

## **DRAFT FOR COMMENT**

### **Florida Health Information Exchange Vision, Goals and Objectives, and Action Plan**

Over the past several years, the Agency for Health Care Administration in collaboration with multiple stakeholders has developed and implemented a strategic plan to facilitate the exchange of health information among health care providers, consumers and payers. Funds provided for health information technology through the American Recovery and Reinvestment Act of 2009 will provide Florida with the ability to further our efforts substantially.

The Agency, advised by the Health Information Exchange Coordinating Committee, has recently been designated by Governor Crist to lead Florida's health information exchange efforts to be funded by the economic stimulus. The following provides Florida's proposed vision statement for health information exchange, goals and objectives, including an action plan to prepare a proposal for submission to the Office of the National Coordinator for state planning and implementation grant funding, and a high-level overview for putting into effect statewide health information exchange in Florida.

#### **Florida Health Information Network – Vision Statement**

The Agency and its partners will work to achieve a sound and logical approach to health information exchange that produces the delivery of better health care for Floridians, including enhanced patient safety and improved coordination of care, by promoting the adoption of interoperable electronic health record systems and through the use of health information technologies meeting national standards. This is best accomplished through a public-private partnership, in collaboration with payers, providers, consumers and health information technology partners.

#### **Objectives:**

1. Promote, facilitate, and support, as funding is available, the development of health information exchange systems which provide inter-operability among health care providers.
  - a. Provide a grant or other available financial support to an eligible entity that will connect providers and electronic health record systems in a network that consists of a State-Level health information exchange and local gateways. (See Statewide HIE Overview.)
  - b. Facilitate services provided by and coordinate with Florida Health Information Technology Regional Extension Centers.

2. Promote provider adoption of Certification Commission for Health Information Technology (CCHIT) certified electronic health record software, including fully informed electronic prescribing functionality.
  - a. Provide financial support to providers serving primarily Medicaid, low-income and uninsured populations to acquire electronic health record systems and connect with personal health records.
  - b. Facilitate services provided by and in coordination with Florida Health Information Technology Regional Extension Centers.
3. Provide available financial support for the construction of a broadband network connecting rural health care providers with urban health care centers.
4. Ensure that the Medicaid Management Information System (MMIS) meets national standards for secure health information exchange of Florida Medicaid data to enable use by authorized providers and by recipients in managing their health care.
5. Upgrade the Agency's hospital encounter data including inpatient stays and emergency department visits to enable use in statewide health information exchange for coordination of care, particularly for the uninsured.
6. Assure that health information exchange in Florida is unassailable with respect to HIPAA and Florida privacy statutes, and all data sources are documented.
7. Coordinate the development of payer and provider-based personal health records that meet national standards for privacy, security, and interoperability with medical banks selected by the consumer.
8. Educate Floridians in the use of health information technology to manage their health care through the use of personal health records, focusing on Medicaid, low-income and uninsured populations.
9. Require the use of national standards and certification-based technology as a condition for receiving monetary support.
10. Support the use of telemedicine technologies connected to a broadband infrastructure, focused on Medicaid, low-income and uninsured populations and those requiring in-home care.
11. Collaborate with states in the Gulf coast area to promote the exchange of health information for both the normal course of business and in disaster situations.

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### **Florida HIE Overview Components and Infrastructure**

The Agency for Health Care Administration proposes to partner with a not-for-profit organization, institution, or other eligible entity that can establish a State-Level health information exchange (HIE). The State-Level HIE will be responsible for providing connectivity to any health care provider who is a business associate, for maintaining a Record Locator Service (RLS) for all of the health care records available to its index and for generating a listing of those records upon request of an authorized provider. The State-Level HIE will offer secure exchange of health care information among all of the providers in its network.

Figure 1 below provides an overview of the proposed statewide HIE and its partners, shown as different components in the model. These components portray the HIE as it relates to regional gateways, health care providers, health plans, consumers, data analysts, and the nationwide health information network. The centerpiece of the proposed infrastructure is the State-Level HIE.

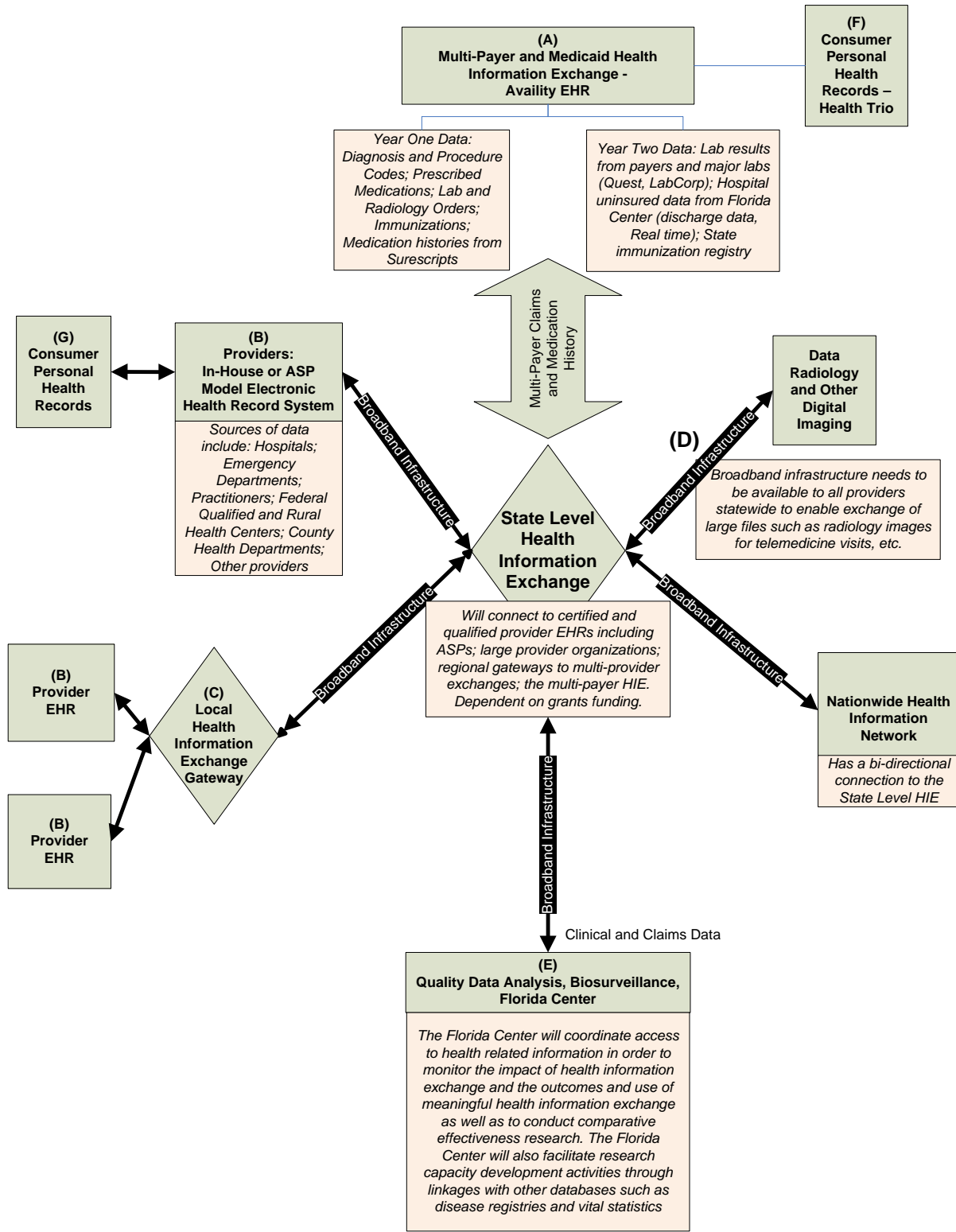
The State-Level HIE component will use “NHIN Connect” open source interfaces to connect to certified and qualified provider Electronic Health Record (EHR) systems including in-house systems and application service provider solutions, in both large and small provider organizations and with other regional gateways that connect to multi-provider exchanges.

The State-Level HIE will also connect to the multi-payer claims-based EHR and Medicaid HIE and will have bi-directional connections to other states through the Nationwide Health Information Network. The State-Level HIE will operate as a federated architecture that will locate and collect records from its business associates through its Record Locator Service (RLS); it may also employ “push” model services, delivering patient records without waiting for a record request, as determined by stakeholder interest.

The availability of the State-Level HIE is dependent on federal HIE grant funding from the Office of the National Coordinator for Health IT. Ideally, the State-Level HIE will be available as of January 1, 2011, and no later than July 1, 2011.

Following is a brief description of each of the components in Figure 1 that will inter connect with the State-Level HIE and their current developmental status. Each component is designated with a corresponding alpha character in the diagram.

Figure 1. Proposed State-Level Florida Health Information Exchange and Overview of the Components Interacting in the Exchange of Health Care Information



## **A. Multi-Payer and Medicaid Health Information Exchange**

This model component offers a claims-based EHR that integrates medication histories and lab reports in a single provider portal. Florida Medicaid will participate in the health information exchange beginning in 2009; several Florida health plans already participate in the portal. The Multi-Payer HIE and provider portal is hosted by Availity, LLC. Authorized providers have direct access to the Availity Care Profile and the patient's health care encounter history, which offers a patient-centric view of the patient's medical history. The Multi-Payer HIE will also provide interfaces to download data to the treating provider's EHR system, directly or via the State-Level HIE or regional gateways.

The Multi-Payer HIE will have a bidirectional connection with the State-Level HIE to facilitate the exchange of pertinent patient records held by government, payer, provider and laboratory health care stakeholders. The types of data in the Multi-Payer HIE in year one (by January 1, 2010) include:

- i. Claims
  1. Diagnoses obtained from diagnosis codes
  2. Procedures obtained from procedure codes
  3. Prescribed medications dispensed
  4. Lab and radiology orders (e.g. HbA1C order, MRI of knee order)
  5. Immunizations
- ii. Medication histories from Surescripts (medication, dosage, and date filled, prescribing provider)
- iii. Treating provider and place of service

The types of data in the Multi-Payer HIE in year two (by January 1, 2011) include:

- i. Lab results from payers and major labs (e.g. HbA1C)
- ii. Hospital uninsured data from Agency's Florida Center -- Discharge data with enhanced identifiers (patient name) and monthly reporting of data
- iii. State Immunization registry

## B. Certified and Qualified Provider EHRs with Interfaces to the HIE<sup>1</sup> –

This component of the model points to the State-Level HIE Provider Portal that allows the secure exchange of clinical data between and among providers who are using certified EHR systems, according to national standards. Providers connecting to the HIE will include large hospitals and small clinics, individual physicians and other providers. Interfaces between the State-Level HIE and providers will be through open source “NHIN Connect” software interfaces.

The types of data potentially available from the EHR could include:

- i. Hospitals
  1. Discharge summary (in 2011)
  2. Clinical laboratory data
  3. Radiology digital images
  4. Other clinical information/systems
- ii. Emergency departments
  1. Electronic record summary (in 2011)
  2. Radiology images
- iii. Practitioners
  1. Clinical information (in 2011)
  2. Radiology digital images
  3. Secure messaging
- iv. Federal Qualified and Rural Health Centers
- v. County Health Departments
- vi. Other Providers (skilled nursing facility, mental health care, state VA)

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<sup>1</sup> ARRA section 3000

(b) “Qualified electronic health record” means an electronic record of health related information on an individual that includes patient demographic and clinical health information such as medical history and problem lists, and has the capacity to provide clinical decision support, support physician order entry, capture and query information relevant to health care quality, and exchange electronic health information with, and integrate such information from other sources.

(c) “Certified electronic health record technology” means a qualified electronic health record that is certified pursuant to section 3001(c)(5) of the Public Health Service Act as meeting standards adopted under section 3004 of such Act that are applicable to the type of record involved such as an ambulatory electronic health record for office-based physicians or an inpatient hospital electronic health record for hospitals.

### **C. Regional Health Information Exchange Gateways**

The regional health information exchange component in the model represents a gateway to an existing regional health information organization. Local stakeholders can organize to bring community leaders together to create a regional HIE gateway with unique local information and health care services offered on a local homepage. These regional gateways can connect to the State-Level HIE to submit a query for medical records as well as provide patient record information to the State-Level record locator service. Interfaces between the State-Level HIE and local gateways will be through open source “NHIN Connect” software interfaces.

### **D. Broadband Infrastructure**

Successful implementation of a statewide health information network is dependent on having high speed telecommunications connections to manage the flow of electronic data efficiently and timely. This is nowhere more evident than in the transmission of large size files as found in x-ray imaging, MRIs and CT Scans. Without broadband access, exchange of these files is slow and cumbersome. With high speed broadband new electronic health care services can flourish, from timely reading of diagnostic images to real time exchange of specialist services in a telemedicine model.

Broadband must be available to all providers in Florida to enable full health information exchange. The State Plan for this implementing statewide broadband access is being addressed by the Florida Office of Economic Recovery, and is being coordinated by the Department of Management Services. The Agency for Health Care Administration, in cooperation with Florida Associations, is taking the lead in assessing health care needs for connection to high speed broadband across the state and will submit a proposal to make broadband access available to all of Florida’s hospitals, clinics and provider offices.

### **E. Population Health**

The Agency will access health-related information through the State-Level HIE in order to monitor the impact of health information exchange and the outcomes and use of meaningful health information exchange. The health-related data can be used to conduct comparative effectiveness research by epidemiologists and health care researchers.

The Agency and Department of Health will develop a coordinated plan for accessing the State-Level HIE for public health surveillance and emergency preparedness consistent with state and federal law. To the extent funding is available, the Agency will facilitate research capacity development activities through accessing the State-Level HIE, linkages with other databases such as disease registries and vital statistics and the creation of de-identified research databases.

## **F. Payer-based Personal Health Record**

The Multi-Payer HIE will offer a Consumer Personal Health Record (PHR) portal for Medicaid recipients. The Agency may offer or encourage the development of a multi-payer approach to providing a consumer PHR portal to members of other participating payers.

## **G. Provider-based Personal Health Record**

It is anticipated that providers will wish to offer PHRs to their patients and secure messaging. The provider-based Personal Health Record component will register and authenticate consumers and coordinate services with physicians and other health care providers.

**Draft**  
**Florida HIE Action Plan**  
**Agency for Health Care Administration**

- Designate the Health Information Exchange Coordinating Committee to advise the Agency for Health Care Administration on health information exchange strategy.
- Prepare Health Information Exchange Plan for the State. The Plan should address –
  - a. Overall vision, goals, and system components
  - b. Priority data for HIE – data to be exchanged that is most valuable and feasible; role of available state data in HIE– Medicaid data, uninsured hospital data, other
  - c. Describe technical model for HIE (use of push and/or pull approaches to provide data access, use of record locator service to locate data sources and retrieve data etc.) and relationship of State-Level HIE and local gateways
  - d. Business model – how revenue will be generated to sustain the HIE long term
  - e. Identify types of functions and expertise required for implementation--
    - i. State-Level HIE development and operations
    - ii. Local HIE gateways, integration of specialty providers serving uninsured and vulnerable populations
    - iii. Quality analysis database development
  - f. How coordination will occur with--
    - i. Broadband infrastructure development
    - ii. Medicaid EHR Program
    - iii. Regional Extension Centers for provider EHR training
    - iv. EHR Loan Program (if funded)
- Obtain comments from stakeholders (Advisory Council; HIE Committee and other stakeholders) and revise plan. Coordinate with the Department of Health and with other state agencies as appropriate.
- Submit HIE plan to the Office of the National Coordinator for Health Information Technology (ONC)
- Develop a contract for implementation and budget amendment based on level of funding received.