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Charles P. Friedman, Deputy  
National Coordinator  
Office of the National Coordinator for  
Health Information Technology  
200 Independence Ave, SW Suite 729D  
Washington, DC 20201

Attention: Health IT Extension Program Comments

Dear Mr. Friedman:

The Agency for Health Care Administration (Agency) appreciates the opportunity to comment on the draft description of the program for establishing regional centers to assist providers seeking to adopt and become meaningful users of health information technology as required under Section 3012(c) of the Public Health Service Act, as added by the American Recovery and Reinvestment Act of 2009.

The Agency has reviewed the regional extension center program guidelines and would like to suggest additions to more completely define the parameters of the application process, program administration, and coordination at the state-level for the administration of Medicaid electronic health record incentives and statewide health information exchange. These suggestions are as follows:

- 1) Geographic regions – Define the number of entities to be funded within each State based on population ranges (1:1,000,000 to 4,000,000). Also provide for soliciting recommended geographic areas from each State-designated entity or establish a national approach that is adaptable across states and territories.

A second approach to determining the scope of the HIT Regional Extension Centers is to base their reach on the population of providers in a region, and by the distance between providers and their patient base. Priority should be given to HIT Regional Extension Centers serving rural areas, especially those that can engage local support personnel to conduct training for the rural providers. A second priority should be for HIT Regional Extension Centers that can work with providers serving underserved patients in urban areas. In both cases the HIT Regional Extension Center should deploy local training staff who understand the cultural environment of the local settings, whether rural or urban, and who can work with providers to understand meaningful use of EHRs.

The model HIT Regional Extension Center should demonstrate the ability to form coalitions with diverse professional groups and associations to create both “virtual” and face-to-face technical support and training teams.



The Agency suggests that four to five entities be established in the state based on population size and Florida geography. It would also be acceptable for one entity to provide services statewide if it has or is capable of providing a local presence.

The recommended geographic areas for regional extension centers in Florida are five groupings (1-3, 4 and 7, 5- 6, 8, and 9-10) of Florida's Area Health Education Centers (<http://flahec.org/locations.asp>). The Florida Areas Health Education Centers Network is a state-funded program for the workforce development, training and education to support the state's safety net providers.

- 2) Vendor and payer neutrality – Explicitly provide that the entity selected must maintain vendor-neutrality and payer-neutrality. To the extent possible, providers should be introduced to a wide range of vendor options that are suitable to their patient population and are compatible with a multi-payer environment. The applicant must describe how they will maintain vendor and payer neutrality, document neutrality in their policies and procedures, and provide a transparent mechanism to handle vendor concerns about a lack of vendor and payer neutrality.

The HIT Technical Extension Centers should be empowered to assess and register EHR software for guidance to providers. Certified EHRs can be further appraised by their appropriateness for different point of care settings, their cost, and their ability to fit office workflow requirements. By identifying EHRs according to their technical and usability attributes, the HIT Technical Extension Centers can offer a valuable service to providers who are considering purchasing an EHR system. Listing EHRs by their functional capabilities, or providing an interactive demonstration of software features, could serve as an aid to decision-making and comparison of software. Such a capability should be included in the expectations for the HIT Regional Extension Center.

- 3) Coordinate with State-designated HIE entity – Include provisions that require the successful applicant to regularly consult with the State-designated entity and modify the operating plan of the regional extension center as mutually agreed. The regional extension center would be required to take into consideration the statewide and regional priority areas identified by the State-designated entity which shall include coordination with the Medicaid electronic health record adoption program.
- 4) Job creation – The ability to train and employ displaced workers should be included in the preference criteria. The applicant should describe a detailed plan with defined target job creation outcomes and an emphasis on creating job opportunities for individuals new to the health care field, especially those lacking traditional health care degrees or training, the creation of new job categories, and the potential for long-term employment in the private sector.

The HIT Regional Extension Center should work with universities, community colleges and technical schools to develop new workforce opportunities for technical support staff, health information technology training professionals, curriculum designers, software engineers and web design specialists. Retraining out-of-work professionals, or educating upcoming students to develop the expertise to work with providers, trouble-shoot technical problems and train medical staff in implementing EHRs should be part of the HIT Regional Extension Center's duties.

- 5) The HIT Regional Extension Center should take advantage of the ARRA broadband funding opportunities to extend its assessment capabilities, technical support and help desk services and collaboration with other organizations to provide technically sophisticated extension services. The HIT Regional Extension Centers should explore the potential of using two-way video, and interactive computer-based communications to engage providers and to provide support and educational services that are mediated yet personal. The HIT Regional Extension Centers should also integrate the latest techniques of interactive distance learning, computer-based training and curriculum design to address the needs of providers in implementing EHRs and using the for the benefit of quality patient care.

The Agency has been designated by Governor Crist as the entity responsible for leading the State's health information exchange initiatives and coordinating statewide planning in the use of economic – stimulus dollars for health information technology. The Agency is also responsible for administering Florida Medicaid. Please contact Christine Nye if you have questions at 850-922-7036 ([nyec@ahca.myflorida.com](mailto:nyec@ahca.myflorida.com)).

Thank you for providing an opportunity to give comments. The Agency looks forward to the establishment of these important health care programs in Florida.

Respectfully submitted,



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Director, Florida Center for  
Health Information and Policy Analysis

cc: Holly Benson