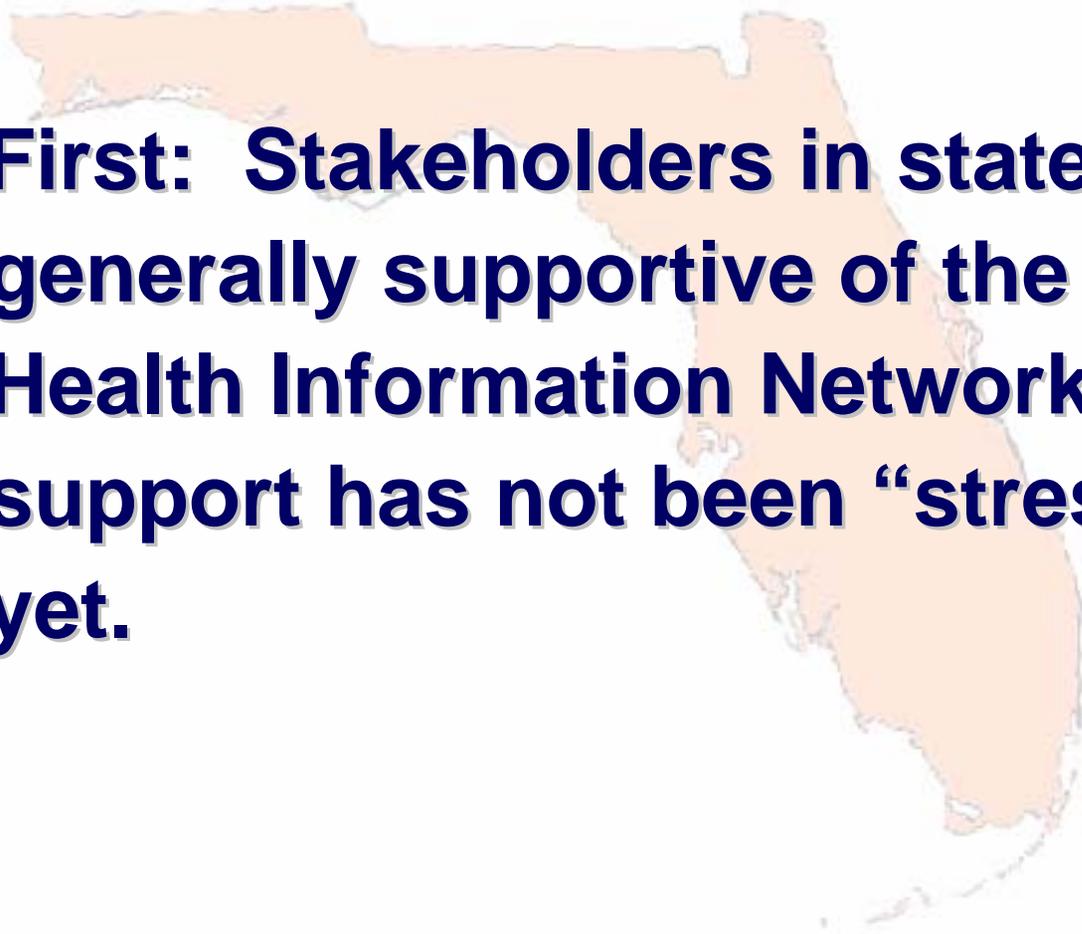




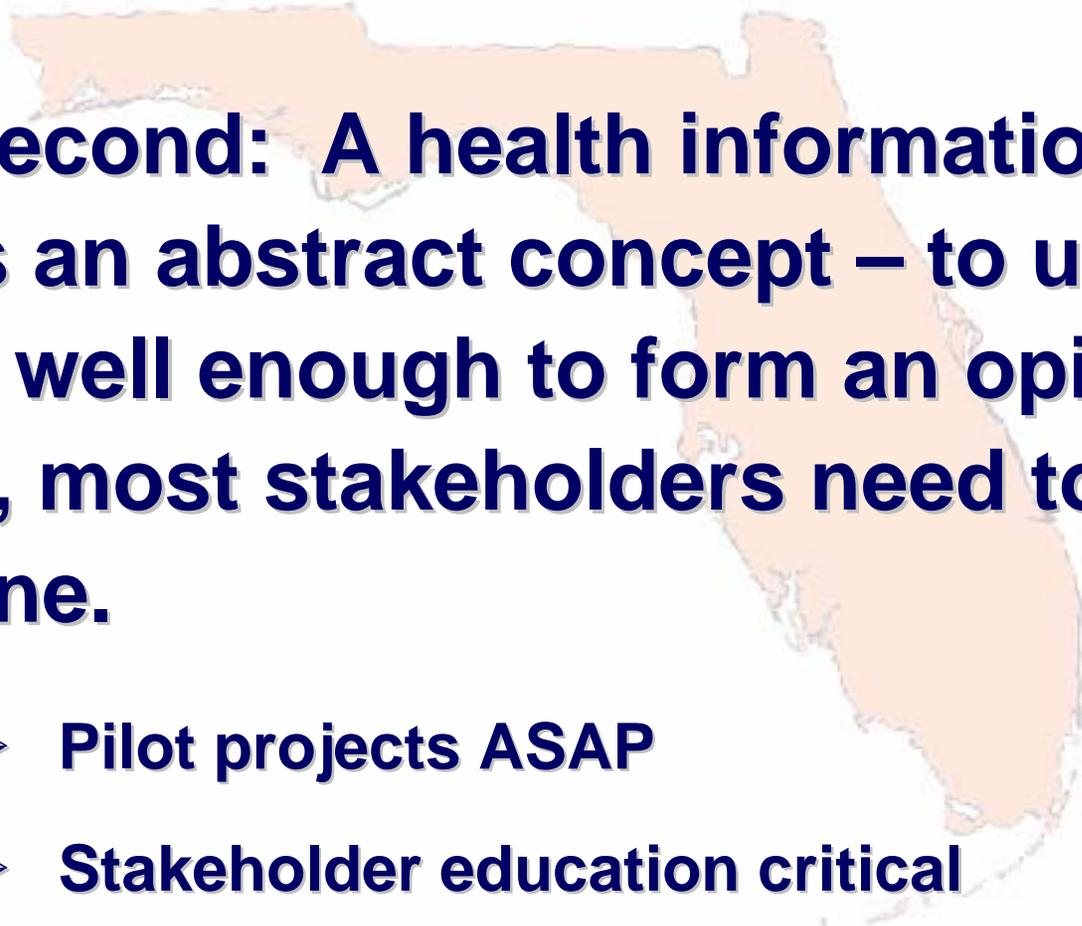
Florida Health Information Network – Current Status



- **Strategic framework and development roadmap for statewide network in place**
 - **Ongoing stakeholder outreach and engagement**
 - **Four local/regional exchanges operational on a limited basis; fifth HIE online within 90 days**
 - **Proposed FHIN legislation to be taken up in next session of Florida Legislature**
 - **Initiative fueled by three tireless state employees and volunteer board and minimum spending**
 - **No freestanding FHIN organization yet**
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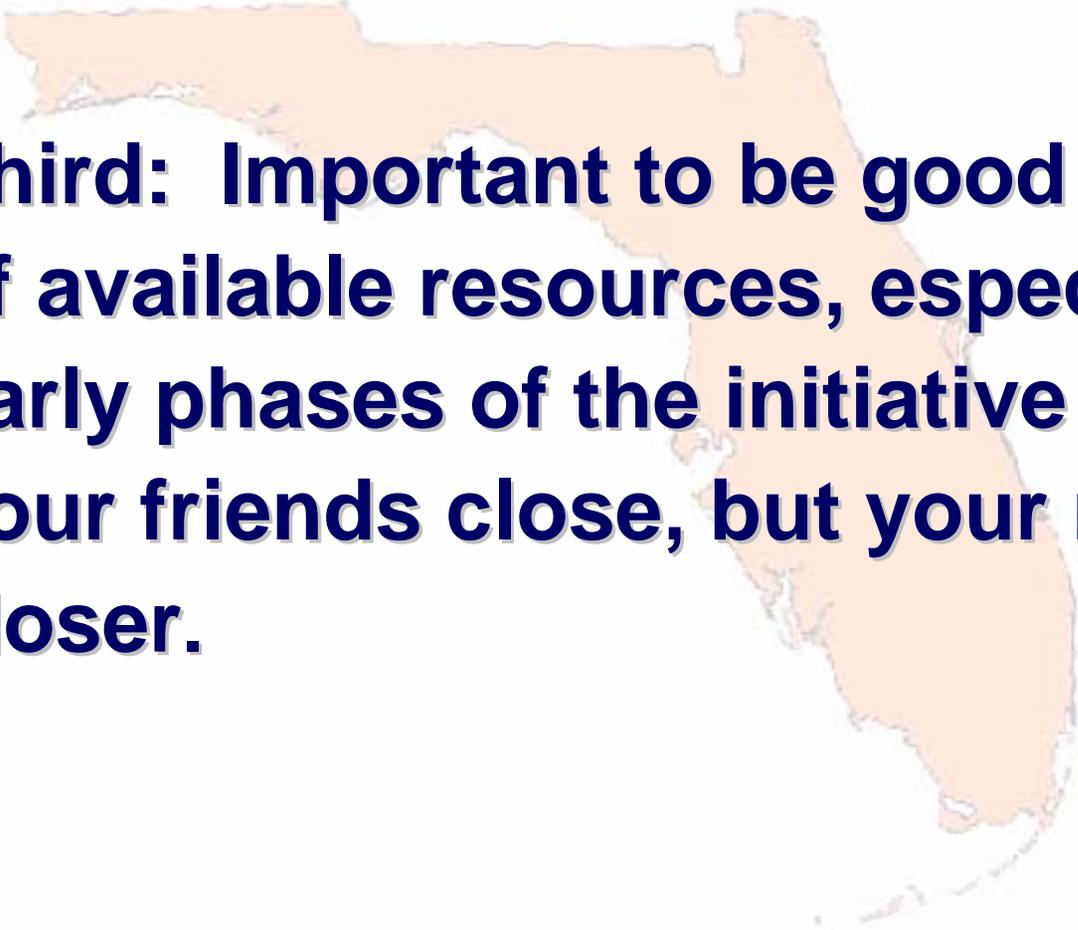


First: Stakeholders in state are generally supportive of the Florida Health Information Network, but that support has not been “stress tested” yet.



Second: A health information network is an abstract concept – to understand it well enough to form an opinion about it, most stakeholders need to touch one.

- **Pilot projects ASAP**
- **Stakeholder education critical**



Third: Important to be good stewards of available resources, especially in early phases of the initiative – keep your friends close, but your money closer.

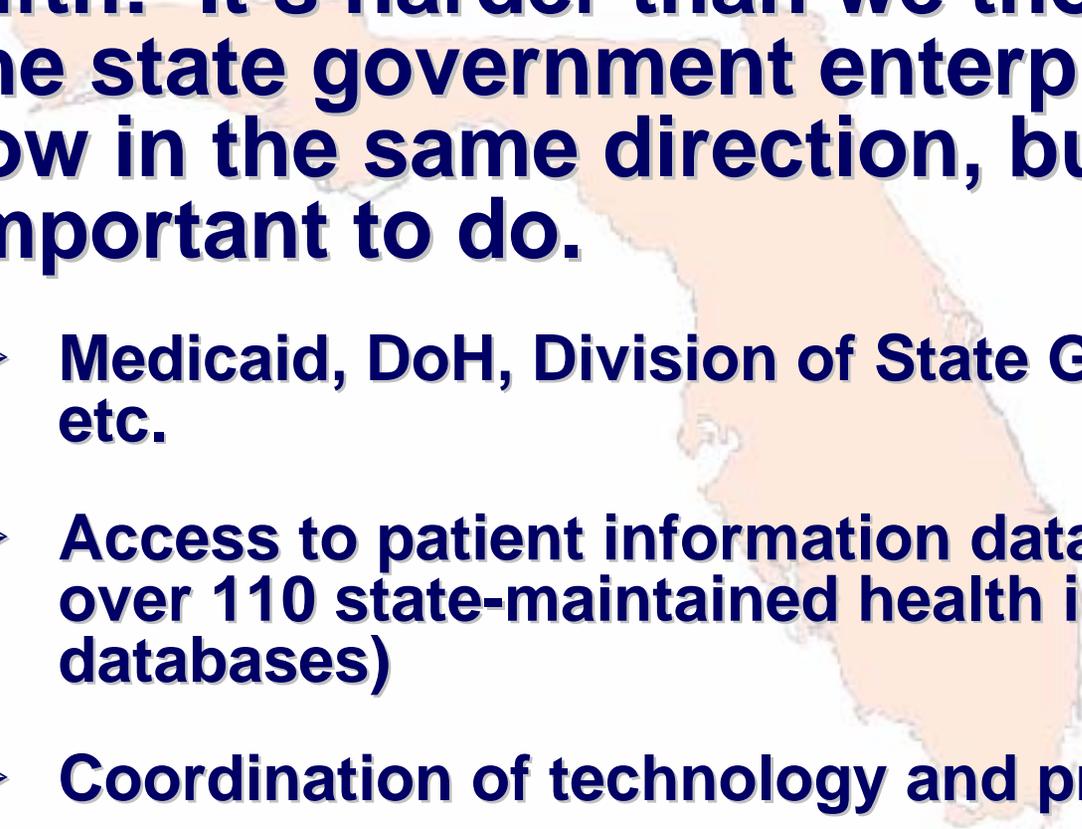


Fourth: There are no points deducted for copying off our neighbor's homework.

- **important to share resources and lessons learned among states and within the state**



Fifth: It's harder than we thought to get the state government enterprise itself to row in the same direction, but it's really important to do.

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- **Medicaid, DoH, Division of State Group Insurance, etc.**
 - **Access to patient information databases (Florida – over 110 state-maintained health information databases)**
 - **Coordination of technology and programs**
 - **Coordination with federal government?**
- 



Sixth: Strategic partnering with the right parties can accelerate the process.

- **IT companies, provider groups, state and federal government entities, other state initiatives, etc.**
- **Challenges in partnering with HIT companies**



Seventh: Government has an important role but can't do it all

- **Governing is a process, developing the state/national health information network is a movement – precedent and procedures vs. innovation and imagination**
- **Implications for GHIAB, AHCA, HITT, DCH, ONCHIT, etc.**

Statewide Network Implementation Strategy in Four “Easy” Steps

1. Develop the statewide network’s “hub” infrastructure as soon as possible to enable data sharing among local/regional health information exchanges, and to provide technical leadership to local initiatives (e.g., ensure that they develop according to the same set of standards, etc.)
2. Achieve critical mass of meaningful electronic patient data available on the network as quickly as possible so that the statewide network will prove valuable to healthcare providers, thereby promoting even greater utilization of the network. Examples of data include payor-based data, Medicaid encounter data, vital statistics data and immunization data.
3. Promote the development of new sources of electronic patient data for use on the network by encouraging the adoption of electronic health records systems by individual providers and through the development of regional health information exchanges.
4. Establish sustainable revenue model and governance structure that will promote long-term success of the FHIN.

Political Headwinds

- **Volume-based reimbursement is good for business – the less a provider knows about a patient, the more it can bill in volume-based billing system.**
- **One person's waste savings is someone else's revenue stream – about 40% of the projected savings from migration to EHR's is from eliminating duplicative tests and studies.**
- **Lack of transparency pays for the players in our healthcare system – healthcare is one of the most inefficient of economic markets due to the general unavailability of critical information to the customer.**

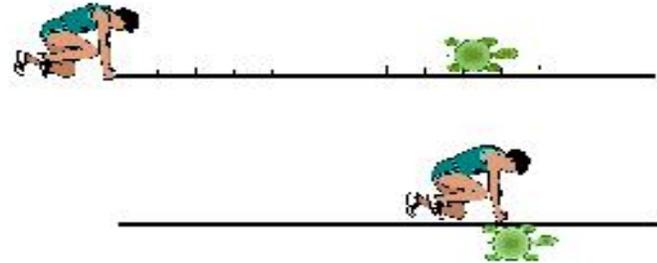
Political Headwinds, Part 2

- **Why would hospitals give up their data? Hospital Administration 101: “Data is a strategic asset . . .”**
- **Why would providers help set up the platform from which health plans will execute P4P? Ghost of 1992: why should they believe that this will be different than the implementation of managed care with its revenue compression?**
- **Why would physicians adopt electronic health systems that facilitate more streamlined medical malpractice discovery? And who is liable if a provider relies on information obtained from the network that turns out to be inaccurate, resulting in serious injury or death?**

Political Tailwinds

- **Most doctors believe their answer on their med school application to the question, “Why do you want to be a doctor?” They are driven at least in part by a desire to obtain good health outcomes, which EHR’s can promote. Hospitals too.**
- **Physicians are rational economic beings – there has not been a strong business case up until now for adopting electronic health information systems. When it’s there, they’ll adopt.**
- **HIPAA is helpful, and consumers want a 21st Century health information system, in spite of privacy concerns.**

Zeno of Elea, circa 450 B.C., on Building a State Health Information Network



Zeno's Paradox: In a race, the runner must first traverse half the distance. Then, he/she must cover half of the remaining distance. Yet again, the runner must cover half of that remaining distance . . . and so on forever. Therefore, it is impossible to finish the course. Q.E.D.

There is a Greek chorus of nitpickers and naysayers with a hundred good reasons why the network initiative will fail. Just start the race and handle the issues one at a time.



The things that are urgent are seldom important, and the things that are important are seldom urgent.

– General Dwight D. Eisenhower