



The Northeast Florida Regional Health Organization NEFRHO

Abbreviated Business Plan

*Information for
Better Care and Health*

Serving people and organizations through a Healthcare Information Exchange

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Overview and Background

In America's highly fragmented health care system, few organizations have access to or maintain complete patient records. Health care has many distinct areas of practice, record formats are not standardized, and the market offers a bewildering array of mostly incompatible patient record products.

Most sizable community and safety net hospitals have mature systems that keep records about their patients' ambulatory and inpatient care. However, hospitals typically have little or no information about their patients' experience with physicians, or with other diagnostics or treatments received in non-institutional settings. By contrast, only about 17 percent of physicians now use electronic medical records (EMR), although that number is now rapidly increasing.

At a practical level, this means that clinicians – particularly those that are not associated with a patient's "medical home" (if he/she has one) – often make important clinical decisions without the benefit of the most complete information available. Emergency Physicians, for example, may not have access to patient histories, medication lists, clinical notes, test results or images that might be crucial in understanding a medical event and delivering the best treatment. In addition, in many cases, diagnostic tests are often repeated unnecessarily, simply because the clinician does not have access to recent records.

A New Approach

Over the last couple years, a new type of community organization has emerged in health care. More than 100 Regional Health Information Organizations (RHIOs) are under development around the country.

In concept, these efforts began as health care information exchanges, organizations that housed the technical capabilities to facilitate the secure transfer of electronic patient records between hospitals, physician offices, laboratories, diagnostics centers. The idea was to merge the disparate informational elements that existed on patients around the system, and then make the most complete information available to all participants.

Better information would almost assure better clinical decision making, and it would likely eliminate a great deal of unnecessary duplication of diagnostic testing. Both these improvements should result in better care at lower costs throughout the health system.

Definitions:

Regional Health Information Organization

A health information organization that brings together health care stakeholders within a defined geographic area and governs health information exchange among them for the purpose of improving health and care in that community.

Health Information Organization

An organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.

Health Information Exchange

The electronic movement of health-related information among organizations according to nationally recognized standards.

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However, it has also become clear that RHIOs can be far more than simply an information exchange. In the highly adversarial and fragmented health care marketplace, bringing all constituencies together to address common information problems also allows the RHIO to become a neutral community platform for consensus development and collaboration. At this time, there is no other Northeast Florida organization that brings together all interests around issues that affect the health care mainstream. (It's worth noting, for example, that while the Jacksonville City Council has a 3-member Health Facilities Authority, no non-partisan panel exists to advise the Council on the issues that affect the region's broader health care community.)

NEFRHO

Spearheaded by William Carriere MD, a local Family Physician, The Northeast Florida Regional Health Organization was established originally by doctors who saw the value of broad-based information exchange. That vision was expanded to include active involvement by health care's other key constituencies: patients, purchasers (primarily meaning employers and government), government (as community fiduciaries), hospitals, health plans and other health care interests in the seven county Northeast Florida (or State Planning District IV) area: Baker, Clay, Duval, Flagler Putnam, Nassau and St. Johns counties.



Just as NEFRHO's collaborative vision is broader than those of most RHIOs, so is its business model. Rather than relying on grants from state and federal agencies, NEFRHO believes it must provide clearly understandable and measurable value to all the constituencies it serves, and gain their support as a viable enterprise.

In other words, NEFRHO is being structured as a *community health care utility*, with a mission to facilitate improved information exchange for better decision making by all – mainstream and vulnerable groups – health care stakeholders throughout Northeast Florida. It will NOT develop or offer programs that compete with its stakeholders, but will exist as a health care information exchange and as a platform for collaboration and consensus development on broad health care issues.

Services

Initially, NEFRHO is focused on 4 main services.

1. Community-wide clinician access to electronic patient records that are as easy to obtain and as complete as possible.
2. Community-wide Personal Health Record
3. Community-wide patient access to decision support tools.
4. Community Care Program - contact center services to direct to Consumer

In the near future, NEFRHO intends to offer additional services.

1. Initiation of a primary care EMR subsidy program.
2. Initiation of a physician practice EMR optimization training program.

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3. Clinician pricing/performance report cards, delivered first to providers and then to the purchasers.
4. Consensual development of community-wide templates for specialty referrals.
5. Consensual development of community-wide evidence-based specialty guidelines.

Value Propositions

While patients, physicians, health plans and self-funded employers stand to gain the most immediate benefit from the establishment of a RHIO, we believe that every health care constituency will find real value in NEFRHO's activities.

Patients

In general terms, NEFRHO's efforts should result in broader patient access to better quality, safer care at lower cost throughout Northeast Florida. For the first time, all community residents will have access to high quality patient decision support tools that will help them make better decisions about accessing care and about self-management.

Employers

Employers' investments in the facilitation of better information for clinicians and patients should translate to improved decision-making, clinical outcomes and costs. In addition, clinicians and employers will have access to objective health care pricing/performance information that will enhance transparency and accountability, and guide future purchasing decisions.

Government

In addition to being sizable employers within Northeast Florida, local governments are the fiduciaries of our communities' health and financial stability. They'll win by investing in approaches that can reduce Northeast Florida's cost of care relative to other communities, and by boosting the quality of care available here.

Physicians

Broader use of electronic medical records with more exchange for complete information will yield better care at lower costs. Physicians will have better information to base their decisions on, and will often be able to avoid unnecessarily duplicating test results. These tools will help physicians meet and exceed the clinical performance targets that are being established in performance-based reimbursements. They'll also provide unbiased pricing and performance information that can be used in competitive hospital and health plans negotiations.

Hospitals

Just as important for hospitals as it is for physicians, better information will allow more effective and efficient care as well, issues that will increasingly translate to impacts on performance-based reimbursement. It also goes without saying that it is important for hospitals to convey that they are supportive of the interests of their referring physicians, especially in efforts, like this, that are aimed at improving clinical performance.

Health Plans

NEFRHO's mission is to improve the information available to decision makers at all levels of the system so that clinical and financial outcomes improve. In a health care environment with exploding costs and rapid erosion in coverage enrollment, mainstream efforts like NEFRHO accrue to the stability of the system and the continuing viability of health plans.

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The Balancing Act Required To Establish Collaborative Viability

Health care's fragmented and adversarial nature has doomed many broad-based collaboration efforts within the industry. This project is no different. In this sense, it is a delicate balancing act.

NEFRHO's success will hinge on early buy-in to the project from each constituency, as well as to each group's appreciation of other groups' expectations. For example, one of NEFRHO's primary focuses is implementing and optimizing the utility of EMRs throughout the region. This is critical because better information is the basis for the best possible care.

That said, the primary financing to support this kind of effort probably will not come from physicians. Instead, the purchasing community – employers and health plans – will see the sense in subsidizing dissemination of these technologies. And their interest is greater transparency/accountability in clinician pricing/performance.

In other words, NEFRHO must work on projects that are in the common interest of all health care stakeholders, but in ways that remain sensitive to each group's sensibilities and interests.

Achievements

Florida Health Information Network (2007- 2008)

NEFHIC - Jacksonville has received FHIN (Florida Health Information Network) funding from the State of Florida under the contract between Agency for Health Care Administration (ACHA) and the Duval County Health Department (DCHD) for the collaborative effort among DCHD, JaxCare, NEFRHO and the Duval Country Medical Society (DCMS) – the collaborative is an unincorporated group designated as the Northeast Florida Health Information Consortium (NEFHIC).

CMS/HHS Electronic Health Records Demonstration

HHS Secretary Mike Leavitt today named 12 communities that will participate in a national Medicare demonstration project that provides incentive payments to physicians for using certified electronic health records (EHR) to improve the quality of patient care. The five-year, first-of-its-kind project is expected to improve the quality of care provided to an estimated 3.6 million Americans.

The communities selected for the EHR demonstration project range from county- and state-level to multi-state collaborations. They include:

Alabama	Maryland/Washington, DC
Delaware	Oklahoma
Jacksonville, FL (multi-county)	Pittsburgh, PA (multi-county)
Georgia	South Dakota (multi-state)
Maine	Virginia
Louisiana	Madison, WI (multi-county)

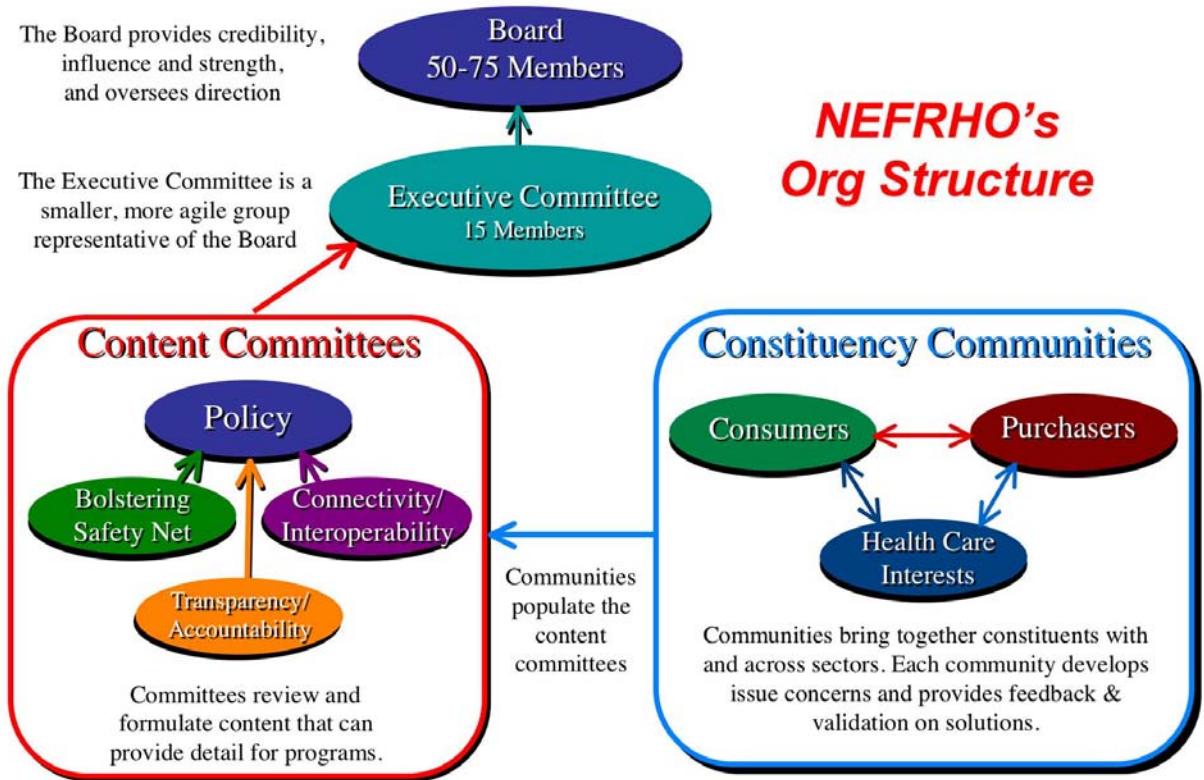
These 12 communities were selected through a competitive process from a field of more than 30 applicants. They demonstrated active collaboration among stakeholders, including physicians and other providers, health plans, employers, government and consumers; existing or planned private sector initiatives related to health information technology and quality reporting; and adequate size to recruit a sufficient number of primary care physician practices. They also demonstrated close ties to the medical community and ability to work closely with CMS to recruit physician practices to participate in the demonstration.

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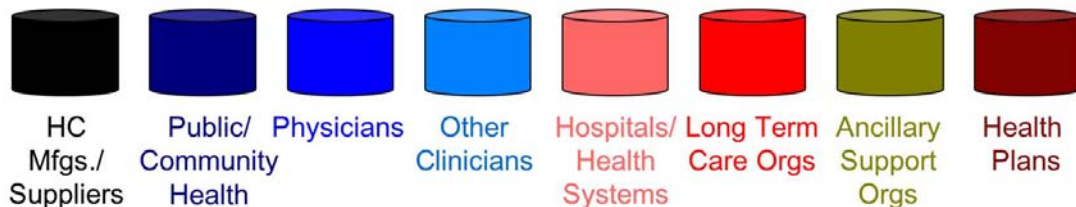
Organizational Plan

Legal Structure

NEFRHO is structured as a community-based organization, and has applied for a 501(c)(4) designation non-for-profit legal designation.



Health Care Interests



Board of Directors

The Board's purpose is to oversee NEFRHO's mission and policy agenda. A much larger Board – 15 or more Directors – that can represent the range of significant health care interests throughout Northeast Florida will replace NEFRHO's initial 12-member body. Directors will serve for 2 years. One-quarter of the Board is required for a quorum.

Executive Committee

A small and agile Executive Committee will be convened by the Chairman to provide quick decisions on matters of importance. However, the Executive Committee ultimately reports to the

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larger Board. Executive Committee Members will serve for 3 year. The Executive Committee will be comprised of NEFRHO's Corporate Officers which will include the following representation: physicians, hospital representatives, health plan representatives, employer representatives, and governmental representative. While every Executive Committee vote must seek the input of every member, a quorum may be achieved by one-third of the Committee.

Constituency Committees

Constituency Committees will be developed to convey each stakeholder group's consensus-based concerns to the Board. Committees may be developed for patients, small group (i.e., fewer than 51 employees) purchasers, large group (i.e., more than 50 employees) purchasers, physicians, hospitals, health plans, long-term care organizations, ancillary provider organizations and community advocacy organizations.

Content Committees

The Board will establish Content Committees to develop community-wide recommendations on issues that relate to NEFRHO's mission and activities: e.g., technology standards, pricing/performance transparency, fundraising, each committee will be populated with local experts in that area, drawn from NEFRHO's organizational affiliates. In other words, an information technology specialist may serve as a hospital's representative on the technology committee, even though the hospital's CFO or VP Strategy is already represented on the Board.

Management Group

NEFRHO has contracted with Mark Renfro, a RHIO Development and Management consultant, for day-to-day oversight of the RHIO. The terms of the arrangement are detailed in the NEFHRO Financial Plan.

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Services Plan

To be successful, NEFRHO must become financial stable and sustainable. That means building a business model on services that provide direct value to each of its constituencies. The two services described below will constitute NEFRHO's initial core functionalities. Both represent significant health care information enhancement within the community, a proposition we believe must be measured and objectively tested independently to establish whether this effort delivers true value.

Short Term Programs

Electronic Medical Record (EMR) Aggregator/Integrator

A new class of health care tool scans all information systems on a network – physician practices, hospitals, nursing homes, laboratories, diagnostic centers, ambulatory centers – for records relating to a particular patient. Using a browser, the clinician can sign on to the network and, assuming appropriate patient permissions are in place, instantaneously locate, assemble and integrate that patient's information and allow the physician to “drill down” to a clinical note, a test result, a medication list or an image.

This is a dramatic advance for clinicians, both in terms of their ability to obtain more complete information and in the effort required to do so. The net result is more informed clinical decision-making, with a reduction in unnecessary duplication of services, and with almost certainly better outcomes at lower costs.

NEFRHO has negotiated an extremely favorable community-wide arrangement with Carefx (www.Carefx.com), one of the best tools within this class. The implementation of Carefx is the foundation for the FHIN Grant Award from Florida Agency for Health Care Administration (AHCA). The Physician will have a sign-on from anywhere and select a patient's name. The screen will populate with relevant information as each application is launched. Patient data aggregation and simplified access.

Shands recently implemented Carefx for its physicians and our understanding is that it has received broad approval. We believe that this enhanced capability, readily available to every physician in the community who participates in NEFRHO's network, can have a strongly positive impact on the practice behaviors and care costs throughout the region.

e-Prescribing

Electronic prescribing (e-prescribing) is the use of an automated data entry system to generate a prescription, rather than writing it on paper. Automation of the outpatient prescribing process has many potential benefits to different health care stakeholders, especially patients, physicians, pharmaceutical companies, health plans, pharmacy benefit managers, and employers.

e-Lab Exchange

Electronic laboratory (e-Lab Exchange) is the use of a data entry system to generate a lab order, rather than writing it on paper. Automation of the results reporting that has many potential benefits to different health care stakeholders.

Specialist Referral Services

Specialist referral services typically involves of a specialist assisting a general practitioner in rendering a diagnosis. This may involve a patient "seeing" a specialist over a live, remote

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consult or the transmission of diagnostic images and/or video along with patient data to a specialist for viewing later. Recent surveys have shown a rapid increase in the number of specialty and subspecialty areas that have successfully used telemedicine. Radiology continues to make the greatest use of telemedicine with thousands of images "read" by remote providers each year. Other major specialty areas include: dermatology, ophthalmology, mental health, cardiology and pathology. According to reports and studies, almost 50 different medical subspecialties have successfully used telemedicine.

Personal Health Record

NEFRHO is a non-profit corporation formed to assist stakeholders in the promotion of community repositories of electronic personal health records. NEFRHO's *eHealth Trust* will improve the safety and efficiency of patient care, public health, and medical research through the availability of secure and complete electronic lifetime health records.

1. Independent Personal Health Record, *eHealth Trusts* is a Non-Profit entities with the information contained within that is owned solely by its members (individuals whose personal health information is contained within the *eHealth Trust*)
2. Offering incentives for independent health record *eHealth Trust* account holders, health care providers, and payers to contribute health information

Patient Consultations

Patient consultations using telecommunications to provide medical data, which may include audio, still or live images, between a patient and a health professional for use in rendering a diagnosis and treatment plan. This might originate from a remote clinic to a physician's office using a direct transmission link or may include communicating over the Web.

Subsidies of Primary Care EMR Implementation

Community-wide EMR implementation is a high priority for NEFRHO. To that end the organization will pursue grants that are aligned with this aim, and independently establish a program to subsidize the implementation of EMRs in primary care practices around the region. (The assumption here is that primary care practices – general pediatrics, family practice, internal medicine, obstetrics/gynecology – have lower incomes and are less able to afford these new technologies than specialty practices.)

EMR Optimization Program

Recent data have shown that, even in practices where EMRs have been implemented, many physicians have not optimized their utility. Training costs from EMR vendors are typically high, and many physicians have resisted investing the time and energy required to really understand EMRs' potential and how it can enhance both care quality and practice flow.

NEFRHO intends to collaborate with vendors and local physician/practice management experts to establish a training function that is aimed at 1) educating physicians throughout the community about the value of EMRs and 2) teaching ways to gain full access to their capabilities.

Long Term Programs

TelEmergency

Providing qualified emergency care in rural hospitals with low patient volumes is most often cost prohibitive. Additionally, it is extremely difficult to recruit and retain emergency physicians to these rural areas. This program provides increased access and improved quality of care in participating hospital emergency rooms.

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Telepharmacy

Pharmacy network to

- Provide pharmacy clinical oversight to improve patient and medication safety
- Create a service to support pharmacy needs in rural hospitals and communities - Telepharmacy is the provision of pharmacy services and support through a variety of methods

Community Care Program

1. The Personal Health Record is a community licenses and use the PHR to maximize data collection by users.
2. Steps for implementation of Community Care Program
 - Provide letter campaign to users and encourage automated self-managed Disease Management programs using Nurse Line 24/7.
 - Provide automated care management reminders to users and care staff.
 - Begin wellness coaching using the PHR platform and Health Contact Partners (HCP) as coaches for the well-individuals group. All documentation to the PHR (could use other vendors but then will have set up fees and training costs).

Patient Decision Support

Over the last several years, as the rising cost of health care called for more patient involvement in care and costs, a range of knowledge management tools have emerged to help consumers:

- Understand more about and track their medical conditions
- Determine whether their current health status warrants a visit to a physician or emergency department
- Compare clinical care and costs
- Increase their communication with their physicians
- Many other related tasks.

Employers who have implemented these tools and incentivized their employees (and their families) to use them have seen marked improvements in care effectiveness and costs.

Clinical Transparency/Performance Reporting

The threat to coverage represented by the unrelenting health care cost explosion has become a major issue for insurance purchasers. Employers and government have become increasingly interested in aggregating and analyzing large claims and clinical data set to identify the relative pricing and performance of clinical professionals and institutional services. The technologies are now readily and inexpensively available to accomplish this, and if NEFRHO wishes to provide value to both its clinical and purchasing participants, it should serve as a neutral broker and analyst of these services.

Community Consensus Development on Evidence-Based Clinical Guidelines

Several communities around the country have launched programs that engage physicians to define evidence-based best practice guidelines for the top procedures within their specialties. The advantage to this approach is the potential reduction of variation in clinical outcomes, with concomitant improvements in outcomes and reductions in cost.

Community Consensus on Specialty Referral Information Template Development

The emergence of EMRs has made it far easier for primary care (and other referring) physicians to ensure that specialists receive the right information to appropriately assess a patient's condition. NEFRHO will conduct a template development/standardization effort that can be

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applied across EMRs, and that should further enhance the clinical information available for clinical decision-making.

Technology Plan

Principles for Health Information Exchange (HIE)

NEFRHO's Technology Plan closely adheres to the Common Framework for health information exchange identified in the 2003 Markle Foundation report: *Connecting for Health: a Public-Private Collaborative*, (http://www.markle.org/downloadable_assets/sg_final.pdf). The Common Framework approach has been embraced by federal and state agencies supporting RHIO development, and is technically desirable because it enables health information exchange by building on rather than replacing existing infrastructure.

The full details of NEFRHO's technology approach will be available in our comprehensive business plan. But the key elements include the following principles.

- *NEFRHO's goal is more complete electronic health information for better decision-making -*
- NEFRHO's HIE will share and aggregate patient-specific clinical information from multiple data sources. At this time, NEFRHO does not contemplate establishing a centralized data repository of clinical encounter data. Ultimately, NEFRHO may sponsor community-wide aggregation and analysis of derivative clinical data (through Personal Health Records) and claims data in order to identify problems and opportunities that, if addressed, can improve quality and cost performance within the community.
- *Interoperability: centralized vs. federated data storage and retrieval - NEFRHO will use a federated approach to clinical encounter data retrieval.* NEFRHO recognizes that different schools of data storage exist in the marketplace. Federated data advocates insist on maintaining and protecting their data within firewalls, but they will allow external data retrieval processes that query data repositories established and updated outside their firewalls. Centralized data advocates are willing to constantly upload data elements to a common data repository that can then be queried for retrieval.
- *Privacy, security and ease-of-use are paramount -* NEFRHO's approach emphasizes privacy and security of patient information while promoting ease of use by providers. Any patient may "opt-out" of the data exchange process. One NEFRHO content committee will focus on provider user interfaces, so that clinicians have optimum input and feedback into the processes deployed on their behalf.
- *Inclusiveness -* A variety of EMRs are now being used throughout Northeast Florida, and NEFRHO must incorporate approaches that allow participation by all. At its core, the Health Information Exchange will have an Enterprise (i.e., community-wide) Master-Patient Index (EMPI)/Record Locator Service (RLS), which will link and index disparate records from multiple data sources. NEFRHO also will leverage a variety of health care data standards (e.g., HL7, 2.x, Continuity of Care Record (CCR)) so that as many health care stakeholders/data sources as possible can share data with the HIE.
- *Scalability -* By leveraging a service-oriented architecture to the degree possible, NEFRHO's will be scalable to permit health data sharing with other regional exchanges,

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and to allow for more end users; and remain open to additional functional enhancements as the project grows.

Action Plan

For purposes of this plan, NEFRHO's must negotiate three major phases of action.

First is coalition building, where we make the business case to all key community constituents – important players in the physician, hospital, health plan, employer, government and media communities - for the interoperability and facilitation of better information for decision making. This is also where we establish the Board and do some initial formations work on the committees. This is the spadework associated with realizing the RHIO. An important note is that it is NOT critical that all key players join at the outset. Even a substantial minority of important players can ultimately result in a community-wide project.

Next is obtaining the funding to go live. Several sources for this - grants, conferences, early contributions, Council funding – are described below.

Third is the operational budget: where NEFRHO funding comes from and how it's spent.

Coalition Development

Over the last several months, the Dr. Carriere and the NEFRHO Development Team have met with a broad cross-section of key players in the local health care community. The goal of this first part of the effort was to develop and convey a mature vision of community-wide collaboration through a health care information exchange, and the ability of that effort to translate to a neutral health care platform where traditionally adversarial groups could meet to address other substantive health care issues.

The current body of support, participation on the NEFRHO Board, growing visibility of NEFRHO throughout the region, and this business plan has resulted from those efforts.

Startup Funding

Grant

Grant programs aimed at RHIOs are becoming increasingly plentiful but are highly competitive; typically have relatively onerous reporting requirements and little long term stability. While the moneys that flow from them can be useful, NEFRHO believes that it is more important to develop a more traditional business model that will rely on regional constituent support to gain financial viability. Still, we recently have submitted grants that might provide NEFRHO with early financial boosts. These include:

1. **Florida Health Information Network (2007- 2008).** NEFRHO has submitted a proposal to AHCA (Agency for Health Care) In this community collaborative proposal by NEFRHO would use its share of proceeds up to \$500,000:

NEFHIC

Jacksonville has received FHIN (Florida Health Information Network) funding from the State of Florida under the contract between Agency for Health Care Administration (ACHA) and the Duval County Health Department (DCHD) for the collaborative effort among DCHD, JaxCare, NEFRHO and the Duval Country Medical Society (DCMS) – the collaborative is an

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unincorporated group designated as the Northeast Florida Health Information Consortium (NEFHIC).

- 2. CMS/HHS Electronic Health Records Demonstration** \$12,000,000
At the direction of HHS Secretary Mike Leavitt, the Centers for Medicare & Medicaid Services (CMS) is implementing a five-year demonstration project that will encourage small-to medium-sized primary care physician practices to use electronic health records (EHR) to improve the quality of patient care.

CMS also is encouraging public and private payers to offer similar financial incentives consistent with applicable law.

- 3. Center for Community Health Leadership** \$3,000,000
The Center for Community Health Leadership was founded by Misys Healthcare Systems in 2006 out of a need for action and a sense of urgency among communities for high quality, coordinated healthcare. The Center is dedicated to transforming community connectivity from a high-level concept into practical application.

Via \$10 million in granted software from Misys and support from Center Partners, the Center is working to identify a select number of communities interested in developing a network of interoperable EHR systems to be used by hospitals, physician offices, home care agencies and/or patients. The resulting improved clinical connectivity allows for coordinated and higher quality care and decreased costs across the healthcare continuum.

- 4. HHS - Chartered Value Exchanges (CVE)**
Selected as a pioneer Community Value - Leader and we are at the forefront of a nationwide movement to transform our current health care sector into a patient-focused marketplace,” Secretary Leavitt said. “Together we are building the foundation of a transparent system that empowers consumers to seek high-quality health care at competitive prices.”

As Chartered Value Exchanges, communities will have access to information from Medicare that gauges the quality of care physicians provide to patients. These performance measurement results can be combined with similar private-sector data to produce a comprehensive consumer guide on the quality of care available.

In addition, these communities will join a nationwide Learning Network sponsored by HHS’ Agency for Healthcare Research and Quality. This network will provide peer-to-peer learning experiences through facilitated meetings, both face-to-face and on the Web.

- 5. USDA - Rural Distance Learning and Telemedicine Program**
Advanced telecommunications services play a vital role in the economic development, education and health care of rural Americans. The Distance Learning and Telemedicine (DLT) Program is specifically designed to meet the educational and health care needs of rural America through the use of advanced telecommunications technologies. With DLT grants, loans, and loan-grant combinations, we help rural communities enjoy enhanced educational opportunities, improved health care services and greater economic development.

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Regular Combination Loan/Grants – \$10,000,000
Combos will generally consist of \$9 of loan for every \$1 of grant. Regular Combo application is \$10 million (\$9million in loan, \$1 million in grant) in grants, for a total available of \$15 million.

Special EMR Combo Initiative – \$1,000,000
Distance Learning and Telemedicine Loan and Combination Loan/Grant Program - USDA has a special initiative for Electronic Medical Records (EMR) systems this year. Under this initiative, Combos will consist of \$4 of loan for every \$1 of grant. Special EMR Combos must be exclusively for EMR systems and related equipment.

6. **Florida Health Information Network (2008- 2009)** \$100,000
Point of Care Model EHR Demonstration - The purpose of the program is to provide support for the deployment of an electronic health record system in outpatient clinics for improved case management of patients that could serve as a model for implementation in other clinics in Florida.
7. **HIT Revolving Grant/Loan Fund** - We are working closely with the US congress and Department of Health and Human Services with establishing Jacksonville as a prototype for this funding effort. Widespread use of EHRs will improve patient safety and the general efficiency and effectiveness of healthcare delivery. One of the major barriers to broad adoption of an EHR is lack of financial resources.

“HealthCare Information Technology **Revolving Loan Fund**” represents one practical solution to the current lack of available funding for providers of all sizes to acquire information technology that enables a safer and more efficient healthcare environment.

Requests for Constituency-Specific Startup Contributions

NEFRHO will approach each participating hospital Physician with a request for financial support. Many of the NEFRHO Board members have assisted in providing the start-up contributions for the matching grant requirements.

Operational Funding and Management

NEFRHO is committed to creating with private/public funding with a firm return on investment (ROI) target, for-profit initiatives seek to achieve financial benefits from their transaction fees and by having solid start-up funding.

This private component utilizes an entrepreneurial model of revenue generation based on improved efficiencies brought about through electronic health record exchange. Sustainability for the Electronic Health Information Network (eHIN) serving the private practice community component of the North East Florida Regional Information Organization (NEFRHO) will be achieved by enabling the capabilities necessary to support a variety of for-profit applications that may be implemented by multiple constituencies within the community. These for-profit ventures would then pay NEFRHO’s operating units for access to infrastructure, likely based on utilization formulas that account for the value of the services being derived.

To be successful, the eHIN must become financial stable and sustainable from within the health care delivery system. That means building a business model on services and transactions that provide direct value to each of its constituencies.

The following are more detailed strategies that will build stakeholder support and inevitably

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provide the foundations for long term sustainability of the electronic health record exchange in Jacksonville.

1. **NEFRHO Carefx Development** - Major contractual legal foundation have been developed and executed during the previous 6 months. NEFRHO partners will continue to provide substantial in-kind and monetary and technical support for continued development of the NEFRHO–Carefx health information exchange. This partnership and the continued development of the HIE infrastructure was substantially facilitated and nurtured with the FHIN grant. The grant provided seed funds to help establish the business relationship and to show Jacksonville’s commitment to developing a comprehensive health information exchange system. In the next year the NEFRHO–Carefx health information exchange will expand to include diagnosis results, laboratory results and additional hospitals. This HIE will also play a significant role in the CMS Demonstration Project by enhancing access for local physicians.
2. **EHR Based Incentive For Performance** - A major outcome of the FHIN grant sponsored collaboration is the continued community engagement and development to support electronic health information exchange. Building and expanding on the collaboration established through the NEFHIC consortium, on May 12, 2008, the community submitted an application for Jacksonville & the surrounding communities to be selected as a CMS Demonstration project for EHR based pay for performance. DCHD submitted the application in partnership with NEFHIC members and other partners including DCMS, BC/BS, employers and other major community stakeholders. In June 2008, DCHD was awarded the Department of Health and Human Services (DHHS) grant. Since the award of the FHIN grant, which helped established NEFHIC, there has been a more coordinated community effort related to health information exchange. The FHIN grant process encouraged and supported the consortium and community collaboration which provided a strong foundation for a competitive application to DHHS, Centers for Medicaid and Medicare Services.

NEFRHO – Abbreviated Business Plan

Appendix A

NEFRHO Board (a/o 2/19/07)

Roy Bassett, MD
Michael Bracken
Steven Blumberg
Jim Burt, MD
William Carriere MD
Paul Ferrell MD/Mark Master, PhD
Vicki-lynn Gloger, MSSM
Jack Groover MD
J Stephen Levkoff
Richard Lewis MD
Rick McCauley MD
Tim Owen
Rodney VanPelt
Ann Waldron MD

Scott Whalen/ Gene Miyamoto

JM Family (Southeast Toyota)
Florida Health Alliance
Shands Jacksonville Medical Center
Volunteers of Medicine
Family Care Partners, Chair
Jacksonville Heart Center
Pulmonary and Critical Care
Borland Groover Clinic
Precision Imaging
Mclver Clinic
North Florida OB/GYN Associates
Owen & Associates
Memorial Hospital Jacksonville
Florida Academy of Family Physicians
& Duval County Medical Society
St. Vincent's Health Systems

Leadership Advisory Council - Dr. Brooks Brown, John Delaney, Marcus E. Drewa, Dr. Robert Harmon, Dean Pam Chally

AFFILIATES (a/o 2/19/07)

Physician Practices/Association (BOARD MEMBER)

Baker and Gilmour
Borland-Groover Clinic
Charles Greene MD
Clay Neurology Associates
Davis R Glenn MD
Duval County Medical Society
Emergency Medicine
Family Care Partners
First Coast Cardiovascular Institute
First Coast Primary Care Network
Family Medical Centers & Affiliates
Florida Academy of Family Physicians
Florida Medical Association
Georgia Academy of Family Physicians

Heekin Orthopedics
Internal Medical Group, Inc.
**Jacksonville Heart
Mclver Clinic**
Medical Specialists
Northeast Florida Endocrinologists
North Florida OB/GYN Associates
North Florida Medical Associates, Inc.
Podiatry Associates of Florida
Pulmonary and Critical Care
Rogers Cain MD
Sekine and Rasner, MD
Southern Heart Group

Hospitals

Memorial Hospital Jacksonville
Orange Park Medical Center
St. Vincent's Health Systems

St. Luke's Medical Center
Shands Jacksonville Medical Center

Health Plans

Aetna
AvMed Health Plan
Florida Health Alliance
Health Excel

Medcom
WellCare
Heritage Health Systems Inc.

Others

University of North Florida
Duval Department of Health
Blueprint for Prosperity
Hebrew Garden Hebrew Home

American Medical Partnership, Inc.
Partnership for Child Health
Specialty Disease Management, Inc.
United Way

Appendix B

Greater Jacksonville Community Efforts

Florida Health Information Network

The Florida Health Information Network is a statewide collaboration of regional health information organizations (RHIOs) and the Agency for Health Care Administration. The Florida Health Information Network vision calls for integrating clinical health information exchange in Florida through a statewide health information network that will empower physicians to access timely and accurate medical records in order to deliver the highest quality medical care for their patients. The Florida Health Information Network is being built from the local community up. An essential element of the strategic plan is to empower local stakeholder collaborations focused on health information exchange.

NEFHIC

The Greater Jacksonville has formed a collaborative effort as an unincorporated group designated as the Northeast Florida Health Information Consortium (NEFHIC). Members are as follows: Duval County Health Department (DCHD) for the collaborative effort among DCHD, JaxCare, NEFRHO and the Duval Country Medical Society (DCMS)

JaxCare

JaxCare's Mission Statement - To provide programs and services designed to improve health care quality and raise the health status of all of Florida's First Coast residents, with particular attention to the needs of the working uninsured and their families.

Jacksonville Health Information Network

The Jacksonville Health Information Network (JHIN) is one of the three complementary strategies JaxCare, Inc. is pursuing to improve the healthcare access and delivery of Jacksonville's uninsured and underinsured.

Currently, healthcare providers exchange information using the phone, FAX, and mail, but rarely do they make use of electronic exchange that could greatly improve the coordination of patient care among the treating physicians and other providers. The Jacksonville Health Information Network infrastructure will allow physicians and the medical staff of hospitals and clinics serving the uninsured to access the network to check for available health records in a secure manner. Because the network will enable providers to exchange data through a secure conductor, the creation of the network will also encourage physicians, hospitals, and other providers to adopt internal systems of electronic health records that would allow more information to be exchanged in electronic form.

Healthcare and Bioscience Council

The newly formed Healthcare and Bioscience Council of local and national health care leaders hopes to help attract more companies in the bioscience industry to the area.

The council, which consists of 17 members and three ex-officio members with broad experience, will prioritize, guide and support a collaborative effort to implement 12 priority recommendations from the Caring Community Conference in Amelia Island last September to improve health care in the region.

NEFRHO – Abbreviated Business Plan

After the list was narrowed to 12 recommendations, the first on the list of priorities was to form the council.

"Because the Caring Community Conference listed specific goals, the council will strive to address each of the priorities," said Carol Thompson, chair of the Healthcare and Bioscience Council steering committee.

[ePrescribe Florida](#)

[ePrescribe Florida](#) is striving to increase patient safety and meet the needs of the Florida public by establishing a collaborative framework that helps achieve an understanding of the benefits of electronic prescribing, while fostering education and implementation efforts to accelerate physician adoption and cooperation among prescribing constituents.

[Florida Association of RHIOs \(FAR\)](#)

[Florida Association of RHIOs](#) is an alliance of HIE and health care advocates, believe every patient and every provider will benefit by having access to electronic health care exchange. Join us in promoting regional and statewide efforts to build a comprehensive and secure electronic information network in Florida ... which will result in a safer, more efficient, and more affordable healthcare system for all.

[Florida LambdaRail, LLC \(FLR\)](#)

[Florida LambdaRail](#) was created to facilitate advanced research, education, and economic development activities in the State of Florida, utilizing next generation network technologies, protocols, and services.

The FLR is complementary to the National LambdaRail (NLR) initiative, a national high-speed research network initiative for research universities and technology companies. The FLR provides opportunities for Florida university faculty members, researchers, and students to collaborate with colleagues around the world on leading edge research projects. The FLR also supports the State of Florida's economic development and high-tech aspirations.

[Health Information Exchange Coordinating Committee](#)

The [Health Information Exchange Coordinating Committee](#) was organized by the Florida Agency for Health Care Administration during the fall of 2007 to advise and support the Agency in developing and implementing a strategy to establish a privacy-protected, secure, and integrated statewide network for the exchange of electronic health records among authorized physicians.

The HIE Committee provides guidance for the Regional Health Information Organizations operating in Florida to ensure the privacy and security of health information and recommends technical standards to ensure the interconnectivity of all health care providers and to establish and maintain the security for electronic health information.

The HIE Committee reviews and evaluates applicant proposals to the Florida Health Information Network Grants Program and makes funding recommendations to the Agency Secretary through the State Consumer Health Information and Policy Advisory Council.