

Future Sustainability of the Florida Health Information Exchange

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EXECUTIVE SUMMARY

Florida began the journey to health information connectivity in 2004 under Governor Jeb Bush. Initially these efforts were funded by grants, but due to the downturn in the economy, the state was unable to support growth in 2008. The American Recovery and Reinvestment Act (ARRA) of 2009 provided funding to further expand health information exchange efforts across the country. As a result, Florida was now able to move forward and make progress in information sharing. Harris Corporation was contracted to provide some basic services to the health care industry in 2011. Since then, the Florida HIE has begun to take shape and information sharing is occurring. The ARRA funding will end in 2014 and the Florida HIE must have a plan to survive into the future. This plan must address challenges such as the recruitment of new users, integration of new services, and ultimately long term sustainability.

Keywords: American Recovery and Reinvestment Act (ARRA), Health Information Connectivity, Health Information Exchange (HIE), Information Sharing, Regional Health Information Organization (RHIO)

ORGANIZATION BACKGROUND

Efforts toward building a health information exchange (HIE) in Florida began in 2004. The Agency for Health Care Administration (AHCA) laid the foundation for a statewide HIE by organizing health care stakeholders and providing initial funding to local Regional Health Information Organization (RHIO) projects through its grants program. Florida is working to achieve a secure and sustainable approach to health information technology adoption and exchange resulting in better health care outcomes

with lowered total costs. The development of a HIE that protects privacy and aligns with national exchange standards is the goal of AHCA. Leveraging existing networks to best achieve widespread adoption is one way to achieve the goal. In 2010, the Office of the National Coordinator for Health Information Technology (ONC) provided grant funds through ARRA to significantly advance Florida's plans to build a statewide health information infrastructure. The provision of sustainable services to meet the meaningful use criteria established by ONC is an important focus of the HIE.

DOI: 10.4018/jcit.2013070103

Key services implemented initially included:

- A patient look-up service.
- A provider directory.
- Secure messaging.
- Public health reporting.

This case study aims to describe the historical journey of the HIE in the State of Florida from 2004 to the present. Significant financial resources from the stimulus package in 2010 have allowed the HIE to move forward by providing the key services above necessary for sharing of patient data. Event Notification Service has also been added to the existing menu. As ONC funding comes to a close, the Florida HIE must now rely on sustainability plans to remain viable. In addition to describing the current structure and services available, we will chronicle the ongoing efforts to develop a sustainability plan for the HIE.

SETTING THE STAGE

Health Information Exchange within the State of Florida began as an Executive Order from Governor Jeb Bush in May, 2004. Governor Bush established an advisory board (Governor's Health Information Infrastructure Advisory Board [GHIIAB]) to advise AHCA in the creation and implementation of a Florida Health Information Technology (HIT) infrastructure (Greaves et al., 2007). In addition to supporting local data exchanges (RHIOs), the state was working on development of an overarching network to bring the local exchanges together, which has become the current HIE.

Florida Health Information Network

The Florida Health Information Network, Inc. (FHIN) was created in 2005 to implement a statewide infrastructure, connecting the RHIOs and other networks in the state. The vision of the FHIN was to provide a secure network for exchange of necessary medical information to

improve continuity of care (Rosenfeld, Koss, Caruth & Fuller, 2006). The FHIN Grants Program provided initial support of \$2 million to advance electronic health information exchange in local communities (Takach & Kaye, 2008). Assistance was provided to the new RHIOs through the following: planning grants to develop strategic plans; implementing grants to demonstrate exchange of information between at least two (nonaffiliated) provider organizations; and, training grants to support provider use of EHR systems. The FHIN grants program required a dollar for dollar match from the RHIOs. It was felt that the matching program requirements improved the RHIOs chances of long term success and sustainability.

The initial goal of the FHIN was to provide a data set consisting of hospital inpatient and outpatient encounters including laboratory results and diagnoses, as well as medications and demographic information (Rosenfeld, et al., 2006). Claims data for Medicaid patients would also be included, as well as Department of Health (DOH) public health information.

In 2007, the FHIN released a White Paper, Architectural Considerations for State Infrastructure (Greaves, et al., 2007). This paper proposed that the FHIN would enable health care providers to access a patient's medical records from any provider database connected to the network, regardless of location. Collaboration among the public and private sectors, state and local governments, providers, employers, consumers, health plans and payers would enable connectivity among RHIOs and other health information networks in Florida via a central server.

Recommendations from this document provide more detail as to how the FHIN planned to address technical concerns which were initially raised by the GHIIAB (Greaves, et al., 2007):

- **Central Authority for Technical Standards:** Setting standards and certification requirements including state-level security specifications.
- **Network Security:** Secure and encrypted communications along with detailed logs

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