Weathering the Storm: 
Disaster Preparedness and the Florida 
Health Information Exchange

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ABSTRACT

The Florida Health Information Exchange has grown over the years since its inception in 2004. Harris Corporation was contracted to provide some basic services to the health care industry in 2011 and this relationship has continued to the present time. As services have expanded, challenges have arisen. With disaster preparedness and business continuity an important part of continuity of care and health information technology initiatives, this paper will consider how a “network of networks” can be of assistance when natural disasters strike.

KEYWORDS

Disaster Preparedness, Health Information Exchange, Privacy, Security

INTRODUCTION

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 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.

Key services implemented to date include:

- Patient look-up
- Secure messaging
- Event notification-

This case study aims to describe the services of HIE in the State of Florida. As networks are established throughout the state, the ability to access health information in times of disaster becomes an added benefit for the citizens of Florida. As has occurred throughout the nation, privacy concerns
have been at the forefront of all networking efforts in Florida. In addition to describing the current structure and services available, ways the Florida HIE can improve communication among providers during natural disasters will be explored.

SETTING THE STAGE

The initial goal of the Florida Health Information Network (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, Koss, Caruth & Fuller, 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). Recommendations from this document provide more detail as to how the FHIN planned to address technical concerns. One of the major obstacles encountered in implementing a statewide network was legal and regulatory issues surrounding existing privacy laws (Rosenfeld, et al., 2006).

In March 2010, the Office of the National Coordinator (ONC) announced the State Health Information Exchange Cooperative Agreement Program awardees as part of the Health Information Technology for Economic and Clinical Health (HITECH) Act. Florida received $20,738,582 (HHS, 2012). Following an Invitation to Negotiate, this federal funding resulted in Florida awarding a contract to Harris Healthcare Solutions to create the Florida HIE infrastructure.

Through the designated state entity (AHCA), Florida looked to Harris to create a Florida Health Information Exchange Infrastructure under the ONC funding. The infrastructure includes open source technologies where appropriate and gives the highest priority to privacy, security, and interoperability with existing and future electronic patient medical records. Agreements that establish the obligations and assurances between the FHIN, Harris Corporation and other health care organizations in the network were created for the exchange of health information (AHCA, 2011). Consumers are given the ability to explicitly grant permission for disclosure and use of sensitive data as required by state and federal law through the use of consents and authorizations. In the event of a medical emergency when the patient or his/her legal representative is unable or unavailable to authorize access, the participant user may access the information. Written documentation in the patient’s record immediately following the disclosure is required by the requesting participant user.

The structure of the HIE is a network of networks without a centralized master patient index. The patient lookup service enables participating users to locate and retrieve patient records. An authoritative provider directory facilitates communication between participating providers. Secure messaging to facilitate sharing of clinical summaries (a meaningful use criterion) uses national standards to ensure security. Event notification services (ENS) is the newest service, alerting providers and payers when patients are admitted, discharged or transferred from a participating facility. ENS allow for improved continuity of care and case management.

CASE DESCRIPTION

The American Recovery and Reinvestment Act (ARRA) provides incentive payments to hospitals and physicians who engage in the meaningful use of electronic health records. Meaningful use is a set of standards meant to ensure that EHRs are not only purchased, but utilized for certain key functions. The HIE meaningful use standards aim to provide health records for the treating physician (from a prior episode of care) to improve the quality and coordination of care, as well as patient access to health information. HIE services must take into account the scope of data exchange and location of the records.