



## Health Information Exchange Coordinating Committee (HIECC) Meeting Minutes

**Date:** March 13, 2018  
**Time:** 10:00 a.m. – 12:00 p.m.  
**Location:** GoToWebinar & In-person  
2727 Mahan Dr.  
Tallahassee, FL 32308  
Building 3, Conference Room D

**Members Present:** Molly McKinstry for Secretary Senior; Craig Dalton; Melanie Brown-Woofter; Ricky Gomez for Alex Romillo; Tab Harris; Tom Herring; Jarrod Fowler; Michael Jackson; Ross Hart for Gay Munyon; Dennis Saver, M.D.; Kimberly Tendrich; and Hyman Zucker, M.D.

**Staff Present:** Jaime Bustos, Dylan Dunlap, Kim Davis-Allen, Heidi Fox, Carrie Gaudio, Nikole Helvey, Pamela King, Suzanne Kirayoglu; Brenda Phinney, Dana Watson, and Chris Wilkey.

**Additional Presenters:** Aaron Parsons, Audacious Inquiry; Trent Sawyer, North Highland.

**Interested Parties Present:** Greg Bertagnoli, Eldermark; Douglas Bolin, Children's Home Network; Evan Carter, Audacious Inquiry; Walt Culbertson, Connecting Healthcare; Jarrod Fowler, Florida Medical Association; Ricky Gomez, Health Choice Network; Sara Gosselin, North Highland; Doug Hill, Rosetta Health; Sequitia Jones, FAMU; Laura Kolkman, Mosaica Partners; Scott Langdon, University of Central Florida; Don Larsen, Duolark; Marjorie McNeill, Florida Agricultural and Mechanical University; Clarissa Ortiz, Florida Association of Community Health Centers; Scott Rainey, North Highland; James Randolph; Jilma Roiz, MHB Consultants Group; Christopher Sullivan, Image Research; Ashley Tait-Dinger, Florida Health Care Coalition; Katie Weissert, North Highland; Alyson Widmer, UF Health Shands Hospital; Tina Worley, North Highland; and Karen Zeiler, Molina Health.

**Meeting Materials:** Agenda; Previous Minutes (12/05/17); Florida HIE Services Update Presentation; ePrescribing Report Presentation; Outreach Report Presentation, HIE Study Presentation, and the Florida HIE Roadmap Presentation.

Copies of meeting materials are posted on:

<http://www.fhin.net/committeesAndCouncils/hiecc.shtml>

### **Call to Order, Agency Updates, and Roll Call:**

Molly McKinstry called the meeting of the Health Information Exchange Coordinating Committee (HIECC) to order at 10:00 a.m. and welcomed members.



## **Agency Updates**

Ms. Molly McKinstry gave an update and highlights from the most recent legislative session. The Agency's regulatory reform package (Senate Bill 622) was passed. This bill eliminates and streamlines unnecessary or redundant regulations, relating to the licensure of clinical laboratories and health care risk managers, as well as eliminates obsolete programs such as Mobile Surgical Centers. The bill makes permanent the Pediatric Cardiology Technical Advisory Panel, created in 2017. The structure and membership of the panel was also updated. The bill also changes regulation exemption processes for health care clinics. Currently, the exemptions do not expire, and the bill requires that the clinics renew their exemption every two years. The bill also establishes exemption documentation for home health agencies who have been granted exemptions in statute. The bill aligns Agency Licensure and Medicaid background screening requirements for employees and owners of health care clinics.

The legislature also ratified an Agency rule regarding public records exemption of blue prints for hospitals, nursing homes, ambulatory surgery centers, and other facilities regulated by the Agency, in an effort to reduce potential security risks. The Department of Elder Affairs was successful in getting a generator requirement rule for the assisted living facilities ratified. Legislation passed related to opioids and prescribing of opioids, including a new education requirement for those prescribing opioids and some changes to the requirements of the Prescription Drug Management Program (PDMP). Department of Health (DOH) representatives have agreed to present at a future HIECC meeting to give further details about these changes.

The Agency received budget approval for a data analytics tool to sit on top of the multi-payer claims database. The Agency also received budget approval to implement a scheduling tool to assist in scheduling inspection visits at facilities. Legislation not passed this session included those related to Telehealth, the Physician Order for Life-Sustaining Treatment (POLST), and the Patient Safety Culture Survey.

The Agency released the annual fraud and abuse report in December. Work continues with the DOH on enhancement to the disaster preparedness status system, to track activities during a disaster. The Agency is working to implement various new federal emergency preparedness regulations, and to educate facilities and providers about these requirements in advance of the upcoming hurricane season. Ms. McKinstry requested input from the HIECC members for additional educational opportunities related to this or interested groups.

Ms. Nikole Helvey reported that the Florida Center continues working to implement the Transparency bill that passed in 2016. Several rules are tied to this bill, including rules finalized regarding what financial and billing policies providers must have available on their websites. Rules were finalized about what should be included in a pretreatment cost estimate, as well as what should be included in a post-discharge account statement or bill.



A claims data collection rule, in the process of being finalized, directs health plans on how to submit their data to the multi-payer claims database. FloridaPriceFinder.com was released November 28, 2017. This tool currently provides public access to pricing information on a geographical level. Facility level pricing will be available on the website in April, in conjunction with the final claims database rule. Ms. Helvey also reviewed existing rule 59B-13 related to health plan quality measures, which will be opened up for development to ensure alignment with current HEDIS reporting requirements. Additionally, the Florida Center is looking at modernizing the process for hospital and ambulatory surgical center discharge data collection. She also noted that there will be a State Consumer Health Information Advisory Council meeting later in the month in Orlando at the Florida Hospital Association offices.

Ms. McKinstry noted that the Agency is currently in negotiations for the Statewide Medicaid Managed Care procurement, and is in a blackout period.

### **Review and Approval of Minutes**

Ms. Heidi Fox noted one edit to the existing minutes, and with that change, Ms. Melanie Brown-Woofter moved for approval, with Mr. Craig Dalton seconding.

### **Florida HIE Services Update**

Mr. Aaron Parsons reported on current Florida Health Information Exchange (HIE) activities. The Encounter Notification Service (ENS) now has 215 hospital data sources, covering 95% of all acute care beds in Florida. ENS sends real time notice of patient hospital encounters to 43 subscribers, including 23 Accountable Care Organizations (ACOs), 12 health plans, 4 provider practices, and 4 health systems. The 5.1 Million lives covered by ENS include 75% of all Medicaid Managed Care enrollees, as well as over 500,000 Medicare beneficiaries. Each month approximately 600,000 notifications are delivered to subscribers to support better care coordination. These metrics show substantial growth in the service both annually, and within the previous quarter.

Mr. Parsons updated the HIECC members on recent enhancements to ENS functionality. The data feeds from hospital data sources have been enhanced through the addition of new data elements. Insurance ID numbers are now used for better matching on patients for whom there is not a complete demographic profile. Enhanced PROMPT functionality is scheduled to be deployed in the next two months. PROMPT is a care coordination interface which gives subscribers options for management of hospital encounter data. PROMPT accounts are offered to all ENS subscribers at no additional cost. Mr. Parsons shared screen shots of the PROMPT interface with the HIECC.

The current status of query-based exchange in Florida was reviewed by Mr. Parsons. The Florida HIE continues to coordinate with organizations to support direct connectivity to national query frameworks like the eHealth Exchange. Mr. Parsons noted that former Patient Look-Up (PLU) participants are at various stages of connectivity. The Florida HIE also maintains a State



Gateway to the eHealth Exchange, which is offered as an option for those who are unable to connect directly. The legacy Aurion Gateway platform of the State Gateway will be updated to CONNECT specifications in the coming months, and additional features which build on CONNECT are under development.

### **Program Metrics Update**

Ms. Carrie Gaudio reported on metrics from other programs under the purview of the Office of HIE. The Medicaid Electronic Health Record (EHR) Incentive Program is currently processing 2016 and 2017 program year applications. Ms. Gaudio noted that 2016 was the final year to begin participation in the program. Payment information for the program was reviewed, and Ms. Gaudio explained that the number of approvable 2016 applications is higher than was anticipated, considering the more stringent Meaningful Use measures.

Ms. Gaudio reported on the Agency's tracking of Electronic Prescribing (ePrescribing) in Florida. The metrics are regularly updated on [www.FHIN.net](http://www.FHIN.net), with data coming from Change Healthcare and Surescripts. The data includes information about ePrescribing of Controlled Substances (EPCS). A chart was presented showing the average of ePrescribing rates and the annual growth in ePrescribing from 2007 through 2017. During this period, the e-prescribing rate increased from 1.6% in 2007 to 75.2% in 2017.

A chart was presented showing the approximate percentage of ePrescribing active licensed prescribing professionals in Florida, as obtained from the DOH licensure database. The average percent of ePrescribing licensed providers maintained steady at 46% throughout 2017, with a slight increase to 47% in Quarter Four. That the number of licensed prescribers increased as well, suggesting that newly licensed prescribers may be more likely to ePrescribe. When considering the average rate of ePrescriptions, the numbers suggest that licensed prescribers who are ePrescribing are those who more regularly prescribe.

Ms. Gaudio reported that EPCS has steadily increased in Florida from 0.17% of Surescripts ePrescription transactions in 2014 to 4.6% in 2016, as stated in the National Progress Reports published annually by Surescripts. In 2014, 68.4% of Florida pharmacies connected to Surescripts were EPCS enabled which increased to 82.7% in 2016. During the same period, EPCS enabled Providers on the Surescripts network increase from 1.57% in 2014 to 4% in 2016. The Surescripts 2017 National Progress Report should be published later in 2018.

Dr. Dennis Saver commented that while he is pleased that EPCS is possible, there are several issues limiting adoption. He noted costly and burdensome two-factor authentication requirements for providers as a barrier to widespread utilization. He also inquired about how the number of total active licensed providers is determined, what is considered "active", and what caveats there are for this denominator. Clarifications of these points would assist in better understanding the context of the average ePrescriber totals. Agency staff will look into this and report back to the group.



## **Outreach Update**

Ms. Pamela King reported on Florida HIE Services 2018 outreach efforts. She noted a new look for Florida HIE branding, expanded use of social media, and the upcoming release of a completely redesigned website. The Florida HIE is also working on developing a User Summit to be held in Orlando this July.

Ms. King reviewed outreach goals for 2018, including specific objectives related to social media postings (52 tweets and 20 FaceBook and LinkedIn posts), webinar hosting (18 health IT webinars), and conference and event attendance (20) and participation (speak at 5 events). Ms. King also outlined specific Florida HIE program goals for which the outreach activities support. These programmatic objectives include increases in participation of available services (70 new ENS Subscribers, 6 million ENS covered patients, and 10 identified query exchange partners in the state), coordination with Department of Health, and increasing providers enabled for ePrescribing to 16%.

## **HIE Study Review**

Mr. Trent Sawyer explained that North Highland conducted a study of the HIE environment in Florida (HIE Study) to determine the current and ideal states of HIE adoption and utilization (As Is Assessment), and to make recommendations to achieve the ideal state (To Be Assessment). After outlining the primary goals for the HIE Study at the outset of the project, Mr. Sawyer described the project process. North Highland conducted strategic visioning sessions with the Agency, DOH, HIECC, and other stakeholders.

Through targeted stakeholder interviews and the development and distribution of stakeholder surveys, North Highland synthesized insights and discoveries about the current state of HIE. An Environmental Scan was also conducted to identify and review applicable literature, and engage the Vendor community through a Request for Information (RFI).

Mr. Sawyer described the thematic categories and findings identified via stakeholder input on the current state of HIE:

- Widespread adoption of HIE remains low, in comparison with adoption of EHRs.
- Utilization of HIE remains low due to workflow and integration challenges, even among adopters. eFax & paper methods remain a prevalent in the landscape.
- HIE value propositions have not be adequately conveyed to stakeholders to sufficiently motivate adoption and utilization.
- The financial and organizational resource burdens of HIE remain too high for some organizations.
- Inadequate awareness of current capabilities and lack of understanding of HIE functionality are barriers to adoption.



- There is a desire among stakeholders for the Agency to assume an HIE leadership role, clearly setting and articulating goals and vision for HIE in Florida.
- A culture of distrust and fear of exchange prevent some stakeholders from engaging in HIE.
- Inter-Agency coordination remains siloed, with competing priorities creating barriers to interoperability within the State.
- Stakeholders have varied understandings of requirements related to privacy and security in a shifting regulatory landscape, resulting in inconsistent application of consent standards.
- Exchange is particularly limited in certain areas of the health care landscape.

Mr. Dalton noted that the findings would be even more meaningful if broken down by stakeholder grouping. Mr. Sawyer explained that this level of detail is available within the As Is Assessment. Dr. Saver inquired about solutions to overcome the identified barriers, and Mr. Sawyer indicated that specific recommended activities are included in the To Be Assessment.

Mr. Sawyer reviewed three recommended primary initiatives to address the gaps, barriers, and continuances identified within the stakeholder findings:

- Structuring Statewide HIE Governance, which focuses on optimizing existing governance structures by enhancing roles, engagement, and efficacy;
- Increasing Awareness and Engagement, which defines strategies to communicate and educate effectively; and,
- Motivating and Encouraging Exchange, which seeks to leverage existing functionality, inter-agency collaboration, and federal funding to promote interoperability.

Details regarding specific tasks and activities associated with these recommendations can be found within the To Be Assessment. Mr. Sawyer explained that a Roadmap and timeline was developed to help guide these activities, and that the first step for the Agency and for the HIECC would be to review the Assessments and solidify the Roadmap and timelines. Dr. Saver commented that North Highland listened well to the stakeholders, and expressed interest in the specific recommendations given within the HIE Study.

### **Florida HIE Roadmap Discussion**

Ms. Fox reviewed specific “in-flight” and potential activities of the Agency, and how they align with the initiatives identified in the HIE Study.

In alignment with the Motivate and Encourage Exchange Initiative, efforts are underway to enhance existing Florida HIE Services. This includes expanded utilization of the Encounter Notification Service (ENS) by hospitals and Long-Term and Post-Acute Care facilities, as well as enhancements to existing functionality. The Florida HIE is also seeking to support emergency preparedness efforts through utilization of query-based exchange among health systems in an emergency and utilization of ENS alerts for location of missing persons. Ms. McKinstry noted



that special needs registry legislation did not pass the house this session, but these efforts could still support that mission.

The Florida HIE is exploring some potential opportunities in coordination with DOH, including query exchange for county health departments, Prescription Drug Monitoring Program (PDMP) integration, facilitation of registry reporting from hospitals, and utilization of ENS alerting for opioid overdose intervention. Although not a HIE initiative, the Agency is also working to use Medicaid data to boost data within the emPOWER system (which currently uses Medicare data to identify electricity dependent individuals in emergencies).

In alignment with the Increase Awareness Initiative, Ms. Fox reviewed existing outreach efforts, noting the intent to capitalize on momentum gained from stakeholder engagement with the HIE Study. Through enhancement of communications strategies and consideration of new markets and venues, the Florida HIE team will optimize existing efforts. The HIE Study also specifically identified the need for an educational clearinghouse to provide a single source of accurate information about HIE and Health IT opportunities, technology, capability, and resources. The HIE Study suggested leveraging of FloridaHealthFinder.gov for this activity, and the Agency will begin investigation of this possibility.

In line with the Structure Statewide Governance Initiative, HIECC membership was realigned recently to more specifically represent stakeholder populations. Collaboration is ongoing with the Medicaid Enterprise System (MES) Medicaid Management Information Systems (MMIS) initiative. The HIE Study suggested an Inter-Agency Workgroup to focus on health information exchange within and between state agencies, and the possibility of this will be investigated.

Ms. Fox suggested that at the upcoming HIECC meeting, members consider roles and responsibilities, provide recommendations regarding the specific activities outlined in the HIE Study, and consider funding pursuits. She also reviewed the applicable funding timelines.

Mr. Dalton inquired about HIECC meeting frequency, and noted that this could be a consideration at the upcoming meeting as well. Mr. Tab Harris noted that the upcoming Florida HIE User Summit planned for the summer is a good opportunity to engage strategic partners and promote interest in HIE.

**Next steps**

The HIECC will meet again in June 2018.

New Action Items	Owner
Clarify how the number of total active licensed providers is determined within the ePrescribing metrics, what is considered “active”	Agency Staff
Distribute link to HIE Study to HIECC members upon finalization	Heidi Fox
Review HIE Study and prepare feedback on recommendations for June HIECC meeting	HIECC Members



With no further business to discuss, Ms. Brown-Woofter moved to adjourn, with no objections. The committee adjourned.

DRAFT