2005 and 2008 is shown in Table 1, with the year of each grant and the total funding for each RHIO. The RHIOs were required to match each dollar of grant funding with in-kind support. Generally the RHIOs exceed these requirements as evidence of the passion and volunteerism of the RHIO and was one of the underlying successes of the grants program.

Table 1. Funding for Health Information Exchange in the FHIN Grants Program 2005-2008

<b>Organization</b>	<b>2005-2006</b>	<b>2006-2007</b>	<b>2007-2008</b>	<b>Total</b>
AccessEscambia - Northwest Florida RHIO	\$150,000	\$330,338	\$296,250	\$776,588
Big Bend RHIO	\$246,850	\$313,775	\$249,750	\$810,375
Brevard County Health Information Network	\$44,798			
Community Health Informatics Organization		\$222,300		\$222,300
Florida Association of Family Practitioners	\$25,316			
Florida Department of Veterans Affairs			\$70,416	\$70,416
Central Florida Regional Health Information Organization	\$108,864		\$200,000	\$308,864
Northeast Florida Health Information Consortium			\$406,944	\$406,944
Palm Beach County Community Health Alliance	\$250,000	\$242,812	\$295,827	\$788,639
Pinellas Regional Health Organization	\$110,985			
South Florida Health Information Initiative	\$127,924	\$329,279	\$284,924	\$742,127
Tampa Bay RHIO	\$467,000	\$330,339	\$246,618	\$1,043,957
<b>Total</b>	<b>\$1,531,737</b>	<b>\$1,768,843</b>	<b>\$2,050,729</b>	<b>\$5,351,309</b>