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## Strategic and Operational Plans

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Strategic and Operational Plans

a) General Topic Guidance

- Environmental Scan

Purpose

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 care network that will integrate the relevant medical records of Floridians for treating physicians and other providers at the point of care and 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, prescription benefit managers, laboratories and most importantly patients and their families. Based on its experience and vision, the Agency intends to implement this strategic plan to promote the meaningful exchange of electronic health information among the multiple stakeholders across the state, in order to provide better health outcomes for all Floridians.

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 HIE by health care providers within the state.

The Agency is authorized by the Legislature to promote health information exchange and to foster the adoption of electronic health record systems. The Agency has moved from strategic planning to creating a grants program to leverage the development of local electronic health information exchange and establishing plans to build a statewide health information network. The statutory authority given to the Agency clearly supports 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 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.

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

¹ Menachemi N, Brooks RG. (2006). EHR and other IT adoption among physicians: results of a large-scale statewide


⁴ Yeager K, Menachemi N, Brooks, RG (in press).
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 care 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 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 around a central set of servers that will maintain connectivity among RHIOs and other health information networks, providers, patients and payers in Florida.

There are many expected benefits to be realized as physicians and other providers begin to use the FHIN. It will give providers the technological means to improve health care outcomes by enabling better coordination of care with other providers; it will provide access to vital medical records in an emergency or natural disaster; patients will 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 mature RHIOs was poised to begin exchanging electronic health records 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 can call on to assist the development of a statewide health information network as technical and organizational stakeholders.
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 is coordinating the administration of 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. 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.

*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).

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.

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, it can now act as a resource for guiding and directing the critical technical and governance decisions that must be made to create a statewide health information exchange infrastructure. The Agency is ready to determine the technical approaches, business planning for sustainable operations, and operational requirements to select a stakeholder-based organization that will manage the network effectively and transparently.

With the assistance of the Florida Hospital Association CIO Council and other stakeholders, the Agency proposes the following overall principles for HIE. These principles will be 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.
- Regardless of EHR status, providers must be able to access information on the State HIE.
- Providers will interact with the state wide directory through the use of standard interface and communication formats and protocols. This would include updates to the state wide MPI and requests for patient information.
- 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 providers, 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.

• A State-level MPI will be required to answer the question “who has data on this patient?”

• Providers seeking information on patients should have the choice of using either their local RHIO if one exists or to inquire through the State HIE.

• The State HIE will deliver to its users a longitudinal patient health record for viewing purposes – the user will then need to decide if the information should be imported to their systems, printed or quit.

• 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. 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 stake-holders and their willingness to pay. This must go well beyond public/private funding mechanisms. An electronic information marketplace must have buyers and sellers to ensure financial sustainability.

Privacy and Security Controls

- The HIE must be 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., ONCHIT, 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:
  o Electronic eligibility and claims transactions
  o Electronic prescribing and refill requests
  o Electronic clinical laboratory ordering and results delivery
  o Electronic public health reporting (i.e., immunizations, notifiable laboratory results, registries, etc)
  o Quality reporting
  o Prescription fill status and/or medication fill history
  o Clinical summary exchange for care coordination and patient engagement
• Leverage existing regional and state level efforts and resources that can advance HIE, such as master patient indices, health information organization (HIO) 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.
  o 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.).
  o 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:

- 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, registries, etc)
- Quality reporting
- Prescription fill status and/or medication fill history
- Clinical summary exchange for care coordination and patient engagement

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.

- **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](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 in touch with the not-for-profit organizations that submitted proposals for the HIT Regional Extension Center Cooperative Agreements in September, through meetings and conference calls. 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. Letters of support were provided to three Florida applicants in September 2009, consistent with the Agency’s criteria for Extension Centers. The Agency expects to work with the future 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 between the HIO and individual providers and operational metrics reported by the HIO.

- **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.
o **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.

o **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.

o **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.

o **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 DOE 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 program.*

  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 state level Health Information Organization will work closely with the RECs to ensure that the efficient operation of providers’ electronic health record system as the interoperability of the databases 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:**
The Agency has partnered with Florida State University and eight Florida Workforce Regions (28 counties) in a proposal to create an online and face-to-face education and training program in the field of Health Information Technology (HIT) leading to an undergraduate and graduate level HIT Certificate from Florida State University. The goal of this initiative is to address the needs of the health IT labor market estimated to increase by 18 percent through 2016 (Bureau of Labor Statistics). This funding opportunity will serve as a pilot project to stimulate education, training, and job creation in Florida’s most distressed rural counties. The role of the Agency is to oversee the health information technology certificate’s content design and curriculum. This project will work with Regional Extension Health Centers to prepare a technical support workforce for Health IT.

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 state level Health Information Organization selected to operate the statewide health information exchange 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**

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<tr>
<th>Activity</th>
<th>Year</th>
<th>Approach/Barriers</th>
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<tbody>
<tr>
<td>HIO will provide the REC with support and guidance toward creating awareness, education and training programs that promote</td>
<td>2010 – 2015</td>
<td>REC’s will work together with Education Consortiums in the state, libraries, and other resource centers to provide training.</td>
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the use of broadband and health IT. HIO and REC will hold quarterly meetings to address the project's strengths and limitations.

- The REC will provide metrics to the HIO on adoption and implementation of EHRs, technical difficulties, and new standards and systems.
- The REC will consider statewide and regional priority areas identified by the HIO which shall include coordination with the Medicaid EHR adoption program.

- 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.

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<tr>
<th>Activity</th>
<th>Year</th>
<th>Approach/Barriers</th>
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</table>
| Create a Health IT Certificate Program to create jobs in HIT and develop a workforce that will meet the needs of the RECs and HIE. | 2010 - 2013 | - This will be a collaborative effort between institutions of higher education, regional workforce centers, and the Agency to provide outreach, education and job placement opportunities.  
- Training program will be delivered via online and face-to-face using libraries, workforce and education centers.  
- A comprehensive pre- and |
post evaluation will be done of the project to measure initial needs and subsequent outcomes.

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<tr>
<th>Activity</th>
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<tbody>
<tr>
<td>Integrate HIE with broadband capacity based on existing mapping data.</td>
<td>2010 - 2015</td>
<td>- Mapping broadband availability will support the development of new infrastructure and indicate how existing resources can be best leveraged for affordable access.</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>- Delays in mapping the broadband data could inhibit the connectivity of EHRs and slow down the adoption of HIE.</td>
</tr>
<tr>
<td>Collect pre- and post connectivity and exchange metrics to highlight current and future needs.</td>
<td></td>
<td>- Broadband adoption programs will complement the activities of the regional extension centers and workforce grants.</td>
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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 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 will expand to include other states within the region, including Puerto Rico. At this point, monthly conference calls are scheduled to share lessons learned, expertise and to plan for the future exchange of information. 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.

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<tr>
<th>Activity</th>
<th>Year</th>
<th>Approach/Barriers</th>
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<tbody>
<tr>
<td>Establish regional HIE Planning Cooperative</td>
<td>2009-2013</td>
<td>• 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.</td>
</tr>
<tr>
<td>Participate in monthly State HIT Collaborative</td>
<td>2009-2013</td>
<td></td>
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<tr>
<td>Participate in AHRQ learning sessions</td>
<td>2009-2013</td>
<td></td>
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<tr>
<td>Participate in NGA national and regional learning forums.</td>
<td>2009-2013</td>
<td></td>
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<tr>
<td>Assist states as requested in providing expertise to them in their planning activities</td>
<td>2009-2013</td>
<td></td>
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b) 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, ten 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, payers via Blue Cross Blue Shield of Florida and Florida Medicaid, a Health Information Organization, a quality improvement organization, 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 Christine H. Nye, Director, Florida Center for Health Information and Policy Analysis, 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 five operating Regional Health Information Organizations in Florida, located in Jacksonville, Tallahassee, Orlando, Ocala, and Pensacola which are actively exchanging 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 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.
**OPERATIONAL PLAN FOR GOVERNANCE**

*Description of ongoing development of governance and policy structures:*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year</th>
<th>Approach/Barriers</th>
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<tbody>
<tr>
<td>Propose legislation for Coordination of Health Information Exchange and other Health information Technology Adoption initiatives</td>
<td>2010</td>
<td>• Authorizes the Agency to coordinate with Regional Extension Centers operating in Florida and establish guidelines for Medicaid Extension Center services</td>
</tr>
<tr>
<td>Agency will conduct annual legislative review</td>
<td>2010 and ongoing</td>
<td>• 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.</td>
</tr>
</tbody>
</table>

**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 identifying the initial FHIN HIE services to be offered and the corresponding expected revenue will be
determined through a collaborative process with the key stakeholders over the next few months.

Given the difficult economic environment facing all health care stakeholders, to become financial sustainable, the HIE must focus on un-met needs that stakeholders are willing to pay for. A needs assessment must be conducted to determine what those needs are and determine the most likely financial sources, for what services at what price points. The HIE should evaluate sources of information and the value of that information to providers. For example over the counter medications are generally only available as self reported information from the patient. Access to this type of information could enhance the value of a PHR exchange service. Stakeholder groups include consumers, caregivers, physicians, hospitals, health plans, and purchasers (e.g., employers).

The Agency plans to prepare draft models for 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 will be accomplished through meetings with various stakeholders. The plan for initial HIE services to be offered is anticipated to be concluded by February 2010. In order to be able to move forward with those plans in an expeditious manner, the Agency will be asking for “letters of intent to participate” from key stakeholders, which will serve as the basis for later data sharing agreements. 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.

The Agency has already been working on such draft models for HIE services to be offered by the FHIN. Here is a summary of concepts currently being evaluated:

**HIE Services Under Consideration:**

**Phase 1: Secure Clinical Messaging:** This involves the delivery of clinical messages (e.g., lab results, discharge summaries, etc.) from the source system (e.g., lab system) to the destination (e.g., ordering physician). This has been a proven model in several other HIOs. It is a solid first step toward developing the technical infrastructure and interfaces to connect providers. The key for planning is to ensure that a critical number of hospital systems are willing to participate and use this HIE service to deliver their lab results to physicians. The physician offices would then only need only one portal (the FHIN) to receive their clinical messages. In addition, the FHIN could set up direct interfaces to physicians’ office EHRs (for those desiring to receive results in that method, which method will be increasing as more physicians adopt EHRs). Selecting this HIE service as a first effort will enable the FHIN to develop a master physician index and communication mechanism with physician offices. In addition, physicians can use the secure messaging network to forward clinical results with a note to other physicians on the network (e.g., for referrals or consults). This communication mechanism can also be
utilized for other purposes, such as targeted public health alerts. In addition, clinical messaging does not require the development of a master patient index on day one. However, this can be phased in for Phase 2 as described below.

Phase 2: Patient Look-up: This enables the search and retrieval of a patient’s longitudinal health information. It requires a master patient index, as well as the availability of patient data from different sources (e.g., labs, medication history, and discharge summaries). In Phase 2, initial roll-out would be targeted for hospital emergency rooms, followed by access for hospital inpatient and outpatient, clinics, physician offices and other healthcare facilities. Phase 2 would also require the mapping of the data to standard terminology (such as LOINC for lab results). These coded results could then be utilized for public health reporting and surveillance. Phase 2 involves more incorporation into workflow of clinicians and is a larger effort than Phase 1.

Phase 3: Quality metrics: Once a critical mass of patient data is available in a standardized format, quality outcome measure can be generated from the linked data sources. Thus, quality metrics would 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 are preliminary descriptions of HIE services under consideration, and they will be evaluated, discussed and prioritized with stakeholders in the state as part of an on-going needs assessment process.

Long-Term Financial Sustainability Model

Once the HIE services have been identified, 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.

The long-term sustainability model would seek to balance value to the different stakeholders and likely be a subscription model to enable predictability in costs for
budget purposes of the stakeholders and to encourage adoption (as opposed to a transaction fee model that may dissuade use of the HIE service).

There may be some HIE services where it may be more appropriate to charge a transaction fee (e.g., fee per clinical message delivered). After the first year of operation, the HIO would have more cost information upon which to base its revenue needs.

Delivering clinical messages, such as delivering lab results from the lab system to the ordering physician’s office (by either online inbox or into the office’s EMR), could be an HIE service candidate for a transaction model by charging the originating system (in this case, the lab) a set fee per message delivered. This transaction model has been successfully utilized in several other states (between $0.10 and $0.40 per message delivered). However, many in those states 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. Florida will be examining this potential HIE service as a priority area and work with the hospitals, private labs and state labs to explore feasibility of different models. Using the FHIN for this shared service to over 55,000 Florida physicians can reduce the costs incurred today by such hospitals and labs, reduce the physician office staff time involved in sorting and managing the lab results from multiple sources, and speed the delivery of lab results which will improve patient care and medical decision making.

Since transaction fees often deter adoption, 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. 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.

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.

Florida Hospital Association estimates for 2008. See website [http://www.fha.org/facts.html#hosp](http://www.fha.org/facts.html#hosp)
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 Center(s) 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 – HIE

<table>
<thead>
<tr>
<th>Florida HIE Cooperative Agreement Project Budget -- Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Object Class Category</strong></td>
</tr>
<tr>
<td>Personnel</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Fringe Benefits</td>
</tr>
<tr>
<td>Travel</td>
</tr>
</tbody>
</table>
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 – HIO

### Florida Health Information Organization Budget

<table>
<thead>
<tr>
<th>Object Class Category</th>
<th>Year 1 *</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>TOTAL</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$692,328</td>
<td>$774,384</td>
<td>$789,872</td>
<td>$805,669</td>
<td>$3,062,253</td>
<td>11 staff</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$192,813</td>
<td>$215,666</td>
<td>$219,979</td>
<td>$224,379</td>
<td>$852,837</td>
<td></td>
</tr>
</tbody>
</table>

*Anticipated Start: February 1, 2010*
### Travel Costs
<table>
<thead>
<tr>
<th></th>
<th>AHCA per staff allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>$32,000 $32,000 $32,000 $32,000 $128,000 $128,000</td>
</tr>
</tbody>
</table>

### Equipment Costs
<table>
<thead>
<tr>
<th></th>
<th>Office Furniture/File Cabinets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment</td>
<td>$10,450 $0 $0 $0 $10,450</td>
</tr>
</tbody>
</table>

### Supplies Costs
<table>
<thead>
<tr>
<th></th>
<th>Paper/Copying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies</td>
<td>$19,800</td>
</tr>
<tr>
<td></td>
<td>$4,950 $4,950 $4,950 $4,950</td>
</tr>
<tr>
<td></td>
<td>$10,450 $7,700 $7,700 $7,700 $33,550</td>
</tr>
<tr>
<td></td>
<td>$14,740 $0 $0 $0 $14,740</td>
</tr>
</tbody>
</table>

### Contractual Costs
<table>
<thead>
<tr>
<th></th>
<th>Core network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractual</td>
<td>$11,764,111</td>
</tr>
<tr>
<td></td>
<td>$5,852,401 $2,504,969 $1,693,640 $1,713,101</td>
</tr>
<tr>
<td></td>
<td>$78,000 $79,560 $79,560 $82,774 $319,894</td>
</tr>
<tr>
<td>Other</td>
<td>$2,261,928</td>
</tr>
<tr>
<td></td>
<td>$52,800 $53,856 $54,933 $56,032 $217,621</td>
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<tr>
<td></td>
<td>$51,700 $52,734 $53,789 $54,864 $213,087</td>
</tr>
<tr>
<td></td>
<td>$2,310 $2,310 $2,310 $2,310 $9,240</td>
</tr>
<tr>
<td></td>
<td>$5,500 $5,500 $5,500 $5,500 $22,000</td>
</tr>
</tbody>
</table>

### TOTAL Costs
|         | $18,945,511 |
| TOTAL   | $7,774,434 $4,628,364 $3,337,223 $3,205,490 |

*Anticipated Start: July 1, 2010*

---

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

**Estimated timeline for work after grant to HIO—Best Case Scenario:**

Assumptions:

- HIO will develop the HIE services in the phases described in the prior section (which was Phase 1: clinical messaging, Phase 2: patient look-up in hospital ED and later in other healthcare settings and including public health reporting, and Phase 3: quality metrics)

- HIO receives grant/contract on July 1, 2010.

- HIO already is established as a non-profit corporation, with by-laws, etc. and is ready to go on day one of the AHCA grant/contract.

- Florida has 5 major medical trading regions: Northwest (Tallahassee), Northeast (Jacksonville), Southeast (Miami, Ft. Lauderdale), Central (Orlando), Southwest (Tampa Bay, Sarasota, and Ft. Meyers).
<table>
<thead>
<tr>
<th>Milestone Description</th>
<th>Target Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Submitted to ONC</td>
<td>10/16/2009</td>
</tr>
<tr>
<td>Background research and planning for HIE RFI</td>
<td>11/1/2009</td>
</tr>
<tr>
<td>HIE RFI posted</td>
<td>11/15/2009</td>
</tr>
<tr>
<td>HIE RFI replies returned</td>
<td>12/15/2009</td>
</tr>
<tr>
<td>Background work on HIO grant</td>
<td>12/15/2009</td>
</tr>
<tr>
<td>HIE RFI replies evaluated and final report</td>
<td>1/15/2010</td>
</tr>
<tr>
<td>Results of RFI evaluation added to HIO grant specifications</td>
<td>1/31/2010</td>
</tr>
<tr>
<td>Cooperative Agreement with ONC initiated</td>
<td>2/1/2010</td>
</tr>
<tr>
<td>HIECC reviews Grant opportunity</td>
<td>2/15/2010</td>
</tr>
<tr>
<td>Grant opportunity for HIO released</td>
<td>3/1/2010</td>
</tr>
<tr>
<td>Background work on RFP for technical vendor</td>
<td>4/1/2010</td>
</tr>
<tr>
<td>HIO proposals returned</td>
<td>4/1/2010</td>
</tr>
<tr>
<td>HIO Proposal Evaluation and HIECC review complete</td>
<td>4/15/2010</td>
</tr>
<tr>
<td>HIO selection announced</td>
<td>5/1/2010</td>
</tr>
<tr>
<td>HIO receives grant/contract from AHCA</td>
<td>6/1/2010</td>
</tr>
<tr>
<td>HIO releases RFP for vendor bidding</td>
<td>7/1/2010</td>
</tr>
<tr>
<td>HIO develops and obtains signature on participation agreement from X number of hospitals and other necessary participants for Phase 1</td>
<td>9/1/2010</td>
</tr>
<tr>
<td>Milestone Description</td>
<td>Target Completion Date</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>HIO selects vendor(s) &amp; finalizes contract with vendor(s)</td>
<td>9/1/2010</td>
</tr>
<tr>
<td>Phase 1 clinical messaging in region 1 testing complete &amp; begin go live rollout</td>
<td>3/1/2011</td>
</tr>
<tr>
<td>Phase 1 clinical messaging in region 2 begins go live rollout</td>
<td>6/1/2011</td>
</tr>
<tr>
<td>Phase 1 clinical messaging in region 3 begins go live rollout</td>
<td>9/1/2011</td>
</tr>
<tr>
<td>Phase 1 clinical messaging in region 4 begins go live rollout</td>
<td>12/1/2011</td>
</tr>
<tr>
<td>Phase 1 clinical messaging in region 5 begins go live rollout</td>
<td>3/1/2012</td>
</tr>
<tr>
<td>HIO develops and obtains signature on participation agreement from X number of hospitals and other necessary participants for Phase 2</td>
<td>6/1/2011</td>
</tr>
<tr>
<td>Phase 2 patient look-up in region 1 begin go live rollout</td>
<td>10/1/2011</td>
</tr>
<tr>
<td>Phase 2 patient look-up in region 2 begins go live rollout</td>
<td>1/1/2012</td>
</tr>
<tr>
<td>Phase 2 patient look-up in region 3 begins go live rollout</td>
<td>4/1/2012</td>
</tr>
<tr>
<td>Phase 2 patient look-up in region 4 begins go live rollout</td>
<td>7/1/2012</td>
</tr>
<tr>
<td>Phase 2 patient look-up in region 5 begins go live rollout</td>
<td>10/1/2012</td>
</tr>
<tr>
<td>HIO develops and obtains signature on participation agreement from X number of physicians and other necessary participants for Phase 3</td>
<td>1/1/2012</td>
</tr>
<tr>
<td>Phase 3 quality metrics in region 1 begin go live rollout</td>
<td>4/1/2012</td>
</tr>
<tr>
<td>Phase 3 quality metrics in region 2 begin go live rollout</td>
<td>6/1/2012</td>
</tr>
<tr>
<td>Phase 3 quality metrics in region 3 begin go live rollout</td>
<td>8/1/2012</td>
</tr>
<tr>
<td>Phase 3 quality metrics in region 4 begin go live rollout</td>
<td>10/1/2012</td>
</tr>
</tbody>
</table>
Identified issues and risks and proposed resolution and mitigation methods. Include with Appendix above.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Risk</th>
<th>Mitigation Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to hire staff or execute contracts in a timely manner</td>
<td>Inability to hire staff results in a delay in start of the project</td>
<td>• AHCA staff project team was formed during proposal period which will carry the project forward.</td>
</tr>
<tr>
<td>Selection and development of the HIO needs to occur rapidly.</td>
<td>Delay in selection of HIO and subsequent implementation of HIE.</td>
<td>• Grant program requirements are under development and will be ready for stakeholder review at the time of award.</td>
</tr>
<tr>
<td>Obtaining agreement of key stakeholders and their continued support is critical to project success.</td>
<td>Inability to meet timelines for HIO development and implementation of HIE.</td>
<td>• Continue implementing a timeline through a transparent process with clear decision junctures to gain support.</td>
</tr>
<tr>
<td>Concerns about patient privacy.</td>
<td>Slow rates of provider participation; limited data sharing.</td>
<td>• Establish uniform approaches for patient permission that provides structural protections for patients and balances need for clinical functionality.</td>
</tr>
<tr>
<td>Technical solution does not meet HIO’s needs.</td>
<td>Delay in implementation, costs to correct performance problems, and user dissatisfaction impact ability of HIO to achieve sustainability.</td>
<td>• The Agency is researching technical solutions through an RFI and other means to assist the HIO in developing its RFP and evaluation.</td>
</tr>
<tr>
<td>Issue</td>
<td>Risk</td>
<td>Mitigation Strategy</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Failure to develop a viable business plan for the HIO that minimizes provider costs.</td>
<td>Organization and its services cannot be sustained after grant funding ends.</td>
<td>• Identify essential functions that can be efficiently performed by the HIO and are necessary for meaningful use.</td>
</tr>
<tr>
<td>Stakeholders concerns about medical liability.</td>
<td>Limited stakeholder participation prevents optimal use of the network for patient care and public health.</td>
<td>• The HIO must employ nationally recognized security standards, adopt and enforce trust agreement, policies and procedures to control participant exposure to liability.</td>
</tr>
</tbody>
</table>

_Staffing plan with project managers and other key roles identified._

<table>
<thead>
<tr>
<th>Project Position Title</th>
<th>Key Responsibilities &amp; Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steering Committee</td>
<td>The Health Information Exchange Coordinating Committee (HIECC) that will review and advise on all health information exchange policy development activities.</td>
</tr>
<tr>
<td>Legal Work Group</td>
<td>Responsible for the development of recommendations for standard legal processes for health information exchange.</td>
</tr>
<tr>
<td>Key Stakeholder Groups</td>
<td>Review and comment on all work products and deliverables.</td>
</tr>
<tr>
<td>State HIT Coordinator – AHCA (50%)</td>
<td>Monitors all aspects of the cooperative agreement; responsible for successful completion of milestones; serves as primary contact between the Agency and ONC.</td>
</tr>
<tr>
<td>Project Coordinator - NEW</td>
<td>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.</td>
</tr>
<tr>
<td>Project Position Title</td>
<td>Key Responsibilities &amp; Contributions</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Business Analyst (1) – AHCA (50%)</td>
<td>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.</td>
</tr>
<tr>
<td>Business Analyst (2) – NEW</td>
<td>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.</td>
</tr>
<tr>
<td>Project Manager / Technical Lead – AHCA (75%)</td>
<td>In addition to overall project management, directs preparation of technical and operational requirements; coordination with Florida grant requirements; and monitoring of all technical requirements in HIO grant.</td>
</tr>
<tr>
<td>NHIN Specialist - NEW</td>
<td>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.</td>
</tr>
<tr>
<td>Legal/Policy Lead – AHCA (50%)</td>
<td>Responsible for preparation of legal and policy requirements; coordination with Florida grant requirements; and monitoring of all legal requirements in HIO grant. Coordinates Legal Work Group.</td>
</tr>
<tr>
<td>Evaluation Lead – AHCA (50%)</td>
<td>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.</td>
</tr>
<tr>
<td>Medicaid Coordinator – AHCA (20%)</td>
<td>Responsible for coordination with Florida Medicaid; Agency policy related to Medicaid meaningful use; and monitors HIO compliance with grant requirements, related to Medicaid HIE.</td>
</tr>
<tr>
<td>HIE Business Developer – AHCA</td>
<td>Provides expertise in legal, business, and operational aspects of health information exchange and the meaningful use of electronic health records.</td>
</tr>
<tr>
<td>Project Position Title</td>
<td>Key Responsibilities &amp; Contributions</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>HIPAA Coordinator – AHCA</td>
<td>Provides guidance and advises on HIPAA rules and regulations and Agency policy related to privacy and security (member of Legal Work Group)</td>
</tr>
</tbody>
</table>
OPERATIONAL PLAN FOR FINANCE

Controls and Reporting -

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year</th>
<th>Approach/Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement GAAP and OMB circulars for financial policies, procedures and controls</td>
<td>2010 and ongoing</td>
<td>• The Agency will require the grant awarded HIO to implement GAAP and OMB circulars for financial policies, procedures and controls including subcontracts awarded by the recipient.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year</th>
<th>Approach/Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Coordinate progress and spending reports</em></td>
<td>2010 and ongoing</td>
<td>• The Agency will be responsible for monitoring the preparation of reports to include:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Annual evaluation and lessons learned as required by ARRA Section 3013(h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Two-year progress report – accomplishment of milestones</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Semi-annual progress reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Semi-annual performance measures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Annual Financial Status Report and OMB audit requirements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Quarterly ARRA-specific reporting</td>
</tr>
</tbody>
</table>
The Agency will coordinate regarding HIO performance and ARRA recipient reports including subcontracts awarded by the recipient.

- **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 and that they can manage their own personal health records by providing access to their health information from electronic health records and other sources.

  The Agency will require the state level Health Information Organization (HIO) to actively pursue the core capabilities of locating and integrating 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 HIO and other health care organizations in the network. The state level HIO will offer consumers the ability to explicitly grant permission for disclosure and use of sensitive data as required by state and federal law.

The Agency’s strategic plan also draws from the Healthcare Information Technology Standards Panel (HITSP) use cases developed for the NHIN to identify point of care settings in which the standards required for exchanging health records among organizations and health information exchange systems can be demonstrated. The state level HIO will initially address quality health care and the coordination of care with specialists, reporting laboratory results and immunizations electronically, managing medications, bio-surveillance and public health reporting. The Agency views the ONC guidelines as a road map for prioritizing the goals of health information exchange and identifying point of care settings where the exchange of medical records can be immediately effective.

The Agency is planning that the initial goals for meaningful use reporting for health information exchange in 2011 will include claims and eligibility checking, the delivery of lab results, e-prescribing and immunization reporting. The Agency has initiated a Medicaid Health Information Network project that will provide eligibility checking, encounter histories and medication lists from Medicaid, Blue Cross Blue Shield and Humana in the fall of 2009 to all treating providers in Florida. 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 recommendations of the Certification Workgroup for electronic health record systems and health information exchange and that technology vendors assist providers in making decisions about purchasing technology to meet meaningful use requirements. The Agency intends to ensure that its approach to health information exchange will be compatible with the federal meaningful use objectives and measures. There is a great opportunity to leverage certification requirements to improve the security, privacy and interoperability of health information exchange. The state level HIO will rely on the certification guidelines to address messaging and content standards, identity proofing and authentication, privacy issues and audit trails for non-repudiation.
The Florida Health Information Network (FHIN) will operate as a State/Local Health Information Organization based on a federated model of record exchange. Experience has shown that the federated model based on a centralized server is more efficient than other models, both technologically and in the administrative and technical support required to manage health information exchange. The state level HIO technical solution will be based on a centralized architecture capable of also providing connectivity to health care organizations at a variety of regional and local levels.

- 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 master patient index, a master provider index, a records locator service, auditing functions for non-repudiation, authentication and access controls, and a database security and disaster back-up plan. Core connectivity services are also required to ensure secure messaging and interoperability with other 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. The Agency plans to initially deploy a federated model of data exchange that will exchange records among health care facilities that are able to store their data in a secure repository. The only data stored in the health information exchange will be the demographic records indexed in the Enterprise Master Patient Index (EMPI), the record registries in the Record Locator Service (RLS) and the data required to report an audit trail for any record requests. The HIO will focus on creating an accurate index for locating patient records and enabling connectivity among provider facilities for the transfer of medical records.

  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 the Enterprise Master Patient Index and the Record Locator Service. The HIO will ensure that the EMPI can accurately match patients with their records while minimizing duplicate records that are located across patient settings.
and within a facility. The identifying information in the EMPI serves as the link for tracking activity of patients across organizations and across patient care settings to create access to longitudinal patient records.

Any EMPI solution must be scalable and provide patient cross-referencing across multiple sub-networks. The Agency plans to deploy an MPI architecture that conforms to the standards for a Patient Identifier Cross-referencing Integration Profile (PIX) developed by the Health Information Technology Standards Panel (HITSP) to support cross-referencing of patient identifiers from multiple sources. The HIO will manage the procedures for dealing with valid duplicate records, will maintain the integrity of patient identity, and ongoing performance improvement processes will be included in the health information exchange operations.

The Agency plans to deploy a Record Locator Service that will synchronize with the RLS of other participants in the FHIN and integrate duplicated, redundant records. The RLS will be a registry that works with the EMPI and maintains pointers to the location of health records. The RLS will only store enough information to match a clinical record to an EMPI record, as well as the information about where that record is stored. The RLS will allow the identification of records without requiring the use of a centralized database and will perform two major functions of locating authorized records and transferring them to authorized users.

The Agency also plans to employ a Master Provider Index to store a unique identifier for health care providers, such as the National Provider Index number. The index will also contain demographic information allowing for consistent identification and cross-referencing of health care providers. The Master Provider Index will be used by the health information organization to identify participating providers and validate that their medical licenses are active and clear by running a check against the Department of Health licensing database.

Appropriate authorization procedures will determine what records a provider is allowed to access, for example, the ability to view, copy, or update data. Controls placed on access to medical records will relate to the level of authorization given to a user, the setting in which records are requested and the situations that pertain to accessing records. A common method of authentication relies on a user name and password. A stronger method is two factor authentication, which relies on something you know, something you have, and something you are. Providers accessing the FHIN will be required to use one factor authentication, with user name and password, to log on to the system. The license check with the Department of Health will serve as a proxy for two factor authentication. The HIO will work on appropriate authentication ongoing. Managing access controls and authentication will be a core function of the health information exchange to maintain the security and confidentiality of a patient’s medical records.
The Agency plans to require the state level HIO to maintain an audit trail of all data requests, such as successful and unsuccessful logins of users and their IP addresses, denial of service events, anything that adds, modifies or deletes data noted with time stamp, any changes to user access and any changes to security configurations. This means at a minimum that any changes to any record within a database maintained by the health information organization must be documented. The audit trail is essential for non-repudiation of the record, which is the validation of the integrity of the document in a highly dependable manner, beyond dispute.

The Agency plans to require the HIO to develop a database 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 HIO 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.

In addition to the core services of the health information exchange, the connectivity standards for the exchange of medical records must be addressed. The Agency is reviewing the NHIN Connect software platform as a possible interface connectivity option. NHIN Connect is open source software designed to offer a unified platform for health information exchange that relies on web services for data transport and a public key infrastructure as its security model.

The Agency plans to accommodate the exchange of both clinical and administrative records and combine them in an integrated, longitudinal report. Clinical records are a key to accurate assessment and diagnosis at the point of care, and are the most challenging to incorporate into the health information exchange.

A qualified electronic health record includes patient demographic information and clinical information such as a patient’s medical history and problem lists. The EHR software must support clinical decision-making, allow the capture of records relevant to health care quality and integrate electronic health information through health information exchange. The Agency will adhere to standards endorsed by the ONC and by the Centers for Medicare and Medicaid Services regarding the content and capabilities of the qualified electronic health record.

The Agency’s Medicaid claims-based Health Information Network Demonstration Project will not only demonstrate the value of administrative data at the point of care but explore how the exchange of both clinical and administrative records can reinforce decision support. With the addition of the Medicaid claims data and claims records from Blue
Cross Blue Shield of Florida and Humana, the claims records can be integrated into a multi-payer, patient-centric, claims-based source of health information. This demonstration project will feed into the health information exchange of clinical information as a complementary record set.

The Agency will require the HIO to address the significant design features that support both the core health information exchange services and the value-added information services that the health information organization will offer. The Agency will ensure that the HIO is aligned with certification requirements for health information organizations that include communication and transport standards, content standards, security including identify proofing and authentication, privacy permission mechanisms, reporting of exchange activities, and auditing. 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. The Agency plans to support interfaces that conform to the prevailing data transmission standards in use today for data security and the secure transfer of clinical records. These include the HL7 and Clinical Document Architecture (CDA), the ASTM Continuity of Care Record (CCR) using extensible markup language (XML) and the recent harmonization of these two data transfer standards in the Continuity of Care Document (CCD). The Accredited Standards Committee’s X12 standard is used for data transfer of administrative claims data and the National Council for Prescription Drug Programs (NCPDP) standards will be used for e-prescriptions.
## OPERATIONAL PLAN FOR TECHNICAL INFRASTRUCTURE

**Standards and Certification - Work plan:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year</th>
<th>Approach/Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standards and Certification - Work plan:</strong></td>
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<tr>
<td>Become consistent with HHS adopted <strong>interoperability</strong> standards and</td>
<td>2010</td>
<td>• HIO will monitor and apply HHS interoperability standards as they are developed</td>
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<tr>
<td></td>
<td></td>
<td>• HIO will deploy standard interface for connectivity to the statewide network</td>
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<tr>
<td></td>
<td></td>
<td>• HIO will adhere to the HHS standards when exchanging records with another entity on the NHIN</td>
</tr>
<tr>
<td>Any <strong>certification requirements</strong>, for projects that are just starting;</td>
<td>2010</td>
<td>• HIE architecture built to HHS certification standards for exchange of health records</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• HIO will require all EHRs connecting to the HIE to be HHS Certified standard</td>
</tr>
<tr>
<td></td>
<td>2011</td>
<td>• HIO will post list of EHRs that meet certification requirements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• HIO will work with Extension Centers to implement certified EHRs</td>
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<tr>
<td>Demonstrated compliance, or plans toward becoming consistent with HHS</td>
<td>2010</td>
<td>• Agency is currently training IT staff to work with NHIN Connect as a potential interface for the Agency to use in its Medicaid HIN</td>
</tr>
<tr>
<td>adopted interoperability standards and certifications if applicable, for</td>
<td></td>
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<tr>
<td>those projects that are already implemented or under</td>
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### Technical Architecture - Work plan

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year</th>
<th>Approach/Barriers</th>
</tr>
</thead>
</table>
| How the technical architecture will accommodate the requirements to ensure statewide availability of HIE among healthcare providers, public health and those | 2010-2011 | • EMPI/RLS complete by 2011  
• FHIN architecture will be scaled to broadband specifications to ensure timely access  
• FHIN interfaces will be standardized  
• FHIN will connect to any health care provider, RHIO, vendor-based health information exchange or payer  
• FHIN portal will provide federated access to records among all members of the network  
• 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.  
• Security procedures will be in place to ensure strong authentication of both the provider and the providers license status |
<p>| The technical architecture must | 2010 | • HISPC outcomes: |</p>
<table>
<thead>
<tr>
<th>Need</th>
<th>Timeframe</th>
<th>Details</th>
</tr>
</thead>
</table>
| Include plans for the protection of health data. | 2009-2010 | Universal patient authorization form
- Security features of HIE
- Authentication using DOH as provider index
|
| This needs to reflect the business and clinical requirements determined via the multi-stakeholder planning process. | 2009-2010 | HIECC reviews requirements and advises Agency
- First round of providers identified for connection based on those eligible for Medicare/Medicaid incentives |
| 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 | FHIN built to NHIN specifications to start
- Working with a DoD Project in Pensacola to enable connectivity to DoD and VA medical records
- Will consider using NHIN Connect as the universal interface |

**Technology Deployment -**

<table>
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<tr>
<th>Need</th>
<th>Timeframe</th>
<th>Details</th>
</tr>
</thead>
</table>
| The technical solutions that will be used to develop HIE capacity within the state and | 2009-2010 | Grant for HIO
- HIO submits RFP for technical partner(s)
- Technical partner(s) will implement and maintain MPI/RLS, Master Provider Index and other shared directories
- Technical partner(s) will ensure secure connectivity through a standard interface
- Technical partner(s) will |
| Particular solutions that will enable meaningful use criteria established by the Secretary for 2011, and | 2010-2011 | - 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. 
- Provide summarized or de-identified data for health purposes; 
- Provide patients with a timely accounting of disclosures for treatment; 
- Comply with all credentialing and interoperability standards from HHS 
  - Technical partner(s) will provide secure portal for accessing health information 
  - Technical partner(s) will ensure secure credentialing and authentication of all network participants 
  - HIO will develop information services that will be offered by the technical partner(s) as a value-added feature for sustainability. |
- Support all patient access measures;
- Facilitate health information technology enabled population measures such as quality reports and clinical dashboard;
- Facilitate health information technology enabled surveillance measures including real-time surveillance required in 2015.

<table>
<thead>
<tr>
<th>Indicate efforts for nationwide health information exchange.</th>
<th>2009</th>
</tr>
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<tbody>
<tr>
<td>Agency is currently testing and learning about NHIN Connect</td>
<td></td>
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<tr>
<td>NHIN Connect will be considered for connecting to the NHIN</td>
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</table>

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

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<th>1 January 2011</th>
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- **Business and Technical Operations**

  - Implementation – Strategy to meet meaningful use:

    The Agency has paid close attention to the draft recommendations for demonstrating meaningful use of electronic health records issued by the HIT Policy Committee Workgroup on Meaningful Use. Once the final recommendations are incorporated into rule by the Department of Health and Human Services, the Agency will include them in its final strategic plan for implementing the statewide exchange of health information. The meaningful use rules will address the following health outcome policy priorities:
    - 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 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 HIO is expected to play a central role in assisting health care providers to document meaningful health information exchange. In addition, the health information organization might perform the following meaningful use roles on behalf of health care provider participants:

- Provide summarized or de-identified data for health purposes;
- Provide patients with a timely accounting of disclosures for treatment;
- Support all patient access measures;
- Facilitate health information technology enabled population measures such as quality reports and clinical dashboard;
- Facilitate health information technology enabled surveillance measures including real-time surveillance required in 2015.

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 health information organization to meet the needs for pre- and post-hurricane health care-related communications among providers and 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 Agency is currently testing the NHIN Connect Gateway to gain expertise in the requirements of the software architecture and to determine feasibility for deployment as
a potential gateway across the state. The Agency’s expects that the state level HIO will examine NHIN Connect Gateways as a possible technical architecture solution platform for health information exchange. The state level HIO will need to accommodate transmissions using HL7 Clinical Document Architecture (CDA), the ASTM extensible markup language Continuity of Care Record (CCR) or the newest, harmonized Continuity of Care Document (CCD) standards. A key part of the strategy to expand a statewide network is to help the RHIOs and other gateways connect to the Florida Health Information Network using a standardized interface.

The Medicaid Health Information Network is now offering a claims record data feed to any HIO 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 facilitate a statewide HIO that can stand up the Enterprise MPI/RLS to coordinate with local MPI/RLS at the RHIO 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. However, with enough capacity built in, the FHIN could also host the servers of local RHIOs or other health information gateways. Shared hosting would also allow the FHIN to provide the Master Patient Index and Record Locator Service for the RHIOs, reducing their cost of operations. Other services such as laboratory reporting services and health information exchange analytics could also be provided by the FHIN.

The Agency is working with the Department of Health and its 67 County Health Departments to integrate the activities of the state level Health Information Organization 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 services to providers 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 cancer registry, as well as the communicable disease and other registries. 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 grant contract with a state level HIO, which is expected to subcontract the technical construction of 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 state level HIO 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, authentication of clinicians, secure messaging among providers and patient authorization of record transfer. This strategy will be used to guide the development of the state level HIO.

*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 HIE gateways to develop connectivity with the Florida Health Information Network. Because these organizations are spread across the state, the Agency expects the FHIN to begin statewide operations fairly quickly. 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 also plans to reach out to hospitals and other providers receiving Medicare/Medicaid incentive funding to work with them directly in connecting to the FHIN.

The Agency will track its success through operational metrics relates to the health information exchange activities of the health information organization. These metrics will answer basic questions about how much health information exchange is occurring, and are an important process measure for implementing the FHIN. The metrics will provide accountability to health information organization stakeholders. Additionally, operational
metrics will be a required information service of any health information organization, 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 to measure operational success and can add
to them as more facilities are connected and more records are exchanged.

*Date to participate in NHIN:*

January 1, 2011

**OPERATIONAL PLAN FOR BUSINESS AND TECHNICAL OPERATIONS**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year</th>
<th>Approach/Barriers</th>
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<tbody>
<tr>
<td><strong>Current HIE Capacities</strong></td>
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<tr>
<td>Describe how the state will leverage current HIE capacities</td>
<td>2010-2013</td>
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<tr>
<td></td>
<td></td>
<td>• The Agency will continue to collaborate with the operational RHIOs to leverage their current data exchange capabilities</td>
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<tr>
<td></td>
<td></td>
<td>• The FHIN will be developed with a standardized interface, so all entities will connect under this standard</td>
</tr>
<tr>
<td>Current operational health information organizations (HIOs)</td>
<td>2010</td>
<td>• 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</td>
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<td>------------------------------------------------------------</td>
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<td>----------------------------------------------------------------------------</td>
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<tr>
<td><strong>State-Level Shared Services and Repositories</strong></td>
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<tr>
<td>Whether the state will leverage state-level shared services and repositories</td>
<td>2010-2013</td>
<td>• The Agency will continue working with the DOH to integrate immunization database, the cancer registries and communicable disease registries</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The Medicaid Health Information Network will continue to provide access to Medicaid claims records</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The Agency will continue to work with hospitals and health care providers to increase access to other data repositories.</td>
</tr>
<tr>
<td>How HIOs and other data exchange mechanisms can leverage existing services and data repositories, both public or private.</td>
<td>2010-2013</td>
<td>• The Agency will continue to work with Florida RHIOs, payers, hospitals and other health information gateways to integrate public and private health care records.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 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</td>
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</tbody>
</table>
Shared services for states to consider include (but are not limited to): Security Service, Patient Locator Service, Data/Document Locator Service, and Terminology Service.

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.

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<tr>
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<th>2010</th>
<th>2010-2013</th>
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<tr>
<td></td>
<td>The State Level HIO will work with the Agency and its technical partner to develop a strategy to integrate shared services into the FHIN.</td>
<td>The FHIN will start up as a NHIN compliant network designed to connect HHS certified EHR systems. The FHIN will deploy preferred standardized interface with all EHR systems, whether the EHR is HHS certified or not.</td>
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</table>

### Standard operating procedures for HIE

The Operational Plan should include an explanation of how standard operating procedures and processes for HIE services will be developed and implemented.

- The HIO will be required to establish its policies and procedures based on the HIPAA Security Rule and to the extent applicable, NIST 800 standards.

### 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.

  o 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.

  o Policies and Procedures

  The Agency and Florida stakeholders expect to engage in health information exchange services for electronic health records 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.

  o 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 a timely and public basis.

**Legal Aspects Governing Flow of PHI**

- **Data Sharing Agreements permitting disclosure of PHI to FHIN as a Business Associate or similar agent**
- **DURSA-type agreement(s)**
- **Use for Treatment: Access only with patient permission, except emergency**
- **Public health reporting permitted without patient permission, pursuant to law**

**Health Information Network Universal Authorization Form**

Florida law requires patient authorization for disclosure of some sensitive health data, except in medical emergencies. The HIN universal authorization form is being created to enable compliance with Florida law for disclosures of such sensitive and non-sensitive health data. The proposed form would be used by a patient (or his/her authorized legal representative) to authorize a healthcare provider to obtain the patient’s records from an electronic Health Information. 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. The Agency has proposed developing a standard data sharing agreement for health
information exchange to be adopted by rule for voluntary use statewide. As proposed, the agreement would reference to universal authorization form.

The Agency has invited members of the HISPC Legal Work Group to assist in developing recommendations for a standard agreement. The Health Information Exchange Agreement recommended by the HISPC Inter-organizational Agreements Collaborative and the Data Use and Reciprocal Service Agreement (DURSA) will be reviewed. The HISPC model agreement addresses electronic exchange of health information for purposes of treatment, payment, or health care operations and can be used by both private and public entities.

Health Information Organization and Public Health Agreement

The Agency, the Department of Health and Florida stakeholders will develop a recommended health information exchange agreement for public health data use. The agreement can be used by a Health Information Organization and state agencies. It will specify provisions for enabling access to public health data by the appropriate state agency as required by Florida law on behalf of participating health care providers.

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
- 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 for electronic health records. Policies and procedures will address actions to be taken by a Health Information Organizations with which the Agency has a data sharing agreement for noncompliance with established policies and
procedures, notice, and dispute resolution. Such policies and procedures will be incorporated in the trust agreements of the HIO and available to the general public. The recommended policies and procedures will address steps to be taken by the Health Information Organization to refer possible violation of federal or state laws to the appropriate jurisdiction.

**OPERATIONAL PLAN FOR LEGAL/POLICY**

*Establish Legal and Policy Requirements*

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<th>Activity</th>
<th>Year</th>
<th>Approach/Barriers</th>
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| Develop Recommended Legal Policies and Procedures Framework consistent with Strategic Plan transparency, consumer rights and other principles | Framework to be completed in 2010 | • HIECC accepts recommended policies and procedures framework for state HIO from Legal Work Group  
• Barrier is defining roles of Agency, HIECC, LWG and that of HIO Board/management. |
| Incorporate Recommended Legal Policies and Procedures                   | Framework to be completed in 2010 | • Agency incorporates in HIO grant requirements/contract                           |
| Identify Priority Policy Issues                                          | 2010                      | • Agency receive issues from HIO or other stakeholders and processes through HIECC and LWG  
• Barrier is agreeing on priorities HIECC needs to address.            |
| Establish Recommended Priority Policies                                  | 2010 and 2011             | • Agency receive issues from HIO or other stakeholders and processes through HIECC and LWG  
• Dependency is adopting through modification of trust agreements as necessary. |
| Identify Policy Issues and Establish Recommended Policy | 2012 and on-going | • Agency receive issues from HIO or other stakeholders and processes through HIECC and LWG  
• Barrier is transition to HIO operation and change in roles. |

### Privacy and Security Harmonization

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<th>Approach/Barriers</th>
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| Develop Trust Agreements        | Priority agreements to be completed in 2010 (patient authorization, standard participation agreement, user agreement, public health agreement) | • 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 | • Agency incorporates in HIO grant requirements/contract                                                                                           |
| Promulgate Trust Agreements     | Priority agreements to be completed in 2010 | • Rule adopted for voluntary use with liability incentives
• Barrier is obtaining agreement to standard, number and complexity of issues to resolve. |
| Modify or Identify Needed State Trust Agreements | 2011 and on-going | • Agency receive issues from HIO or other stakeholders and process 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 | • Agency initiates communications with designated entities in Alabama, Georgia, and Puerto Rico; participates in NGA or ONC sponsored interstate forums |
### Federal Requirements

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| Develop plan for Florida HIO to execute DURSA | Complete plan in 2010 | • HIECC accepts plan for state HIO from Legal Work Group  
• Barrier is complexity of DURSA. |
| Incorporate DURSA | Complete in 2011 | • Agency incorporates in HIO grant requirements/contract |
| Review Federal legal requirements for VA for modification of Florida trust agreements and/or DURSA | Complete review and recommended interim approach in 2010 | • HIECC approves recommended approach for state HIO 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 | • HIECC approves recommended approach for state HIO from Legal Work Group; Agency communicates significant legal issues to ONC |
| Incorporate other federal requirements as necessary | Complete in 2011 | • Agency incorporates in HIO grant 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.