

Health Information Exchange Coordinating Committee Meeting Minutes

Meeting Date: July 29, 2016

Time: 10:00 a.m. – 12:00 p.m.

Location: GoTo Webinar/Conference Call only

Members Present: Molly McKinstry for Secretary Dudek, Chair; Bill Bell; Cindy Applewhite for Tab Harris; Bruce Culpepper for Tom Herring; Alex Koster; Peter Kress; Dennis Saver, M.D.; Kimberly Tendrich; Karen van Caulil.

Members Absent: Ronald Burns, D.O.; Jarrod Fowler; Mike Hansen; Michael Jackson; Gay Munyon; Hal Perlman; Alex Romillo; Wences Troncoso.

Staff Present: Vance Burns, Heidi Fox, Carrie Gaudio, Pamela King, Aaron Parsons and Dana Watson.

Interested Parties Present: Cal Popovich; Gigi Cowart; Chris Phillips; Lisa Stotz.

Meeting Materials: Agenda; Previous Minutes (03/25/16); Harris Quarterly Report and Plans; Patient Look-Up (PLU) User Group Report; Outreach Update; Program Metrics and Updates.

Copies of meeting materials are posted at: <http://www.fhin.net/committeesAndCouncils/hiecc.shtml>

Call to Order, Agency Updates, and Roll Call: Ms. Heidi Fox called the meeting of the Health Information Exchange Coordinating Committee (HIECC) to order at 10:00 a.m. and welcomed members.

Ms. Molly McKinstry gave the Agency for Health Care Administration (Agency) update. She reported that the 15-member TeleHealth Advisory Council has been appointed by Secretary Dudek and the Florida Surgeon General and Secretary, Dr. Celeste Philip. A press release was distributed July 27, 2016 announcing the members and the intended scope of activity of the group. Ms. McKinstry reported that the Agency is working with the Department of Health and Office of Insurance Regulation to develop and disseminate surveys of health care practitioners, facilities and insurance companies for a report to the Governor's office in December 2016.

Ms. McKinstry also reported on CS/CS/HB 1175 (Transparency in Health Care) that went into effect July 1, 2016. The Agency has responded to providers' questions about posting and billing requirements by posting two sets of Q&A on its website. She stated that the Agency will develop rules for the service bundle definition of all-payer claims database and facility reporting, as well as for the regulatory requirements of the legislation, and invited any other questions from members and interested parties.

Ms. Fox then conducted the roll call. A quorum was present.

Review and Approval of Minutes: Ms. Fox asked the committee to review the minutes from the March 25, 2016, meeting. There were no corrections. Mr. Alex Koster motioned to approve the minutes. They were unanimously approved.

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

1. AHCA will send the Direct Messaging Service (DMS) directory to Mr. Koster. COMPLETED
2. AHCA will coordinate meeting/conference call with Mr. Kress to discuss connecting long-term care post-acute care population. COMPLETED
 - a. Ms. Fox reported that industry leaders were invited to a round table discussion of HIE services offered and the opportunities for them to participate.

3. AHCA will identify providers not connected to the ENS to better target outreach/promotion activities. COMPLETED
 - AHCA staff determined that we needed to change how we present the information (i.e., clarification of Acute Care Hospitals rather than “Hospitals”) so that it is clear that we have 96-97% of all acute hospitals in Florida.
4. AHCA will reissue the “Visioning the Future” survey and attach current responses. COMPLETED
5. AHCA/Harris will develop demonstration slides/screenshots of the PLU services for outreach and promotional initiatives. IN PROGRESS
6. AHCA will send results from item 3 above to Ms. Karen van Caulil who will promote the Florida HIE through her coalition’s key providers. COMPLETED
 - Mr. Aaron Parsons conducted a webinar for Ms. Van Caulil’s members on May 25, with high attendance.

DISCUSSION:

Dr. Dennis Saver asked for the Visioning the Future survey (#4 above) be resent to him and any PLU slides/screenshots once they are completed. AHCA will send results of the survey and PLU slides as they become available.

Harris Quarterly HIE Plan & Report: Ms. Cowart reported for the period of March through June 2016.

For ENS, highlights include member panels in excess of 1.7 million; six (6) new subscription agreements; and, currently twenty-one (21) subscribers receiving notifications through the service. Beds covered by the ENS reached 94% of total hospital beds. There were six (6) health plans, fifteen (15) accountable care organizations (ACO) and one (1) independent physician association (IPA) in production at the end of June, accounting for the 1.7 million panel size.

For the Patient Look-Up (PLU) service, Community Health IT MyHealthStory went live on May 16, 2016. Martin Health System and Senior Home Care terminated their subscription agreements on March 31, 2016 and June 30, 2016, respectively. Otherwise, there are currently nine (9) production nodes in deployment, with continued onboarding of Florida Accountable Care Services. PLU system usage included a total of 944,107 inbound patient discovery queries resulting in 46,053 matched patient records and 88,919 documents retrieved.

During this period, the DMS saw an increase in both Direct Messaging Accounts (from 97 to 100) and Direct Messaging Users (from 225 to 232). There was a decrease in the number of messages received by account (from 6,010 to 4,715); and, an increase in messages originated by account (from 6,313 to 7,505).

Ms. Cowart noted that services data can be found at: <http://www.fhin.net>.

There will be a Fair Warning upgrade coming in August/September, including training for privacy managers.

For ENS, a transition of the Master Patient Index (MPI) to Audacious Inquiry (Ai) is in process.

Discussion:

Dr. Saver asked about the low number of PLU matched patient records and if this is what was expected of the service. Ms. Fox responded the number is accurate because some of the PLU nodes are conducting broadcast queries (i.e., requesting records from all participants) and not necessarily in the region where a record may be expected to be found.

Mr. Koster asked about the high success rate for Orlando Health compared to the PLU other participants, if there is something done differently in that area, and why a similar number is not seen for Florida Hospital since they are in the same area and exchange data with Orlando Health.

Ms. Carrie Gaudio responded that because Orlando Health is in close proximity to Florida Hospital, and the two entities exchange a high volume of information, there is a higher number of matches than in other areas. For documents retrieved, Orlando Health sends documents/files separately rather than in a single continuity of care document (CCD).

Ms. Lisa Stotz responded that the number of matches shown in this presentation are those provided by each of the organizations so Orlando Health provided some matches to Florida Hospital and some were to Tampa General. Also, because Orlando Health is not querying outbound at this time, Florida Hospital is not supplying reciprocal matches.

PLU User Group Report: Mr. Cal Popovich gave the PLU User Group report. He noted the PLU User Group met via webinar on June 9, 2016..

Mr. Popovich indicated there was a lengthy discussion of the PLU consent model, specifically as it relates to Florida's current discussion with the Veterans Administration (VA) and eHealthExchange addendum for participants to sign in order to exchange with the VA. All Florida PLU participants were tasked with reviewing their consent models and determining whether the models accommodate both consent to query and consent to release.

Mr. Popovich reported on the current task of determining whether or not the participants are experiencing query response delays. This is in anticipation of onboarding new nodes to the service and the added volume that could impact response times. At the time of this meeting, there were no issues with response times among participants.

Mr. Popovich noted the next PLU User Group meeting is September 8.

Outreach Update: Ms. Gaudio reported the HIE outreach activities since March 2016. Highlights include a focus on multiple small events, with an intent on adding to our speaking opportunities at a wider variety of stakeholder groups. Recent presentations included the Florida Health Information Managers Association (FHIMA) and a health IT boot camp for recently added node Community Health IT (CHIT). Upcoming presentations include to the Osteopathic Physicians Association and the Assisted Living Facilities Association. Other ongoing events include webinars and conference calls, with some service-specific webinars occurring monthly. AHCA is partnering with various organizations for future events, including County Medical Societies, local chapters of the Medical Group Management Association and the Health Information Management Association. There will be a concerted effort to promote approved CMS funding to assist with onboarding new providers and hospitals implementation costs. There will also be an emphasis on adding long-term and post-acute care (LTPAC) providers with a survey conducted by the Agency to gauge the level of service participation by these providers.

Program Metrics and Updates: Ms. Fox updated the committee on metrics not included in the Harris report.

She began with an overview of the Electronic Health Record Incentive (EHR) program as of July 15, 2016. There were 12,383 payments to eligible professionals, with 8,150 unique providers paid, totaling \$206,595,394 in payments. There were 516 payments made to 179 eligible hospitals totaling \$315,023,369 in payments.

A modified Stage 2 (Meaningful Use/MU) final rule went into effect in December 2015. Most eligible providers (EP) engaged in MU had to wait until July 2016 to attest to 2015 program year due to changes to online screens and payment processing system. CMS simplified the measures to which providers will attest and the deadline for EP attesting to AIU for program year 2015 was March 31, 2016. If EP are attesting to MU for program year 2015, the deadline is August 31, 2016. Messaging has been updated on the Agency's webpage to emphasize the program and its timelines.

The Agency's request for CMS funding to assist nodes to connect to the PLU service, as well as to assist current nodes to connect new participants to the service was approved. The LTPAC facilities are included in the funding approval.

The Agency intends to issue an Invitation to Negotiate (ITN) in order to procure a vendor for the HIE. The current contract ends June 30, 2017. The ITN is expected to be released by October.

Ms. Fox pointed out that, instead of the Agency attempting to compile a voluntary provider directory, the provider directory developed by Direct Trust includes Cerner, SureScripts, Inpriva and others is available to participants through their HISP provider. If the provider is Direct Trust accredited a directory can be requested.

The e-Prescribing rate for 2nd Quarter 2016 was 65.3%, an increase from 60.2% in 2nd Quarter 2015. Licensed physicians e-prescribing was 73% in 2nd Quarter, up from 68% in 2nd Quarter 2015. These metrics do not include prescriptions for controlled substance due to lower rates of e-prescribing.

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

1. Send Visioning the Future survey results to Dr. Saver.
2. The Agency will send PLU promotional materials to members as they become available.

Mr. Koster noted the other types of message types and CCDs his organization (Nemours) is receiving through its direct inbox, including for medication non-compliance and for refill requests. He is unsure if these are from either Express Scripts or Walgreens. He will verify which. He also questioned if this is a standard use case and if it is an opportunity to convey the benefits of the direct messaging service. He will share more information.

Adjournment: There being no further business to discuss, the committee adjourned at 10:37 a.m.