



State Health Information Exchange Cooperative Agreement Program Strategic and Operational Plans

Approved

February 4, 2011

**State Health Information Exchange
Cooperative Agreement Program**

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Strategic and Operational Plans

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Executive Summary

Florida recognizes the potential benefits for its citizens of strengthening its health care system through the timely, secure and authorized electronic exchange of patient health information among health care stakeholders. Utilization of electronic health records by providers and the expansion of electronic health information exchange (HIE) between health care stakeholders is expected to support patient-centered health care and continuous improvements in the quality, safety and efficiency of care, as well as supporting public health. Through the funding and support available from the Office of the National Coordinator for Health Information Technology (ONC), Florida is now able to significantly advance its plans for building a statewide health information infrastructure upon which to build sustainable HIE services of value to Florida providers and other stakeholders and that support providers in meeting meaningful use criteria.

Environmental Scan – Florida’s efforts to promote health information exchange on a statewide basis began in 2004. The Agency for Health Care Administration (Agency) laid the groundwork for statewide HIE collaboration by convening health care stakeholders, financially seeding local RHIO efforts through its grants program, and, more recently, formulating strategic and operational plans for establishing a state-level health information infrastructure under the State Health Information Exchange Cooperative Agreement Program. Florida plans to leverage existing networks, build on work being done by the Florida Department of Health (DOH), and federal incentives for meaningful use. On June 4, 2010, the Agency held a statewide HIE kickoff meeting that further solidified support for the statewide plan. As directed by the Florida legislature, the Agency issued an Invitation to Negotiate (ITN) July 15, 2010 for a vendor to provide the technical solution and implement the state HIE, and the Agency is currently evaluating vendor responses and will initiate negotiations with finalists soon.

HIE Development and Adoption – Florida’s vision is to achieve clinically relevant, secure, and sustainable approaches to technology adoption, utilization and exchange that drives the achievement of better health care outcomes for all Floridians and through lowered total costs, improves access to quality care. The Agency intends to promote the development of health care clinical information exchange that is sustainable, privacy-protected, and aligned with national standards. In collaborating with stakeholders, the Agency focused on what the State is in the best position to do, based on stakeholders’ stated HIE needs, and how to leverage existing networks to best achieve widespread adoption. The Agency is also supporting HIT adoption efforts by its collaboration with the four Regional Extension Centers (RECs) funded by ONC.

Coordination with Other Efforts – The Agency is closely coordinating efforts under the ONC State Cooperative Agreement Program and the other initiatives also underway in the state, including but not limited to Medicaid EHR incentive program, Medicaid Health Information Network, DOH grants, RECs, workforce development initiatives, and broadband infrastructure grants. The Agency also participates in multiple coordination activities with other states, such as through its involvement in the Southeast

Regional HIT-HIE Collaborative, the National Association of Medicaid Directors, and other national meetings relating to HIE.

Domains – The key domains identified in the ONC FOA are addressed below:

Governance – The Agency was designated by Governor Charlie Crist as the State Agency to lead the HIE efforts under the Cooperative Agreement. The Agency is advised by the Health Information Exchange Coordinating Committee (HIECC), which is composed of seven public stakeholders and twelve private sector stakeholders including one consumer representative. The HIECC reviews plans, timetables and budgets and makes recommendations to the Agency relative to HIE development in Florida. The Agency has also proposed the creation of a Management Committee for the statewide HIE composed of participants using the system, who will make decisions regarding technical requirements and use of the network with the approval of the Agency. Agency activities are subject to Florida’s sunshine laws to ensure transparency and openness.

Finance – The plan for identifying long-term funding sources for the statewide HIE network is highly dependent on the level of participation and whether the services offered fill unmet needs and the value of the service to stakeholders. The Agency will convene relevant stakeholders to work through financial models to determine feasibility and establish a pricing structure that covers ongoing costs, once they are stabilized. Initial discussions are favoring a subscription model where providers and payers contribute.

Technical Infrastructure – The Agency was directed by the Florida Legislature to issue an ITN by July 15, 2010, for a technical vendor to implement the statewide health information infrastructure. Responses to the ITN are currently being reviewed and the Agency expects to be in a position to finalize a vendor contract by November 2010, with ONC’s approval. The key infrastructure to be implemented through the ITN contract is for the location and retrieval of patient records from participating systems through a “patient look-up” service. The state HIE will be a network of networks and will thus not have an end user portal or a centralized master patient index. The vendor’s solution must also enable connectivity to the NHIN Exchange for retrieving patient records from other NHIN participants. In addition to this infrastructure that will be directly developed by the Agency’s vendor, the Agency’s Medicaid Health Information Network includes e-prescribing, eligibility and benefits checking, claims submission, and other administrative functions, as well as a claims-based health history. The Agency also plans to implement an authoritative provider directory. Several options for establishing an authoritative provider directory are being considered, and a solution will be chosen based on stakeholder feedback and the utility of leveraging existing sources of provider lists.

Business and Technical Operations – Florida already has significant HIE underway, such as the Medicaid Health Information Network, some local RHIOs and IDN networks, and public health capability for receiving electronic data. The SOP strategy leverages these existing resources to enable connectivity to existing data sources for requesting and retrieving a patient’s health records (“patient look-up”). The vendor implementing the technical solution will also ensure interoperability of the statewide HIE with the NHIN Exchange, so that Florida participants will also have access to NHIN participants through the Florida HIE network. In addition, the Agency will continue its Medicaid Health Information Network.

Legal / Policy – The Agency’s approach follows the HHS Privacy and Security Framework. The Agency, through its work with the Legal Work Group (LWG), determined the privacy approach for state HIE network participants. The provider requesting information on a patient must have obtained a written authorization from the patient prior to accessing the patient’s information on the network, unless there is a medical emergency. A recent Florida law required the Agency to draft a Universal Patient Authorization form, which has now been issued in rule that also carries certain state civil immunities.

The Agency is currently finalizing its statewide HIE network participation agreement for sharing data between participants, with input from the LWG. The Agency also successfully piloted an early version of the agreement with a RHIO. The agreement names the Agency’s vendor as a business associate, and the Agency does not intend to have access to the data that is flowing through the statewide network. Processes are also outlined in the participation agreement related to resolution of disputes between participants, procedures in the event of a data breach, and other oversight and enforcement policies. Because of the Agency’s requirement that the statewide HIE network also connect with NHIN Exchange, the Agency is working out the details to have the vendor execute the DURSA, which is required for participation in the NHIN Exchange.

Strategy for Supporting Meaningful Use Stage One – 2011 Goals to Address PIN Requirements – The Agency plans to address the three key areas identified in the Program Information Notice (PIN) issued by ONC on July 6, 2010, as described below:

e-Prescribing – The Agency has been very active over the last few years in promoting e-prescribing. Electronic prescribing in Florida has grown from less than 2% of prescriptions (excluding controlled substances) to 18% as of mid-2010, and Florida is in the top ten states in Surescripts’ 2009 ranking. As an alternative option for providers, the Agency continues to offer its free e-prescribing tool to Medicaid providers through the Florida Medicaid Health Information Network. The Agency is also aware that the capability to accept e-prescriptions is lower in geographic locations with a higher proportion of independent community pharmacies. The Agency will work with state professional pharmacy associations, pharmacy colleges and other stakeholders to address remaining barriers to full pharmacy participation.

Receipt of Structured Lab Results – Florida has over 1,380 clinical laboratories and over 2,200 physician office laboratories licensed in Florida. Based on Medicaid claims data, the top three laboratory providers (Quest Diagnostics, LabCorp, and the Florida Department of Health, Bureau of Laboratories) comprise nearly 80% of the lab tests completed for Medicaid beneficiaries in Florida. The Agency estimates that 75-80% of lab results could be electronically reported as structured data assuming LabCorp, Quest and the State Lab are electronically enabled to send lab results to certified EHRs. The Agency is sending out a survey to all labs to assess the capabilities of those labs to deliver structured electronic results that could be used by a certified EHR. The results of the survey will help the Agency HIE team develop a strategy for outreach to laboratories to promote the use of standards for interoperability and participate in education and technical assistance opportunities with other organizations.

Initial plans are to identify market segments and work with professional associations and leadership to better understand barriers to the use of health information technology including the concerns of small and

specialized laboratories. The Agency plans to engage stakeholders in a review of the findings from the clinical lab survey regarding data formats and discuss opportunities to facilitate use of national standards. To lower the cost of interfaces, the Agency will work with its HIE vendor to identify interfaces that can be replicated for use among different labs and EHR vendors. The Agency will engage its HIECC in a review of technical standards for the exchange of clinical lab results.

Sharing of Clinical Summaries Across Unaffiliated Organizations – The Agency is taking a number of immediate and short-term approaches to enable the sharing of clinical summaries across unaffiliated organizations in addition to developing the patient look-up services of the HIE that will be implemented on an incremental basis. These include:

1. *Identification of Private Market for Secure Messaging Services*: The Agency received information on secure messaging capabilities through responses to its RFI issued in early 2010 and is also aware that the private market is developing rapidly. To encourage the dissemination of current information to health care providers, the Agency will invite vendors to submit a description of their services for posting on the FHIN.net.
2. *Addressing Gaps in Service*: ONC expects that the Agency will ensure that all Florida eligible providers have at least one option available for the sharing of clinical summaries across unaffiliated organizations. Thus, the Agency will identify any gaps in coverage, and identify a solution(s) to enable such sharing. There are several private companies who have publicly indicated that they will be offering clinical messaging and routing of messages between providers. The Agency will work with those entities to ensure coverage and opportunities, for all providers, to guide the application of national standards in Florida. In addition, the Agency will explore the feasibility of including limited secure messaging or secure e-mail services via the Florida Medicaid Health Information Network.
3. *Provider Directory* – The Agency has formulated a strategy to ensure that there is an authoritative provider directory available to health care providers. (See “*Strategy for Addressing Health Information Exchange Requirements: ONC Program Information Notice, July 6, 2010.*”) The options for establishing an authoritative provider directory are also being developed, and a solution will be chosen based on stakeholder feedback and the utility of leveraging existing sources of provider lists. Use of the Florida Department of Health’s physician listing is being considered. Every reasonable effort will be made to utilize existing provider directory information to enable the functionality. The potential for future participation in a federated network or regional effort is part of the Agency’s design considerations.
4. *Direct Messaging for Sharing of Clinical Summaries and Public Health Reporting* – The Agency will implement secure messaging using national Direct standards to support Florida providers in meeting the requirements for electronic health record meaningful use incentives as specified for the sharing of clinical summaries. Public health reporting pilots will be implemented in coordination with the Florida Department of Health and Florida stakeholders.

Purpose

This Strategic and Operational Plan (SOP) is prepared in response to the requirements of the 2009 Funding Opportunity Announcement (FOA) from the Office of the National Coordinator for Health Information Technology (ONC) for its State Cooperative Agreement program funded under the American Recovery and Reinvestment Act of 2009 (ARRA). The structure of the sections of this document correspond to the topics required by the FOA to be included in a Strategic Plan and an Operational Plan merged together under General Topics and Domain Requirements, respectively. In addition, there is a new section added at the end of this document, entitled “*Strategy for Addressing Health Information Exchange Requirements*,” that addresses the specific areas required under the Program Information Notice (ONC-HIE-PIN-001) issued by ONC on July 6, 2010.

Strategic and Operational Plan

General Topics

Introduction

The Agency for Health Care Administration (Agency) has promoted the creation of a statewide health information network and the adoption of electronic health record systems for the past five years. The Agency’s vision is to develop an electronic health information infrastructure that will enable access to the relevant medical records of Floridians by authorized treating providers at the point of care, enhance public health capabilities and quality, and over time will allow patients to securely access their own health care records. A successful strategy for health information exchange must include the electronic transfer of records from many credible sources, including health care providers at all levels of patient care, health plans and payers, pharmacies and pharmacy benefit managers, laboratories and most importantly patients and their families. Based on its experience and its collaborative work with Florida’s health care stakeholders, the Agency intends to implement this strategic and operational plan to promote the meaningful use of electronic health information among the multiple stakeholders across the state, in order to provide better health outcomes for all Floridians.

• Environmental Scan

Adoption of HIE by health care providers within the state: As requested by the Office of the National Coordinator for Health Information Technology (ONC), this section will provide information relating to the adoption of HIT and HIE by health care providers within the state.

In 2004, the Agency was authorized by the Legislature to promote health information exchange and to foster the adoption of electronic health record systems. The Agency moved from strategic planning to creating a grants program to leverage the development of local electronic health information exchange and establish plans to build a statewide health information network. The statutory authority given to the Agency clearly supported its vision to transform health care through the promotion of health information technology. Because of its history of promoting the adoption of electronic health records (EHRs) and its

plans for the creation of a statewide health information network, the Agency has paid close attention to the diffusion of health information technology (HIT) among Florida's providers.

The rate of provider adoption of EHR systems among Florida's primary care physicians is fairly well known due to several research studies conducted by faculty at Florida State University and the University of Alabama. In 2005, Florida State University researchers surveyed the use of HIT among ambulatory care providers in Florida. Over 96% of all respondents had access to computing and the Internet, though non-physician staff used the computers more than the physicians. Among the responding providers, 23.7% reported that they routinely used EHRs in their practice, but only 17.2% of the physicians with computers in their offices used e-mail to communicate with patients. Routine EHR use was significantly related to the age of the physician and his or her medical training, the type of practice and practice size. The use of EHR systems was more likely to occur in larger medical practices, among specialists and in multi-specialty practices, and among younger physicians.¹

When comparing urban versus rural providers, the research team found that rural providers were less likely to use EHRs, less likely to have prescribing connections to pharmacies through their EHRs, and had less experience with EHRs. Rural physicians were more likely to cite loss of income during the EHR implementation as a barrier to their adoption, and were more concerned about privacy and confidentiality concerns about EHRs.² Also, physicians with a large number of Medicare patients were more likely to have an EHR, whereas those with a large number of Medicaid patients were less likely to have an EHR.³

A similar EHR adoption survey was conducted among Florida's physicians in 2008, by the same research team. This follow-up survey allowed some adoption trend lines to be drawn between 2005 and 2008.⁴ In the three year period between surveys, the percentage of physicians using EHRs in Florida increased by more than eleven percentage points, from 23.7% to 35% of respondents. The number of physicians planning on purchasing an EHR in the future increased twelve percentage points, from 45.2% in 2005 to 57.1% in 2008. Of some interest for connectivity, the percentage of respondents using dial-up to access the Internet dropped significantly, but the number of respondents accessing the Internet through high speed wireless increased from 11.2% in 2005 to 90.3% in 2008.

Clearly there is a move toward the use of electronic records and gaining access to the Internet and the potential to exchange those records. In its strategic planning, the Agency recognizes that the robust exchange of health information requires widespread adoption of electronic health record systems among providers and plans to address both issues resolutely.

¹ Menachemi N, Brooks RG. (2006). *EHR and other IT adoption among physicians: results of a large-scale statewide analysis*. J Healthcare Information Management 2006 Summer;20(3):79-87.

² Menachemi N, Langley A, Brooks RG. (2007). *The use of information technologies among rural and urban physicians in Florida*. J Med Syst. 2007 Dec;31(6):483-8.

³ Menachemi N, Matthews MC, Ford EW, Brooks RG. (2007). *The influence of payer mix on electronic health record adoption by physicians*. Health Care Manage Rev. 2007 Apr-Jun;32(2):111-8.

⁴ Yeager K, Menachemi N, Brooks, RG (in press).

Assessment of current HIE capacities to be expanded or leveraged: As requested by the ONC, this section will provide information relating to the Assessment of current HIE capacities to be expanded or leveraged.

The Agency has planned for statewide health information exchange since 2004 and has taken consistent action steps to create a positive environment for its development. In November 2005, the Governor's Health Information Infrastructure Advisory Board and the Agency brought together a group of information technology experts from the public and private sectors to develop a strategy for developing a technical approach to state-level health information exchange in Florida. An outcome of the meeting was a decision to draft a technical White Paper that would specify the architecture of a proposed Florida Health Information Network (FHIN). The White Paper was intended to create specifications and standards to ensure secure and standards-based 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 2007 as the roadmap for Florida's state level health information exchange. The strategic planning that has gone into the FHIN provides a foundation for the creation of the statewide health information network to leverage the meaningful exchange of health care information among Florida's provider community.

As envisioned in the White Paper, the FHIN would be a statewide health information infrastructure that will 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 among the public and private sectors, state and local governments, health information organizations, providers, employers, consumers, health plans and payers. The FHIN described in the White Paper would interconnect health care providers across Florida to facilitate their sharing of health care data without regard to where the consumer resides or where the health care is being delivered. The FHIN infrastructure would be built to enable connectivity among RHIOs and other health information networks, providers, patients and payers in Florida.

The White Paper set out many expected benefits to be realized as physicians and other providers begin to use the FHIN. For example, it 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; 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.

From 2005 to 2008, the Agency ran the FHIN Grants Program with the intent to leverage the development of health information exchange locally. The program included planning grants, implementation grants and training grants to support the Regional Health Information Organizations (RHIOs) forming in Florida. The RHIOs receiving grants represented 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. The Legislature invested \$5.5 million over the three years to spur each of the RHIOs toward full implementation of health information exchange and financial sustainability. At the end of the FHIN Grants period, each of the RHIOs was poised to begin exchanging electronic health data among provider groups in their communities. Half of the RHIOs have continued to develop and increase their capacity to exchange health

care records in their local communities. These are partners that the Agency will work with as technical and organizational stakeholders, and the Agency will encourage their participation in the state-level HIE.

In a further attempt to develop its capacity to manage the statewide exchange of health information, the Agency collaborated with its fiscal agent, EDS, and the Big Bend RHIO to launch a Medicaid claims-based Electronic Health Record pilot project from November 2007 to February 2008. The primary objective of the pilot was to generate a claims-based EHR for Medicaid providers using Florida claims data and to provide information that would enable the Agency to better understand provider acceptance and a statewide deployment. Other pilot objectives included an evaluation of the success of the pilot from clinical and administrative perspectives, an assessment of how to position a Medicaid claims data exchange with regard to other health information exchange efforts in Florida and to identify functional requirements, data sources, and supporting services that would best encourage end-user adoption. One strategic success of the Medicaid pilot was that it allowed the Agency 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 claims-based EHR pilot, the Agency issued a Request for Information (RFI) to determine the 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 Agency contracted with Availity L.L.C. to provide treating 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, encounter histories and prescription claims histories from all participating payers, including Florida Medicaid. The vendor plans to develop an interface that will let providers download patient encounter records to their EHRs.

The vendor will also offer a secure portal to give Medicaid beneficiaries access to an online Personal Health Record (PHR) provided by Health Trio, LLC. The Medicaid PHR will allow beneficiaries to record and organize information about their health care, will provide care management tools to assist them in coordinating their overall health care, and provide access to online health care information. Initially, the PHR will offer infant and well-child health management tools, including immunization schedules, appointment reminders, and health education materials. Patient-specific, claims-based encounter records will be available to Medicaid recipients in the second year of the pilot. All exchange of health information via the consumer and provider portals complies with the confidentiality regulations of the Health Insurance Portability and Accountability Act (HIPAA) and other applicable state and federal laws. The experience gained by creating Florida's Medicaid Health Information Network provides another stage of readiness for the Agency to support statewide health information exchange.

Use of HIT resources: As requested by the ONC, this section will provide information relating to the use of HIT resources.

In addition to the local RHIO resources that can be applied to a statewide exchange of health information, the Agency has discussed the needs of the hospitals in the state with the Florida Hospital Association and the FHA CIO Council representing large health systems and sole community hospitals. These facilities can serve as anchor institutions for the development of health information exchange because most of them have secure and robust IT systems, capable of supporting the connectivity of the statewide network. The

Agency has also met with numerous software and hardware HIT vendors to learn about the latest approaches for delivering a health information exchange infrastructure. Some of the companies have offered to work on demonstration projects with the Agency, which is instructive of the readiness to support health information exchange in the business community.

The Agency is also working to enable statewide access to broadband as the necessary telecommunication infrastructure for health information exchange and telemedicine. The Agency assisted in securing a \$9.6 million award from the FCC to connect up to fourteen hospitals in the Florida Panhandle in its Rural Health Care Pilot Project, which is administered by Big Bend Health. In addition, the Agency partnered with three economic development organizations to submit Broadband Telecommunications Opportunity Program (BTOP) broadband infrastructure grant proposals covering 28 rural counties. The Agency has identified the need to drive the efficient exchange of health information over secure, broadband channels that will support the exchange of text, image and video data as the health information network reaches its potential. There are many resources available now for sustainable, secure health information exchange.

Existing collaborative opportunities: As requested by the ONC, this section will provide information relating to existing collaborative opportunities.

Regional Health Information Organizations

In 2005, the Agency brought together ten separate health information exchange projects to make presentations to the Governor's Health Information Infrastructure Advisory Board. At that point, few of the projects were familiar with one another. Many of these projects became Florida's first RHIOs and participated in the Agency's initiative to leverage local start-up health information organizations through the Florida Health Information Network Grants Program. The FHIN Grants Program provided support to Florida's first RHIOs to advance electronic health information exchange in their local communities and to increase the number of practitioners both using EHR systems and participating in health information exchange.

Through its grant categories, the program helped start-up RHIOs to develop strategic plans for health information exchange, to demonstrate health information exchange among two or more competing provider organizations and to support practitioner training designed to increase provider use of EHR systems. The FHIN Grants program required a dollar for dollar match and the RHIOs consistently exceeded these requirements, which can be interpreted as evidence of the commitment and volunteerism of the RHIOs which was one of the underlying successes of the grants program.

Even after the FHIN Grants Program ended, several more RHIOs have continued to emerge in Florida to join the five RHIOs that continued operations. Today, the RHIOs have formed the Florida Association of RHIOs, and collaborate on promoting health information across the state. The enthusiasm for creating local health information organizations to exchange medical records remains high. The potential for successful collaboration with stakeholders across the state is quite high in Florida.

Florida Department of Health

The Agency is working with the Florida Department of Health (DOH) to support the creation of a statewide Electronic Health Record (EHR) for the 67 county health departments (CHDs), which are part

of the DOH, that will provide point-of-care clinical documentation, decision support, and successful Health Information Exchange (HIE). The development of the DOH electronic health record will ensure evidence-based clinical data documentation and clinical process redesign to support the transition from a paper medical record to an electronic environment.

The DOH currently has a clinic business management system, the Health Management System (HMS), which is being expanded into an EHR for CHDs. Project teams are working with practicing providers in CHDs to design the content, develop the clinician views, and transition from paper medical records to electronic documentation of patient care. The clinical data core foundation is designed around ambulatory-care of pediatric and adult primary care patients. Building on this core clinical data, the program-specific templates will enhance clinical care documentation of HIV/AIDS, tuberculosis, chronic diseases, family planning, obstetrics, and Healthy Start (high risk maternity and infant) patients. The fundamental clinical functions of laboratory orders/results, medication orders/management, and radiology/imaging orders/results are also planned applications to be developed that will interface with HMS.

When completed, clinicians will be able, at the point-of-care, to enter, retrieve, and exchange clinical information on their patients that will support evidence-based clinical decisions. This electronic documentation will result in accurate clinical coding that will optimize billing practices and revenue generation. The HMS EHR will also permit CHD clinicians to achieve Medicaid meaningful EHR use to qualify for incentive payments in the future.

Health Center Controlled Networks of Federally Qualified Health Centers

Florida has two large Health Center Controlled Networks of Federally Qualified Health Centers (FQHC) that provide services and information technology to their members. These networks have been involved and are planning to be early participants in the state-level HIE.

Available human capital: As requested by the ONC, this section will provide information relating to the available human capital.

In taking the lead in developing statewide and regional health care networks, the Agency 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. In some instances, new organizations were launched to carry forward the implementation of Florida's health information network. As the Agency took steps to ensure that the FHIN would be secure and privacy-protected as it developed, all the regional networks participated in its efforts, most notably through participation in the national Health Information Security and Privacy Collaboration (HISPC).

Many of the original stakeholders are now sitting on the Agency's Health Information Exchange Coordinating Committee (HIECC), and have input into the policy decisions to create robust health information exchange in Florida. In addition, numerous stakeholders continue to come forward to offer their technical and organizational skills and resources to further the goal of statewide exchange of medical records. As the Agency moves forward with its plans to implement a state-level health information

exchange, it will be able to draw on the support of its many key stakeholders to collaborate in this effort. For example, the Florida Academy of Family Practitioners and the Florida Quality Improvement Organizations have conducted training and consulting for EMR systems (i.e. FAFP’s EMR NOW program).

On June 4, 2010, the Agency held a Statewide HIE Kick-Off Meeting to convene Florida stakeholders to review the strategic and operational plan. The agenda included a presentation by Dr. Blumenthal from ONC, experts from other states, and panels by several of the Florida HIE champions. The Kick-Off Meeting was well attended with more than 300 attendees, and the Agency received very favorable feedback on the plan presented from hospital/IDN providers, RHIOs and others. Participation in the various methods of communication and collaboration continues to be strong in Florida.

Direct state funding currently supports the Agency’s Office of HIT in which four professional staff and three additional professional staff from other offices within the Florida Center Offices will be working on the project.

Florida’s HIE Accomplishments and Challenges

Category	Action	2005	2009
EHR Adoption	Survey of physicians in the state on their EMR usage	20% EHRs	35% EHR penetration, Point of Care Grant for EHRs
RHIO Development	RHIOs funded through State FHIN Grant Program	Isolated projects	12 funded, 5 still functioning, 3 new startups and creation of Florida Association of RHIOs for collaboration
Health Information Security and Privacy Collaboration	Review of barriers to health information exchange within Florida and join in multistate collaboratives to address privacy and security issues	None	Legal Working Group, revision of FL statutes to lower barriers to HIE, comparative matrix of FL and federal statutes, provider education in HIE
Medicaid E-Prescribing Pilot	Medication history, drug alert and e-prescribing initiative using hand held PDAs	3,000 physicians	31,000 e-prescriptions, fewer prescriptions for patients in PDA group, \$2 million per month savings for Medicaid
Medicaid Health Information Network	Medicaid claims records, medication history and Personal Health Record for Medicaid beneficiaries	None	Begin operations in Fall 2009 with encounter records and e-prescribing - lab reports and clinical decision support in 2010.

Agency	Program	Goals	
ARRA Funding	Health & Human Services ONC	Health Information Exchange Cooperative Program	Implement statewide health information exchange for providers
	Health & Human Services ONC	Regional Extension Centers to provide support for EHR adoption	Guidance in implementing EHRs, meaningful use and technical support
	Health & Human Services CMS	Medicare/Medicaid EHR Incentive Program	Meaningful use of EHRs, improve quality of health care
	Health & Human Services HRSA	EHR implementation grants for community health centers	Implement the adoption and use of EHRs to prepare for meaningful use
	Dept of Labor Employment and Training Administration	HIT Workforce Grant	Provide workforce for rollout of Regional Extension Centers
	Dept of Commerce NTIA	Broadband Telecommunications Opportunity Program	Provide broadband infrastructure for HIE in Florida
Partnerships with Florida Agencies, Universities, Health Care stakeholders	Data sharing agreements, EHR adoption, outreach to health care community	Exchange of data in state repositories, research, provider education	

Other indications of HIE readiness: As requested by the ONC, this section will provide information relating to the other indications of HIE readiness.

The American Recovery and Reinvestment Act of 2009 (ARRA) provides the Agency with the potential to receive funding that will let it take action based on its strategic plan to facilitate a statewide health information network. With the experience of five years of initiatives and the collaborative framework established for continued stakeholder involvement, it can now act as a resource for guiding and directing the critical technical and governance decisions that must be made to create a sustainable statewide health information exchange infrastructure.

With the assistance of the Florida Hospital Association CIO Council and other stakeholders, the Agency is guided by the following overall principles for HIE. These principles are the basis for initial policy development and may be modified based on further analysis and experience.

Architecture:

- The State HIE plan architecture should be vendor neutral.
- The State HIE architecture should support hospitals, physicians and other healthcare providers.
- Providers will interact with the statewide HIE through participating local networks that use standard interface and communication formats and protocols specified by the State HIE.
- The State HIE plan must recognize the ever-changing environment of technology and include the flexibility for adaptation as technology advances provide more effective and efficient means of health information exchange.
- The State HIE architecture and evolving interoperability methods and standards (such as query/response, CCD) may in the long term negate the need for RHIO's as vehicles for HIE; however, it is important to recognize that RHIO's may provide other local services based on the needs of their communities.
- Providers should be able to determine how to most effectively handle the required inbound/outbound data transactions – certain organizations may stage their data and others may not.
- The functionality of the HIE should be kept as simple as possible, including only what is necessary to get the job done. The goal is to keep it simple and to minimize initial and ongoing expense.
- The core functionality provided by the HIE should include a record locator mechanism, clinical information on/off ramps, connections for participating provider networks, and the tools that are required to support data integrity and security requirements.
- The State HIE should work with the clinical data sources to make decisions about access to, standardizations of, and storage of clinical information – it should store the minimum data required to facilitate location of patient information across the State, but also be capable of assisting some data sources (e.g. smaller or rural providers), upon their request, in standardizing and/or staging their clinical data for access through the State HIE.
- The State HIE solution must align with and utilize Federal standards for interoperability and data exchange (e.g. query/response, CCD, terminology).

Business Use Case

- Health information exchange is contingent upon adoption and implementation of electronic health record (EHRs) systems, therefore, meaningful use of EHRs by providers and interoperability among provider EHRs must be the first focus of all State HIE initiatives.
- The State HIE interoperability use case is for providers, in real time, to locate information on a patient to facilitate provision of care anywhere in the State of Florida, patient information that resides in a health care provider's database or in a RHIO.
- The State-level HIE will not duplicate local HIE services but act in a mutually supportive role by enabling local networks to connect for patient look-up services. Providers seeking information on patients should have the choice of using either their local RHIO, if one exists, or other networks in the State.
- The State HIE will deliver to participating requesting systems a longitudinal patient health record.
- The necessary user audit logs must meet all HIPAA and/or other regulatory tracking requirements.
- To the extent that State laws are inconsistent or incompatible with patient information sharing, the State must give leadership to changing those laws.
- The State HIE will assist providers in meeting Meaningful Use criteria throughout 2011 – 2015.
- The State HIE will determine priority of services and investments based on a return on investment analysis.

Finance

- The cost of entry into the State HIE solution should be minimized for healthcare providers, the cost of access to the State HIE solution should not become a barrier.
- Long term funding of the State HIE operational cost, beyond the ARRA grant funding cannot be borne by health care providers alone. The largest financial benefactor of the adoption of health information technology and the exchange of health information technology will be health insurers/payors; therefore, consideration should be given to aligning their cost benefit.
- The State HIE plan should require minimal initial capital investment as well as ongoing operational cost, previous investments in health information exchange should be maximized and duplication of investment and efforts should be minimized.
- Pricing of services will be based on the value of these services to stakeholders and their willingness to pay. This must go well beyond public/private funding mechanisms.

Privacy and Security Controls

- The HIE must be in compliance with all applicable state and federal laws including HIPAA security and privacy regulations.

- The scope of security controls must include the dimensions of confidentiality, integrity and availability (CIA).
- Controls that protect the integrity of information must include controls that ensure the information is accurate, complete and up-to-date and the information has not been inappropriately altered (e.g., deleted elements of a record vs. amended records.).
- Audit trails and other controls must identify the systems of record (SOR) for key data and those systems or applications (PHRs, EMR Systems, EHRs, e-Rx) must be certified by the appropriate entities governing those solutions (e.g., ONC, SureScripts). The HIE is accountable to protect the integrity and confidentiality of the data while it is in its possession.
- **Health Information Exchange Development and Adoption**

Purpose

This section of the Strategic Plan describes the vision, goals and objectives for health information exchange capacity development and meaningful use to improve health care outcomes. The Agency and Florida stakeholders recognize that health information technology infrastructure development is a means to better health care for Floridians. Therefore, this strategic plan establishes (1) development goals related to health information exchange capacity and oversight and (2) meaningful use goals for supporting and measuring the use of health information exchange to improve care coordination, improve population and public health and other health outcomes. It describes objectives related to continued improvement in realizing care coordination and quality and efficiency improvement of health care. It includes objectives related to health information exchange among health care providers, public health and those offering services for patient engagement and data access.

Strategies for achieving the goals and objectives of this plan are detailed in each section of the strategic and operational plan. The Vision and Mission statement express the fundamental desire to improve health care through the application of clinically useful and cost-effective information technologies.

Vision

To achieve clinically relevant, secure, and sustainable approaches to health information technology adoption, utilization and exchange that drives the achievement of better health care outcomes for all Floridians and through lowered total costs, improves access to quality care.

Mission

To promote the development of health care clinical information exchange that is sustainable, privacy-protected, and aligned with national standards. This can be achieved through coordinated programs for infrastructure development, broad and varied provider adoption, and enabling and monitoring the meaningful use of electronic health records.

Development Goal and Objectives

Goal: To enable standards-based health information exchange and a high performance health care system

Development Domains

The development objectives are grouped into five domains related to health information exchange capacity and oversight as requested by ONC: governance, finance, technical infrastructure, business and technical operations, and legal policy. The governance domain addresses how stakeholders will be engaged in oversight of health information exchange activities to encourage provider participation and protect the public interest. The finance domain identifies a business plan for sustaining core health information exchange services as determined by stakeholders and legal requirements. The technical infrastructure describes the network and applications necessary for secure health information exchange and to achieve the performance determined by Florida stakeholders, national standards for interoperability, and legal requirements. The business and technical operations domain addresses the management of health information exchange activities including procurement, project management, system maintenance, customer service and adherence to reporting requirements. The legal policy domain establishes policies and procedures for providers and other stakeholders participating in health information exchange consistent with state and federal laws.

Governance Objectives

- Establish a governance structure that achieves broad-based stakeholder collaboration with transparency, buy-in and trust.
- Set goals, objectives and performance measures for the exchange of health information that reflect consensus among the health care stakeholder groups and accomplish statewide coverage of all providers for HIE requirements related to meaningful use criteria to be established by the U.S. Department of Health and Human Services by rule.
- Assure the coordination, integration, and alignment of efforts with Medicaid and public health programs through efforts of the State Health IT Coordinator.
- Establish mechanisms to provide oversight and accountability of HIE to protect the public interest.
- Prepare and account for the flexibility needed to align with emerging nationwide HIE governance that will be specified in future federal program guidance.
- Assure financial accounting procedures appropriately account for and report the use for HITECH and other funds supporting the initiative.

Finance Objective

- Develop the capability to effectively manage funding necessary to implement the state Strategic Plan. This capability should include establishing financial policies and implementing procedures to monitor spending and provide appropriate financial controls.

- Develop a path to sustainability including a business plan with feasible public/private financing mechanisms for ongoing information exchange among health care providers and with those offering services for patient engagement and information access.

Technical Infrastructure Objectives

- Develop or facilitate the creation of a statewide technical infrastructure that supports statewide HIE. HIE services to be developed include, as prioritized by the Agency and Florida stakeholders:
 - Retrieval of patient health records from disparate data sources upon a treating provider's request
 - Electronic eligibility and claims transactions
 - Electronic prescribing and refill requests
 - Electronic clinical laboratory ordering and results delivery
 - Electronic public health reporting (i.e., immunizations, notifiable laboratory results, syndromic surveillance, disease registries, etc)
 - Quality reporting
 - Prescription fill status and/or medication fill history
 - Clinical summary exchange for care coordination and patient engagement
- Leverage existing regional and state level efforts and resources that can advance HIE, such as Integrated Delivery Networks (IDN), regional health information organization (HIO) data, DOH data, and the Medicaid Management Information System (MMIS) data.
- Develop or facilitate the creation and use of shared directories and technical services, as applicable for the state's approach for statewide HIE.
 - Directories may include but are not limited to: Providers (e.g., with practice location(s), specialties, health plan participation, disciplinary actions, etc), Laboratory Service Providers, Radiology Service Providers, Health Plans (e.g., with contact and claim submission information, required laboratory or diagnostic imaging service providers, etc.).
 - Shared Services may include but are not limited to: Patient Matching, Provider Authentication, Consent Management, Secure Routing, Advance Directives and Messaging.

Business and Technical Operations Objectives

- Provide technical assistance as needed to HIOs and others developing HIE capacity within the state.
- Coordinate and align efforts to meet Medicaid and public health requirements for HIE and evolving meaningful use criteria.
- Monitor and plan for remediation of the actual performance of HIE throughout the state.
- Document how the HIE efforts within the state are enabling meaningful use.

Legal Policy Objectives

- Identify and harmonize the federal and state legal and policy requirements that enable appropriate health information exchange services.
- Establish a statewide policy framework that allows incremental development of HIE policies over time, enables appropriate, inter-organizational health information exchange, and meets other important state policy requirements such as those related to public health and vulnerable populations.
- Implement enforcement mechanisms that ensure those implementing and maintaining health information exchange services have appropriate safeguards in place and adhere to legal and policy requirements that protect health information, thus engendering trust among HIE participants.
- Minimize obstacles in data sharing agreements through accommodations to share risk and liability of HIE operations fairly among all trading partners or other means as appropriate.
- Ensure policies and legal agreements needed to guide technical services prioritized by the state are implemented and evaluated as a part of an annual program evaluation.

Meaningful Use Goal and Objectives

Goal: To increase the effectiveness of health care providers in delivering improved patient-centric care for all Floridians.

The American Recovery and Reinvestment Act of 2009 provides incentives and penalties related to the meaningful use of electronic health records for eligible providers receiving Medicare or Medicaid payments, such as physician and hospitals, to promote the adoption of electronic health records. To receive the incentive payments, providers must demonstrate meaningful use of a certified electronic health record for patient care which must include electronic prescribing and the electronic exchange of information for the purposes of quality improvement, such as care coordination. In addition, eligible professionals and hospitals must submit clinical quality and other measures to the U.S. Department of Health and Human Services. The Act also requires these meaningful use criteria to become more stringent over time.

The meaningful use objectives of the Strategic Plan are directly related to the health information exchange activities that are required to demonstrate meaningful use as established by the Act. These are listed below. In addition, a disaster preparedness objective is proposed.

Meaningful Use Objectives

Achieve widespread adoption of the following health information exchange services among providers eligible for Medicare and Medicaid incentives and other stakeholders to the extent possible:

- Retrieval of patient health records from disparate data sources upon a treating provider's request
- Electronic eligibility and claims transactions
- Electronic prescribing and refill requests

- Electronic clinical laboratory ordering and results delivery
- Electronic public health reporting (i.e., immunizations, notifiable laboratory results, syndromic surveillance, disease registries, etc)
- Quality reporting
- Prescription fill status and/or medication fill history
- Clinical summary exchange for care coordination and patient engagement

A detailed discussion of the Agency's Plan for enabling these health information services is provided in the Business and Operational section of this Strategic and Operational Plan.

Disaster Preparedness Objective

Develop health information exchange services to meet the needs for pre- and post- hurricane, pandemic outbreaks, and other disaster health care-related communications among providers and patients, and achieve widespread adoption of the necessary infrastructure and participation in preparedness activities.

Continuous Improvement Objectives

The Office of the National Coordinator for Health Information Technology Information Technology has adopted a framework and recommendations for demonstrating the meaningful use of electronic health records issued by its Health Information Technology Policy Committee. The recommendations will be incorporated into a proposed rule by the U.S. Department of Health and Human Services. The recommendations address the following Health Care Outcome Domains:

- Improvements in quality, safety, efficiency, and a reduction in health disparities;
- Engaging patients and families;
- Improving care coordination;
- Improving population and public health; and
- Ensuring adequate privacy and security protections for personal health information.

The framework also provides a progression of requirements. Specific objectives and measures are proposed for 2011, 2013, and 2015.

The Agency and Florida stakeholders recognize the need to continuously evaluate the meaningful use of electronic health records and health information exchange and modify priorities for capacity development and the promotion of health information technology. Objectives will evolve as national standards change and experience informs.

Meaningful Use Review Objective

Develop criteria for evaluation and determine the need for new, expanded or improved health information exchange services to bring about continued improvement in the performance of Florida providers in each of the five health care outcome domains defined by the ONC.

OPERATIONAL PLAN FOR ENGAGEMENT WITH ONC:

ADOPTION AND USE OF DEPARTMENT OF HEALTH AND HUMAN SERVICE (HHS) AND NATIONAL HEALTH INFORMATION NETWORK (NHIN) STANDARDS

Activity	Year	Approach/Barriers
<ul style="list-style-type: none"> • The Agency and its contracted vendor will be engaged in development of interoperability standards and proposed rules. • The Agency will monitor and comment on evolving standards for nationwide interoperability required by HHS and for NHIN participation. • Upon adoption of standards in rule, the Agency and its contracted vendor will review the requirements for any necessary changes in policy and procedures, or initiate a technical change process as established in current policies and procedures. 	<p align="center">2010 – 2015</p>	<ul style="list-style-type: none"> • The Agency and its contracted vendor will assess the impact of proposed changes, their feasibility and benefits including gathering information from affected stakeholders. • Possible barriers include time required to implement technical changes by the FHIE and providers. • The Agency will encourage stakeholders to propose improvements or modifications that would benefit health information exchange operations and put forward proposals to ONC technical work groups as appropriate. • The Agency will outreach and facilitate communications to providers and other stakeholders regarding proposed or adopted standards.

- **HIT Adoption** (encouraged but not required)

Role of other HITECH ACT program or state initiatives to advance adoption: As requested by the ONC, this section will provide information relating to the role of other HITECH ACT program or state initiatives to advance adoption.

The Agency has played a leading role in State efforts to promote the adoption of HIT since 2004 when the Legislature authorized it to promote the adoption of electronic health record systems. In 2006, the Legislature required the Agency to implement a strategy to develop a health information network to

exchange both clinical and claims-based the electronic health records, 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. In 2007, the Legislature directed the Agency to promote the adoption of electronic prescribing by creating an e-prescribing clearinghouse on the Internet (<http://www.fhin.net/eprescribe>), collaborate with e-prescribing stakeholders and create the State Electronic Prescribing Advisory Panel. In 2008, the Legislature appropriated \$100,000 for a project to demonstrate the benefits of electronic health records in the outpatient clinic setting. The Agency used this funding to create the Point of Care Model Electronic Health Records Grants Program.

In 2008-2009 the Agency participated in the Health Information Security and Privacy Collaboration Provider Education Toolkit (HISPC PET) collaborative. The Agency worked with three medical professional organizations to coordinate a series of e-mail blasts to their membership on the security of health information exchange. The Agency also partnered with the Florida Medical Association to make presentations on the value of health information exchange for the coordination of care and how to select an EHR. In each of these projects the Agency has promoted the adoption of electronic health records and has gained many valuable lessons.

The Agency is working closely with the four organizations that were Regional Extension Center Cooperative Agreements:

- Community Health Centers Alliance, Inc.
- Health Choice Network
- University of Central Florida College of Medicine
- University of South Florida Health

The importance of the Extension Centers is self-evident to the Agency, and it maintains open communication channels with the organizations that could be responsible for providing the hands-on training and technical support that will result in a successful implementation of EHRs. The Agency expects to work with the Regional Extension Centers to develop a sustainable program of support for Florida's provider community.

The Agency is also working with organizations that have submitted broadband adoption proposals under the BTOP program to include EHR adoption in their marketing and education plans. This is part of the overall strategy to promote broadband access as leading the way to robust health information exchange.

- **Medicaid Coordination:**

As requested by the ONC, this section will provide information relating to Medicaid Coordination.

In addition to the collaboration efforts on the implementation of the Medicaid claims based Health Information Network, and expansion of e-prescribing within Medicaid, the Agency is working to develop the State Medicaid Health Information Technology Plan that will include the implementation of the Medicaid provider incentive program. Agency staff who are actively involved in the statewide HIE effort are active in the Medicaid HIT plan development. As part of the Medicaid HIT plan development, there will be an assessment of the meaningful use measures proposed by the Office of the National Coordinator

and the applicability of those for the Medicaid program as well as the development of Medicaid specific measures of meaningful use. The Medicaid HIT Plan will include outreach and training to all providers for the use of electronic health records and health information exchange. A mechanism will be developed to measure participation in the HIE by providers who are participating in the incentive program. Participation in health information exchange can be identified for all providers through data sharing agreements among individual providers participating in the state-level HIE and operational metrics reported by the Agency's vendor.

- **Coordination of Medicare and Federally funded, State Based Programs:**

As requested by the ONC, this section will provide information relating to the coordination of Medicare and federally funded state based programs.

The success of the American Recovery and Reinvestment Act of 2009, State Health Information Exchange Cooperative Agreement will be enhanced through collaboration among state agencies and federally funded programs and leveraging a variety of funding. The Agency has begun such collaboration efforts with other federally funded state based programs administered through the Department of Health, the Department of Elder Affairs, and the Department of Children and Families.

The Florida Department of Health administers a number of programs funded through the Health Resources and Services Administration (HRSA); specifically the Ryan White Part B programs, Maternal and Child Health Programs, State Offices of Primary Care and Rural Health and Emergency Medical Services for Children. These programs all operate statewide with the exception of the Office of Rural Health which covers only the 33 designated rural counties and the rural portions of the remaining urban counties.

- Epidemiology and Laboratory Capacity Cooperative Agreement Program (CDC):

The Epidemiology and Laboratory Capacity for Infectious Diseases Cooperative Agreement (ELC) was formed in 1995 as a key component of CDC's national strategy to address emerging infectious disease threats. The program provides funding to all the state health agencies to prevent, detect, and respond to new and emerging infectious diseases. Florida legislation, enacted in 1917, requires the reporting of communicable diseases. A list of reportable diseases has been detailed in the Florida Administrative Code. These diseases must be reported by both physicians and laboratories, although the list of reportable diseases varies for physicians and laboratories. Laboratories are required to report test results for reportable diseases electronically. Most of the larger labs are reporting electronically to Florida Department of Health (DOH). Through these lab submissions, eighty percent of notifiable laboratory results are reported electronically. About 20% of hospitals are able to submit lab results electronically. The DOH continues to work with hospitals to increase the numbers which are able to report electronically. Certain diseases and conditions deemed "notifiable" by Rule 64D-3 of Florida Administrative Code are considered of urgent public health importance and must be reported upon initial clinical suspicion of disease. Reports should occur prior to a confirmatory diagnosis.

- HIV Care Grant Program Part B States/Territories Formula and Supplemental Awards/AIDS Drug Assistance Program Formula and Supplemental Awards (HRSA):

The Ryan White Part B Program provides services to low-income Floridians living with HIV or AIDS who have inadequate or no health insurance and are ineligible for Medicaid, Medicare, or other public insurance programs. The statewide exchange of health information would promote the delivery of improved patient care services by making more complete client level medical information available. In addition, the coordination of numerous services would be improved by having access to information to reinforce and remind the patient of pending services or appointments. This will be facilitated by the new HMS EHR to be used by all 67 CHDs in FL.

- Maternal and Child health State Systems Development Initiative programs (HRSA):

The goal of the Maternal and Child Health State System Development Initiative Grant is to build community infrastructure that result in comprehensive, community-based systems of care for all children and their families. The grant resources are focused on establishing or improving the data linkages between birth records and other data sources. The files that are currently linked to the birth certificates include: Medicaid eligibility, hospital discharge data, records from the Food Supplemental Program for Women Infants and Children (WIC), Healthy Start, the birth defects registry, early intervention services, child abuse and neglect files, sexually transmitted infections registry, information from assisted reproductive technology (ART) clinics, newborn screening records and school records. The end goal of this collection of data is to investigate and monitor issues surrounding maternal and child health. The statewide exchange of health information will facilitate access to this information making information exchange more timely and accurate.

- State Offices of Rural Health Policy (HRSA):

The mission of the Florida Office of Rural Health is to actively foster the provision of health care services in rural areas and serve as a catalyst for improved health services to rural citizens. This is accomplished by providing information, technical assistance, and grant funding to rural hospitals, rural county health departments, and other rural health care providers to assist them with improving access, availability, and quality of health care in rural communities. The electronic exchange of health information will benefit rural health care providers by allowing them to better coordinate patient care. It will provide access to information about patients' hospital and emergency department utilization and specialty health care services that is currently unavailable.

- State Offices of Primary Care (HRSA):

Florida's State Primary Care Office coordinates local, state and federal resources to improve primary care access and health professional workforce availability in medically underserved communities throughout Florida. The Primary Care Office collects aggregated non-patient specific data on health status indicators, economic, demographic, licensure and Medicaid claims data. Technical assistance related to data resources and usage is often provided to safety net primary care providers including county health departments, Federally Qualified Health Centers,

and Rural Health Clinics. Statewide exchange of EHR and public health data could improve patient care and aid in grant application processes and with the health professional shortage area designation processes.

- Emergency Medical Services for Children Program (HRSA):

The primary goal of the Emergency Medical Services for Children (EMSC) program is to solidify the integration of a pediatric focus within Florida's Emergency Medical Services system. Program activities include providing pediatric continuing education courses for EMTs and paramedics statewide; supporting an EMSC Advisory Committee appointed by the State Surgeon General; providing pediatric specific prevention, education, disaster preparedness, and training resources; and collecting and analyzing data. The EMSC Program collects data that focus on accountability and performance. Data collected are in response to performance measures that were developed to document activities and accomplishments of the EMSC Program in improving the delivery of emergency services to children. Data are reported directly to the Health Resources and Services Administration, Maternal and Child Health Bureau's EMSC Program at the federal level.

Florida's data are shared, through the National EMSC Program, with the other states and territories within the U.S. The statewide exchange of health information and subsequent quality information provided through the measurement of meaningful use will benefit the Agency's program by providing a comprehensive review of a targeted population such as pediatric patients to implement improved health outcome measures. Also, allowing the Emergency Medical Services to link the Emergency Medical Services Tracking & Reporting System (EMSTARS) with critical data sets such as trauma, inpatient, and public health reporting will improve the continuum of care for patients.

- State Mental Health Data Infrastructure Grants for Quality Improvement (SAMHSA):

The Substance Abuse and Mental Health Services Administration's (SAMHSA) stated vision is "a life in the community for everyone". SAMHSA focuses on building resilience and facilitating recovery for people with or at risk for mental or substance use disorders. SAMHSA works to achieve this vision through an action-oriented, measurable mission of "Building Resilience and Facilitating Recovery." Substance Abuse and Mental Health programs are administered in Florida through the Department of Children and Families (DCF).

The DCF Mental Health Program serves nearly 250,000 individuals annually, including about 5,300 in six state mental health treatment facilities and 244,700 in more than 250 state-contracted community provider agencies. These individuals include about 80,000 children with or at risk of emotional disturbances and 170,000 adults with serious mental illnesses. These individuals receive a variety of services in both residential and outpatient settings, which are provided using various funding sources including, but not limited to, the Block Grants, General Revenues, and Medicaid.

The Substance Abuse and Mental Health Information System (SAMHIS) is an integrated web-based application, which Florida uses to collect, maintain, analyze and report data on persons served in state-funded mental health treatment facilities (hospitals) and state-contracted community substance abuse and mental health provider agencies. The SAMHIS database is currently designed to collect data needed to answer the following management question: who receive what services from whom to achieve what outcomes at what cost. The adoption of state level health information exchange will allow the DCF to more easily interface and exchange information with various agency systems, as well as public and private data systems.

- Assistance for Integrating the Long-Term Care Population into State Grants to Promote Health IT Implementation (CMS/ASPE):

The Department of Elder Affairs (DOEA) in Florida is designated as the state unit on aging as defined in the federal Older Americans Act (OAA) of 1965, as amended. The OAA's programs provide assistance in the development of new or improved programs to help older persons through grants to the states for community planning and services. Florida's OAA Title III funds are allocated by formula to area agencies on aging which in turn enter into contracts with service providers to deliver services for eligible individuals age 60 and over and their caregivers. Funds are used to provide an array of periodic disease-prevention and health-promotion services at senior centers or other sites. These services are designed to help elders prevent and/or manage chronic diseases and promote healthier lifestyles. Additionally, the Department of Elder Affairs (DOEA) provides medical needs assessments that are a component of Medicaid eligibility determination for Medicaid waivers and the Institutional Care program. Comprehensive eligibility services are federally mandated and include pre-admission screenings to ensure that applicants for Medicaid reimbursed nursing home care are medically appropriate. In addition, the DOEA administers several programs through contracted Area Agencies on Aging (AAA) to provide home and community-based services to over 600,000 Elder Floridians.

The DOEA collects client demographic and assessment data, and tracks service provision in federally and state funded programs serving the elderly. The DOEA also manages program enrollment, program waitlists, managed care encounter data, and tracks the level of care determination process for clients applying for Medicaid funding. The DOEA shares data with the 11 contracted AAAs, 58 case management agencies, over 300 service providers as well as, the Department of Children and Families and the Agency. Implementation of state wide health information exchange would improve service, increase efficiency and facilitate data sharing through other networks. Long term care is a setting in which health information exchange is of crucial importance given the number of health care providers typically seen by seniors, the frequency of hospital admissions, and the frequent migration of individuals among assisted living, skilled nursing and other facilities

- State Medicaid/CHIP Programs:

Florida KidCare is the state's children's health insurance program for uninsured children from birth to age 19 who meet income and eligibility requirements. Three state agencies and the Florida Healthy Kids Corporation, a nonprofit organization, form the core of the Florida KidCare

partnership. The four components are: MediKids for children ages 1 to 5, administered by the Agency; Florida Healthy Kids for children ages 5 to 19, administered by the Florida Healthy Kids Corporation; Children's Medical Services (CMS) Network for children with special health care needs from birth to age 19 administered by the Department of Health for physical health services and Department of Children and Families for behavioral health services; and the Medicaid for Children program from birth to age 19 administered by the Agency. The Florida Healthy Kids for Children program is fully capitated while the programs administered through the Medicaid program are both capitated and fee for service. The statewide exchange of health information will enhance the ability of providers in these programs to provide effective clinical care through a fully informed patient-centric EHR.

- Medicare:

The Agency is waiting for additional guidance from Health and Human Services and the Centers for Medicare and Medicaid Services regarding the opportunities for collaboration with the Medicare program for the exchange of data as well as the implementation of the Medicaid provider incentive program.

The development of the FHIN will benefit all providers at the point of care. At the heart of health care reform is the need to insure that the patient's provider is able to enter and retrieve all essential clinical information to insure optimal clinical decision making. The safest and most effective patient care decisions will have the added value of being the most cost effective.

- **Participation with federal care delivery organizations** (encouraged but not required)

As requested by the ONC, this section will provide information relating to the participation of federal care delivery organization in state HIE activities:

In 2007, the Department of Defense Military Health System signed a Memorandum of Understanding with the Florida Agency for Health Care Administration for the Florida Health Information Network to share clinical information maintained by AHLTA with authorized and authenticated users of the FHIN and its constituent RHIOs treating Department of Defense beneficiaries. The Memorandum of Understanding endorsed bi-directional exchange of clinical information between AHLTA and the FHIN and the RHIOs, in compliance with Federal and Florida state laws and regulations. Although the project was never launched due to lack of funding, this is still indicative of the direction the Agency is headed.

Currently the Agency is working with the Pensacola Chamber of Commerce, which has a grant to build a fiber ring connecting all Department of Defense Facilities on the Gulf coast, and connecting a local Bilateral Health Information Exchange project connecting the Naval Air Base in Pensacola with Sacred Heart Hospital and the Veteran's Affairs Administration, to exchange the records of servicemen when they are sent off base to see a specialist. The Agency is discussing how to connect this new broadband resource to the fiber network being built under a FCC Rural Health Care Pilot Project, and how to ultimately exchange EHRs from servicemen across the FHIN. The Agency is also working with the Florida Department of Veterans Affairs to develop an EHR solution for its long term care facilities.

- **Coordination of Other ARRA Programs**

As requested by the ONC, this section will provide information relating to the coordination of other ARRA programs.

The Agency is coordinating with other state agencies and organizations to work on programs and funding opportunities made available through ARRA. This effort is meant to lay the groundwork for creating a broadband infrastructure to support health information exchange, to promote awareness of the benefits of broadband technology and support education, training and job creation, especially in health IT. The collaboration between the Agency and other state agencies and private and public organizations in Florida, integrates the critical components of broadband infrastructure development, educational outreach and implementation support, leading toward a comprehensive approach to HIT infrastructure development.

The Agency's involvement includes:

Regional Extension Centers:

The goal of Regional Extension Centers (REC) is to provide technical support and training to health care facilities and providers wishing to adopt and implement an electronic health record system. The Agency will work closely with the RECs to ensure the efficient operation of providers' electronic health record system as their interoperability is the foundation of the exchange. The Agency will support the efforts of the Regional Extension Centers to provide training and technical support to health care providers for the adoption and implementation of electronic health records.

Workforce Development Initiatives:

Florida community colleges have received three ARRA related grants to support workforce development as of September 2010. These are:

Broward College, Coconut Creek

Sante Fe College, Gainesville

Indian River College, Fort Pierce

The role of the Agency is to monitor how the unmet need for HIT workforce growth and level of training impacts adoption of electronic health records and health information exchange. The Agency will work with Regional Extension Health Centers and Florida's post-secondary educational institutions to encourage new entrants of varied backgrounds and promote the design of curriculum that produces a flexible and highly trained workforce.

Broadband Mapping, Infrastructure Development and Adoption:

An efficient and successful health information exchange requires that network end users have the broadband capacity needed to transmit and share data efficiently. The Agency will work closely with state agencies and public and private organizations to map existing fiber and other broadband capacity in the state to help health care providers plan accordingly.

The Agency is collaborating with three economic development organizations in 28 rural counties in Florida identified as Rural Areas of Critical Economic Concern (RACECs) on broadband grants to the NTIA to build new high speed networks. The Agency contributed a health care needs assessment for broadband connectivity in the rural counties and assisted in the proposal design. The infrastructure development will provide affordable broadband access to hospitals and clinics in the counties,

The Agency is collaborating with the Florida Learning Alliance and the Department of State Libraries and Archives of Florida to create a broadband services awareness, education and training program for 32 rural counties in Florida. The Agency will oversee the curriculum and educational components involving implementing electronic health record systems and the adoption of health information technology for telemedicine, tele-health services and health information exchange. This program will collaborate with the efforts of the Regional Extension Centers.

OPERATIONAL PLAN FOR COORDINATION WITH ARRA PROGRAMS

Activity	Year	Approach/Barriers
<ul style="list-style-type: none"> • The Agency will provide the RECs with support and guidance toward creating awareness, education and training programs that promote the use of broadband and HIE. The Agency and RECs will hold quarterly meetings to address the project’s mutual strengths and limitations. • The RECs will provide metrics to the Agency on adoption and implementation of EHRs, technical difficulties, and new standards and systems. • The RECs will consider statewide and regional priority areas identified by the Agency which shall include coordination with the 	<p>2010 – 2015</p>	<ul style="list-style-type: none"> • RECs will work together with Education Consortia in the state, libraries, and other resource centers to provide training. • Possible barriers include staff availability to provide technical support and training, unwillingness of health care providers to cooperate, limited broadband connectivity, limited hardware capacity, insufficient funding to attain program goals.

Medicaid EHR adoption program.		
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Activity	Year	Approach/Barriers
Promote the development of a workforce that advances the healthcare industry in its adoption of HIT.	2010 - 2013	<ul style="list-style-type: none"> • This will be a collaborative effort between institutions of higher education, regional workforce centers, and the Agency to better understand current and future needs. • The RECs will identify areas of critical unmet needs, competency level gaps, and most effective short-term training programs. • The Agency will coordinate the development of recommendations to establish recognized standards for certificate programs as determined by this collaborative effort.

Activity	Year	Approach/Barriers
<p>Integrate HIE with broadband capacity based on existing mapping data.</p> <p>Meet quarterly with State and public organizations dedicated to broadband mapping to plan existing and future connectivity and how it relates to exchange and technical support services.</p> <p>Collect pre- and post connectivity and exchange metrics to highlight current and</p>	2010 - 2015	<ul style="list-style-type: none"> • Mapping broadband availability will support the development of new infrastructure and indicate how existing resources can be best leveraged for affordable access. • Delays in mapping the broadband data could inhibit the connectivity of EHRs and slow down the adoption of HIE. • Broadband adoption programs will complement

future needs.		the activities of the regional extension centers and workforce grants.
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- **Coordination of Other States**

Coordination with other states to share lessons learned: As requested by ONC, the following describes coordination with other states to share lessons learned.

The Agency participates in multiple coordination activities with other states. For example, the Agency is a member of the State Collaborative run by the National Association of State Medicaid Directors which on a monthly basis discusses lessons learned related to HIE, HIT and Medicaid EHR programs. The Agency participates in the Southeast Regional HIT-HIE Collaborative (SERCH) which holds frequent conference calls on topics related to the promotion of electronic health record adoption and health information exchange. The Agency has also worked with other states through participation in the Health Information Security and Privacy Collaborative (HISPC) which has been of assistance in reconciling differences in federal and state law and in developing outreach and training strategies for providers.

In addition, the Agency participates via webinar with the Agency for Healthcare Quality and Research (AHRQ) and presents information to other states on lessons learned, particularly in the area of e-prescribing.

More recently, the Agency has initiated a State HIE Cooperative Agreement Inter-State Planning Collaborative with the states of Georgia and Alabama to more specifically determine how health information exchange will take place among these states not only for disaster response but also for day-to-day cross border care delivery. The Inter-State Planning Collaborative is currently working through SERCH and may expand later to include Puerto Rico. It is clear, however, that for true interstate information exchange to occur, federal leadership and standard setting is required.

OPERATIONAL PLAN FOR COORDINATION WITH OTHER STATES

Description of multi-state coordination activities, including sharing of plans.

Activity	Year	Approach/Barriers
Participate in Southeast Regional HIT-HIE Collaborative (SERCH)	2009-2013	<ul style="list-style-type: none"> • Hold monthly meetings with agendas to include: shared plans, what’s working and not working, proposals for interconnectivity. Barriers: requires federal level leadership because all states are interconnected and cannot develop a solution in an isolated region.

Introduce disaster preparedness planning to SERCH	2009-2013	
Participate in AHRQ learning sessions	2009-2013	
Participate in NGA national and regional learning forums.	2009-2013	
Assist states as requested in providing expertise to them in their planning activities	2009-2013	

Domain Requirements

- **Governance**

- Collaborative Governance Model:

Description of the multi-disciplinary, multi-stakeholder governance entity, including membership, decision-making authority, and governance model:

The Agency for Health Care Administration is the entity designated by Florida’s Governor, Charlie Crist to govern the project and as such will employ the state agency model for governance and accountability. The Agency is a Governor’s agency and has full decision-making authority for the Cooperative Agreement.

The Agency is advised by the Health Information Exchange Advisory Council (HIECC) which is composed of seven public stakeholders, twelve private sector stakeholders, which includes one consumer representative. The HIECC represents governmental entities, including members from the Florida Office of Economic Recovery, the Department of Health, and a University medical school. The HIECC also includes representatives of community health centers via Health Choice Networks, hospitals via the Florida Hospital Association, Mayo Clinic and Nemours, physicians and other practitioners by the Florida Medical Association, and the Florida Academy of Family Physicians, pharmacists by the Florida Pharmacy Association, payers via Blue Cross Blue Shield of Florida and Florida Medicaid, a Health Information Organization, a quality improvement organization, long term care providers, and consumers via the Florida Council for Community Mental Health. The HIECC reviews plans, timetables and budgets and makes recommendations to the Agency relative to HIE development in Florida.

- State Government HIT Coordinator

The State HIT Coordinator is the Chief of Staff, Agency for Health Care Administration.

Interaction with federally funded state health programs and state HIE activities:

The State HIT Coordinator and professional staff of the Agency work directly with the Department of Health (DOH), also represented on the HIECC, which manages and oversees the majority of federally funded state health programs, including:

- the CDC's Epidemiology and Laboratory Capacity Cooperative Agreement Program,
- the HIV Care Grant Program Part B, State Formula and Supplemental Awards, AIDS Drug Assistance Program Formula and Supplemental Awards programs administered by HRSA,
- the Material and Child Health State Systems Development Initiative Programs administered by HRSA,
- the State Office of Rural Health Policy administered by HRSA,
- the State Office of Primary Care, administered by HRSA, and
- the Emergency Medical Services for Children Program administered by HRSA

Professional staff of the Agency have recently established a working relationship with the Department of Elder Affairs (DOEA), which administers Older Americans Act and Medicaid home and community based waiver programs related to the elderly, relative to issues related to HIE and ways in which the DOEA and its sub grantees will participate in HIE in Florida. Specific plans are being developed to include information available through the DOEA into the HIE. See Coordination of Medicare and Other Federally Funded, State-based Programs for additional discussion.

Professional staff of the Agency also have recently established a working relationship with the Department of Children and Families, which administers the State Mental Health data Infrastructure Grants for Quality Improvement under a SAMHSA grant, relative to issues related to HIE and ways in which the DCF and its sub grantees will participate in HIE in Florida. Specific plans are being developed to include information available through the DCF. See Coordination of Medicare and Other Federally Funded, State-based Programs for additional discussion.

The Agency is the single state Medicaid Agency and as a result there are several initiatives underway to ensure Medicaid coordination with the HIE. These include the Medicaid HIN initiative discussed in the General Topic section (Environmental Scan) and the Medicaid EHR Incentive Program initiative discussed in in the General Topic section (Medicaid Coordination).

Other State HIE Programs:

Currently there are at least five operating Regional Health Information Organizations located in Jacksonville, Orlando, Ocala, Pensacola, Tallahassee, and Tampa, Florida which are actively exchanging some type of electronic health information. The Agency is aware of several other groups in Florida that are planning to develop this capacity including those in Sarasota, Melbourne and Lakeland. A representative of a Regional Health Information Organization sits on

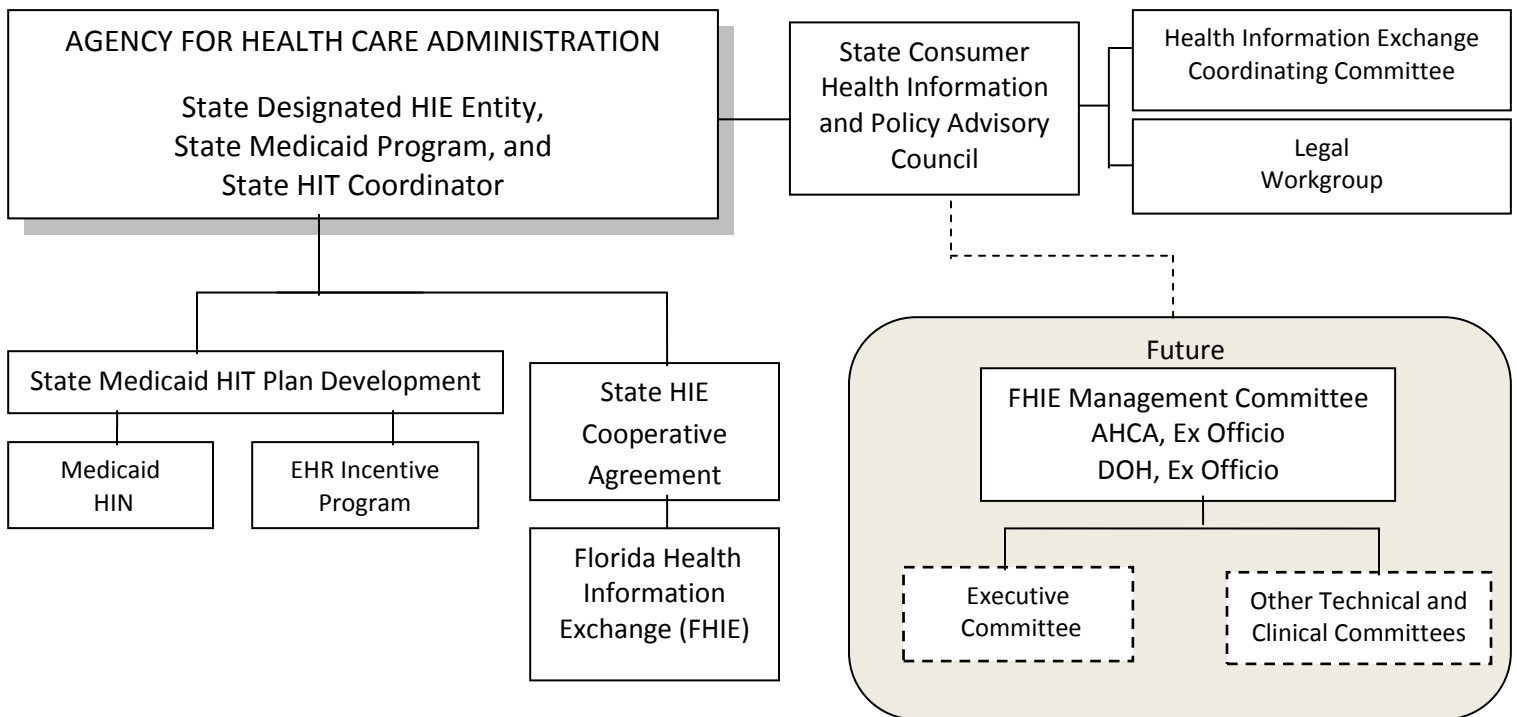
the HIECC. The Agency wrote letters of support for several of the initial applications for Regional Extension Centers, of which several RHIOS were lead or active participants. The Agency will actively work with these entities to ensure they are directly involved in the HIE initiative. This effort is addressed in the General Topic section (Environmental Scan) of the plan.

- Accountability and Transparency

Assurance of accountability and transparency:

The Agency makes the assurance that in order to fulfill the accountability objectives of the Recovery Act and the Government Performance and Results Act of 1993, data that measures the results of this Cooperative Agreement will be provided. In addition, the activities of Florida State Government strictly operate under Sunshine laws to ensure transparency. As directed by the Florida Legislature (2010-11 General Appropriations Act Specific Appropriation 156A), the Agency will contract with a technology vendor to provide statewide HIE services. Assurance of accountability and transparency will be contractual requirements. Proposed Governance of the Florida Health Information Exchange (FHIE) is shown below. The Agency has proposed the creation of a FHIE Management Committee that will be composed of participants in the statewide HIE.

***FLORIDA HEALTH INFORMATION EXCHANGE GOVERNANCE
Stakeholder Relationships***



OPERATIONAL PLAN FOR GOVERNANCE

Description of ongoing development of governance and policy structures:

Activity	Year	Approach/Barriers
Propose legislation to facilitate HIE by removing legal barriers	2011	<ul style="list-style-type: none"> • Authorizes the Agency to remove barriers identified by HIE Legal Work Group as needed
Agency will conduct annual legislative review	2010 and ongoing	<ul style="list-style-type: none"> • Agency determines need for policy changes that would require legislative action. When available, this review will include the required State University evaluation of the State HIE Cooperative Project. Legislative approval of funding requests is necessary and there are competing priorities for funding.

- **Finance**

- Sustainability

Business plan for financial sustainability by the end of the project period:

As requested by the ONC, this section will provide information relating to Business plan for financial sustainability by the end of the project period.

Florida Health Information Organization Financial Sustainability Model Planning

Stakeholder participation is critical to the success of any financial sustainability model. Ensuring that the HIE services offered by the FHIN are those that are needed by the stakeholders involves dialogue with those stakeholders. The plan for expected revenue will be determined through a collaborative process with the key stakeholders over the next few months. Stakeholder groups include consumers, care-givers, physicians, hospitals, health plans, and purchasers (e.g., employers).

To become financially sustainable, the HIE must focus on un-met needs that stakeholders are willing to pay for. The Agency and stakeholders should evaluate sources of information and the

value of that information to providers. A needs assessment can determine what those needs are and determine the most likely financial sources, for what services at what price points.

The Agency has identified HIE services and review those with key stakeholders to understand their feasibility in the Florida market and to engage those stakeholders in the decision making process. Prioritization of HIE services and approach to statewide HIE infrastructure was accomplished through meetings with various stakeholders during 2009 and 2010. The Agency will explore ways to reward early participants, so that a critical mass of participants and a critical mass of data will be available as early as possible which will increase the usefulness of the HIE services and adoption.

HIE Services to be Offered:

Patient Look-up: This enables the search and retrieval of a patient's longitudinal health information. It requires a record locator service, as well as the availability of patient data (e.g., labs, medication history, and discharge summaries) from different sources. In Phase 1, large data sources will be targeted for initial participation, including but not limited to large hospital systems and integrated delivery networks, the two HCCN FQHC networks, county health departments, RHIOs and SureScripts. Early adopters will assist the Agency in determining the initial documents and data sources to be exchanged. In addition, the Agency will:

1. Provide options for subsidizing rural/safety net provider participation by identifying cost effective options such as facilitating access to the HIE using the HIE Vendor's 10% set aside.
2. Enable stakeholders to leverage and access the functionality of NHIN. The Agency will facilitate interested Florida stakeholder participation in a pilot if feasible.

Provider directory:

As a State HIE Cooperative Agreement program requirement, the Agency will establish a provider directory that is authoritative, enables network authentication processes, and includes addresses or other information for routing of HIE documents. In Florida, all licensed physicians are identified in a physician licensing database held by the Department of Health. The database is updated daily, and is available for downloading. The Agency strategy is to review various approaches to establishing such a provider directory with the input of Florida's stakeholders. The Agency will meet with stakeholders to discuss feasibility, utility, identify needs for provider identification and routing details, and determine how such a directory will be maintained and who would do so. The Agency will:

1. Consider feasibility of an in-house build by using Department of Health physician licensure data as a foundation for a provider directory in combination with National Provider Identifier (NPI) records for Florida providers.
2. Explore options for working with its contracted FHIE Vendor for provider directory development as it relates to:
 - a. NHIN Exchange,

- b. SureScripts,
 - c. Immunization Registry, and
 - d. Public health reporting.
3. Identify existing provider directories currently in use and pursue leveraging those, as feasible.
4. Produce a provider directory that is open for use to all providers to facilitate physician to physician messaging according to NHIN Direct standards.

Direct Messaging:

Direct messaging enables providers to “push” clinical documents to providers locally and potentially to providers in other states. The requirement to share clinical summaries addresses scenarios such as a physician sending a referral or a summary of care document to a specialist, sending an order or summary of care to a hospital or for a specialist sending a care summary back to the referring physician.

The Agency will implement secure messaging using national Direct standards to support Florida providers in meeting the requirements for electronic health record meaningful use incentives. NHIN Direct messaging services will be implemented for those providers not participating in a network and in coordination with participating networks for their providers. Public health reporting pilots will be implemented in coordination with the Florida Department of Health and Florida stakeholders.

The Agency is also considering approaches that will leverage existing products used by regional health information exchanges, health systems, hospitals, and other organizations to communicate and route items within their organizations. The Agency will:

1. Assess the development of private markets for Direct Messaging (routing of clinical summaries from a provider using a certified electronic health record to another provider that is using certified electronic health record) including third party brokers and hospital IDNs.
2. Facilitate these services through the Medicaid Health Information Network (HIN) and the timeline for implementing this. The Medicaid HIN portal currently provides authentication of health care providers.

The Agency’s HIE Vendor will implement direct messaging services that enable the secure exchange of health information between any participant in the FHIE and the Florida Department of Health (FDOH) for purposes of public health reporting and as required for the provider to qualify for electronic health record meaningful use incentives. These services will use national Direct standards enabling providers to “push” information to identified participants. The HIE vendor will implement direct messaging for public health reporting in coordination with the Agency and FDOH. The Agency, FDOH, and Florida stakeholders which will engage in a process to evaluate current capabilities and prioritize the initial pilots.

HIE Services Under Consideration:

Quality metrics: Once a critical mass of patient data is available in a standardized format, quality outcome measures can be generated from the linked data sources. Thus, quality metrics could be produced on an aggregated basis for each provider (e.g., benchmarking), as well as on a per-patient basis for clinician follow-up. The quality metrics report could then be used for additional incentives to providers (from payers) for quality improvement reports and outcomes.

These HIE services will be evaluated, discussed and prioritized with stakeholders in the state as part of an on-going needs assessment process.

EMR: The Agency will explore the feasibility of working with Regional Extension Centers to facilitate provider access to electronic medical record functionality at reduced rates which would also enable these providers to participate in the HIE. These product offerings would target rural health care providers and individual practitioners. The Agency preferred EMRs would support seamless integration with the network and must be certified so as to enable providers to qualify for meaningful use incentives.

Outreach Plans:

The Agency will conduct extensive outreach activities to engage “early adopter” participants in sharing data and using the HIE services offered. The outreach will provide information about how the FHIN operates as a network of communicating networks (e.g. provider-based systems, regional health information organizations, integrated delivery networks). Outreach activities will provide information about network and other HIE services, benefits and value of HIE services to hospitals, physicians and patients from participation, standard legal documents used in HIE (Universal Patient Authorization and Health Information Exchange Participation Agreement) and information about HIE requirements to qualify for Medicare and Medicaid electronic health record incentive programs.

If feasible, the Agency will provide incentives to early participants through its contract with the FHIE Vendor or other appropriate mechanisms which may be in the form of partial payment of interface costs or initial costs for edge servers that would be part of the network. To the extent possible, the Agency will target providers with unique and compelling needs such as rural providers and providers serving a high proportion of Medicaid or uninsured patients.

The Agency will employ its baseline health information technology environmental scan database to track information about provider systems and update it with information obtained as a result of the outreach process. The Agency will report to the HIECC on a regular basis to review the status of provider participation and adjust the outreach strategy or approach. Other providers may be targeted for outreach as time and resources are available.

The Agency will also work closely with the four Regional Extension Centers to promote the adoption of EHR systems among health care providers and to encourage their participation in HIE.

In addition to these targeted outreach processes, the Agency will continuously conduct communication efforts including the publication of HIE milestones through Agency press releases, holding stakeholder summits with invited speakers and HIE champions, participating in conferences that afford an opportunity to speak to physicians and other provider groups, and coordinating communications with professional associations by providing articles for websites and newsletters. The Agency will meet with key stakeholder groups to develop and maintain support for HIE and the FHIN. Initially, the focus of these efforts will be the implementation of the initial HIE service offering. Later, these efforts will focus on customer satisfaction and opportunities to develop new services.

Long-Term Financial Sustainability Model

Once the HIE services have been implemented and ongoing costs stabilized, the Agency would develop a more detailed long-term financial sustainability model. Florida is familiar with other models being used in or contemplated by other states. Discussions in Florida thus far have indicated a strong commitment by commercial payers and Medicaid, as well as hospitals and physicians, to move forward with the HIE vision. To keep operational costs as low as possible for the FHIN, a shared services approach to HIE is planned that will assist health care providers in meeting many of the meaningful use criteria. Higher participation of stakeholders reduces costs for all over time as economies of scale take effect. The FHIN will serve as a gateway for access to patient information from state (e.g., Medicaid) and national sources (e.g., national labs, RxHub/SureScripts, federal government sources when available), other states and the NHIN, as well as connections between regional HIOs in Florida (where they exist). Where possible, reduced costs for equipment and services would be negotiated with vendors based on volume discounts and other price reduction incentives.

Two basic models for generating program income have been considered: transaction fees and subscriptions. Many health information organizations are moving toward a subscription model to give paying stakeholders more predictability for budgeting purposes and to reduce the complexity of the invoicing process for the HIO. In addition, transaction fees often deter adoption, and early adoption is critical to achieve sustainability.

Therefore, a subscription model will be discussed with Florida stakeholders for the patient look-up service. It is contemplated that the subscription fee would not be borne by hospitals alone, but rather by balancing the value to payers and providers. For the payers' portion, some states are imposing a fee equal to a percentage of claims paid, while some other states are considering a per member per month fee. In Florida, the population is approaching 19 million, of which coverage is estimated at: 20% uninsured, 13% Medicaid, 17% Medicare, and 50% commercial payers.⁵ The Agency is aware of the many burdens placed on hospitals and other providers with regard to reimbursement rates and additional requirements, as well as payers, so the Agency will work closely with providers and payers to work out a feasible, reasonable path to sustainability of the FHIN.

⁵ Florida Hospital Association estimates for 2008. See website: <http://www.fha.org/facts.html#hosp>

The long-term sustainability model would seek to balance value to the different stakeholders. After the first year of operation, the Agency will have more cost information upon which to base its revenue needs.

Identification of other ways of using the FHIN to perform certain functions for the providers to assist them in meeting the meaningful use criteria will be a top priority. The Agency will map the meaningful use criteria to potential HIE services it can provide, and continue to update this as the meaningful use criteria are released from HHS. These will be reviewed and discussed with providers in Florida to determine priorities for the FHIN and expected reasonable fees and costs. The Agency will also work with stakeholders to maximize the use of existing resources to minimize the FHIN costs.

We will also explore other potential services that the FHIN can offer by centralizing certain expertise to assist providers, such as LOINC mapping for lab results. Efforts will also be closely coordinated with Florida Regional Extension Centers to collaborate and to minimize overlap of services, and to hopefully coordinate roll-out of FHIN services in different regions where feasible.

Achieving a critical mass of participation of clinical data sources, as well as adoption by a critical mass of users, is vital to enabling sustainability. Once enough clinical data is available, the FHIN can discuss offering other data aggregation services, such as compiling an individual's health records for Social Security Disability requests, being the gateway for uploading certain patient health data into a patient's personal health record (PHR) at the patient's request, (in coordination with any Medicaid/Availity PHR efforts, as applicable), performing authorized queries of the data for research purposes (e.g., certain activities preparatory to research, de-identified research or other scientific research with appropriate Institutional Review Board approval or waiver).

In Florida, commercial payers, hospitals and physicians have expressed a willingness to participate. Discussions regarding an equitable allocation of cost for the FHIN will be arrived at through needs assessment and stakeholder participation and discussion. These discussions will be ongoing during the entire project process and adjusted based on experience after FHIN operations have begun and costs have stabilized.

Cost Estimates and Staffing Plans –

Note: the budget may be revised as planning, implementation and continuous administrative, stakeholder and legislative oversight and discussion takes place.

Detailed cost estimate for the time period covered by the Operational Plan – TOTAL HIE Budget

Florida HIE Cooperative Agreement Project Budget -- Proposed						
Object Class Category	Year 1*	Year 2	Year 3	Year 4	TOTAL	Comments
Personnel	\$72,800	\$74,256	\$75,741	\$77,256	\$300,053	IT and FC (2) with 2% annual increase
	\$74,880	\$76,296	\$77,822	\$79,378	\$308,376	
	\$165,000	\$208,000	\$0	\$0	\$373,000	
	\$312,680	\$358,552	\$153,563	\$156,634	\$981,429	
Fringe Benefits	\$23,920	\$27,429	\$11,748	\$11,983	\$75,079	at 7.5%
Travel	\$5,884	\$5,974	\$5,884	\$5,975	\$23,717	Two national and one regional meeting, two staff per year.
Equipment						
Supplies						
Contractual	\$7,881,269	\$4,469,334	\$3,406,470	\$3,276,122	\$19,033,193	FHIE Contract**
	\$123,995	\$123,995	\$123,995	\$123,995	\$495,980	State University evaluation (required 2%)
Other						
TOTAL DIRECT CHARGES	\$8,347,748	\$4,985,284	\$3,701,659	\$3,574,708	\$20,609,398	
Indirect Charges	\$32,432	\$33,638	\$31,244	\$31,869	\$129,183	Overhead at 18.9%
TOTAL	\$8,380,180	\$5,018,922	\$3,732,903	\$3,606,577	\$20,738,582	Federal Total
Non-Federal Cash	\$257,000	\$257,000	\$257,000	\$257,000	\$1,028,000	AHCA in-kind match
Non-Federal Cash	\$0	\$311,000	\$489,000	\$968,000	\$1,768,000	Donations/subscriptions
TOTAL with Match	\$8,637,180	\$5,586,922	\$4,478,903	\$4,831,577	\$23,534,582	Project total
Match check	0.030	0.102	0.167	0.254		
*Start: March 15, 2010						
**Includes Vendor Evaluation Contracts						

Detailed cost estimate for the time period covered by the Operational Plan – FHIE

Included in HIE Vendor Contract

Detailed schedule describing the tasks and sub-tasks to complete statewide HIE with resource, dependencies, and specific timeframes.

Estimated timeline for work after award to the Agency – Best Case Scenario:

The Agency has developed a proposed roll-out schedule based on the following implementation approach and assumptions regarding vendor contract execution:

- FHIE will develop the HIE services in the phases starting with patient look-up services with incremental expansion of data exchanged and participants prioritized by readiness to participate
- Florida will develop a Provider Directory to facilitate secure messaging among providers using national Direct standards
- Florida will participate in the NHIN Exchange
- Florida will develop direct messaging services for sharing clinical summaries and public health reporting
- The vendor FHIE contract will be executed by January 15, 2011.

Milestone Description	Target Completion Date
Application Submitted to ONC	10/16/2009
HIECC reviews RFI and HIE Services	2/15/2010 and 3/15/2010
Cooperative Agreement with ONC initiated	3/15/2010
HIE RFI posted	4/1/2010
HIE RFI replies evaluated and final report	6/1/2010
ITN issued	7/15/2010
ITN responses due	9/1/2010
Agency selects vendor	11/15/2010

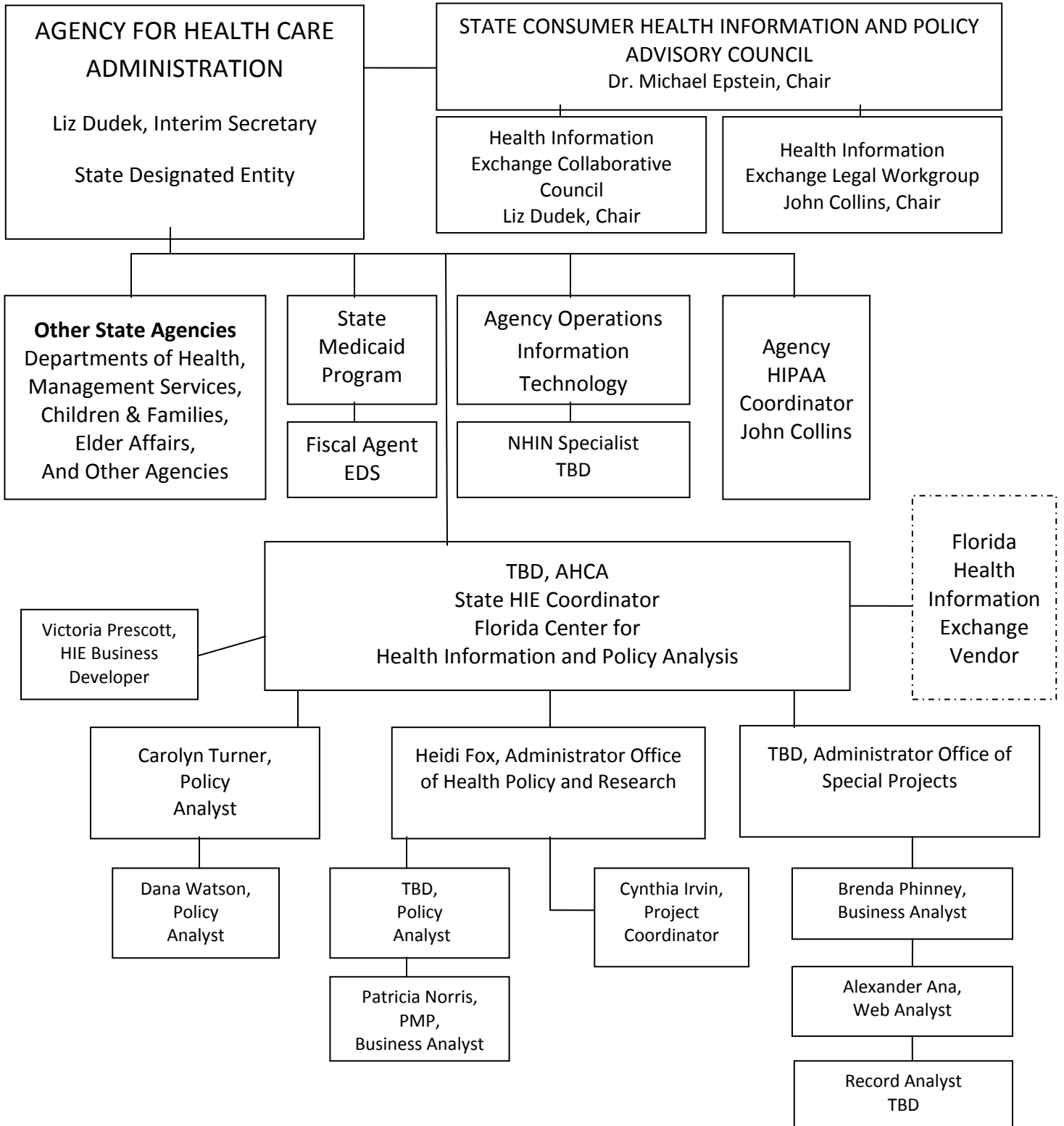
Agency finalizes contract	1/15/2011
Agency seeks stakeholder comments on approaches for provider directory	3/1/2010
Clinical laboratory survey analysis completed	3/15/2011
FHIE executes HIE participation agreement with “early adopters” and other necessary participants	5/1/2011
Early adopter testing & begin go live rollout	6/1/2011
Provider directory and direct messaging for early adopters completed including public health reporting	7/1/2011
Independent pharmacy survey analysis completed	8/1/2011
Statewide provider directory development and population begins	10/1/2011
Continue network rollout with additional participants	6/1/2012
Clinical laboratory survey #2 analysis completed	7/1/2012
Expanded data exchange roll out begins	10/1/2012
FHIE develops and obtains signature on participation agreement from providers and other necessary participants for quality metrics.	4/1/2013
Live rollout of quality metrics begins	5/1/2013

Identified issues and risks and proposed resolution and mitigation methods.

Issue	Risk	Mitigation Strategy
Ability to hire staff or execute contracts in a timely manner	Inability to hire staff results in a delay in start of the project	<ul style="list-style-type: none"> AHCA staff project team was formed during proposal period which will carry the

Issue	Risk	Mitigation Strategy
		project forward.
Selection and development of the FHIE needs to occur rapidly.	Delay in selection of the FHIE vendor and subsequent implementation of HIE.	<ul style="list-style-type: none"> ITN requirements were submitted to ONC in July prior to issue.
Obtaining agreement of key stakeholders and their continued support is critical to project success.	Inability to meet timelines for FHIE development and implementation of HIE.	<ul style="list-style-type: none"> Continue implementing a timeline through a transparent process with clear decision junctures to gain support.
Concerns about patient privacy.	Slow rates of provider participation; limited data sharing.	<ul style="list-style-type: none"> Establish uniform approaches for patient permission that provides structural protections for patients and balances need for clinical functionality.
Technical solution does not meet stakeholder needs.	Delay in implementation, costs to correct performance problems, and user dissatisfaction impact ability of FHIE to achieve sustainability.	<ul style="list-style-type: none"> The Agency researched technical solutions through an RFI and other means to assist in developing its ITN and evaluation. The Agency is also utilizing national experts in its ITN process for development and also evaluation of vendor proposals.
Failure to develop a viable business plan that minimizes provider costs.	Organization and its services cannot be sustained after funding ends.	<ul style="list-style-type: none"> Identify essential functions that can be efficiently performed and are necessary for meaningful use.
Stakeholders concerns about medical liability.	Limited stakeholder participation prevents optimal use of the network for patient care and public health.	<ul style="list-style-type: none"> The FHIE must employ nationally recognized security standards, adopt and enforce trust agreement, policies and procedures to control participant exposure to liability.

PROJECT ORGANIZATIONAL CHART



Staffing plan with project managers and other key roles identified.

Project Position Title	Key Responsibilities & Contributions
Steering Committee	The Health Information Exchange Coordinating Committee (HIECC) that will review and advise on all health information exchange policy development activities.
Legal Work Group	Responsible for the development of recommendations for standard legal processes for health information exchange.
Key Stakeholder Groups	Review and comment on all work products and deliverables.
State HIT Coordinator – AHCA	Monitors all aspects of the cooperative agreement; responsible for successful completion of milestones; serves as primary contact between the Agency and ONC.
Project Coordinator - NEW	Responsible for overall project coordination including on-going review of task status, identification and resolution of project management issues, and communications with all members of the team.
Business Analyst (1) – AHCA (75%)	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 ONC.
Business Analyst (2) – AHCA (75%)	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 ONC.
Project Director / Technical Lead – AHCA (75%)	In addition to overall project management, directs preparation of technical and operational requirements; coordination with Florida requirements; and monitoring of all technical requirements in FHIE contract.
NHIN Specialist - NEW	Responsible for information technology systems development necessary for providing secure network access to available Medicaid claims, encounter and other data. Serves as a technical consultant to the project regarding technical requirements for accessing other state agency data.
Legal/Policy Lead – AHCA (75%)	Responsible for preparation of legal and policy requirements; coordination with Florida requirements; and monitoring of all legal requirements in FHIE contract. Coordinates Legal Work Group.

Project Position Title	Key Responsibilities & Contributions
Policy Analyst – AHCA (75%)	Assist in the preparation of legal and policy requirements; coordination with Florida requirements; and monitoring of all legal requirements in FHIE contract. Coordinates Legal Work Group.
Policy Analyst and Evaluation Lead – AHCA (75%)	Responsible for conducting a self-evaluation of the project and to inform a national program-level evaluation; manages contract with State University to design evaluation; and recommend methods, techniques and tools.
Medicaid Coordinator – AHCA (20%)	Responsible for coordination with Florida Medicaid; Agency policy related to Medicaid meaningful use; and monitors FHIE compliance with requirements, related to Medicaid HIE.
Record Analyst – AHCA (75%)	Responsible for assisting in meeting logistics, the routing of documents and other coordination activities as assigned.
Web Analyst – AHCA (50%)	Responsible for updating web site for stakeholder communications including meeting information.
HIE Business Developer – NEW	Provides expertise in legal, business, and operational aspects of health information exchange and the meaningful use of electronic health records.
HIPAA Coordinator – AHCA	Provides guidance and advises on HIPAA rules and regulations and Agency policy related to privacy and security (member of Legal Work Group)

OPERATIONAL PLAN FOR FINANCE

Controls and Reporting -

Activities to implement GAAP and OMB circulars for financial policies, procedures and controls:

Activity	Year	Approach/Barriers
Implement GAAP and OMB circulars for financial policies, procedures and controls	2010 and ongoing	<ul style="list-style-type: none"> • The Agency will require the awarded FHIE to implement GAAP and OMB circulars for financial policies, procedures and controls including subcontracts awarded by the recipient. • Upon award, the Agency will enter into a contract with the FHIE vendor which specifies fiscal accountability requirements including access to records for audit by federal, state or other personnel duly authorized by the Agency. • Applicants must submit evidence of adequate fiscal controls according to GAAP as part of the evaluation of their oversight structure and their ability to provide fiscal accountability.

Organization to be single point of contact for progress and spending reports:

Activity	Year	Approach/Barriers
<i>Coordinate progress and spending reports</i>	2010 and ongoing	<ul style="list-style-type: none"> • The Agency will be responsible for monitoring the preparation of reports to include: • Annual evaluation and lessons learned as required by ARRA Section 3013(h)

		<ul style="list-style-type: none"> • Two-year progress report – accomplishment of milestones • Semi-annual progress reports • Semi-annual performance measures • Annual Financial Status Report and OMB audit requirements • Quarterly ARRA-specific reporting • The Agency will coordinate regarding FHIE performance and ARRA recipient reports including subcontracts.
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- **Technical Infrastructure**

- Interoperability

Purpose

This section addresses the technical architecture necessary for secure exchange of medical records. The Agency’s strategic plan considers relevant federal guidelines and requirements, the core network capabilities required for health information exchange, the basic requirements for network interoperability and a discussion of the technical standards that will guide the development of health information exchange. The final goal of developing health information exchange is to increase the quality of information delivered to health care providers to improve the quality of health care delivered to all Floridians.

The proposed technical infrastructure supports the Agency’s mission to “promote the development of health care clinical information exchange that is sustainable, privacy-protected, and aligned with national standards. This can be achieved through coordinated programs for infrastructure development, broad and varied provider adoption, and enabling and monitoring the meaningful use of electronic health records.”

Participation in NHIN, including standards and certification and accounting for meaningful use:

The Agency’s strategic plan for health information exchange is based on the guidelines for the Nationwide Health Information Network (NHIN) developed by the Office of the National Coordinator for Health IT to provide a foundation for standards-based, secure and confidential exchange of patient records. The Agency plans to build the capacity for secure exchange of records in Florida, and improve the coordination of care among multiple providers by ensuring

that the appropriate patient records are available at the point of care. The Agency also plans to address consumer interests by ensuring that their health information is secure and confidential.

The Agency will require the state level Health Information Exchange (HIE) to actively pursue the core capabilities of locating and retrieving records for health information exchange. The first core principle will address the need to accurately match patients with their records in order to find and retrieve healthcare information where it resides in health care facilities or other health information organizations. The second core capability addresses secure information exchange to deliver integrated patient records at the point of care for the benefit of quality patient health care.

The exchange of health information in Florida will be based on common trust agreements that establish the obligations and assurances between the state level HIE and other health care organizations in the network. The state level HIE will offer consumers the ability to explicitly grant permission for disclosure and use of sensitive data as required by state and federal law.

Security

The security design of the state-level HIE network, and any local HIE networks that the vendor implements, must protect data in transit and at rest, and provide the ability to track, manage, and report on transaction activity and access. The vendor shall implement and maintain public/private keys for authenticating systems that are authorized to participate in the state-level HIE network. For each layer of the system, the vendor shall implement Public Key Infrastructure (PKI) keys that work with the systems they are communicating with.

Network Monitoring, Audit Trail, and Data Backup and Disaster Recovery

The Florida Health Information Network will be implemented with system capabilities in place to enable network monitoring procedures that will create an audit trail for every transaction involving protected health information. The network architecture will be built with appropriate audit controls to log and track all changes to the data, all queries and all transactions. The network architecture will be developed to report on exceptions and activity in the health information exchange databases, and in transmitting data. Systems participating in the state HIE network will be authenticated through the use of digital certificates.

The vendor shall develop and maintain a tested and actionable plan for back-up of software and data, and a disaster recovery plan for restoring the system in the event the production systems are destroyed or damaged.

The Agency has initiated a Medicaid Health Information Network project that provides eligibility checking, encounter histories and medication lists from Medicaid, Blue Cross Blue Shield and Humana to all treating providers in Florida. Later in 2010, the plan is to add laboratory reports and immunization records from Florida's State Health Online Tracking System (SHOTS) program. With these building blocks in place, the Agency is in a good position to extend these services to cover all payers and providers in Florida.

The Agency will require that all technical solutions be consistent with ONC requirements and that its approach to health information exchange will be compatible with the federal meaningful use objectives and measures.

- Technical Architecture / Approach (encouraged by not required) –

Outline of technical architectures and approach, including HIE services:

The American Recovery and Reinvestment Act requires hospitals and physicians to engage in the meaningful use of electronic health records, including health information exchange, to receive incentive payments and to avoid Medicare penalties. Key elements to the success of meaningful use measures are the secure delivery of timely and accurate health records to the point of care, coordination of care among providers and access to health care information by consumers.

The Agency's strategic plan for health information exchange is based on a set of core functions that will enable patient identification, record location and to enable the secure exchange of textual and structured data. The core operational infrastructure will include a record locator service, audit trail, authentication of systems and access controls, and a security and disaster back-up plan. Core connectivity services are also required to ensure interoperability with HIE participating entities. Core network services must be available statewide to support the health information exchange requirements for meaningful use of electronic health records.

An important consideration in developing health information exchange services is to determine the scope of data exchange and where the records will reside. Florida's state-level HIE will be totally federated and will serve as a hub for the exchange of records among providers connected to the network. The state-level HIE will serve as an infrastructure to query for patient records across the different participant networks and to return records to the requestor. Patient identification and record location will occur at the local level through participating IDNs, HIEs and RHIOs.

A core capability of health information exchange is to accurately match patients with their records in order to find and retrieve healthcare information where it resides. This will be accomplished through each participant network's Master Patient Index (MPI) and Record Locator Service (RLS). This approach will allow the identification of records without requiring the use of a centralized database at the state-level. The state-level HIE will be responsible for developing the DOH MPI, which may include rural providers, in addition to Federally Qualified Health Centers (FQHCs), and other state agencies.

The Agency plans to require the HIE vendor to develop a security and disaster back-up plan designed to counteract disturbances to business activities and protecting critical business from the effects of major failures. The disaster back-up plan will align with HIPAA requirements for developing a disaster recovery plan and procedures for testing the network and remediating any faults. The state level HIE will be required to evaluate the need for periodic risk assessments and maintain compliance with the HIPAA Security Rule. The evaluation should include security policies, access control, asset management, business continuity management and compliance. The

evaluation will also address human resources, the physical environment and information systems maintenance.

The technical architecture and standards of Florida's statewide health information exchange will be developed to maintain consistency with national standards in order to enable efficient health information exchange and to maximize the interoperability of Florida's health information exchange with the NHIN. Finally, because secure data transfer will be an essential element in the implementation of health information exchange, a secure and encrypted communication channel that meets HIPAA Security Rule standards will be implemented.

With multiple entities exchanging health data from various sources, standardization of data exchange will be vital to the successful implementation of the health information exchange.

Technical Standards for Secure Health Information Exchange

The technical architecture of Florida's statewide health information exchange, the Florida Health Information Network, will ensure that strong access control, secure data transfer based on established transmission standards and the use of encryption techniques are essential elements in its implementation. Access control is the first line of defense in securing medical records and is maintained by limiting access to authorized systems only. Strong access controls and a reliable authentication process can prevent the unauthorized access to protected health information.

The Florida Health Information Network architecture will also have security measures in place to prevent the unauthorized access to protected health information while it is being transmitted over the telecommunication network. The health information exchange will implement integrity controls to ensure the detection of unauthorized users attempting to access or modify personal health information in transmission. Policies and procedures will be established that detail the requirements for securely transmitting protected health information at both the hardware and software levels, and requirements for reporting breaches to the security of the data. The Florida Health Information Network will also encrypt the data exchanged with another health care entity through a secure communication channel that meets HIPAA Security Rule standards.

Data transfer standards will be employed for the exchange of data among different health care stakeholders and the Florida Health Information Network to enable robust health information exchange among all partners. For the exchange of clinical data among health care facilities, the Florida Health Information Network will support the HL7 2.x Clinical Document Architecture standards, the ASTM Continuity of Care Record standard using extensible markup language and HL7 3.x Continuity of Care Document. By supporting these standards the exchange of clinical data among hospitals, clinics and physician practices can be enabled and supported.

For administrative types of exchange, the HIE network will support the Accredited Standards Committee's X12 standards for Electronic Data Interchange. This will also be the exchange standard used by the Medicaid Health Information Network to provide a data feed to the Florida Health Information Network for the longitudinal integration of claims encounter records with clinical records.

To the extent that the Florida Health Information Network is used for e-prescribing or the delivery of medication histories based on retail pharmacy drug claims the National Council for Prescription Drug Programs Telecommunication Standard Specification, Version 5.1, will be supported to enable the exchange of these records. The standard can also be applied to pharmacy drug referral and authorization requests or for medication adjudication.

The state HIE vendor will create a policy and procedures manual in compliance with the HIPAA Security Rule. It will provide training on all security procedures.

Authentication of Participating Servers in Health Information Exchange

The trust relationship in health information exchange that is made explicit in a data-sharing or business associate's agreement can also apply to the relationship between a central health information exchange and another health information exchange or health care database. A remote server requesting records from the health information exchange needs to authenticate itself as a trusted system before the data can be sent.

Data Sharing Agreements

The exchange of health information must be based on a common trust agreement between the participating networks. The common trust agreement establishes the obligations and assurances binding all of the participants in the exchange. The Agency has addressed the need for a universal Health Information Exchange Participation Agreement to manage the trust relations among the participants and the vendor.

The goals of the Health Information Exchange Participation Agreement are to employ standard terms to enable the exchange and use of protected health information, in compliance with applicable state law and regulations; to provide agreement terms already approved as complying with applicable law; and to reduce the time required for negotiation on the basic terms of exchanging protected health information. The agreement will cover the disclosure of protected health information to others by a data source and covers the receipt of protected health information from other entities. The participant agreement will set a minimum set of provisions to achieve uniformity, but allow greatest flexibility at local participant level.

The Agency is planning to propose statutory changes to provide for certain state immunity for using the Health Information Exchange Participation Agreement and participating in the state HIE network. Following the standard agreement would give a health care provider immunity from Florida privacy laws for providing data to the Florida Health Information Network and for using protected health information from the network. In addition, the participant agreement terms will help enable more uniformity across Florida.

The federal level Data Use and Reciprocal Support Agreement (DURSA) is a comprehensive, multi-party trust agreement developed for the NHIN by the Office of the National Coordinator for Health IT. This is the legal framework that will govern participation in the NHIN. It will be signed by all NHIN Health Information Exchanges, public and private, that want to participate in the NHIN. The DURSA requires participants to follow a common set of terms and conditions that

support secure, interoperable health information exchange. The DURSA will be the standard data sharing agreement between the Florida Health Information Network and the Nationwide Health Information Network.

Health Information Exchange for Public Health Reporting

The state level Health Information Network will provide the backbone infrastructure for patient lookup services enabling access to and by the Department of Health, Health Maintenance System Electronic Health Record system. By providing connectivity among the county health departments, the network will support the coordination of care for Floridians who seek primary care treatment at a county health department and who receive referrals for specialty care or lab tests. The Florida Health Information Network will provide the connectivity between the clinical repository developed by the Health Maintenance System Electronic Health Record system and providers throughout the rest of Florida.

The county health departments will also be connected to the Medicaid Health Information Network through the Florida Health Information Network. A large number of patients visiting Florida’s county health departments are covered under Medicaid, so the patient lookup services provided by the Medicaid Health Information Network will be an important resource for checking eligibility and benefits, encounter histories, medication histories and lab reports for health department clinicians. In addition, the Medicaid Health Information Network will offer e-prescribing services that the health departments can use at no charge. There is currently a Medicaid e-prescribing pilot study in the Duval County Health Department in which clinicians are using handheld PDAs to look up medication histories, take advantage of drug interaction alerts and e-prescribing. The security details are being discussed for delivering e-prescribing to the desktop in the county health departments, through the Medicaid Health Information Network.

The Agency will explore the feasibility of providing an infrastructure for the reporting of communicable diseases, reportable lab results, and syndromic surveillance data from hospitals to the Department of Health. By using the connectivity provided by the network, hospital and other providers may more efficiently report on population health issues.

OPERATIONAL PLAN FOR TECHNICAL INFRASTRUCTURE

Standards and Certification- Work plan:

Activity	Year	Approach/Barriers
Standards and Certification- Work plan:		
Become consistent with HHS adopted interoperability standards and	2010	<ul style="list-style-type: none"> • FHIE will monitor and apply HHS interoperability standards as they are developed • FHIE will deploy standard

		<p>interface for connectivity to the statewide network</p> <ul style="list-style-type: none"> • FHIE will adhere to the HHS standards when exchanging records with another entity on the NHIN
Any certification requirements , for projects that are just starting;	2010	<ul style="list-style-type: none"> • HIE architecture built to HHS certification standards for exchange of health records
Any certification requirements , for projects that are just starting;	2011	<ul style="list-style-type: none"> • FHIE will require all EHRs connecting to the HIE to be HHS Certified standard • FHIE will post list of EHRs that meet certification requirements • FHIE will work with Extension Centers to implement certified EHRs
Demonstrated compliance, or plans toward becoming consistent with HHS adopted interoperability standards and certifications if applicable, for those projects that are already implemented or under implementation.	2010	<ul style="list-style-type: none"> • Agency has included a requirement for the HIE vendor to be able to connect to NHIN Exchange so that participants can also access the NHIN Exchange

Technical Architecture- - Work plan:

Activity	Year	Approach/Barriers
Technical Architecture- - Work plan		
How the technical architecture will accommodate the requirements to ensure statewide availability of HIE among healthcare providers, public health	2010-2011	<ul style="list-style-type: none"> • DOH/FQHC EMPI complete by 2011 • FHIN architecture will be scaled to broadband specifications to ensure timely access • FHIN interfaces will be

		<p>standardized</p> <ul style="list-style-type: none"> • FHIN will connect to any health care provider network, RHIO, vendor-based health information exchange that meets the criteria (the details of which will be developed with the HIE vendor) • FHIN will connect to the Health Maintenance System deployed by the County Health Departments. The Agency is working now with the DOH to plan for this interconnection.
The technical architecture must include plans for the protection of health data.	2010	<ul style="list-style-type: none"> • HISPC outcomes: Universal patient authorization form • Security features of HIE • Authentication of systems using digital certificates
This needs to reflect the business and clinical requirements determined via the multi-stakeholder planning process.	2009-1010	<ul style="list-style-type: none"> • HIECC reviews requirements and advises Agency • Meetings with stakeholder groups will continue
If a state plans to exchange information with federal health care providers including but not limited to VA, DoD, IHS, their plans must specify how the architecture will align with NHIN core services and specifications.	2010-2011	<ul style="list-style-type: none"> • FHIN vendor will ensure compatibility and interoperability with NHIN Exchange • Working with a DoD Project in Pensacola to enable connectivity to DoD and VA medical records
Technology Deployment -		
The technical solutions that will be used to develop HIE capacity within the state	2009-2010	<ul style="list-style-type: none"> • Agency issues ITN for technical partner

		<ul style="list-style-type: none"> • Technical partner will implement and maintain the technical solution • Technical partner will ensure secure connectivity through a standard interface, where feasible • Technical partner will comply with all credentialing and interoperability standards from HHS • Technical partner will ensure secure authentication of all network participants
Particularly the solutions that will enable meaningful use criteria established by the Secretary for 2011, and	2010-2011	<ul style="list-style-type: none"> • Ensure providers have options for e-prescribing • Ensure providers have options for receipt of structured lab results • Ensure providers have options for exchange of clinical summaries • Improve and advance public health electronic lab reporting, immunization registry, and syndromic surveillance
Indicate efforts for nationwide health information exchange.	2009	<ul style="list-style-type: none"> • Agency requires technical vendor to ensure interoperability with NHIN Exchange
If a state plans to participate in the Nationwide Health Information Network (NHIN), their plans must specify how they will be compliant with HHS adopted standards and implementation specifications	1 January 2011	<ul style="list-style-type: none"> • 1 January 2011

- **Business and Technical Operations**

- Implementation – Strategy to meet meaningful use HIE requirements:

The Agency has paid close attention to the development of the meaningful use criteria for electronic health records issued by HHS and has been planning its strategy to support the rules.

The Agency has conducted an initial gap analysis to identify areas requiring HIE services which are not available to health care providers for meaningful use. These are the priority HIE services proposed to be offered by the Agency’s contracted FHIE. The chart below details HIE services relating to meaningful use, their current status, gaps in available HIE services, and anticipated expansion.

The Agency’s vendor and its participating networks will be responsible for sharing health information for purposes of patient care and public health consistent with the meaningful use requirements of the Office of the National Coordinator (ONC). The vendor will provide access to a variety of sources of health information to HIE participants.

HIE Requirements for Meaningful Use: Gap Analysis and Strategies to Address

Meaningful Use Requirement	Current Status	HIE Gap Analysis	HIE Services for Meaningful Use
Electronic eligibility and Claims Transactions	While this Meaningful Use requirement was deferred, most payers in Florida provide electronic eligibility and claims transaction services for providers. Over 85 percent of commercial payers in Florida are using a common service via a real time portal to provide this capability to their providers.	<p>Provider Access to HIE: Currently, 95 percent of providers and 100 percent of hospitals have the ability to access information and submit claims via the portal for the participating payers. Additional work is needed to enhance real time, standards-based eligibility transactions for all payers and to address possible eligibility for special local and regional programs that provide health care services to those who are very poor, uninsured, and impacted by health disparities.</p> <p>Integration of HIE: Beginning in 2008, Florida Medicaid began using a common service portal to provide eligibility and claims transaction services. As a result, providers serving over 92</p>	Agency will work with payers to address any remaining gaps.

		percent of the commercially insured individuals and the Medicaid fee-for- service population in Florida can check eligibility and benefits and submit claims via a common portal.	
Meaningful Use Requirement	Current Status	HIE Gap Analysis	HIE Services for Meaningful Use
Electronic Prescribing and Refill Requests	Some payers in Florida provide electronic prescribing (e-prescribing) services for their contracted providers and some providers have independently purchased e-prescribing software. For example, both Blue Cross Blue Shield of Florida (BCBS) and Humana provide e-prescribing, refill requests, drug interaction alerts, and medication history look-up capability for their contracted providers. In addition, for several years, Florida Medicaid has provided electronic prescribing (e-prescribing) functionality free of charge to high volume Medicaid providers. More recently, all Medicaid providers can now access an e-prescribing tool free-of- charge through the Florida Medicaid Health	<p>Provider Access to HIE: Electronic prescribing metrics collected by the Agency from pharmacy networks indicate that 19 percent of prescriptions are submitted electronically (excluding prescriptions for controlled substances) by 9,589 prescribers as of March 2010.</p> <p>Integration of HIE: To ease the administrative burden placed on providers, beginning in winter 2009/2010, Florida Medicaid will provide e-prescribing, refill requests, and medication history look-up capability free of charge for Medicaid providers via the common platform used by Medicaid, Blue Cross and Humana.</p>	The Agency will continue to provide an e-prescribing tool for Medicaid providers through the Medicaid HIN and/or through an EMR sponsored by Florida Medicaid. The Agency will explore strategies to extend outreach activities, targeting geographic areas that have lower rates of adoption or lower rates of pharmacies that accept e-prescriptions.

	Information Network		
Meaningful Use Requirement	Current Status	HIE Gap Analysis	HIE Services for Meaningful Use
Electronic Clinical Laboratory Ordering and Results Delivery	<p>The Agency has been in discussion with the two major laboratories regarding approaches to make lab ordering and results for Medicaid recipients available to treating providers. It is desirable for providers and the health information organizations to obtain all patient-relevant lab values from a common source, regardless of the laboratory provider. One alternative being explored by Medicaid and already employed by several payers is to secure lab values directly from laboratories and make these available via the health information organization.</p>	<p>Provider Access to HIE: As part of our stakeholder outreach, the Agency has met with hospitals, physicians and other stakeholders regarding the current status of the electronic exchange of clinical laboratory results and other clinical information. Some providers have access to lab ordering and/or results through proprietary systems offered by major clinical laboratories, some hospitals and integrated delivery systems. The Agency estimates that 75-80% of lab results could be electronically reported as structured data based on the Medicaid claims volume assuming LabCorp, Quest and the State Lab are electronically enabled to send lab results to certified EHRs.</p> <p>Integration of HIE: A key objective of the Agency in 2010 is to obtain Medicaid clinical laboratory results from two major clinical laboratory providers serving Florida clinicians. It is estimated that data from these two clinical laboratories will enable HIE for 50-60 percent of</p>	<p>The Agency will provide access to DOH state lab data for patient look-up. Other participants in the state HIE will be expected to share lab data for patient look-up including RHIOs and hospitals. The Agency will also provide access to Medicaid lab data for patient look-up and downloading to certified EHRs.</p> <p>In addition, the Agency will negotiate with clinical labs and their software vendors for reduced interface fees. The Agency will also negotiate the cost of lab network participation in the HIE.</p>

		<p>Medicaid clinical laboratory results. This data will be available to clinicians accessing the Agency’s Medicaid Health Information Network. In addition, clinical laboratory results is available for Humana and BCBS of Florida through the Availity portal.</p>	
<p>Meaningful Use Requirement</p>	<p>Current Status</p>	<p>HIE Gap Analysis</p>	<p>HIE Services for Meaningful Use</p>
<p>Medication fill histories and Prescription Fill Status</p>	<p>BCBS, Humana and Florida Medicaid provide prescription fill status and medication fill history capability via a common portal (the Florida Medicaid Health Information Network), as described above. In addition, Medicaid has made its prescription histories available through the SureScripts network so that any SureScripts certified e-prescribing system could have access to the patient’s med history.</p>	<p>Provider Access to HIE: Electronic prescribing metrics collected by the Agency from pharmacy networks indicate that medical information requests are submitted for 29 percent of prescriptions by 16,075 clinicians for the first quarter of 2010. These requests include searches for eligibility and benefit information as well as medication histories.</p> <p>Integration of HIE: The Agency makes Medicaid prescription claims histories available to the SureScripts nationwide prescription network. Authorized providers are able to access Florida Medicaid for the patient’s medication history using any SureScripts certified e-prescribing system.</p>	<p>The FHIE will serve as a statewide network source for accessing a patient’s medication history for authorized providers using any certified electronic health record or electronic prescribing tool. This initial medication history can serve as a starting point for medication reconciliation by providers. It will facilitate integration of “fully informed” electronic prescribing by providing access to clinicians building on existing pharmacy network infrastructure and Florida Medicaid integration. The Agency will continue to provide its prescription histories through the SureScripts network.</p>

Meaningful Use Requirement	Current Status	HIE Gap Analysis	HIE Services for Meaningful Use
Immunization Registry	<p>The Florida Department of Health (DOH) has developed a statewide, computerized Web-based immunization registry, Florida SHOTS (State Health Online Tracking System). The registry includes the immunization records of children receiving their immunizations from many private physicians, county health departments and other entities. The SHOTS program receives immunization information through real-time submissions as well as batch files, which are updated in the records registry.</p>	<p>Provider Access to HIE: Currently, health care providers who are authorized immunization registry users may access the records for any previous immunization in the state registry.</p> <p>Integration of HIE: The Agency plans to integrate the Florida SHOTS registry data into the information that is available to treating providers through the Florida Health Information Network. At least two health plans (BCBSF and Humana) provide immunization data to treating providers on their electronic health records.</p>	<p>The long range vision of the Statewide Immunizations Registry is to work toward a two-way exchange between providers and the registry. Initially, the Florida SHOTS program will continue to act as a master repository for patient look-up services of the FHIE.</p>

Meaningful Use Requirement	Current Status	HIE Gap Analysis	HIE Services for Meaningful Use
<p>Electronic Public Health Reporting</p>	<p>Florida law requires the reporting of communicable diseases. A list of reportable diseases has been detailed in the Florida Administrative Code. These diseases must be reported by hospitals, physicians and laboratories, although the list of reportable diseases varies for physicians and laboratories. Laboratories are also required to electronically report positive test results for reportable diseases. Certain diseases and conditions are considered of urgent public health importance and must be reported upon initial clinical suspicion of a disease. Reports should occur prior to a confirmatory diagnosis. Providers currently report via telephone, fax, or electronic data transfer.</p>	<p>Provider Access to HIE: Most of the larger labs are reporting electronically to the Florida Department of Health (DOH). Through these lab submissions, eighty percent of notifiable laboratory results are submitted electronically. DOH reports that currently, about twenty percent of hospitals are able to submit lab results electronically through electronic laboratory systems. The DOH continues to work with hospitals to increase the numbers of those which are able to report electronically.</p> <p>Integration of HIE: Many national laboratory provider report laboratory results using LOINC which provides structured data in a recognized national standard. Most Florida hospitals and other clinical laboratories have not adopted LOINC coding.</p>	<p>The Agency and FHIE will coordinate with DOH to encourage the electronic reporting of reportable laboratory results. The FHIE will work with hospitals to increase the numbers of those which are able to report notifiable laboratory results electronically. In addition, the Agency and FHIE will explore opportunities to increase the adoption of LOINC.</p>

Meaningful Use Requirement	Current Status	HIE Gap Analysis	HIE Services for Meaningful Use
<p>Clinical Summary Exchange for Care Coordination and Patient Engagement</p>	<p>The current ability to exchange key clinical information (for example, problem list, medication list, medication allergies, procedures and diagnostic test results), or a summary care record among providers of care and patient authorized entities electronically is limited in scope. The Agency’s Medicaid Health Information Network enables authorized providers to access Medicaid claims data that can provide some clinically relevant information. Meaningful use requirements also anticipate that providers and hospitals will be able to provide patients with an electronic copy of their health information upon request. For hospitals, a discharge summary should also be made available electronically. Electronic copies may be provided through a number of secure electronic methods (e.g., personal health record, patient portal, CD, USB drive). Eligible professionals must provide patients with timely electronic access to their health information.</p>	<p>Provider Access to HIE: Some networks of providers are able to exchange clinical information and a few regional exchanges are operational in the State. The lack of infrastructure to enable the secure and privacy-protected exchange of health care information in Florida communities and throughout Florida is a major gap in available HIE infrastructure.</p> <p>Patient Access to HIE: Some regional exchanges offer Personal Health Records for consumers. Some provider clinics offer Personal Health Records for their patients. The Agency has implemented a Personal Health Record for Medicaid recipients as have other payers for their respective members.</p> <p>Integration of HIE: Meaningful use for care coordination and patient engagement will be more effective as more providers participate in HIE and providers are able to query and retrieve comprehensive patient data from all available source including information about the data source.</p>	<p>The FHIE will provide patient look-up services for accessing clinical summaries available from hospitals, and physician EHRs leveraging existing and emerging HIE infrastructure including RHIOs, IDNs, and other networks. Initial data sources include the DOH county health department EHR, immunization registry data, Federally Qualified Health Centers, and other network participants. This approach will build the foundation for broad based HIE as local HIE participation expands. The Agency will also support technology developments to ensure clinician access to secure messaging and will enable use of the functionality of the NHIN to expand opportunities for data exchange, including with other states and regions.</p>
<p>Meaningful Use Requirement</p>	<p>Current Status</p>	<p>HIE Gap Analysis</p>	<p>HIE Services for Meaningful Use</p>

Quality Reporting	The Agency will be working with stakeholders to assess and implement new quality reporting capabilities as needed. As a very initial step, by June 2010, the disease registry for eMPowerx, Risk Navigator Provider, will be accessible to Florida Medicaid treating providers through the Health Information Network provider portal. This capability will give providers patient-specific information about gaps, duplications in care and non-compliance.	<p>Provider Access to HIE: Quality reporting via electronic health records is directly related to provider adoption of qualified electronic health records. There is currently a high degree of variability in clinical decision support tools and quality metric functions included in electronic health record systems (if included) and most do not include data integrated from other providers (requiring HIE).</p> <p>Integration of HIE: Quality metrics and clinical decision support tools that are based on aggregation of patient data from multiple sources is currently very limited. Payer-based quality metrics can aggregate provider information for a specific payer.</p>	<p>Initially, the Agency will provide clinical decision support tools to Medicaid providers through the Florida Medicaid HIN. These services will provide clinical decision support (e.g. tools that identify patient non-compliance) for the individual clinician.</p> <p>The Agency will also engage the HIECC, clinical experts, and other stakeholders to determine the role of the FHIE in quality metric reporting</p>
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The Agency is also aware that a framework is provided for a progression of requirements that lead to a fully interoperable health information system. Specific objectives and measures are proposed for 2011, 2013, and 2015 and are identified as applicable to either an inpatient or outpatient environment or both. The state level FHIE is expected to play a central role in assisting health care providers to document meaningful health information exchange.

As noted earlier, although not included as a specific meaningful use measure, improved hurricane preparedness is a significant public benefit of the electronic health records and health information exchange. The capability of the HIE network to meet the needs for pre- and post- hurricane health care-related communications among providers treating patients should be a first consideration.

Strategy to leverage existing state and regional HIE capacity:

The Agency has the statutory authority and responsibility to promote provider adoption of electronic health record systems and to develop a statewide health information network. The Agency is currently working with the Florida RHIOs and with other health care entities who are establishing HIE gateways to leverage and support their capacity to exchange health information. The Florida Regional Health Information Organizations were funded as part of a strategy to build a statewide health information network from the local community up. The Agency maintains good relations with each of the RHIOs that continue to provide stakeholder services after the FHIN Grant funding ended, and with those RHIOs that are emerging through community efforts.

The Medicaid Health Information Network is now offering a claims record data feed to any RHIO capable of implementing its part of the data exchange interface. The Medicaid HIN is working with several health information organizations to connect them to this data network. The Medicaid HIN will allow any treating provider to query a patient's eligibility and benefits, to obtain a patient's claims encounter history, medication history and demographic information on the providers who have treated a Medicaid beneficiary. The Medicaid HIN will also provide e-prescribing capability to the treating provider through an agreement with Gold Standard, an e-prescribing company already contracted with Florida Medicaid. The Agency is conducting discussions with the major laboratories to determine how the lab results of Medicaid patients could be sent to treating providers through the Medicaid HIN. The Agency is also facilitating the creation of a data exchange connection between Availity and a Federally Qualified Health Center (FQHC) network, Health Choice Network, to provide encounter histories for uninsured patients in South Florida. These steps align closely with the development of statewide health information exchange.

The final step in the Agency's strategy for promoting the exchange of health information is to engage the vendor who can implement the technical solution to coordinate with local MPI/RLS at the RHIO/IDN level and provide secure data transfer among participating entities. The Agency is clearly in a good position to undertake the statewide exchange of secure health information.

Strategy to leverage statewide shared services and directories:

The creation of the Florida Health Information Network for state-level HIE leverages the most efficient technical design for maintaining secure data exchange across the state. It minimizes the infrastructure needed to enable efficient patient look-up services across unaffiliated organizations. It also allows the local provider networks to retain control over their data.

The Agency is working with the Department of Health and its 67 County Health Departments to integrate the activities of the planned state HIE and the Department of Health's Health Maintenance System as the technical architecture for health information exchange is developed. There is a mutual benefit for the County Health Departments to use the Florida Health Information Network as an exchange service, and the FHIN can offer more value to participants by including clinical data from the County Health Departments in its health care exchange. The Agency is also working with the many health care units within the Department of Health to provide access to and health exchange services to the SHOTS immunization database.

The Medicaid Health Information Network is now providing access to Medicaid claims records and medication histories. The Agency plans to include Medicaid laboratory reports in the upcoming year and records for uninsured patients in South Florida. The Agency is also working with the Department of Elder Affairs to plan how the FHIN might integrate their county-level care management repositories for statewide access.

The Agency plans to enter into a contract with a vendor, who is expected to implement the technical solution for the statewide network for the exchange of health records. The Agency has staff with experience in business and technical operations, which will be made available to the

vendor as technical and policy resources. The Agency's strategic plan for developing health information exchange among health care facilities addresses patient identification and record location, and authentication of participating systems. This strategy will be used to guide the development of the state level FHIE.

Strategy to take incremental approach for HIE services to reach all geographies and providers across the state:

The Agency plans to work with the existing and emergent RHIOs and other provider networks to develop connectivity with the Florida Health Information Network. The Agency is working with the Department of Health and the 67 County Health Departments to provide HIE services through the Department of Health's Health Maintenance System to all 270 of the county clinics. The Medicaid Health Information Network is being offered to the Department of Health, so implementing access to the Medicaid HIN portal will lead the way for use of the FHIN health information exchange services.

The Agency will track its success through operational metrics relates to the health information exchange activities of the statewide HIE network. These metrics will answer basic questions about volume of health information exchange transactions, system availability, response time, and other important process measures for implementing the FHIN. Additionally, operational metrics will be a required report from any vendor, with the degree of specificity to be determined by stakeholders.

During the three years in which the Agency administered the Florida Health Information Network Grants Program, it established operational metrics for the regional health information organizations receiving funding. The quarterly progress reports for an operations and evaluation grant included operational metrics on the health information exchange that included:

- Hospitals, clinics, or other facilities authorized to use the network
- Hospitals, clinics, or other facilities sharing data within the network
- Number of physician offices authorized to use network and total clinicians represented
- Number of patients participating in the network
- Number of queries to the network from facilities or physician offices
- Number of queries from facilities or physician offices returning results

The Agency will begin with these metrics as a starting point to determine appropriate metrics to measure operational success of the FHIN, and the Agency can add to them as more data may become available for measuring, based on the vendor's capabilities.

Date to participate in NHIN, if available:

January 1, 2011 for NHIN Exchange, if available.

OPERATIONAL PLAN FOR BUSINESS AND TECHNICAL OPERATIONS

Activity	Year	Approach/Barriers
Current HIE Capacities		
Describe how the state will leverage current HIE capacities	2010-2013	<ul style="list-style-type: none"> • The Agency will continue to collaborate with the operational RHIOs and provider networks to leverage their current data exchange capabilities • The Agency will continue its Medicaid Health Information Network project
Current operational health information organizations (HIOs)	2011	<ul style="list-style-type: none"> • The Agency will work with the operational and emergent RHIOs and health information gateways to integrate their capabilities into the FHIN as it is developed
State-Level Shared Services and Repositories		
Whether the state will leverage state-level shared services and repositories	2010-2013	<ul style="list-style-type: none"> • The Agency will continue working with the DOH to integrate their county clinical records, immunization database and state labs • The Medicaid Health Information Network will continue to provide access to Medicaid claims records • The Agency will continue to work with hospitals and health care providers to increase access to other data sources. • The Agency will pursue developing an interface with SureScripts for access to medication history for state HIE participants

<p>How HIOs and other data exchange mechanisms can leverage existing services and data repositories, both public or private.</p>	<p style="text-align: center;">2010-2013</p>	<ul style="list-style-type: none"> • The Agency will continue to work with Florida RHIOs, payers, hospitals and other health information gateways to integrate public and private health care records. • The Medicaid HIN is an example of a public-private partnership that has opened access to Medicaid records. Other data repositories can be leveraged following this model.
<p>Shared services for states to consider include (but are not limited to): Security Service, Patient Locator Service, Data/Document Locator Service, and Terminology Service.</p>	<p style="text-align: center;">2010-2013</p>	<ul style="list-style-type: none"> • The State Level FHIE will work with the Agency to develop a strategy to integrate shared services into the FHIN, based on stakeholder interest
<p>Technical services may be developed over time and according to standards and certification criteria adopted by HHS in effort to develop capacity for nationwide HIE.</p>	<p style="text-align: center;">2010-2013</p>	<ul style="list-style-type: none"> • The FHIN will be capable of interoperability with NHIN Exchange • The Agency will track HHS developments and standards and work with the vendor to ensure continued compatibility with national standards
<p>Standard operating procedures for HIE</p>		
<p>The Operational Plan should include an explanation of how standard operating procedures and processes for HIE services will be developed and implemented.</p>	<p style="text-align: center;">2010</p>	<ul style="list-style-type: none"> • The Agency’s contracted vendor will be required to establish its policies and procedures based on the HIPAA Security Rule. • The Agency will require that the Agency’s contracted vendor submit its proposed standard operating procedures and processes for HIE

		<p>services for review and approval. This process will be repeated in the vendor's subsequent subcontracts with technology vendors.</p> <ul style="list-style-type: none"> • The HIECC or the new Management Committee may make recommendations regarding general operating procedures and review the FHIE's proposed procedures and processes, or proposed modifications upon request of the Agency.
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✓ **Legal Policy Strategic Plan**

Purpose

The Agency and Florida stakeholders recognize that the privacy and security of health information, including confidentiality, integrity and availability of information, is prerequisite to successful utilization of electronic health records and information exchange services. This section of the Strategic Plan describes the Agency's strategy for engaging in a statewide policy development process to facilitate privacy-protected health information exchange among health care stakeholders in Florida and establish a foundation for exchange with other States consistent with state and federal requirements. It describes a process for policy development that incorporates a review of relevant federal and state law, consideration of the need to modify laws and a process for bringing forward such recommendations. It addresses a plan for communications and negotiations with other states to enable exchange. It addresses policies regarding consumer rights and individual choice to control access and use of individually identifiable health information. It addresses the use of trust agreements among parties to the information exchange that enable the secure flow of information. It addresses how the state will address issues of non-compliance with laws and policies as applicable to health information exchange.

○ Privacy and Security Framework Principles

The Agency and Florida stakeholders are committed to upholding and acting on the Privacy and Security Framework Principles issued by the U.S. Department of Health and Human Services. These are:

- Individual Access - Individuals should be provided with a simple and timely means to access and obtain their individually identifiable health information in a readable form and format.
 - Correction- Individuals should be provided with a timely means to dispute the accuracy or integrity of their individually identifiable health information, and to have erroneous information corrected or to have a dispute documented if their requests are denied.
 - Openness and Transparency - There should be openness and transparency about policies, procedures, and technologies that directly affect individuals and/or their individually identifiable health information.
 - Individual Choice - Individuals should be provided a reasonable opportunity and capability to make informed decisions about the collection, use, and disclosure of their individually identifiable health information.
 - Collection, Use and Disclosure Limitation - Individually identifiable health information should be collected, used, and/or disclosed only to the extent necessary to accomplish a specified purpose(s) and never to discriminate inappropriately.
 - Data Quality and Integrity - Persons and entities should take reasonable steps to ensure that individually identifiable health information is complete, accurate, and up-to-date to the extent necessary for the person's or entity's intended purposes and has not been altered or destroyed in an unauthorized manner.
 - Safeguards - Individually identifiable health information should be protected with reasonable administrative, technical, and physical safeguards to ensure its confidentiality, integrity, and availability and to prevent unauthorized or inappropriate access, use, or disclosure.
 - Accountability - These principles should be implemented, and adherence assured, through appropriate monitoring and other means and methods should be in place to report and mitigate non-adherence and breaches.
- Analysis of State Laws

The Agency and Florida stakeholders have engaged in a collaborative process through participation in the national Health Information Security and Privacy Collaboration (HISPC). As part of the HISPC project, the Agency established a Legal Work Group consisting of legal and policy experts to advise the Agency regarding the privacy and security of health information exchange.

The Legal Work Group made recommendations that were adopted in the Florida Electronic Health Records Exchange Act of 2009. The Act updated and clarified laws related to the exchange of health information including provisions related to accessing health records for emergency treatment. It authorized the Agency to adopt uniform patient authorization forms to encourage use of standardized authorization processes statewide.

The Agency's participation in the national Health Information Security and Privacy Collaboration (HISPC) produced an in-depth analysis of applicable legal requirements that has served as a resource in policy development. The Agency created a Privacy and Security Resource Center which includes reference documents on Florida law and is published at <http://www.fhin.net/PSresourceCtr/AnalFLhealthRecLaw.shtml>.

- Policies and Procedures

The Agency and Florida stakeholders expect to engage in health information exchange services that are consistent with federal and state law including ARRA, the HIPAA Privacy Rule, HIPAA Security Rule, and the Confidentiality of Alcohol and Drug Abuse Patient Record Regulation. Policies and procedures will be grounded in state and federal requirements.

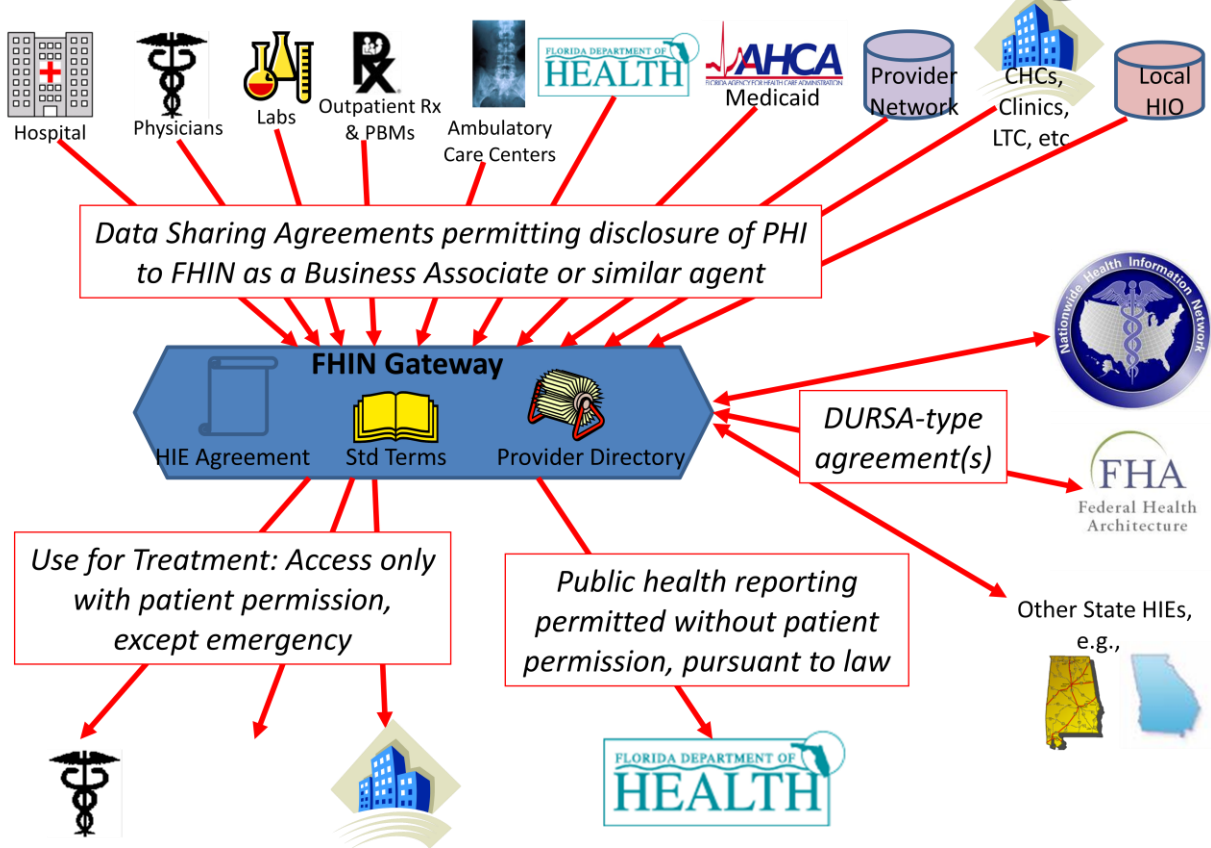
The Agency will continue to engage the Legal Work Group to review priority issues of law to facilitate health information exchange and assure that recommended policies and procedures are consistent with state and federal law.

- Trust Agreements

The Agency and Florida stakeholders upon the advice of the Legal Work Group will develop recommended standardized documents and processes to facilitate health information exchange for use by the Health Information Organizations in Florida. The Agency will develop trust agreements as required through a priority-setting process.

The Agency and Florida stakeholders wish to establish accountability and transparency regarding the status of health information exchange. As part of this accountability, the Agency will develop policies to make completed health information exchange agreements available on timely and public basis.

Florida Health Information Exchange



Health Information Network Universal Patient Authorization Form

Florida law requires patient authorization for disclosure of some sensitive health data, except in medical emergencies. A universal authorization form was recently issued in rule to enable compliance with Florida law for disclosures of such sensitive and non-sensitive health data. The form can be used by a patient (or his/her authorized legal representative) to authorize a healthcare provider to obtain the patient's records from another provider or through an HIE. The proposed authorization may be used to authorize access only if permitted by both federal and state law.

Standard Health Information Exchange Agreement

The Agency's experience in the administration of the RHIO grant program indicates that standardized legal processes are needed to avoid duplication of effort, reduce operational costs, facilitate trust, and in general, accelerate implementation of HIE. Therefore, the Agency has drafted a participation agreement that all state HIE participants would sign, setting out the data sharing and privacy requirements for participation. The participation agreement will also require that the treating provider obtain a signed patient authorization form prior to accessing the data on the network, unless there is a medical emergency. The Agency has involved

members of the HISPC Legal Work Group to assist in developing recommendations for a standard agreement. The document is on its third version and will be supplemented again with more technical requirements once the vendor is selected.

Interstate Policy Development

The Agency and Florida stakeholders wish to engage in privacy-protected health information exchange with neighboring states and other states consistent with federal and state law. As an initial step, the Agency will reach out to the state agency or designated entity in Alabama, Georgia and Puerto Rico to develop policies for interstate exchange. The communications will address:

- Comparison of state laws
 - Status of health information exchange and plans
 - Comparison of trust agreements, user agreements and patient authorization policies and forms
 - Identification of appropriate legal vehicles for interstate health information exchange
 - Interstate health information exchange pilots
- Oversight of Information Exchange and Enforcement

The Agency and Florida stakeholders will develop recommended policies to address issues of noncompliance with federal and state laws and policies that affect health information exchange services. Policies and procedures will address actions to be taken with respect to participants for noncompliance with established policies and procedures, notice, and dispute resolution. Such policies and procedures are incorporated in the participation agreements of the FHIE and available to the general public. The other participants and the vendor, and/or AHCA, will enforce such policies through its contractual relationship (the Participation/Trust Agreement) with the particular offending participant and take the appropriate action described in the procedures (e.g., a major security breach that is not addressed with a proper corrective action plan may result in the offending stakeholder's access rights being suspended or terminated). In addition, the recommended policies and procedures will address steps to be taken by each party to refer possible violation of federal or state laws to the appropriate jurisdiction. Similarly, the Agency would enforce policies and procedures through similar contractual provisions with the statewide FHIE with which it shares data as specified in the Participation/Trust Agreement.

The Agency has drafted a Participation/Trust Agreement as a template for review and comment by the Legal Work Group, by the HIECC, and through public comment. The exact timeline for completion of this review has not been set yet, but is expected to be completed soon after the vendor is selected.

OPERATIONAL PLAN FOR LEGAL/POLICY

Establish Legal and Policy Requirements

Activity	Year	Approach/Barriers
Develop Recommended Legal Policies and Procedures Framework consistent with Strategic Plan transparency, consumer rights and other principles	Framework to be completed in 2010	<ul style="list-style-type: none"> • HIECC accepts recommended policies and procedures framework for state level HIE from Legal Work Group • Barrier is defining roles of Agency, HIECC, LWG and that of (proposed) state level HIE Management Committee.
Incorporate Recommended Legal Policies and Procedures	Framework to be completed in 2010	<ul style="list-style-type: none"> • Agency incorporated in state level HIE requirements/contract
Identify Priority Policy Issues	2010	<ul style="list-style-type: none"> • Agency receive issues from FHIE Management Committee or other stakeholders and processes through HIECC and LWG • Agency incorporates in state level HIE requirements/contract or through trust agreement • Barrier is agreeing on priorities HIECC needs to address.
Establish Recommended Priority Policies	2010 and 2011	<ul style="list-style-type: none"> • Agency receive issues from state level HIE Management Committee or other stakeholders and processes through HIECC and LWG • Agency incorporates in state level HIE requirements/contract directly or through modification of trust agreement • Dependency is adopting through modification of trust agreements as necessary.
Identify Policy Issues and Establish Recommended Policy	2012 and on-going	<ul style="list-style-type: none"> • Agency receive issues from FHIE Management Committee or other stakeholders and processes through HIECC and LWG • Agency incorporates in FHIE

		requirements/contract directly or through modification of trust agreement <ul style="list-style-type: none"> • Barrier is transition to FHIE operation and change in roles.
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Privacy and Security Harmonization

Activity	Year	Approach/Barriers
Develop Trust Agreements	Priority agreements to be completed in 2010 (patient authorization, and standard participation agreement)	<ul style="list-style-type: none"> • Adopt voluntary standard trust agreements • Barrier is obtaining agreement to standard, number and complexity of issues to resolve.
Incorporate Trust Agreements	Priority agreements to be completed in 2010	<ul style="list-style-type: none"> • Agency incorporates in FHIE requirements/contract
Promulgate Trust Agreements	Priority agreements to be completed in 2010	<ul style="list-style-type: none"> • Initiate use of participation agreement in 2011 • Amend patient authorization rule as required • Barrier is obtaining agreement to standard, number and complexity of issues to resolve.
Modify or Identify Needed State Trust Agreements	2011 and on-going	<ul style="list-style-type: none"> • Agency receive issues from FHIE Management Committee or other stakeholders and processes through HIECC and LWG
Identify Needed Inter-State Trust Agreements (e.g. interstate compacts, other legal vehicles including DURSA)	Priority state approaches to be completed in 2011	<ul style="list-style-type: none"> • Agency initiates communications with designated entities in Alabama, Georgia, and Puerto Rico; participates in NGA or ONC sponsored interstate forums

Federal Requirements

Activity	Year	Approach/Barriers
Develop plan for Florida vendor to execute DURSA	Complete plan in 2010	<ul style="list-style-type: none"> • HIECC accepts plan from Legal Work Group • Barrier is complexity of DURSA.
Incorporate DURSA	Complete in 2011	<ul style="list-style-type: none"> • Agency incorporates in requirements/contract for vendor
Review Federal legal requirements for VA for modification of Florida trust agreements and/or DURSA	Complete review and recommended interim approach in 2010	<ul style="list-style-type: none"> • HIECC approves recommended approach for state FHIE from Legal Work Group; Agency communicates significant legal issues to ONC
Review Federal legal requirements for DOD for modification of Florida trust agreements and/or DURSA	Complete review and recommended interim approach in 2010	<ul style="list-style-type: none"> • HIECC approves recommended approach for state FHIE from Legal Work Group; Agency communicates significant legal issues to ONC
Incorporate other federal requirements as necessary	Complete in 2011	<ul style="list-style-type: none"> • Agency incorporates in FHIE requirements/contract

Opportunity for Better Health Care

The Agency for Health Care Administration and Florida stakeholders recognize that health information technology infrastructure development is a means to better health care for Floridians. This project will result in the implementation of a statewide health information exchange plan for Florida addressing goals related to health information exchange capacity and oversight that are essential for supporting and measuring the meaningful use of electronic health records to improve care coordination and to improve population and public health and other health outcomes.

Clearly, the opportunity afforded as a result of passage of the American Recovery and Reinvestment Act and its focus on promoting the adoption of electronic health records among providers, the use of standards-based technology and the exchange of health information will result in improved care for patients and a more economic use of limited health care resources. Florida, as several other states, embarked on this journey several years ago and has a cadre of committed and knowledgeable

stakeholders who are now engaged in moving communities, regions, the state and the nation to a full and broad adoption of the meaningful use of health information among providers.

The Agency will finalize and implement its Strategic and Operational Plans with the participation of the Health Information Exchange Coordinating Council (HIECC) and other interested parties through an open process consistent with that allowed by the Florida open meeting requirements. The HIECC will review and advise on various policy, technical, and procedural issues to ensure the effective exchange of health information and electronic health record adoption in Florida as this Strategic and Operational Plan is implemented over the next several years.

Addendum
Strategy for Addressing Health Information Exchange Requirements:
ONC Program Information Notice, July 6, 2010

As stated in the State Health Information Exchange Cooperative Agreement Program Funding Opportunity Announcement (FOA), the Office of the National Coordinator for Health Information Technology (ONC) may offer program guidance to provide assistance and direction to states and organization receiving awards under the program. The Program Information Notice (PIN-001) published July 6, 2010 provided guidance to States and clarified certain elements of the States' Strategic and Operational Plans (SOP) that are to be included.

The PIN-001 specifies that Health Information Exchange (HIE) Cooperative Agreement awardees must address and enable these three HIE capabilities related to meaningful use of electronic health records in 2011: 1) e-prescribing, 2) the receipt of structured lab results and 3) the sharing of patient care summaries across unaffiliated organizations. The approach for developing the capability to support these types of exchanges must be outlined in the SOP in concrete and operationally feasible plans. Specifically, the plan should describe how the State will invest federal dollars and associated matching funds to enable eligible providers to have at least one viable option for each of these three HIE capabilities that are included in the meaningful use measures for 2011.

- **Strategies for Enabling Meaningful Use**

This section outlines the Agency's strategy for enabling options for eligible providers to engage in health information exchange for meaningful use in 2011, and future years, as outlined in the PIN-001. This discussion expands the initial strategies outlined in the Agency's Meaningful Use Gap Analysis included in the Business and Technical Operations domain of the Strategic and Operational Plan (SOP).

Electronic Prescribing

The Meaningful Use Gap Analysis addresses the status of electronic prescribing in Florida which has grown from less than 2% of prescriptions (excluding controlled substances) to 18% by mid-2010. It discusses plans for education and outreach to geographic regions with lower electronic prescribing rates and to independent pharmacies to encourage their adoption of electronic prescribing technology. More information on Florida's progress is contained in the Agency's dashboard which compiles quarterly metrics on electronic prescribing including medication history requests, physicians e-prescribing and pharmacies that accept e-prescriptions.

The Agency proposes to continue Florida's notable progress in the adoption of electronic prescribing through education and outreach and through the promotion of the Florida Medicaid Health Information Network to Medicaid providers for e-prescribing. The Agency will also work with state professional pharmacy associations, pharmacy colleges and other stakeholders to address remaining barriers to full pharmacy participation.

Receipt of Structured Lab Results

The Agency HIE team is proposing a concrete and operationally feasible plan to address and enable eligible providers to receive structured lab results in their electronic health record (EHR) systems. There are over 2,200 physician office laboratories and 1,380 other clinical laboratories (independent, hospital, and other locations/specialties) licensed in Florida. From research based on Medicaid outpatient claims, we have identified the three highest volume laboratories in Florida: Quest, LabCorp and the Department of Health Bureau of Laboratories. These laboratories provide 78% of all Medicaid laboratory results. Quest and LabCorp currently offer electronic ordering and delivery of structured lab results directly and through third party brokers, such as Emdeon and Ignis. Thus, there are several electronic options for ordering and delivery of Quest and LabCorp lab results to Florida providers.

The Department of Health Bureau of Laboratories has negotiated a contract with Emdeon for ordering and delivery of state lab results to Florida providers. This service is currently being piloted in production, and will be widely available to providers who have an Emdeon-EHR interface in 2011. The Bureau has electronic ordering capabilities currently.

Several Florida hospitals and Integrated Delivery Networks (IDNs) also have electronic ordering and delivery of lab results available for their affiliated providers, either directly or through a third party broker.

The majority of the lab results from Quest, LabCorp and the State Lab contain LOINC⁶ codes, while the majority of hospital-based lab systems do not include LOINC codes in their results.

Current Context and Challenges

The problem to be addressed is enabling the smaller laboratories in Florida that provide 22% of non-hospital laboratory results to submit electronic lab results to a provider's EHR system in a structured format. A large number of laboratory results are still faxed or sent by courier. Medical practices with EHRs can get electronic lab results from laboratories, providing they have a sufficient volume of business, the lab can send electronic results, their EHR vendor supports lab interfaces and the practice can afford the interface.

The current challenges to Electronic Laboratory Data Exchange include:

- Wide variety of formats for lab data;
- Variety of transmission standards, even given same format (i.e., HL7 2.x);
- Getting EHR-specific identifiers for matching;
- Few smaller/hospital labs currently support standard identifiers (i.e., LOINC);
- No standard way of connecting labs/EHRs;
- New interfaces are expensive for providers; and
- Ensuring CLIA rules are met for proper delivery of lab results to a provider's designated agent.

⁶ LOINC is a registered trademark of Regenstrief Institute (www.loinc.org)

As noted in the Meaningful Use Gap Analysis, during 2009 and 2010, the Agency met with hospitals, physicians and other stakeholders to be more informed about the current status of the electronic exchange of clinical laboratory results and developments underway. The Agency learned that some providers have access to lab ordering and/or results through proprietary systems offered by major clinical laboratories and some hospitals or integrated delivery networks (IDNs).

The Agency plans to address the gaps in participation in HIE by clinical labs beginning with an analysis on the ability of labs to provide structured and LOINC-coded lab results through a survey of laboratories (not including physician office labs) in Florida which will be distributed in October, 2010 and updated annually. The purpose of the survey is fourfold:

- 1) Increase awareness among labs of meaningful use requirements for physicians, their main customers.
- 2) Obtain information about number of clinical labs that have the capability of supporting health information exchange. Specifically, the Agency will monitor and track the number of clinical labs that can send results electronically in structured formats, the types of formats in use, whether LOINC codes are included, and what third party vendors transmit lab results.
- 3) Disseminate information to Regional Extension Centers, physicians and health care providers regarding e-enabled labs.
- 4) Identify interested clinical lab HIT leaders for future work with the Agency.

In its 2010 environmental assessment of Medicaid providers and their readiness for meaningful use, the Agency also included questions about electronic receipt of clinical lab results in the survey of eligible professionals. Physicians and other eligible professionals were asked how many clinical laboratories used and how many of these send them results in standardized formats that can be saved in the electronic health record. The survey also asked if the provider's electronic health record can send clinical lab results in the form of clinical messages. The survey results, to be returned by October 2010, will be analyzed and compared with the information obtained from the clinical laboratories.

Outreach/Education

As the Agency is responsible for the licensing of all clinical labs in the state⁷, the HIE team has multiple avenues for notifying labs of the survey, requesting their participation, and disseminating findings and suggestions based on the survey results. The key task of the survey will be to determine how laboratories currently send lab results, their technical capability to send data electronically and in structured format to providers and to help identify potential solutions.

⁷ The Agency is responsible for the licensure of clinical laboratories in Florida. The Laboratory Unit handles applications for the state laboratory licensure and federal Clinical Laboratory Improvement Amendment (CLIA) certification programs. All facilities, including physician offices, performing any clinical laboratory testing, are required to obtain a federal CLIA certificate. All facilities performing non-waived tests, which includes any tests done under a microscopy, must also obtain a State of Florida license. Initial and biennial inspections are required for facilities performing non-waived testing.

The results of the survey will help the Agency HIE team develop a strategy for outreach to small laboratories to promote the use of standards for interoperability and participate in education and technical assistance opportunities with other organizations, in coordination with RECs as applicable.

Initial plans are to identify market segments and work with professional associations and leadership to better understand barriers to the use of health information technology including the concerns of small and specialized laboratories. The Agency will engage stakeholders in a review of the findings from the clinical lab survey regarding data formats. The Agency and stakeholders will review technical standards for the exchange of clinical lab data results drawing on national standards and guidelines.

The Agency will solicit laboratory stakeholder participation in the Health Information Exchange Coordinating Committee (HIECC) and will devote time in future HIECC meetings to discuss laboratory data exchange in order to introduce recommendations based on findings from the survey of laboratories to the broader stakeholder community represented by the HIECC members.

The Agency will also encourage RHIOs and other local provider networks to participate in outreach and education in coordination with the Florida RECs. The Agency will work closely with RHIOs and other provider networks participating in the state-level health information exchange to focus these efforts.

Interface and Other Fees

One major barrier to the delivery of lab results is the cost of interfaces to EHRs. The Agency plans to monitor fees quoted in conjunction with regional extension centers and will serve as a resource to assist the efforts of the regional extension centers. The Agency wishes to allow the private market to operate but is concerned that the requirements and time limited nature of the federal and state electronic health record incentive programs do not result in artificially high fees.

The Agency will promote technology adoption among laboratories by facilitating coordinated negotiation with clinical labs, third party brokers, and EHR vendors for reduced interface or other fees as necessary to assure providers have reasonable access to the electronic delivery of structured clinical laboratory results. Working with our HIE vendor, the Agency will identify interfaces that can be replicated for use among different labs and EHR vendors. By reusing interfaces, where possible, the cost of connecting to labs can be reduced for providers and the receipt of structured lab results can be facilitated.

The Agency will encourage implementing standards-based solutions, and will coordinate these efforts with the Regional Extension Centers to work with providers in their areas to solicit feedback on problems and costs relating to interfaces with laboratories. The Agency will draw on the expertise and insights of its licensing unit to assist in effective communication with clinical laboratory providers.

Similarly, the Agency will encourage the use of LOINC codes in lab results and facilitate coordinated negotiation for LOINC mapping services with third party vendors, where feasible and desired by Florida labs.

Sharing of Clinical Summaries across Unaffiliated Organizations

The meaningful use measures in the Medicare and Medicaid Electronic Health Record Incentive Program regulations issued in July 2010 and the PIN-001 include the capability for sharing clinical summaries

across unaffiliated organizations. ONC has requested that the Agency assure the availability of direct messaging or the equivalent HIE functionally to all Florida health care providers.

Current Context and Challenges

The Agency received information on secure messaging capabilities through responses to its RFI issued in early 2010 and is also aware that the private market is developing rapidly. The challenge for the Agency is how best to allow the market to develop while ensuring health care providers have access to the services required for the sharing of clinical summaries across unaffiliated organizations.

There is concern whether the developing market will achieve optimal interoperability and that security is maintained in the exchange of clinical documents. Another concern is that providers and their electronic health record vendors have access to authoritative source of provider information for accurate routing and to enable users to find pertinent information about the health care provider that may be a source or receiver of a document.

The Agency is taking a number of immediate and short-term approaches to enable the sharing of clinical summaries across unaffiliated organizations in addition to developing the patient look-up services of the HIE that will be implemented on an incremental basis.

Identifying and Addressing Gaps

The Agency recognizes that providers will want to have a variety of options for exchanging clinical summaries and be able to select those which best suit their needs. To encourage the dissemination of current information to health care providers, the Agency will invite vendors to submit a description of their secure messaging services for posting on the FHIN.net. There are several private companies who have publicly indicated that they will be offering direct messaging for the routing of messages between providers. The Agency will work with entities as appropriate and in collaboration with other stakeholders to ensure coverage and that the needs of underserved communities are met.

As one option, the Agency will implement secure messaging using national Direct standards to support Florida providers in meeting the requirements for electronic health record meaningful use incentives as specified for the sharing of clinical summaries. Public health reporting pilots will be implemented in coordination with the Florida Department of Health and Florida stakeholders.

The Agency's HIE Vendor will implement direct messaging services that enable the secure exchange of health information between any participant in the FHIE and the Florida Department of Health (FDOH) for purposes of public health reporting and as required for the provider to qualify for electronic health record meaningful use incentives. These services will use national Direct standards enabling providers to "push" information to identified participants. The HIE vendor will implement direct messaging for public health reporting in coordination with the Agency and FDOH. The Agency, FDOH, and Florida stakeholders which will engage in a process to evaluate current capabilities and prioritize the initial pilots.

As another option, beginning in 2011, if feasible, the Agency's Florida Medicaid Health Information Network will include limited secure messaging services or secure e-mail of clinical documents and/or clinical information at no cost to Medicaid and other health care providers (that have registered). The network currently provides viewing access to Medicaid claims histories upon patient authorization. (See

“Environmental Scan” under *General Topics* for more about the Florida Medicaid Health Information Network.)

The Agency will also facilitate the deployment of national protocols and standards, such as the specifications of the NHIN Direct, to enable Florida’s physicians to transmit encrypted documents to other providers securely and reliably from their certified EHRs. The Agency will facilitate opportunities for stakeholders to guide the application of national standards in Florida.

The Agency will work with the four Regional Extension Centers in Florida to ensure and monitor the performance of certified EHRs and provide education and outreach to assist providers in sharing clinical summaries. The Agency will assist providers in locating vendors that best meet their needs through information posted on FHIN.net.

The Agency plans to roll-out patient look-up services which will provide an alternative means to enable the exchange of clinical documents. In 2011, the availability of this option will be limited to early participant provider networks such as RHIOS, hospital-based IDNs and their affiliated clinicians. However, the patient-look services will become more widely available in 2012 and will provide the ability for providers to find and retrieve information from other providers not previously known to them.

Provider Directory

Per ONC’s specific request, the Agency will establish a provider directory that is authoritative, enables network authentication processes, and includes addresses or other information for routing of HIE documents. The Agency is aware that there are multiple health care provider directories in current use that are related to health information exchange and these uses extend beyond that supporting the secure e-mail and secure messaging. There are two types of directories that have a logical role in facilitating secure messaging and other types of health information exchange these are:

- 1) Informational directories (“yellow pages”) -- An authoritative resource listing clinicians and entities that is used to “look up” providers and point to the routing directory
- 2) Routing directories -- Routing registrar to provide addressing hierarchy/service to enable machine-to-machine routing in context of health information exchange activities.

The Agency has formulated a strategy to ensure that there is an authoritative provider directory available to health care providers that meets their needs. The options for establishing an authoritative provider directory are also being developed, and a solution(s) will be chosen based on stakeholder feedback and the utility of leveraging existing sources of provider lists.

Use of the Florida Department of Health’s physician listing is being considered. In Florida, all licensed physicians are identified in a physician licensing database held by the Department of Health. Therefore, this database may provide a starting place for developing a provider directory. The database is updated daily, and is available for downloading.

The Agency strategy is to review various approaches to establishing such a provider directory with the input of Florida’s stakeholders. The Agency will meet with stakeholders to discuss feasibility, utility,

identify needs for provider identification and routing details, and determine how such a directory will be maintained and who would do so. The Agency will:

5. Consider feasibility of an in-house build by using Department of Health physician licensure data as a foundation for a provider directory in combination with National Provider Identifier (NPI) records for Florida providers.
6. Explore options for working with its contracted FHIE Vendor for provider directory development as it relates to:
 - a. NHIN Exchange,
 - b. Surescripts,
 - c. Immunization Registry, and
 - d. Public health reporting.
7. Identify existing provider directories currently in use and pursue leveraging those, as feasible.

Every reasonable effort will be made to utilize existing provider directory information to enable the functionality needed to support the exchange of clinical summaries. The potential for future participation in a federated network or regional effort is part of the Agency's design considerations as is the potential role of a regional system to aid in disaster preparedness.

Other Supporting Activities

The Agency will also work with Regional Health Information Organizations, IDNs, and Internet Service Providers (ISP) to facilitate connectivity among physicians in rural areas. In Florida's 28 rural counties designated as Rural Areas of Critical Economic Concern, two broadband service providers have received Broadband Telecommunications Opportunity Program awards totaling about \$54 million to deploy broadband connectivity to rural communities: the North Florida Broadband Authority and the Florida Rural Broadband Alliance. The Agency is working with both organizations to ensure that rural health care providers have access to appropriate and affordable bandwidth for their Internet connections.