

# Health Information Security and Privacy Collaboration (HISPC) Project

**Florida Agency for Health Care Administration**

**State Work Plan**

**Subcontract Number  
7-312-0211557**

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# Florida Agency for Health Care Administration

## State Work Plan

### INTRODUCTION

Florida's Agency for Health Care Administration (Agency) was awarded a contract by RTI International to participate in the Health Information Security and Privacy Collaboration (HISPC) project, Privacy and Security Solutions for Interoperable Health Information Exchange in 2006 with extensions through 2007. During the extension period, the Agency elected to participate in development of two proposals for multi-state collaboration during 2008: Harmonizing State Privacy Law (HSPL) and Provider Education Toolkit (PET). The Agency received and executed the contract for these projects on April 15, 2008.

The Agency will serve as the lead agency responsible for creating and implementing the work plan that will be used to manage these projects. The Agency has led the initiative to develop Florida's health information infrastructure since 2004 when Legislation was passed directing the Agency to develop and implement a plan for the adoption and use of electronic health records.

Under this contract, the Agency will continue to work with its key stakeholders to begin operationalizing the Florida Privacy and Security Project Implementation Plan developed and submitted to RTI in May of 2007, with an emphasis on multi-state coordination of project activities and deliverables.

Florida established four goals related to the mission of creating and maintaining a private and secure health information exchange that provides meaningful health information to providers and patients through an efficient, user-centric, and interoperable health information network.

- Goal I: Establish uniform privacy policies for electronic health information
- Goal II: Ensure the creation of a secure technological infrastructure for electronic health information
- Goal III: Raise the community's awareness of electronic health information and the advantages it brings to the health care system
- Goal IV: Participate in the framing of electronic health information standards at the national level

The HSPL and PET projects will implement selected objectives of the Florida Privacy and Security Implementation Plan as shown in the Implementation Goals and Project Activities Chart – Work Plan 2008.

<b>Florida Privacy and Security Project                      Implementation Goals and Project Activities Chart                      Work Plan 2008</b>			
<b>Implementation                      Plan Goal</b>	<b>Related                      Objective</b>	<b>Key Project                      Activities</b>	<b>Outcome</b>
Goal I: Establish uniform privacy policies for electronic health information	GI.01. Florida's health care community has a set of clear and concise legal standards for exchanging health information	Reconvene the legal work group and cross-collaborate with other participating states.  Review and revise statutory analysis of laws related to health information exchange using collaborative methodologies.  Review and revise recommendations for statutory reform of laws related to health information exchange	A set of recommendations for the reform of state laws related to health information exchange that align with other states to the extent possible.
Goal II: Ensure the creation of a secure technological infrastructure for electronic health information	GII.05. Florida's RHIOs work together to create and maintain financially sustainable and efficient health information exchanges at the local and state level.	Develop a tool that provides a cross-walk between relevant federal and Florida laws for use by RHIOs and other stakeholders.	A cross-walk methodology for relating state and federal privacy and security regulatory requirements applicable to health information exchange.

<b>Florida Privacy and Security Project                      Implementation Goals and Project Activities Chart                      Work Plan 2008</b>			
<b>Implementation                      Plan Goal</b>	<b>Related                      Objective</b>	<b>Key Project                      Activities</b>	<b>Outcome</b>
Goal III: Raise the community's awareness of electronic health information and the advantages it brings to the health care system	GII.O7. The health care community is aware of and understands the importance of health information technology	Perform baseline assessment of provider interest and create relationships with medical societies.  Conduct outreach seminars with professional associations.  Conduct analysis of findings and develop toolkit including evaluation strategy.  Disseminate toolkit to medical associations and providers in Florida.	Provider associations are informed and able to use the provider education toolkit to promote the adoption and sharing of electronic medical records.
Goal 4: Participate in the framing of electronic health information standards at the national level	GIV.O11. Florida's health care community collaborates with other states, federal programs, and other national partners to drive national standards for health information exchange.	Participate in the HISPC collaboratives proposal development for 2009.  Continue to participate in national forums, organizations, and discussions on HIT	Provide source materials for collaborative implementation.  Identify standards and tools for future collaborative implementation as part of Florida's HIT adoption strategy.

## OVERVIEW OF MANAGEMENT PLAN

The Agency has assembled a management team that is knowledgeable about issues related to health information exchange and that has experience in the legal and business aspects of health information privacy and security practices. The team of professionals that will manage the project is displayed in the attached organizational chart (Attachment A) and the description of the positions is below. A Contact List is provided in Attachment B.

Project Position Title	Key Responsibilities & Contributions
Steering Committee	A new leadership committee was established in December 2007, the Health Information Exchange Coordinating Committee (HIECC) that will review and approve final reports prior to submission to RTI.
Legal Work Group	Responsible for the development of recommendations for the reform of state laws related to health records.
Key Stakeholder Groups	Reviews and comments on all work products and deliverables.
HSPL Project Lead/Contract Manager	Monitors the contract; responsible for HSPL deliverables; serves as primary contact between AHCA, RTI, and HSPL Collaboration Chair.
PET Project Lead	Responsible for PET deliverables and serves as primary contact between AHCA, RTI, and PET Collaboration Chair.
Business Analyst	Assists with stakeholder communications; manages meetings and follow-up; prepares and submits financial reports and invoices; responsible for work plan monitoring and submission of reports to RTI.
Education Research & Technical Developer	Conducts research on provider education; assists with stakeholder communications, meeting and report preparation; develops federal and state law cross-walk tool.
Health Law Consultant	Researches laws, regulations, and develop priority recommendations for statutory reform, coordinates Legal Work Group, and prepares final report.
HIPAA Coordinator	Provides guidance and advise on HIPAA rules and regulations and Agency policy related to privacy and security (member of Legal Work Group)

## PROCESSES AND STRATEGIES

The Agency's project management team will work collaboratively with the steering committee to ensure the completion of all tasks and deliverables on time and within budget. Under the previous contract, Governor Bush's Health Information

Infrastructure Advisory Board served as the steering committee. This advisory board's tenure expired in June of 2007. The new leadership body established by the Agency in December 2007 is the Health Information Exchange Coordinating Committee (HIECC) and it will serve as the steering committee for this project. The Agency has also been working closely with Florida Regional Health Information Organizations (RHIOs) and professional associations as leaders in promoting adoption of health information technology and the development of Florida's health information infrastructure. The project management team will use their knowledge and experience in project management, stakeholder engagement, and quality assurance to bring the HISPC project to a successful conclusion.

The following strategies will be used for each task outlined in the work plan.

**Project Management.** The contract manager, Carolyn Turner and the PET collaboration project lead, Dr. Sullivan are responsible for managing the project work plan. The Agency's management team has attempted to create a project work plan that allows enough time for the team members to work independently, to periodically review activities of the project team, to prepare the required public notices for public meeting, and to participate in regional and national collaborations. Ms. Turner and Dr. Sullivan will coordinate project activities including managing multiple tasks, keeping team members on tasks, and identifying deficiencies that require corrective action in a timely manner. Ms. Turner and Dr. Sullivan will report all problems and potential problems to the RTI liaison in a timely manner and communicate with Collaboration Chairs as appropriate.

The Agency will schedule monthly meetings with the RTI Liaison, Cynthia Irwin and Agency team members. The Agency has designated Carolyn Turner, the Contract Manager as the principle contact between the Agency and RTI. Ms. Turner will have oversight for the submission all deliverables, including the monthly progress reports.

**Stakeholder Engagement.** Each of the goals included in this project is dependent on the engagement of stakeholders and community members who can assist with the achievement of the goals and objectives through their participation in the outlined activities. The Agency plans on engaging stakeholders in several ways. First, the Agency has identified highly skilled, knowledgeable, and experienced legal and health information management experts from the private and public sector to serve on the HIECC and Legal Work Group.

Second, Dr. Sullivan will conduct outreach to professional associations and medical societies in Florida in support of the activities under Goal III. The Florida PET team will develop relationships with state-level professional medical association such as the Florida Medical Association and the Florida Association of Family Practitioners and county-level medical societies to create a dissemination pathway for the provider education tool. Dr. Sullivan will make presentations at medical association conferences as a way to effectively inform and engage physicians.

Other stakeholders will be engaged in the project in several ways:

- Regular E-mail communication
- Access to the Agency's website and the web portal
- Open invitations to all work group and steering committee meetings
- Open invitation to review and comment on each deliverable

As indicated in the narrative outline of each task and the Work Breakdown Structure (Attachment C), the Agency will provides stakeholders multiple opportunities for review and comment as each work product evolves.

**Legal Work Group Oversight.** Project activities related to Goal I involve the reconvening of the legal workgroup that previously assisted with the analysis of state laws related to health information exchange. The HSPL Project Lead, Carolyn Turner, and the Health Law Consultant will be responsible for managing the activities of the Legal Work Group. The Health Law Consultant will prepare work products for review and comment by the Legal Work Group prior to and during meetings. The Health Law Consultant will be responsible for soliciting the appropriate feedback from the members and providing the stakeholders in attendance an opportunity to contribute. The Legal Work Group will be provided with clear timelines for reviewing documents, raising questions, answering questions that have been raised, and submitting comments on deliverables that will most effectively coordinate with timelines of the HSPL Collaboration.

The Health Law Consultant and HIPAA Coordinator will answer technical questions and record technical questions that require follow up. They will be responsible for providing written responses to issues raised in the work group meetings for dissemination to the work group. The HSPL Project Lead will designate members of the Project team to help with meeting preparation, facilitation, note-taking, document dissemination, and public notices.

**Oversight of Federal and State Law Cross-Walk.** Goal II is to ensure the creation of a secure technological infrastructure for electronic health information. As stated in the Florida Privacy and Security Implementation Plan, providing support and technical assistance to Florida's RHIOs is a primary objective related to this goal. As part of this project, the Health Law Consultant will develop a federal and state law cross-walk that can be used by the RHIOs and other stakeholders to ensure that health information exchange occurs in a lawful and secure manner. The HSPL Project Lead, Ms. Turner and the PET Project will coordinate to enable review of the cross-walk by the Legal Work Group. The PET Project Lead will provide oversight of the work of the Technical Developer who will construct a user-friendly tool for employing the cross-walk.

**Project Contacts.** The Agency has designated Carolyn Turner, the Contract Manager, as the principle contact between the Agency and RTI. Ms. Turner will have oversight for the submission all deliverables, including the monthly progress reports. Dr. Sullivan, PET Project Lead, may be contacted for substantive issues or as a back up when Ms. Turner is not available. Both Ms. Turner and Dr. Sullivan report directly to Ms. Beth Eastman, the Acting Bureau Chief of the Florida Center

for Health Information and Policy Analysis who will coordinate approvals, as necessary, with the Chief of Staff who has principle decision making authority for the Agency. See Attachment B for contact information.

**Information Dissemination.** As indicated in the above section on Stakeholder Engagement, information will be disseminated to stakeholders in numerous ways:

- E-mail
- Agency Website
- Web Portal
- Telephone, Snail Mail, Fax (if needed)

The Agency has an extensive stakeholder and interested party list that it maintains. Stakeholders are invited to join the interested parties list at each meeting and when they contact the Agency or any member of the team for information on the state's HIT initiatives. Staff within the HIT Unit is responsible for managing the interested parties list and distributing communications prepared by members of the team.

Summary notes from the Legal Work Group, and the minutes of Steering Committee meetings will be posted on the Agency website which is monitored by Ms. Turner. Every effort will be made to post materials within 10 working days of the event. The Project Manager realizes that it is imperative to disseminate information quickly, but it is also important that information that is disseminated is accurate, thorough, and approved by the Chief of Staff.

**Collaborative Meeting Participation.** The Agency will attend bimonthly meetings as scheduled by the HSPL Collaborative Chairs and by the PET Collaborative Chairs.

Two team members will attend and participate in each of face-to-face collaborative meetings. At a minimum, one of the Project Leads, and either the other Project Lead, Health Law Consultant or another member of the Agency team will attend all regional collaboration meetings. Based on the meeting agenda and timing of the meeting, other Project staff will participate in collaborative conference calls. In most circumstances, a minimum of two team members will attend.

The Project Leads, Ms. Turner and Dr. Sullivan will attend all national meetings in 2008. In addition, the Health Law Consultant and one additional team member will attend.

## PROJECTS TASKS AND ACTIVITIES NARRATIVE

The following section describes major tasks, associated activities, process and strategies for the Harmonizing State Privacy Laws (HSPL) project, Provider Education Toolkit project, and an overlapping subproject, the Federal and State Law Cross-Walk. A description of the processes and strategies, assumptions, priorities, interim milestones and interdependencies, and risk mitigation strategies is included as part of the attached Work Breakdown Structure (Attachment C).

### Project 1. Harmonizing State Privacy Laws

#### a. Deliverable Table

State Del. No.	Collaborative Table Item #	Deliverable Title	Deliverable Description	Due Date	Receiving Entity
FL-1	SL	Work Plan		Within 1 week of EDOC	RTI
FL-2	SL	State brief on health information exchange (HIE)	Mini report / briefing on state-of-the-state of HIE in each state	End of month 1	Collaborative Chair
FL-3	SL	Taxonomy of HIE laws and priority ranking for reform	Populate taxonomy/conduct gap analysis/rank individual state laws using collaborative methodology	September 11	Collaborative Chair
FL-4	SL	Revise Florida draft legislation	Revise 2007 legislation based on collaboration findings	November 30	Collaborative Chair
FL-5	SL	Final report	Write final state report to describe process used to reach top 10	February 14, 2009	Collaborative Chair
FL-6	SL	Monthly reports	Technical reports and financials	Third Friday of month with invoices due 5 <sup>th</sup> of month	Technical reports to RTI and Collaborative Chairs; financials to RTI
FL-7	SL	Biweekly collaboration calls	Oral reports and materials as requested	To be scheduled	Collaborative Chair
FL-8	SL	Monthly liaison calls	Oral report	To be scheduled	RTI
FL-9	SL	Collaboration meetings	Two meetings	TBD	Collaborative Chair

## **b. Florida HSPL Process and Strategies**

The objective of the HSPL Collaboration project is to advance the ability of states to analyze and reform their existing laws addressing issues related to health information exchange (HIE). This will be accomplished through the development of a common subject-matter taxonomy, (a classification of laws based on subject matter categories) to be used by states to analyze existing laws and to identify key areas that require revision of existing law or the adoption of new law. The common taxonomy will provide a uniform framework for comparison, analysis and reformation of state HIE laws.

The HSPL project will be accomplished in **four phases** completed over a twelve-month period described below. Specific tasks must be accomplished by each of the individual state collaboration members (State Tasks) and by the HSPL states working together collaboratively (Collaborative Tasks). Each phase of the HSPL project involves State Tasks and Collaborative Tasks. The Florida HSPL Project Lead will serve as Co-Team with New Mexico in Phase II and Co-Team Lead with Kansas in Phase III for the HSPL project.

*Florida enters the collaboration with two key state deliverables completed and submitted: systematic analysis of state law and catalogue health information exchange related state laws.*

### **Phase I Objective - Identify and Inventory Existing Analyses of State Laws that Affect Health Privacy and Security Laws and HIE.**

#### **State Tasks**

- a. Those states that participated in the initial HISPC Project developed various analyses and information regarding their state laws and their impact on HIE. Since completion of the HISPC Project, some states, such as Florida and New Mexico, have continued to analyze their state laws on an on-going basis. In addition, many states developed HIPAA preemption analysis documents comparing existing state law to the HIPAA requirements. These documents are invaluable tools in analyzing which state laws affect the implementation of HIE. These existing analyses documents can be used to compare state laws across various states to determine similarities and differences between states. In addition, these existing analyses will reveal gaps in law in some states. Finally, the different organizational methodologies used by various states to perform the analysis can itself be examined and considered by the HSPL Collaboration in the development of a clear and common means of organizing and presenting the information to be developed by the HSPL Collaboration in later phases. Each state will gather from within its state any existing analyses and information on that state's health privacy laws and laws affecting HIE (e.g. existing HIPAA preemption analysis and HISPC analysis).

- b. Each state will distribute copies of the analyses and information obtained from within its state to other HSPL states.
- c. Each state will prepare and distribute to the other states in the HSPL Collaboration a report on the current status of HIE in that state and on the areas of missing categories or law identified in each state's privacy laws.

### **Collaborative Tasks**

- a. As described above, because of the HISPC Project and HIPAA preemption analyses, there exists a significant body of analyses and information in non-HSPL states regarding state health privacy laws and HIE. The HSPL Collaboration, through HISPC contacts and utilizing RTI, will solicit and gather any existing analyses and information from non-HSPL states regarding the health privacy laws and laws affecting HIE within those states.
- b. The HSPL Collaboration will analyze information obtained from the State Tasks and Collaborative Tasks, and identify common areas and develop a cataloguing approach based on best practices of HISPC states.
- c. As a part of its HISPC Project, New Mexico prepared an analysis (as of October 2007) of existing state laws and proposed legislation in the 50 states specifically designed to facilitate electronic health records or HIE. That report reflected significant activity, but only two states had enacted laws that specifically addressed HIE. The HSPL Collaboration will prepare an updated version of New Mexico's report on status of HIE laws in other states and submit it as an interim deliverable to RTI. Newly enacted laws will be obtained as well as any processes related to privacy and security developed by states will be gathered for use in subsequent phases, including taxonomy development.

### **Phase II Objective – State law evaluation and subject-matter taxonomy creation.**

#### **Collaborative Tasks**

- a. Using the experiences, information and materials gathered in Phase I, the HSPL Collaboration will identify primary categories for a tentative subject-matter taxonomy for uniform comparison and analysis of laws affecting privacy, security and HIE within and between states. The updated analysis of existing laws and proposed legislation (built on New Mexico's original analysis) will also be used in development of the taxonomy.
- b. The HSPL Collaboration will develop a consensus-based draft subject-matter taxonomy of elements of laws affecting HIE (e.g., definitions, consent requirements, audit requirements, penalties, etc.). The taxonomy will be designed to take the many and varied laws among the states and "translate"

them into subject-matter based groupings that will relate across states and across stakeholders within states.

- c. The HSPL Collaboration will review HSPLC State laws to ensure the taxonomy is representative. The process of gathering state laws outlined in Phase I will be instrumental in assuring that the taxonomy is representative.
- d. The HSPL Collaboration will create a ranking methodology that may be useful to stakeholders within states in prioritizing HIE-related legislative initiatives.

### **State Tasks**

- a. Each State will review the individual state analyses and use the information to identify existing gaps in its State health privacy and security laws and laws affecting HIE. States that have already completed an inventory of law will make the tools and methodology used available to other states. As individual states identify/inventory their laws, they will suggest and document subject-matter areas under which their privacy, security and HIE-related laws may be grouped. These suggested subject-matter areas will be evaluated by the HSPL Collaboration.
- b. Once the taxonomy is finalized, each state will populate the taxonomy, developed as a result of the Collaborative Tasks, with that state's laws.
- c. Based upon the ranking methodology developed by the HSPL Collaboration, each State will rank changes to the laws of that state necessary to implement HIE. The ranking may be used by stakeholders in advocating legislative action.

## **Phase III Objective – Analysis of Proposed Language to Remediate Major Gaps and Collaboration with National Organizations.**

### **Collaborative Tasks**

- a. Compile individual state ranked taxonomies and submit the compiled taxonomies to RTI as an interim deliverable.
- b. The HSPL Collaboration will establish contact and coordinate with national organizations such as the National Governors Association, the National Conference of State Legislatures, and the State Alliance for e-Health.
- c. The HSPL Collaboration will analyze gaps in the HSPL states' health privacy/security/HIE law identified in Phase II and propose language to remediate major gaps. Guidance and input from national organizations will be sought during this process.

- d. Using ranking methodology, determine key elements to be used in development of a proposed model act. Guidance and input from national organizations will be sought during this process.
- e. Modify taxonomy and ranking tools based on comments from states and submit the revised taxonomy and ranking tools as interim deliverables to RTI.

#### **State Tasks**

- a. Each State will analyze the proposed language to remediate gaps in state laws identified in Phase I and Phase II.
- b. Each State will establish contact with that State's private associations and government officials to provide education on work of HSPL Collaboration and suggested revisions to State law.
- c. States may make recommendations for changes to the taxonomy and ranking tools.

#### **Phase IV Objective: Final Collaborate and State Reports.**

##### **Collaborative Tasks**

- a. The HSPL Collaboration will update the report on status of HIE laws in other states to include identification of approaches actually implemented by other states in the HIE area.
- b. The HSPL Collaboration will prepare a final report describing the HSPL Project, the methodologies, analysis, taxonomy, gaps and other results and lessons learned by the HSPL Collaboration.
- c. The HSPL Collaboration will explore options for development of a web-enabled, interactive version of the toolkit.

##### **State Tasks**

- a. Each State will prepare a final report describing the HSPLC project work done within its State, including the effect of the project on the State and how that state determined its priorities for change.

As noted earlier, Florida will reconvene its Legal Working Group (LWG) that has functioned under the Health Information Security and Privacy Collaboration to continue its evaluation of Florida law and the need for reform. The Florida LWG will

review the statutory analysis of other States participating in the collaborative to identify barriers and gaps in Florida that were not included in our earlier analysis.

**c. HSPL Assumptions, Risk and Mitigation Strategy**

All complex projects are implemented with the risk of poor or incomplete implementation resulting in failure to achieve the project goals. In order to mitigate risks, it is important to identify the assumptions that are driving the project and to document the strategies that will be used in the event the assumptions fail. The following table highlights the known assumptions and risk. It does not assume that all assumptions and risks are known at this time. This table will change as the project evolves. Corrective action steps and the date of corrective action will be documented in the monthly technical reports when and if an assumption fails and a risk emerges.

<b>HSPL Assumption</b>	<b>Risk</b>	<b>Mitigation Strategy</b>
Full cooperation of HSPL states and stakeholders in meeting project objectives	Inability to gain consistent cooperation	Keep everyone informed; continuously solicit feedback and encourage participation.
Cooperation in following the project work flow	Inability to follow the work flow processes resulting in project flux and instability	Keep processes simple; prioritize legal issues having greatest impact on health information exchange.
Ability to completely describe subject matter with technical and legal accuracy	Inability to produce reliable and accurate reports	Use multiple layers of review; allow adequate time for comments from experts; solicit a diversity of opinions.
Sufficient agreement on taxonomy, priorities and other subject matter issues to reach consensus	Lack of agreement delays product development and completion	Allow adequate time to understand and resolve differing viewpoints; document minority opinions.
Enough time to complete tasks according to the approved work plan	Insufficient time results in inability to complete products on time and within budget	Build on relationships with legal experts and other interested stakeholders within states and identified national groups.
Ability to formulate project process into a tool that can be easily replicated by other states	Process followed does not translate well into roadmap.	Identify essential elements, obtain input on tool's organization and communication strategy.

**d. HSPL Major Activities – See WBS (Attachment C)**

- e. **HSPL Prioritization – See WBS (Attachment C)**
- f. **HSPL Resource Requirements – See Monthly Budget (Attachment D) and Staff Hours by Task (See WBS, Attachment C)**
- g. **HSPL Interim Milestones – See WBS (Attachment C)**

## **Project 1 and 2: Development of Federal and State Laws Cross-Walk**

- a. **Deliverable Table: Federal and State Laws Cross-Walk (see PET deliverables)**
- b. **Process and Strategies**
  1. The PET Project Lead and Technical Developer meet with the Health Law Consultant to discuss the content of the federal and state law cross-walk.
  2. The Health Law Consultant reviews available materials on Florida laws related to HIE and federal law, and develops an outline of the cross-walk.
  3. Agency team recommends changes or additions to outline.
  4. Health Law Consultant prepares cross-walk analysis.
  5. The Legal Work Group reviews the cross-walk analysis.
  6. The Technical Developer provides a mock-up of the tool based on sample content from the Health Law Consultant
  7. Agency team reviews mock-up and finalizes tool plan.
  8. The Project Leads invite review by interested members of the Collaborations.
  9. Comments from Collaborations are incorporated by the Health Law Consultant and Technical Developer.
  10. PET Project Lead prepares presentation to inform other states about cross-walk methodology.
  11. Technical Developer publishes tool on AHCA website (Health Information Privacy and Security Resource Center).

### **c. Assumptions, Risk and Mitigation Strategy**

<b>Assumption</b>	<b>Risk</b>	<b>Mitigation Strategy</b>
Sufficient agreement on design and implementation approach that enhances content look-up	Inability to determine best technical approach to use	Identify options and evaluate advantages and disadvantages of various approaches
Enough time to complete tool according to the approved work plan	Insufficient time results in inability to complete products on time and within budget	Monitor the amount of time spent on product development; check quality of product at each step to avoid corrections.

Assumption	Risk	Mitigation Strategy
Satisfaction with user friendliness of final product	Insufficient attention to technical design and needs of users	Address issue in design phase; continually evaluate user friendliness; ensure sufficient product testing.

- d. Major Activities – See WBS (Attachment C)
- e. Prioritization – See WBS (Attachment C)
- f. Resource Requirements – See Monthly Budget (Attachment D) and Staff Hours by Task (See WBS, Attachment C)
- g. Interim Milestones – See WBS (Attachment C)

## Project 2. Provider Education Toolkit

### a. Deliverable Table

State Del. No.	Collaborative Table Item #	Deliverable Title	Deliverable Description	Due Date	Receiving Entity
FL-1		Execute the contract and Work Plan	Sign contract and submit Work Plan	Month 1	RTI
FL-2	PE-1	Submit monthly technical & financial status report and monthly conference calls	Document Florida PET activities and costs and communicate with RTI and collaborators	Months 1-12 Report on 3rd Friday of the month; invoices due 5 <sup>th</sup> of month	Technical reports to RTI and Collaborative; financials to RTI
FL-3	PE-2	Attend National Meetings	Attend national meetings in Washington DC	Two meetings during the year	RTI

FL-4	PE-3	Attend Collaborative Meetings	Attend meeting with states collaborating in the PET project	Three meetings during the year.	PET Collaborative
FL-5	PE-5	Engage Stakeholders	Baseline Assessment of provider interest in HIE. Create relationships with medical societies in Florida	Month 1 - 5	FL PET Team
FL-6	PE-6	Provider Summary report	Summary report state-level partners who will coordinate with PET	Month 5	RTI
FL-7	PE-7	Provider Interest Level Summary Report	Summary report of provider interest across providers in Florida	Month 5	PET Collaborative
FL-8	PE-8	Develop communication Matrix	Analysis of state collaborative provider interest reports and creation of analytic matrix tool	Month 4,5	PET Collaborative
FL-9	PE-9	Develop Universal Tag Line	PR Firm under contract can help develop in conjunction with collaborative states	Months 6	PET Collaborative
FI-10	PE-10	Evaluation Strategy Document	Work with Collaborative States to develop metrics for communication campaign evaluation	Month 8	PET Collaborative
FL-11	PE-11	Develop State Collaborative Provider Education Toolkit	Disseminate tool kit to Missouri audience	Months 7,8,9	PET Collaborative

FL-12	PE-11	Disseminate Provider Educational Toolkit to providers in Florida	Send Provider Educational Tool to medical associations and providers in Florida	Months 9,10,11	PET Collaborative
FL-13		Develop Florida HIPAA – FL Statute Crosswalk	Crosswalk of HIPAA and Florida statutes pertaining to health information exchange.	Month 10,11,12	FL PET Team
FL-14	PE-12	Relationship Summary	Report on status of relationships among stakeholders	Month 11	PET Collaborative
FL-15		PET final report	Comprehensive report summarizing activities of the PET collaboration project	Month 12	RTI

**b. Task 3 Process and Strategies**

Engage Stakeholders (PE -5).

A. Business Analyst

- Baseline Assessment of Provider interest in HIE.
- Create relationships with professional medical societies in Florida.
- Develop contact list of medical societies for distribution of educational materials.
- Develop conference timeline for medical societies in Florida.
- Make presentations to professional medical associations.

B. Education Research Specialist

- Analysis of communication appeals that work with providers, based on research literature.

6. Summary report state-level partners who will coordinate with PET (PE-6).

A. Business Analyst

- Summary report on stakeholder engagement.

B. Education Research Specialist

- Summary report on research findings for strategic planning of media campaign.

7. Provider Interest Level Summary Report (PE-7)

- Summary report of provider interest across providers in Florida.

8. Communication Matrix (PE-8)

- Analysis of state collaborative provider interest reports and creation of analytic matrix tool to:
  - identify the most effective provider group to target and
  - the most effective medium to use to
  - communicate the collaborative message to providers.

9. Universal Tag Line (PE-9)

- PR Firm under contract can help develop in conjunction with collaborative states.

10. Evaluation Strategy Document (PE-10)

- Work with Collaborative States to develop metrics for communication campaign evaluation.

11. Develop State Collaborative Provider Education Toolkit (PE-11)

- PR Firm under contract to develop appropriate media tool.
- Receipt of communication tool.
- Distribution of communication tool to providers.

12. Disseminate Provider Educational Toolkit to providers in Florida (PE-11)

13. Relationship Summary (PE-12)

- Report on status of relationships among stakeholders.

14. PET Final Report (PE-13)

- Comprehensive report summarizing activities of the PET collaboration project

**c. PET Assumptions, Risk and Mitigation Strategy**

<b>PET Assumption</b>	<b>Risk</b>	<b>Mitigation Strategy</b>
Professional associations are willing and able to participate; all interested associations can be accommodated	Inability to gain full cooperation early resulting in less than optimum process	Inform associations of purposes and potential benefits of project; minimize associations costs for participating; possibly combine participation of associations

<b>PET Assumption</b>	<b>Risk</b>	<b>Mitigation Strategy</b>
Able to achieve target number of associations and target number of providers attending	Lack of adequate outreach results in inability to generate interest among target audience	Work with associations to outreach; use involved providers to invite other providers
Enough time to complete tasks according to the approved work plan	Insufficient time results in inability to complete products on time and within budget	Dedicate necessary time and effort to communicate each task; delegate so delays are minimized; build on existing relationships with associations
Ability to manage diverse views and opinions	Inability to manage differing opinions results in unproductive meetings or negative reactions	Validate and acknowledge all opinions; encourage participation while acknowledging concerns

- d. **PET Major Activities – See WBS (Attachment C)**
- e. **PET Prioritization – See WBS (Attachment C)**
- f. **PET Resource Requirements – See Monthly Budget (Attachment D) and Staff Hours by Task (See WBS, Attachment C)**
- g. **PET Interim Milestones – See WBS (Attachment C)**

## **Project Management**

- a. **Deliverable Table (see individual project tables)**
- b. **Process and Strategies**

In addition to utilizing the talent and skills of the established team, holding regular meetings, and monitoring risks, the implementation of a quality management process will serve as a strategy for meeting the deliverable schedule. Attachment A outlines the reporting structure and the relationships between team members. The Project Leads will work in collaboration and consultation with the Collaboration Chairs, and also coordinate to obtain any necessary Agency approvals through the Florida Center Bureau Chief. The work plan will serve as a guidepost and a monitoring tool to ensure the project stays on task, on time and on budget. The Project Leads will communicate with the RTI liaison any problems or issues and provide guidance on how to improve work flows, products, and on how to resolve issues and to mitigate risks.

- c. **Project Management Assumptions, Risk and Mitigation Strategy**

<b>Assumption</b>	<b>Risk</b>	<b>Mitigation Strategy</b>
Ability to hire staff or execute contracts in a timely manner	Inability to hire staff results in a delay in start of the project	Staff and contracts were identified during proposal period; Agency administration was informed of pending contract to prepare for budget amendment.
Minimal or no team turnover.	High turnover creates a delay in product development.	Provide sufficient financial incentives; keep staff engaged and challenged; reward staff by demonstrating appreciation; select individuals who are intrinsically motivated and genuinely interested in HISPC
RTI approval of consultants, subcontractors.	RTI does not approve and Agency has to identify new experts delaying the project.	Select highly reputable consultants; retain a back-up list of consultants.
Contract Manager receives approvals of meeting materials and draft reports in a timely fashion.	Project delayed due to administrative processes required by the Agency	Keep Agency leadership informed of project goals and status through frequent communication with Bureau Chief.
Timely receipt of information from RTI	Delay in product development and completion of project.	Maintain weekly communication with RTI; solicit information from RTI; monitor RTI website and web portal.
No major hurricanes or other emergencies.	All work stops and project is delayed.	Keep RTI informed of weather conditions; divert work responsibilities to team members outside of the potential disaster area; set reasonable expectations.

**d. Project Management Major Activities – See WBS (Attachment C)**

**e. Project Management Prioritization – See WBS (Attachment C)**

The WBS outlines the steps related to meeting all of the contractual obligations. In addition to informing professional associations and other

stakeholders about the implementation project, one of the first priorities for the Agency will be to obtain budget authority to implement the contract.

- f. **Project Management Resource Requirements – See Monthly Budget (Attachment D) and Staff Hours by Task (See WBS, Attachment C)**
- g. **Project Management Interim Milestones – See WBS (Attachment C)**

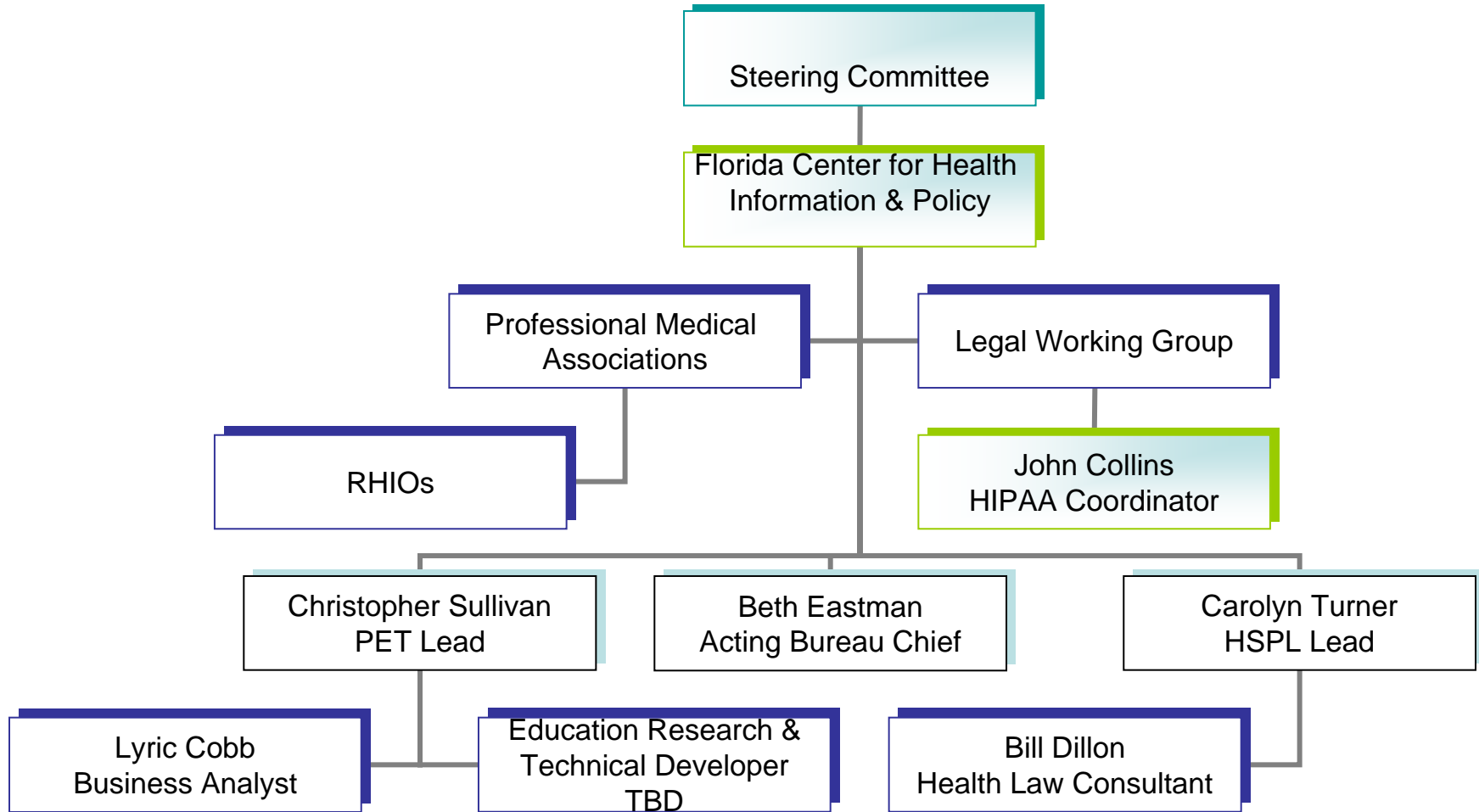
## **CONCLUSION**

This work plan will be updated and included in each Monthly Progress Report and the WBS will be monitored and revised continuously throughout the project. The WBS is a working document that will change as issues arise, problems are presented, and solutions implemented. Any suggestions on how to improve or simplify the process are welcome. Please address them to Carolyn Turner, Contract Manager at [turnerc@ahca.myflorida.com](mailto:turnerc@ahca.myflorida.com) or via fax at 850.488.1261.

# **ATTACHMENTS**



# Florida HISPC 2008 Management Team



**HISPC: Florida  
Project Roster 2007**

Project Position	Title	Name	Organization	Office Phone	Fax	Email
<b>Agency Management</b>	Acting Bureau Chief	Beth Eastman	Agency for Health Care Administration	(850) 922-3803	(850) 414-7831	<a href="mailto:eastmane@ahca.myflorida.com">eastmane@ahca.myflorida.com</a>
<b>Project Lead/Contract Manager</b>	Government Analyst II	Carolyn Turner	Agency for Health Care Administration	(850) 922-5861	(850) 488-1261	<a href="mailto:turnerc@ahca.myflorida.com">turnerc@ahca.myflorida.com</a>
<b>Project Lead</b>	Senior Management Analyst Supervisor	Christopher Sullivan, PhD	Agency for Health Care Administration	(850) 414-5421	(850) 488-1261	<a href="mailto:sullivac@ahca.myflorida.com">sullivac@ahca.myflorida.com</a>
<b>Business Analyst</b>	OPS	Lyric Cobb	Agency for Health Care Administration	(850) 922-6831	(850) 488-1261	<a href="mailto:cobbl@ahca.myflorida.com">cobbl@ahca.myflorida.com</a>
<b>Education Research &amp; Technical Developer</b>	OPS	TBD	Agency for Health Care Administration			
<b>Health Law Consultant</b>	Attorney	William Dillon	The Dillon Law Firm, P.L.	(850) 841-1741	(850) 224-4359	<a href="mailto:WDillion@lawfla.com">WDillion@lawfla.com</a>
<b>HIPAA Coordinator</b>	AHCA HIPAA Privacy and Security Officer	John Collins	Agency for Health Care Administration	(850) 487-9906	(850) 414-6837	<a href="mailto:collinsj@ahca.myflorida.com">collinsj@ahca.myflorida.com</a>

<b>PET Work Plan 2008</b>									
Tasks by Phase	Priorities (*) & Interdependencies	AHCA In Kind	Staff Hours			Project Schedule		Status	Notes
			Analyst	Legal	Research/ Web Design	Start Date	Finish Date		
<b>Phase 1: Engage Stakeholders</b>						4/1/2008	8/30/2008		
FL-1 Baseline Assessment of Provider interest in Health Informaiton Exchange	PE-5		250			4/1/2008	8/30/2008		
FL-2 Create relationships with professional medical societies in Florida.	PE-5		330			4/1/2008	8/30/2008		
FL-3 Develop contact list of medical societies for distribution of educational materials.	PE-5		200			5/1/2008	8/30/2008		
FL-4 Develop conference timeline for medical societies in Florida.	PE-5		100			5/1/2008	8/30/2008		
FL-6 Make presentations to professional medical associations.	PE-5	25				5/1/2008	8/30/2008		
FL7 Analysis of communication appeals that work with providers, based on research literature.	PE-5	15	182		320	6/15/2008	7/15/2008		
FL-8 Summary report on research findings for strategic planning of media campaign.	PE-5	16	40			7/1/2008	8/30/2008		
Project Management -- Meetings		10	10		10	4/3/2008	8/30/2008		

Tasks by Phase	Priorities (*) & Interdependencies	AHCA In Kind	Staff Hours			Project Schedule		Status	Notes
			Analyst	Legal	Research/ Web Design	Start Date	Finish Date		
Project Management -- Status Reports		4	30		10	4/3/2008	8/30/2008		
TOTAL		70	1142	0	340				
<b>PHASE 2: Develop State Collaborative Communication Campaign Tool - Summary report state-level partners who will coordinate with PET</b>	<b>* Florida Co-Team Lead; Phase 2 dependent on Phase 1</b>					9/1/2008	12/30/2008		
FL-9 Summary report to collaboration states of provider interest across providers in Florida, including research literature findings	PE-7	16	120			9/1/2008	9/30/2008		
PE-8 Analysis of state collaborative provider interest reports and creation of analytic communication matrix tool - Lead: Florida and Louisiana	PE-8	10	310		40	9/1/2008	9/30/2008		
PE-8 Identify the most effective provider group to target and	PE-8	10	50			9/1/2008	9/30/2008		
PE-8 Identify the most effective medium to use.	PE-8	10	20			9/1/2008	9/30/2008		
PE-8 Identify how to communicate the collaborative message to providers.	PE-8	10	60			9/1/2008	9/30/2008		
PE-9 Develop Universal Tag Line	PE-9	8	40			9/1/2008	9/30/2008		

Tasks by Phase	Priorities (*) & Interdependencies	AHCA In Kind	Staff Hours			Project Schedule		Status	Notes
			Analyst	Legal	Research/ Web Design	Start Date	Finish Date		
PE-9 PR Firm under contract can help develop in conjunction with collaborative states.	PE-9	10				9/1/2008	9/30/2008		
Work with Collaborative States to develop metrics for communication campaign evaluation.		16	40			9/1/2008	9/30/2008		
PR Firm under contract to develop appropriate media tool.						10/1/2008	12/30/2008		
Project Management -- Meetings		10	10		10				
Project Management -- Status Reports		4	30		10				
TOTAL		104	680		60	6/2/2008	7/11/2008		
<b>Phase 3 - Legal Analysis of HIPAA and Florida Statutes and Development of HIPAA-State Statute Crosswalk Website</b>						7/1/2008	12/30/2008		
Legal analysis crosswalk of HIPAA and Florida Statutes				50		7/1/2008	8/30/2008		
Development of HIPAA-State Statute Crosswalk Website				45	704	9/1/2008	12/30/2008		
TOTAL				95	704	9/1/2008	12/30/2008		

Tasks by Phase	Priorities (*) & Interdependencies	AHCA In Kind	Staff Hours			Project Schedule		Status	Notes
			Analyst	Legal	Research/ Web Design	Start Date	Finish Date		
<b>Phase 4: Disseminate Provider Educational Toolkit to providers in Florida (PE-11)</b>						1/1/2009	3/28/2009		
Receipt of communication tool.		8	40			1/1/2009	1/31/2009		
Distribution of communication tool to providers.		24	80			2/1/2009	2/28/2009		
Project Management -- Meetings		6	10		10				
Project Management -- Status Reports		4	19		10				
Report on status of relationships among stakeholders.		16	40			2/1/2009	3/31/2009		
Comprehensive report summarizing activities of the PET collaboration project		8	40			2/1/2009	3/31/2009		
<b>TOTAL</b>		<b>66</b>	<b>229</b>	<b>0</b>	<b>20</b>				
<b>GRAND TOTAL EXCLUDING OUT-OF-STATE MEETINGS</b>		<b>240</b>	<b>2051</b>	<b>95</b>	<b>1124</b>				

HSPL Work Plan 2008								
Tasks by Phase	Priorities (*) & Interdependencies	Staff Hours			Project Schedule		Status	Notes
		Lead	Legal	Analyst	Start Date	Finish Date		
Phase 1: Identify existing analysis of state laws that affect Health privacy laws and HIE - Lead - Idaho					4/1/2008	6/30/2008		
SL-1 Gather and review existing analysis and information from other HISPC states (six assigned states)			35		4/6/2008	4/30/2008		Need to extend due
SL-2 Develop a cataloguing approach based on best practices of HISPC states			5		4/28/2008	5/5/2008		
SL-3 Update New Mexico 50-state analysis/inventory					5/5/2008	5/22/2008		
SL-4 Submit New Mexico 50-state analysis/inventory to RTI as an interim deliverable						5/29/2008		
Individual state tasks					4/1/2008	4/30/2008		
Systematic analysis of state law (Florida)					1/2/2008	1/16/2008	Completed	
Catalogue HIE related state laws (Florida)					1/16/2008	1/25/2008	Completed	
Project Management -- Hiring		10			4/1/2008	4/30/2008		
Project Management -- Meetings		10	10	10	4/1/2008	6/30/2008		
Project Management -- Status Reports		10			4/1/2008	6/30/2008		
Mini report / briefing on state-of-the-state of HIE in each state	Dependent on approvals	10			4/1/2008	4/30/2008		
TOTAL		40	50	10				
PHASE 2: Evaluate state laws that affect health privacy and HIE and create taxonomy - Lead - Florida & New Mexico	* Florida Co-Team Lead; Phase 2 dependent on Phase 1				5/24/2008	9/10/2008		
SL-5 Identify primary categories for tentative taxonomy		2	5	10	5/24/2008	6/13/2008		
SL-6 Create draft taxonomy		2	5	10	6/13/2008	6/27/2008		
SL-7 Review state law to ensure taxonomy is representative		2	5	10	6/27/2008	7/10/2008		

<b>HSPL Work Plan 2008</b>									
Tasks by Phase	Priorities (*) &	Staff Hours			Project Schedule		Status	Notes	
SL-8 Collaborative state review of taxonomy		4	5	10	7/10/2008	7/23/2008			
SL-9 Finalize taxonomy based on comments		2	5	10	7/23/2008	8/1/2008			
SL-10 Create ranking methodology		2	5	10	8/5/2008	8/19/2008			
SL-11 Collaborative state review/comment of ranking methodology		4	5	10	8/19/2008	8/27/2008			
SL-12 Finalize ranking methodology based on state comment		2	5	10	8/27/2008	9/1/2008			
Individual state tasks					5/24/2008	9/10/2008			
Project Management -- Meetings		10	10	10	5/24/2008	9/10/2008			
Project Management -- Status Reports				10	5/24/2008	9/10/2008			
Reconvene Florida Legal Work Group	Dependent on approvals	10	20		7/2/2008	8/23/2008			
Populate Taxonomy/conduct gap analysis			20		8/2/2008	8/28/2008			
Rank individual state laws using ranking methodology			10		9/2/2008	9/10/2008			
<b>TOTAL</b>		<b>40</b>	<b>100</b>	<b>100</b>					
<b>Phase 3: Analysis and collaboration with National organizations - Lead: Kansas &amp; Florida</b>	<b>* Florida Co-Team Lead; Phase 3 Dependent on Phase 2</b>				9/11/2008	1/17/2009			
SL-13 Compile individual state ranked taxonomies		2	5	5	9/11/2008	9/27/2008			
SL-14 Submit compilation of individual state ranked taxonomies to RTI as an interim deliverable		2	5	5		10/11/2008			
SL-15 Analyze gap analysis of collaborative states		2	5	5	9/27/2008	10/16/2008			
SL-16 Using ranking methodology, determine key elements of model act		2	5	5	10/16/2008	10/23/2008			
SL-17 Incorporate recommendations for changes to tools for future implementation (i.e., approach, taxonomy, ranking)		2	5	5	10/23/2008	11/1/2008			
SL-18 Modify tools based on comments from states and finalize them		2	5	5	11/1/2008	11/15/2008			

HSPL Work Plan 2008								
Tasks by Phase	Priorities (*) &	Staff Hours			Project Schedule		Status	Notes
SL-19 Submit finalized taxonomy and ranking tools to RTI as an interim deliverable		2	5	5		11/29/2008		
SL-20 Develop draft text of identified HIE gaps		2	5	5	11/18/2008	12/12/2008		
SL-21 Develop roadmap to guide other states through the process		2	5	5	12/12/2008	12/19/2008		
SL-22 Review roadmap/approach with NGA Collaborative		2	5	5	12/22/2008	1/17/2009		
Individual state tasks					9/12/2008	1/17/2009		
Project Management -- Meetings		10	10	10	9/12/2008	1/17/2009		
Project Management -- Status Reports				10	9/12/2008	1/17/2009		
Meet Florida Legal Work Group	Dependent on approvals	5	20	20	9/12/2008	1/17/2009		
State recommendations for changes to tools			10		9/12/2008	9/27/2008		
Collaborative meetings with state stakeholders to review and gather comment	See LWG above		10		12/15/2008	12/30/2008		
Revise Florida Privacy and Security Project Draft Legislation	Dependent on LWG recommendations	5			12/15/2008	12/30/2008		
Education / Outreach to state governments regarding State legislative changes			10	10	1/1/2009	1/17/2009		
TOTAL		40	110	100				
Phase 4: Report / Toolkit -- Lead Kentucky	Phase 4 dependent on Phase 3				1/20/2009	3/31/2009		
SL-23 Finalize roadmap based on NGA, ONC, state comments		2	5	10	1/20/2009	2/14/2009		
SL-24 Compile draft final report to ONC		2	5	10	2/17/2009	2/28/2009		
SL-25 Route and review for comment by core team		2	5	10	2/28/2009	3/5/2009		
SL-26 Incorporate comments and finalize report to ONC		2	5	10	3/5/2009	3/15/2009		
SL-27 Compile and submit final report to ONC		2	5	10	3/15/2009	3/31/2009		

<b>HSPL Work Plan 2008</b>								
Tasks by Phase	Priorities (*) &	Staff Hours			Project Schedule		Status	Notes
Individual state tasks					1/20/2009	2/14/2009		
Project Management -- Meetings		10	5	10	1/20/2009	2/14/2009		
Project Management -- Status Reports				10	1/20/2009	2/14/2009		
Meet Florida Legal Work Group	Dependent on approvals	10	10	10	1/20/2009	2/14/2009		
Write final state report to describe process used to reach top 10	*Dependent on approvals	10	30	20	1/20/2009	2/14/2009		
TOTAL		40	70	100				
GRAND TOTAL EXCLUDING OUT-OF-STATE MEETINGS		160	330	310				

### Florida HISPC Budget Summary 2008

**Report Period:** April 1, 2008 - March 31, 2009

**Project:** PET

Contract Value	\$146,148
Paid to Date	0
Balance	\$146,148

HSPL

Contract Value	\$103,426
Paid to Date	0
Balance	\$103,426

### Cost Share Hours

	PET Lead	HSPL Lead
Contract Value	344	200
Used to Date	0	0
Balance	344	200

Projected Spend	Budgeted	Actual Costs	Costs for	Projected Spend	Budgeted	Actual Costs	Costs for	Projected Spend	Budgeted	Budgeted
	Costs		Remaining		Months		Remaining		Hours	Hours
April	\$12,179			April	\$8,619			April	25	13
May	\$12,179			May	\$8,619			May	29	17
June	\$12,179			June	\$8,619			June	29	17
July	\$12,179			July	\$8,619			July	29	17
August	\$12,179			August	\$8,619			August	29	17
September	\$12,179			September	\$8,619			September	29	17
October	\$12,179			October	\$8,619			October	29	17
November	\$12,179			November	\$8,619			November	29	17
December	\$12,179			December	\$8,619			December	29	17
Jan-09	\$12,179			Jan-09	\$8,619			Jan-09	29	17
Feb-09	\$12,179			Feb-09	\$8,619			Feb-09	29	17
Mar-09	\$12,179			Mar-09	\$8,619			Mar-09	29	17
	\$146,148				\$103,426				344	200