Health Information Exchange Coordinating Committee Meeting Minutes

Meeting Date: August 15, 2014

Time: 10:00 a.m. – 1:00 p.m.

Location: Agency for Health Care Administration
Bldg.3, Conference Room A
2727 Mahan Drive
Tallahassee, FL 32308

Members Present: Molly McKinstry for Secretary Dudek, Chair; Bill Bell; Ronald Burns, D.O., Craig Dalton; Jarrod Fowler; Michael Jackson; Karen Koch; Peter Kress; Meredith Marsh for Kevin Kearns; Mary Pat Moore for Wences Troncoso; Gay Munyon; Dennis Saver, M.D.; and Karen van Caulil, Ph.D.

Members Absent: Tab Harris; Tom Herring; David Milov, M.D.; and Kim Tendrich

Staff Present: Alexander Añe, Dylan Dunlap, Carrie Gaudio, Heidi Fox, Milly Hardin, Pamela King, Aaron Parsons, Joy Styrcula, Trish Tidwell, Carolyn H. Turner, and Dana Watson

Interested Parties Present: Alexandra Abboud, Florida Dental Association; Becky Brown, USF Health – PaperFree Florida; Benjamin Browning, Florida Association of Community Health Centers; Makeshia Barnes, Department of Health; Sean Burnfin, Office of the State Court Administrator; Gigi Cowart, Harris Corporation (Harris); Gloria Deckard, Ph.D., Florida International University (FIU); Athena Muse, Tampa General Hospital; Hal Perlman, Parrish Medical Center; Linda Renn, Florida Health Information Management Association; Lisa Stotz, Harris

Meeting Materials: Agenda, Minutes, Event Notification Service (ENS) and Low Income Pool (LIP) Presentation, Patient Look-Up (PLU) User Group Report, Quarterly Florida Health Information Exchange (Florida HIE) Report/Plan and Presentation, Direct Messaging (DM) Transition Update Presentation, Perceptions of Federally Qualified Health Center (FQHC) Staff Regarding electronic health records (EHRs) and Health Information Exchange (HIE), Meaningful Use Update Presentation and Regional Extension Centers (REC) Report

Copies of meeting materials are posted at: http://www.fhin.net/content/committeesAndCouncils/index.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. She welcomed attendees and introduced new member Tab Harris representing Blue Cross & Blue Shield of Florida.

Ms. McKinstry gave the Agency for Health Care Administration (Agency) update. She reported that the Agency has completed the initial rollout of Medicaid managed care. She announced that Heidi Fox is acting Director of the Florida Center. Laura MacLafferty has accepted the position of Bureau Chief of Health Facility Regulation. She reported that enhancements to the FloridaHealthFinder database query tool for researchers and health professionals have recently been completed. She indicated that the Agency has been working with the Department of Elder Affairs and nursing home and hospital associations on the CARES (Comprehensive Assessment Review and Evaluation for Long Term Care Services) document related to transitions of care communications. She noted that the moratorium on new nursing home beds has ended.

Ms. Heidi Fox reviewed the agenda and conducted the roll call.

Review and Approval of Minutes: Ms. Fox asked the committee to review the minutes from the May 16, 2014, meeting. There were no corrections. She asked for a motion to approve the minutes which were unanimously approved.

Previous Action Items: Ms. Carolyn Turner reviewed action items from the previous meeting.

   1) The Agency will send the Direct Secure Messaging (DSM) re-sign notice to HIECC members when available.

2) Dr. Saver volunteered to assist in review of the Strategic Health Intelligence (SHI) hybrid PLU workflow.

She reported that the action item one had been completed. The materials were sent to HIECC members on July 2, 2014. She indicated that SHI hybrid PLU workflow would be discussed further during the meeting.

ENS and Low Income Pool: Ms. Fox presented on the Event Notification Service (ENS) and Low Income Pool (LIP). She explained that participation in ENS as a data source is one of the requirements for hospitals to receive LIP funding in fiscal year 2014-2015. The ENS enables alerts of health care encounters from hospitals and other health providers to health plans that subscribe to the service.

Progress in ENS onboarding is recognized through a series of achieved milestones. The first milestone is for the hospital to formally request to participate in ENS by submitting a readiness questionnaire and the signed ENS agreement enabling the Florida HIE to schedule a connectivity session with the hospital. The second milestone is to successfully prepare for and complete connectivity. The third milestone is for the hospital to validate test messages, authorize go live and move into production.

The ENS functions to check for matches between the hospital encounter data received and the member panels provided by the health plans. Alerts are generated if there is a match. The member panels are stored, but the hospital encounter data is not retained. Ms. Fox noted that there are no Florida HIE fees for hospitals participating as a data source.

Ms. Karen van Caulil asked about the content of the alerts and anticipated number of hospitals participating. Ms. Fox indicated that member identification, contact information, and chief complaint are included. She said that the program anticipates eighty to one hundred hospitals providing data to ENS.

Ms. Karen Koch asked if there is monitoring of how health plans use the data. Ms. Fox noted that the ENS agreement requires the health plan to provide the data to the member's primary care provider. Health plans can use the data for case management and care management. She indicated the ENS will continue to operate in subsequent years regardless of the status of the LIP program.

PLU User Group Report: Mr. Davidson James presented an update on the PLU User Group. He reported that the PLU User Group continues to monitor PLU onboarding and usage. At its June 26, 2014 meeting, the PLU User Group received a demonstration presentation from SHI on its hybrid PLU service, HIE Direct, and discussed outreach opportunities. The PLU User Group reviewed the consent flow for exchanges related to Social Security Administration disability determinations through the eHealth Exchange and discussed various approaches to deliver the consents to participants. The agenda for the July technical user group was proposed to include an assessment of patient matching best practices and an overview of the node architecture and operations survey that is underway.

Mr. James asked for questions and there were none.

Quarterly HIE Plan & Report: Ms. Gigi Cowart, Harris Project Manager, presented the quarterly HIE report through July 2014, and planning through October 2014.

Ms. Cowart reported that the Harris team worked on DSM transition including deactivating accounts in anticipation of the transition, providing a copy of the exchange mail database to Inpriva, and notifications of the termination of DSM.

Ms. Cowart reported on ENS. She reported 71 alerts issued during June 2014 from Broward Health to WellCare. With the start-up of the ENS LIP initiative, Harris prepared for connectivity sessions with hospitals during July.

She reported continued progress in PLU onboarding with the move to production of Bethesda Health in May and Senior Home Care in July, joining Atlantic Coast HIE, Broward Health, Florida Hospital/Adventist Health Systems, Martin Health System, Strategic Health Intelligence (SHI), and UF & Shands. The Harris team worked with other organizations in various stages of the on-boarding process. These include the Department of Health (DOH), Community Health Systems (CHS) formerly Health Management Associates, Inc. (HMA), Orlando Health, and Tampa Bay Regional Health Information Organization (RHIO).

The Florida HIE completed onboarding the eHealth Exchange in July.

Ms. Cowart reported on PLU transactions. She reported 2,057 successful patient discovery queries and 2,045 documents retrieved in July 2014. Inbound transactions for patient discovery were reported by all nodes.

Florida HIE project plans through October include increased deployment activities of ENS hospital data sources and continued PLU on-boarding activities.

Direct Messaging Transition Update: Ms. King gave a status update report on the transitioning of Direct Secure Messaging (DSM) to new service provider, Inpriva which is a Direct Trust accredited vendor. Ms. King said that outsourcing the service to an accredited vendor enables the Florida HIE to enhance the service by offering exchange with health care providers using other accredited vendors. There will be a mailbox fee of $8 per month which will be collected by Inpriva under its no cost contract. Fees will not be imposed until October 1, 2014 to transitioned DSM users.

Ms. King reported on completed transitions steps including notifications giving users the option of transferring or closing their accounts. Active users were transferred and sent a welcome letter August 11, 2014. She said that many of the active users not transferring were state agency users that elected to use an alternative secure email service.

Ms. King indicated that the Agency plans to continue to outreach to bring in new users to serve the needs of Florida providers for receipt of meaningful use transitions of care documents. She noted that the service would be used to deliver ENS alerts. The Florida HIE will sponsor a limited number of mailboxes for ENS participants and also PLU privacy managers.

Ms. King said that information about the new service is available on the Florida HIE website. Metrics will be reported on the www.FHIN.net website. She asked if there were any questions.

Dr. Dennis Saver asked about the transition letter he received. Ms. King indicated she would follow-up. She explained that organizations register for the services rather than individuals. A solo practitioner would register as an organization. Dr. Saver suggested that communications target physicians with a clearer explanation of the value proposition.

Ms. Koch asked about fees. Ms. King explained that the mailbox fee is per user. The organization must also pay for their security certificate and credentialing of the organization representative.

Dr. Saver asked about electronic health records (EHR) that can send Direct Messages. Ms. King said that providers using EHRs with a Direct Trust accredited vendor would be able to send messages to providers using the Florida HIE Direct Messaging service and also receive messages back. She noted that for certain meaningful use requirements, the messages must be sent from the EHR. Ms. Fox added that the Direct Messaging service allows providers without an EHR to receive documents from providers that are sending messages from an EHR, such as a hospital sending to a home health agency or nursing home. The Florida HIE Direct Messaging service cannot be used to send messages for meaningful use but can be useful as a means of receiving messages.

HIE Direct Demonstration: Mr. Craig Dalton from Strategic Heath Intelligence (SHI) presented on HIE Direct, SHI's hybrid PLU service that combines Direct Messaging and PLU. Using HIE Direct, providers can request data through a Direct Message template, the PLU network is queried based on the content of the message and the provider receives data in PDF form in their Direct Messaging account. The service is intended to address the needs of independent physicians, health care organizations without EHR technology, or health care organizations that have EHRs but do not have bi-directional HIE capabilities. Currently C32s/CCD patient summaries are provided; CCDAs will be available in the future.

Mr. Dalton reviewed the requirements for the service. He noted that the Florida HIE Direct Messaging is not free but it is available to providers that do not already have a Direct account through another vendor. The fee for HIE Direct is $35 per month per user. Patient consent is required to request that a query be performed.

Ms. van Caulil asked about the patient demographics for patient matching. Mr. Dalton indicated patient first name, last name, sex, date of birth, and social security number, if available, would be entered. Queries can be targeted to PLU participants in locales where the patient has received health services. If a typographical error is entered, the message back would be "data not available." She expressed concern about providers not using if they do not get a match on the first couple of attempts to use the service. She suggested the Agency consider more user training on the need to enter correct

information in performing queries. Mr. Dalton said the Community Health Centers Alliance (CHCA) will be conducting outreach and user training for Direct HIE.

Project Evaluation Survey Results Presentation: Dr. Gloria Deckard reported on the results of a recent survey of federally qualified health centers (FQHCs) regarding use of secure messaging and interoperability capacity. She noted that the Florida Association of Community Health Centers assisted with the survey by reviewing the questions and issuing the questionnaire to centers. The survey achieved statewide representation of centers responding with an overall response rate of 44%.

She reported that nearly 61% of respondents utilize electronic records only and 39% use both paper and electronic records. The majority of respondent were satisfied or very satisfied with the implementation of their EHR. The greatest perceived benefit was improved quality of care. Respondents indicated that barriers to adoption were the ongoing financial costs and loss of productivity during start-up. The majority of respondents (75%) indicated that they had the technical capacity for achieving stage 2 transitions of care by using a certified EHR, but only 50% thought they had the operational capacity to connect with other organizations for sending transition of care documents. The top three recipients of referrals for transitions of care from the center respondents were medical specialists, hospitals, and behavioral health facilities. Nearly 63 % of respondents were aware of DSM. She concluded from these findings that the Florida HIE can help with the interoperability of FQHCs through its Direct Messaging service.

Dr. Deckard asked for questions.

Mr. Michael Jackson indicated that the centers reporting both paper and EHRs might be continuing paper to retain the medical histories prior to the implementation of the EHR. Dr. Deckard agreed and said that some paper functionality is maintained due to physicians requesting this option.

Mr. Jackson asked whether the questionnaire included pharmacy to and from referrals as an option. He said that pharmacists receive referrals from other providers such as for management of diabetes and may also refer to others treating the patient. Dr. Deckard indicated that pharmacies were not listed specifically.

Meaningful Use Update: Ms. Mary Schrenker indicated that the Agency resumed issuing Medicaid EHR Incentive Program payments in June which had been suspended pending resolution of budget authority. She gave an overview of the Medicaid EHR Incentive Program's current landscape. She reported that as of July 31, 2014, 6,179 eligible professionals and 171 eligible hospitals have received incentive payments. She noted that eligible professionals in the program exceed the original estimate made before the program started of 4,600 eligible professionals, and more continue to enter the program. In 2013, 1,438 eligible professionals entered the program.

Ms. Schrenker reported that 95 hospitals have received third and final incentive payment. Eligible professionals can receive up to six incentive payments through 2021 although health care providers must start no later than 2016.

Ms. Schrenker explained that providers who are eligible to participate in the Medicare EHR incentive program must demonstrate meaningful use to avoid Medicare payment reductions which begin October 1, 2014 for hospitals and January 1, 2015 for Medicare eligible professionals. Health care providers must continue to demonstrate meaningful use each year to avoid the payment reductions.

The Centers for Medicare and Medicaid Services (CMS) has issued a proposed rule that would allow providers who were unable to fully implement 2014 certified EHR technology to attest to 2013 measures for the 2014 program year. Some providers will be permitted to attest to stage 1 in the 2014 program year depending on the certification number of their EHR. Full details will not be known until the final rule is promulgated later this year.

Ms. Koch asked to be sent the proposed rule.

Ms. van Caulil asked about the amount of switching of Medicaid to Medicare due to the earlier suspension of the Medicaid EHR incentive Program. Ms. Schrenker indicated that less than 100 providers have changed to the Medicaid Incentive Program from Medicare. It is not possible to track how many changed to Medicare.

Regional Extension Centers Reports: Ms. Fox noted that individual regional extension center (RECs) milestones as of July 31, 2014 are included in Tab I.

Agency Program Updates: Ms. Turner gave a brief update on the Agency's HIE activities. The Agency renewed the Harris HIE vendor contract as a 3-year maintenance contract (through June 2017) funded by user fees. The contract includes a preliminary user fee budget of $2.1 million.

The Agency is conducting outreach for all Florida HIE services including PLU, hybrid PLU, and ENS. Direct Messaging outreach has been initiated in coordination with Inpriva. The Agency is updating its websites (including www.FHIN.net) as part of this effort. There were 289 organizations transferred to Direct Messaging as of August 11, 2014. Monthly transactions going forward will be available on the FHIN website. The Agency also participates in SERCH, Healtheway, and DirectTrust informational calls.

Ms. Turner reported that the e-prescribing rate for Q1 2014 was at 59% up from 56% Q4 2013 and 50% in Q1 2013. Q1 2014 ends the e-prescription data received from the Office of the National Coordinator for Health Information Technology during the Cooperative Agreement program. The Agency is receiving limited statistics from Surescripts going forward enabling tracking of Florida quarterly e-prescriptions and e-prescribers. Using this data, the e-prescribing rate for Q2 2014 is at 50.4% showing a decrease from Q1 2014 probably due to duplication of e-prescribing refill requests in the earlier counts.

Ms. Turner reported on the Medicaid EHR Incentive Program statistics through August 15, 2014. There have payments totaling **$289,065,091** to hospitals with **174** unique hospitals paid and payments totaling **$152,059,381** have been made to eligible professionals with **6,229** unique EPs paid.

Ms. Turner announced that the next HIECC meeting is tentatively scheduled for November 21, 2014**.** The Advisory Council is meeting as a webinar for September 17, 2014 at 10 am. The Legal Work Group meeting is tentatively scheduled for December 12, 2014.

Meeting Summary, Next Steps, and Adjourn: Ms. Fox reviewed the action items from the meeting:

1) Ms. Pam King will follow-up with Dr. Saver to assist with the Direct Messaging service.
2) The Agency will develop Direct Messaging outreach materials for physicians explaining the value proposition.
3) The Agency will develop strategies to minimize typographical or other errors in using HIE services.
4) A link to the proposed Medicare and Medicaid EHR Incentive Program rules will be sent to Karen Koch.

Dr. Saver asked about the action item from the last meeting on the hybrid PLU workflow. Ms. Turner responded that SHI presented at the meeting today so that the current workflow could be discussed further. She noted that the transition to Inpriva has changed the HIE Direct workflow and simplified it in that physicians can use their existing Direct accounts to access HIE Direct. Mr. Dalton suggested that Dr. Saver contact him for a walk-through.

Ms. van Caulil asked for a copy of the Direct HIE slides. Mr. Dalton indicated the presentation included proprietary information which is provided to potential subscribers only. Ms. Fox suggested that Mr. Dalton remove the proprietary information and provide the slides.

Adjournment: There being no further business to discuss, the committee adjourned at 11:20 a.m.