

**Combined
Health Information Exchange
Coordinating Committee (HIECC)
and
State Electronic Prescribing Advisory Panel (SEPAP)
Meeting Minutes**

Date: July 10, 2009

Beginning Time: 10:00 a.m.

Venue: Agency for Health Care Administration

Conference Room A

2727 Mahan Drive

Tallahassee, FL

HIECC Members Present: Secretary Holly Benson; Allen Byington; Nadine Dexter M.L.S., AHIP; Matt Doster; Linda Fuchs; Dr. Robert Harmon; Kathy Holzer; Kevin Kearns; Julie Meadows-Keefe; Linda McMullen; Catherine Peper; Ebrahim Randeree, Ph.D.; Reginald Smith; Duane Steward, Ph.D.

HIECC Members Absent: Karen Koch, MSW, Med; Maureen Levy, M. D; and Dennis Saver, M.D.

SEPAP Members Present: Anne Wells, Chair; Walt Culbertson; Zack Finn; Lucy Gee; Kathy Holzer; Catherine Peper; and Victoria M. Prescott, Esq.

SEPAP Members Absent: Todd Hardman; William Janes; Michael Jackson; Scott Langdon; Dr. Lee Shettle, DO; and Dr. Hong Xiao.

Staff Present: Tom Arnold; Nicholas Blake; Andrew Burgess; Heidi Fox; Jennifer Green; Tevieca Johnson; Patrick Kennedy; Diane Leiva, Ph.D.; Christine Nye; Brenda Phinney; Christopher Sullivan, Ph.D.; Carolyn H. Turner; and Dana Watson.

Interested Parties Present: Lori Bilello, RHP; Forest W. Blanton, MHS; Stephanie Blay, Tampa Bay RHIO; Carol Bracy, Smith and Ballard; Karen van Caulil, Ph.D., Health Council of East Central Florida, Inc.; Dana Courtney, Execdata, LLC; Shelina Davis, Florida Atlantic University Student; Alex Del Real, GoToYourSite.com; Marvin Dewar, University of Florida Physicians; Evan Dussiai, MD, Medisyn Systems; Charles Eckel, NFMC; Meade Grigg, Florida Department of Health; Laura Gruber, University of Florida Physicians; Susan Gustafson, Tallahassee Primary Care Associates; Lori A.Hundley, Hundley Management; Christine Danielson Isham, President, Seaside Strategies Consultants; Cindy Kang, Harris Corporation; Stacy Kilroy, Mount Sinai Medical Center; Mike Kovner, Central Florida RHIO; James F. Kragh, Good Health Network, Inc.; John Kozik, Truevance; Debralee La Seur, FSU Medical School; Susan Leonard, CHCA; James M. Lieupo, Florida Department of Veterans' Affairs; Eduardo Gonzalez Loumiet, Florida Department of Health; Lane Lunn, North Florida Medical Centers; Kendra Silez-

Marsiglio, Rural Health Partnership; Gail Matille, EAHSA; Lisa McQueen, Initiate; Alan Mortham, Mortham Governmental Consultants; Sandra Mortham, Mortham Governmental Consultants; Kathy Mosbaugh, Informed Decisions; Jeff Nowak, Informed Decisions; Amy Perry, Mount Sinai Medical Center; Don Porterfield, North Florida Medical Center; Beth Anne Posey, Department of Health; Tim Rearick; North Highland; Andrew Reeve, Harris Corporation; Linda Renn, Florida Health Information Management Association; Fran Ross, Director of Health Information Management, SunCoast RHIO and HIE; Ken Scheider, Uber Operations; Kimberly Shreve, Availity; Michael P. Smith, Florida State University College of Medicine; Angela Strain, Community Health Centers Alliance; James True, Truevance Management, Inc.; Enrique Vargas, Florida Association of Health Plans; Ron Watson, Florida Dental Association; Heather Wildermuth, Florida Association of Counties.

Meeting Materials: Agenda; Draft April 17, 2009 Meeting Minutes; HIE Plan Overview; FHIN Background; HIE Plan Comments; Summary of Comments; Questions for Discussion; Meaningful Use Preamble; Meaningful Use Matrix; Meaningful Use Workgroup Presentation; Meaningful Use Comments; HIT Extension Description; Extension Program Comments; Surescripts SafeRx Florida Report; HISPC - Draft Recommendations; ARRA Funding for Florida Community Health Centers; Boosting HIT in Medicaid - Department of Health Policy, George Washington University; Point of Care Grant Update Presentation. Copies of meeting materials are posted at: <http://www.fhin.net/FHIN/workgroups/HIECCmeetings.shtml> and <http://www.fhin.net/eprescribe/ePrescribeWG/meetings.shtml>

Call to Order and Approval of Minutes Secretary Holly Benson, Chair

Ms. Holly Benson, Secretary of the Agency for Health Care Administration, called the meeting to order at 10:00 a.m. and welcomed members and guests. Dr. Steward and Ms. Prescott requested that their comments be amended as noted in the April 17, 2009 draft minutes. The committee approved the motion to amend the minutes and, upon motion made, the minutes, as amended, of the April 17, 2009 joint HIECC and SEPAP meetings were unanimously approved.

Florida Health Information Technology

Carolyn H. Turner

Ms. Turner told the group that the Florida Center had published a draft of the Health Information Exchange (HIE) Overview for comment in early May. She described how the state level HIE would relate to the other HIEs, Regional Health Information Organizations (RHIOs), and others. Ms. Turner summarized the bulk of the comments received. She mentioned the role of the multi-payer health information network (HIN) and concerns about claims data and its use in the system. There were also many comments regarding the role of the RHIOs. She said that the final plan will address quality measures, security and other issues. She stated that the draft Overview and all of the comments received are posted on the FHIN.gov website. Ms. Turner informed the committee that a draft of the Background chapter for the HIE Model was included in their materials and requested that committee members provide comments to her.

Secretary Benson next directed the committee to the discussion questions included in their materials.

Vision

The first question related to a discussion of the vision for Florida's efforts to promote exchange of health care information among providers within and outside of Florida.

Ms. Holzer stated that the vision of the HIE, as drafted, is too narrow and that the vision should focus on the larger picture which is that adoption needs to take place in order for the exchange of clinical information to occur.

Ms. Meadows-Keefe said that she would like to see more language regarding security and privacy to create a sound and secure approach to HIE.

Dr. Harmon stated that the vision should focus on better health outcomes and better health status. The statement needs to recognize the need for better health delivery and it should note broad population benefits.

Reginald Smith said that he would like to see the term "patient-centric" used in the vision statement and a focus on physician efficiency.

Secretary Benson asked the committee to submit language to the Florida Center to help with the development of the vision statement.

How to Accomplish?

The next question discussed was how the exchange of health care information across Florida should be accomplished using the Office of the National Coordinator for Health Information Technology (ONC) funds for health information exchange.

Dr. Harmon stated that he likes the statewide approach to coordination with regional components included, as feasible. He said that Florida needs to use the money for state and regional HIE efforts. He suggested that the state be organized into regions.

Ms. Peper said that providers must digitize their records and that the majority of funds should go to providers who need solutions. She said that Florida needs a multi-disciplinary approach for all kinds of exchange.

Dr. Steward suggested that metrics be established. He asked what metrics could be used to establish the effectiveness of the HIE and suggested that decisions be made based on appropriate metrics to assess productivity.

Ms. Holzer said that nationally-recognized metrics should be used whenever possible.

Ms. Holzer asked if anyone had looked at the status of the various RHIOs? Tina Nye replied that the Florida Center could survey the status of RHIO activity and will provide the committee with the information.

Kevin Kearns stated that in order to be successful, the HIE needs to have regional cooperation. The plan should include all local efforts to leverage as much funding as possible.

Mr. Smith reminded the committee of lessons learned. He said that it is imperative to create sustainable models for ongoing success.

Mr. Byington stated that the HIE must be bolstered at the local level. He suggested using patient referral patterns to determine the regions. Mr. Byington said that sustainability is difficult to project and achieve.

Ms. Fuchs noted that for the broadband stimulus grants, part of evaluation is based on a business plan for sustainability. Mr. Finn said that sustainability needs to be local. He suggested a service-based model that focuses on reducing the administrative overhead of every participating provider.

Mr. Byington stated that physicians often have a reluctance to implement new processes. Ms. Peper said that physicians must be supportive of the plan, that there must be physician-to-physician connectivity, and that the plan must involve other constituents such as health plans.

Dr. Steward suggested that money should be spent in ways that favor those proposals that can project savings in health care.

Dr. Harmon noted that nurses may use the EHR more than physicians. Nurses are the ones who find the records to be useful, especially the exchange of data, which they then pass along to the physician. Ms. Holzer suggested defining 'community' to include all health care members: nurses, physicians, hospitals, health plans, physician's staff, and patients.

Scope

The committee then addressed the next discussion question related to the scope and functionality of the HIE.

Ms. Peper stated that all constituents and all players should be included, not just EMRs but e-prescribing and all forms of communication among providers. The various ways in which EMRs are manifested should be identified.

Mr. Smith said that the HIE should provide access to health information in the course of a disaster. Ms. Peper stated that when talking about disaster recovery, the HIE must show how it will get messages out. Secretary Benson responded that hurricanes may drive adoption in Florida faster than anywhere else.

Dr. Harmon suggested that the HIE should include a single log-on for rapid retrieval of physician, lab and radiology reports, immunization records, and claims information from payers including Medicaid and Medicare. Mr. Finn agreed that there must be a single sign-on, although there will not be a single portal. He stated that to unify all of these logins will mean different levels of integration.

Mr. Byington stated that physicians must get paper records digitized. This would create opportunities for more exchange.

It was suggested that the committee review National Health Information Network developments and standards for connecting.

Governance

The committee moved on to the next question regarding the governance model for the HIE.

Ms. Holzer stated that the HIE should be a public-private partnership. She said that it will take universities, hospitals, physicians and the business community to make this successful. Secretary Benson asked if organizing the HIE like Enterprise Florida, which is a 501(c) (4) would be a possible option.

Ms. Peper stated that the HIE would need to establish standards, metrics and certification requirements. Specifically, there is a need for standards to create consistent training. She asked what metrics would come from meaningful use, and stated that the metrics must be consistent.

State Role

The next topic of discussion was in regard to State government's role in HIE.

Dr. Harmon described a public utility model. He said that the community needs a state entity to lead and to set guidelines and standards to determine how HIE will be rolled out.

Ms. Meadows-Keefe stated that the HIE needed to enhance and protect the health of all Floridians. She said that the HIE could facilitate the collection of public health data and epidemiological information.

Dr. Steward said that he thinks that government has a role in identifying risks and mitigating them.

Mr. Kearns said that there needs to be an educational component to work with communities and help patients and providers feel more comfortable with HIE. Mr. Finn suggested an educational campaign working with professional organizations such as the Florida Hospital Association and/or the Florida Medical Association.

Ms. Peper stated that the state plays a unique role and that the state must assure that we align with emerging national standards.

Dr. Steward brought up the state's technical direction. He said that the Master Patient Index is the most expensive and common element in the HIE architecture. The state can leverage purchasing to help RHIOs operating in the state.

Secretary Benson directed the committee to send their remaining comments to the discussion questions to the Agency to be included as an addendum to the meeting minutes. She asked that comments be submitted within two weeks.

Ms. Nye told the committee that at the next meeting the committee will discuss the business plan and technical infrastructure. She said that we are waiting for direction from ONC for specific standards and requirements. However, we need to start this discussion.

Meaningful Use Matrix
Carolyn H. Turner

Ms. Turner directed the members to the Meaningful Use Matrix included in the materials. The matrix was issued for comment by the ONC in June. She said that we are tracking the meaningful use discussions closely as an indicator of standards.

Ms. Holzer stated that the adoption of a Computerized Physician Order Entry (CPOE) system by 2011 is unrealistic. She said that there are many building blocks required before you get to CPOE. She offered to provide additional details and work plans to show what it takes to implement EHRs in hospitals.

Dr. Steward noted the continual tension between trying to go for broke and trying to start simple. He said that he favors starting simple and that leadership needed to settle tension that exists.

Dr. Harmon remarked that the ONC committee set the bar pretty high. He thinks that the meaningful use indicators will be modified.

Dr. Steward suggested that meaningful use could include a sustainability component. When funding ends, he questioned whether providers will continue to use the EHRs .

Mr. Byington suggested that the incentives will push the providers. Dr. Steward questioned if disincentives would be sufficient.

Ms. Nye stated that the focus should be on process measures; if there is not an EHR in place, providers will not have anything in place to report on their meaningful use of health information.

Mr. Finn suggested that the HIE tie into community-based services which will drive the usage.

Regional Extension Centers

Christine Nye

Ms. Nye reported that the Agency submitted comments to the ONC regarding the Regional Extension Centers. She said that the comments included a suggestion that geographic boundaries be pre-determined, that payer/vendor neutrality be required and that proposals include a plan to create jobs. Finally, the letter suggested that the Regional Extension Centers coordinate with the broadband and other HIE ARRA-related efforts.

Dr. Harmon stated that he liked the letter from the Agency. He said that Florida RHIOs cover 42 of 67 counties. He said that the state HIE must try to connect the regional entities. He suggested that the Florida Association of RHIOs and the Agency work together to develop a proposal. Ms. Nye responded that the Agency would like to help facilitate a proposal with any group requesting staff assistance.

Ms. Peper stated that providers would listen to trusted individuals that were credentialed in this area. The Regional Extension Centers must have credible people doing the training.

Mr. Byington said that the Big Bend RHIO is trying to help integrate the Rural Areas of Critical Economic Concern (RACEC). A critical component is integrating HIE into the RACEC counties and broadband access. Ms. Holzer suggested that at a future meeting, the committee focus on the role of broadband in rural communities.

Mr. Byington reiterated that the HIE must be sustainable and communities need to support the RHIOs.

Health Information Technology Updates

Christopher Sullivan, Ph.D Carolyn Turner, and Kevin Kearns

Dr. Sullivan gave the committee a report on the Broadband Technology Opportunities Program. He referred to the Notice of Funds Availability (NOFA) – Fact Sheet. He told the committee that the NTIA and the USDA's Rural Utilities Service (RUS) had jointly issued the notice describing the availability of funds and application requirements for the broadband initiatives contained in ARRA – NTIA's Broadband Technology Opportunities Program (BTOP) and the RUS Broadband Initiatives Program (BIP). He said that BTOP provides grants to support the deployment of broadband infrastructure in unserved and underserved areas, to enhance broadband capacity at public computer centers, and to encourage sustainable adoption of broadband service. He stated that up to \$1.6 billion in BTOP funding is available to be awarded. Of that award, up to \$1.2 billion will fund projects that deliver broadband service to the "Middle Mile" in unserved or underserved communities or through the "Last Mile" to user facilities in unserved and underserved areas. Up to \$50 million will fund projects that expand

computer center capacity at entities that permit the public to use these computer centers, such as community colleges and public libraries. The Sustainable Broadband Adoption category will be funded up to \$150 million to innovative projects that promote broadband demand, such as projects focused on broadband education, awareness, training, access, equipment or support, particularly among vulnerable populations.

Dr. Sullivan noted that the NOFA encourages for-profit corporations and other organizations not otherwise encompassed in ARRA to apply for the BTOP grants to promote the goals of ARRA. He stated that he has been working with Linda Fuchs to create a broadband proposal. He said that he expects as many as 30 proposals will be submitted from organizations in Florida. The proposals are due on August 14, 2009.

Dr. Sullivan went on to give a short update on the Medicaid HIE program. He reminded the committee that the Agency formed a public/private relationship and a 2-year no-cost contract with Availity to provide an HIN for a Medicaid pilot project. He told the committee that the Agency would be testing the data feed with Availity during August 2009 and he expects the HIN to be operational by the end of August. He said that Health Trio would be providing the Personal Health Records (PHR) for Medicaid recipients with the first target group for outreach being new mothers and helping them create a personal health record for their children.

Secretary Benson briefly discussed the client's PHRs and noted that she is optimistic about the potential value of giving recipients effective tools to manage their health and that of family members. She stated that the Medicaid HIN will put Florida at the forefront of other states.

Ms. Turner told the group that the HISPC project had received an extension through the end of July and that they had created a "Crosswalk" tool that would "go live" next month. She said that the Harmonizing State Privacy Law Collaborative had been looking at state HIE legislation and trying to determine what states should undertake and what the Federal government should address is law. She asked the committee to read the draft recommendations included in the materials and email any comments to her.

Ms. Turner told the committee that the Surescripts State Report had recently been released. The report shows that Florida slipped from 19th to 20th place in 2008. She stated that it is necessary to work on outreach and promotion. Ms. Peper noted that Florida is competing with Massachusetts and Rhode Island, who have fewer physicians. She reported that Florida was in the top five States for the number of new e-prescriptions and top three for the number of new physicians.

Ms. Turner reported that the Florida Center is in the process of developing a Universal Patient Authorization form, as well as rules as mandated in SB 162, The Florida Electronic Health Records Exchange Act. She reported that a draft of the universal authorization form and rule were being reviewed internally. She said that a rule workshop is planned for August 21, 2009.

Mr. Kearns reported on ARRA funding directed to the Community Health Centers that included some funding for HIT. In addition, he reported that \$125 million would be released for HIT within the next 30 days. Health centers will also be eligible to receive Medicaid EHR dollars. Mr. Finn stated that community health centers have a service-based business model. He suggested that the committee look at their business model.

Ms. Peper asked how the stakeholders can pool their resources to go after that money. Mr. Kearns stated that there are two health networks in state and that the dollars cannot be efficiently used by centers alone, that the funding should be shared among the network participants. Dr. Harmon commented that health centers and community health departments are the primary users and that the Medicaid EHRs should be promoted with them.

Point of Care Grant
Ari Entin, Miami Dade County Health Department

Mr. Ari Entin of the Miami-Dade Health Department and recipient of the AHCA Point of Care Grant presented on the POC implementation in two Miami-Dade free clinics. He began by noting the lack of medical homes for patients without insurance. He said that creating continuity of care via an EHR is essential for the benefit of the patient.

He reported that the project started by putting EHRs in clinics that have no budget. If the clinics can find benefits, then they will be able to make a case for other clinics.

Key stakeholders in the project were the Agency for Health Care Administration, the free clinics, Good News Care Center and St. John Bosco, the Health Foundation of South Florida, Miami-Dade County Health Department/Health Action Network, Florida International University (FIU) and Health Choice Network.

Mr. Entin said that first they had a telephone conference with free clinics, users, etc., and then a series of face-to-face meetings where there were introductions, and roles and plans were set. The stakeholders discussed the baseline of benefits to the clinic such as cost, and how patients would benefit from better patient care. They laid out the baseline for everything they were going to do in the future and set expectations for EHR implementation.

Mr. Entin went on to describe the training program. He stated that training is imperative to success. He reminded the committee that EHRs are not intuitive and that they must blend business workflows into them. He said that there are three levels to training: onsite, face-to-face, and computer-based training sessions. The physicians and/or administrators take the training then go back to their offices to use the program. He noted that they trained providers and staff differently. They split the groups up and based training on job function.

Mr. Entin reported that the system was able to go live on schedule and that both clinics transitioned from paper to electronic health record in phases. He said that there was continued

support onsite following go-live and implementation support. He reported that as modules implemented the program, the clinics realized that they could do pseudo-billing which allows them to quantify how much they are spending on different materials. Mr. Entin told the committee that the advanced reporting will help free clinics when they write grants.

Mr. Entin reviewed the perceived benefits and challenges. Mr. Entin reported that there is an adoption curve. He said that a culture change must occur. He said that while the clinics have the system, they must learn to use the system to make the most of it.

Secretary Benson asked about measuring success. What are useful measures? Dr. Steward asked if there were one or two things that should be avoided, what were the negatives and risks. Mr. Entin replied that there were some interesting lessons learned that were positive. The most important thing is to keep the system within its scope. He suggested that providers plan their transition well, because it is very hard.

Mr. Entin discussed sustainability and reminded the committee that free clinics must find funding on a yearly basis. In Miami-Dade, the clinics are committed to using the system and want to use the EHRs for patient care.

Mr. Kearns asked that the particular issues of free clinics be addressed when developing HIE. He noted that providers rotate through various clinics and that it is a challenge to maintain continuity of care with an individual patient who is seeing multiple providers.

Dr. Harmon asked what the annual cost will be for the clinics. Mr. Entin responded that the annual cost would be between \$20,000 and \$40,000 per year, which the clinics must raise. Dr. Steward asked if EHRs sped up efficiency or slowed it down. Mr. Entin said that one of the challenges in an efficient organization is to show how it will create benefits. Right now they are starting to see the benefits, but that it takes one or two years to get the EHR started.

Ms. Meadows-Keefe asked if there had been any problems with patients concerning privacy issues. Mr. Entin answered that there have been no problems, that the clinics have a very sensitive population who might not want to be tracked. The clinics have been careful to protect the patient information.

Mr. Entin closed by reminding the committee that they must keep humanity with the EHR. It needs to be as light as possible, as we don't want to force providers to look at a computer rather than the patient.

Secretary Benson thanked Mr. Entin for his presentation and said that there should possibly be a site visit in the future.

**Public Comment, Announcements and Adjourn
Secretary Holly Benson, Chair**

Secretary Benson asked committee members to send their comments regarding the discussion questions to Tina Nye so that they can be included as an addendum to the meeting minutes. With no further comments from members or interested parties, Secretary Holly Benson adjourned the meeting at 1:00 pm.