



Health Information Exchange Coordinating Committee (HIECC) Meeting Minutes

Date: June 28, 2018
Time: 10:00 a.m. – 12:00 p.m.
Location: GoToWebinar

Members Present: Molly McKinstry for Secretary Senior; Craig Dalton; Melanie Brown-Woofter; Tab Harris; Tom Herring; Jarrod Fowler; Michael Jackson; Gay Munyon; Marie Ruddy for Alex Koster; Dennis Saver, M.D.; Kim Streit; and Kimberly Tendrich.

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

Additional Presenters: Erika Marshall, Florida Department of Health; Aaron Parsons, Audacious Inquiry.

Interested Parties Present: Ben Browning, Florida Association of Community Health Centers; Evan Carter, Audacious Inquiry; Michael Cragg and Bruce Culpepper, Florida Department of Health; Rebecca Entress, Orlando Health; Sall Gausman, Bluestone M.D.; Diane Godfrey, Florida Hospital; Cody O'Hara, Florida State University; and Melissa Thomas.

Meeting Materials: Agenda; Previous Minutes (3/13/2018); Florida HIE Services Update Presentation; Office of HIE Metrics Presentation; Outreach Report Presentation, HIE Study Activity Review Presentation; Prescription Drug Monitoring Program (PDMP) Updates Presentation, and PDMP Electronic Health Record Integration Quick Guide Handout. Copies of meeting materials are posted on:
<http://www.fhin.net/committeesAndCouncils/hiecc.shtml>

Call to Order and Roll Call:

Ms. 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. McKinstry gave updates for the Agency for Health Care Administration (Agency). The Agency is working on implementing many of the legislative changes reported on during the previous HIECC meeting.

Ms. McKinstry reported that the Agency continues work related to emergency preparedness throughout the state, including implementation of legislative requirements regarding emergency



power for nursing homes and assisted living facilities. The Agency is also hosting a tableau-supported website showing the status of these facilities with regards to their compliance with these new requirements. The majority of facilities are currently in compliance with the new requirements, and the Agency is working with the remainder to facilitate their compliance.

The Agency has been working on improvement of quality assurance in long-term care facilities, and sharing information with the public regarding the improvements in quality of life and care satisfaction within long-term care facilities.

Ms. McKinstry reported that the Statewide Medicaid Managed Care (SMMC) Procurement has been completed. Initial awards were issued in April, and final awards will be announced June 28th, as well as the awards for the Medicaid Dental Plan Contracts. .

Review and Approval of Minutes

Dr. Dennis Saver moved for approval of the minutes from the March 13, 2018 meeting of the HIECC, with Mr. Michael Jackson seconding. The minutes were approved.

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 56 subscribers, including 24 Accountable Care Organizations (ACOs), 12 health plans, 17 provider practices, and 3 health systems. There are 6.8 Million lives now covered by ENS. All of the Medicaid Managed Care Plans are now ENS subscribers. 700,000 notifications are delivered to subscribers per month 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. An update to ENS will be released next month offering more customized notification delivery and the ability to route new clinical document types. PROMPT is a care coordination interface which gives subscribers an additional option for management of hospital encounter data. PROMPT accounts are offered to all ENS subscribers at no additional cost. Enhanced PROMPT functionality is scheduled to be deployed in July, and will include a Census view, additional notes entry, and more streamlined routing of alerts to network physicians.

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 networks like the eHealth Exchange. 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 shortly, and additional features which build on CONNECT, including Continuity of Care Document (CCD) aggregation and de-duplication, are under development. Dr. Saver



requested further information about CCD aggregation and de-duplication, and the Florida HIE team will follow up with him regarding these topics.

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 2017 program year applications. Payment information for the program was reviewed. The Centers for Medicaid & Medicare Services has renamed the EHR Incentive Program to the Promoting Interoperability (PI) Program.

Ms. Gaudio reported on the Agency's tracking of Electronic Prescribing (ePrescribing) in Florida. The metrics are regularly updated on www.FHIN.net, with data coming from Change Healthcare and Surescripts. The data are used to compare Florida to national ePrescribing averages, and include information about ePrescribing of Controlled Substances (EPCS). A chart was presented showing ePrescribing rates and the annual growth in ePrescribing from 2007 through 2018. During this period, the e-prescribing rate increased from 1.6% in 2007 to over 81% in 2018.

A chart was presented showing 48,500 e-prescribers (identified in quarterly reports from Surescripts), and the approximate number of active licensed prescribing professionals in Florida as obtained from the Florida Department of Health's licensure database (101,112), indicating a 48% e-prescribing rate for licensed providers. There are no consistently entered mandatory fields in the DOH data that allow the Agency to determine which providers are e-prescribers, so information from Surescripts is relied upon.

At the previous HIECC meeting, Dr. Saver requested clarification of how the total number of active licensed prescribers was calculated, to better understand how meaningful the percentage of ePrescribing prescribers is. Ms. Gaudio explained that within the DOH licensure database, an active license states "Active" in their license status field. There are six professions counted as prescribers in Florida; Medical Doctors (MDs), Osteopathic Physicians (OS/DO), Physicians Assistants (PA), Dentists (DN), Podiatrists (PO), and ARNPs. Since there are also no fields in the DOH data that allow the Agency to determine which providers are actively prescribing, all clear, active licensed providers in these six prescribing professions with a Florida residence in their license record, (with the exclusion of any records that state "Not Practicing") are counted. It is conceivable that there are a marginal number of these providers who are not actively prescribing in Florida, and in this case, the denominator used to calculate the ePrescriber rate may be too high.

Ms. Gaudio noted that when considering the 81.1% average rate of ePrescriptions, the percentage of ePrescribers may indicate that licensed prescribers who are ePrescribing are those who more regularly prescribe. The total percentage of ePrescribers has very slowly climbed through the years, and was 46% this time last year.



Ms. Gaudio reported that EPCS has steadily increased in Florida from 0.17% of Surescripts ePrescription transactions in 2014 to 7.8% in 2017, including a 3.2% increase over the past year, 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 88.50% in 2017. During the same period, the percent of EPCS enabled Providers on the Surescripts network increase from 1.57% in 2014 to 8.2% in 2017. Ms. Gaudio noted that while EPCS enabled pharmacies grew steadily again, EPCS enabled providers more than doubled. In looking at the nation as a whole, Florida still lags behind most states in EPCS enabled providers. Additionally, although the percentage of electronically prescribed controlled substances did increase faster in the last year than ever before, Florida again lags behind much of the rest of the US in this area.

Ms. Gaudio shared a chart comparing Florida to national averages. She reported that during the ePrescribing virtual panel, the panelists noted that the states that have seen more robust adoption, have regulatory mandates associated with ePrescriptions. In the Surescripts 2017 Annual Report, Florida was listed as 47th in the nation for EPCS. In 2016, Florida was 48th. Promotion of ePrescribing continues to be included as part of the Agency's health IT outreach efforts. The ePrescribing virtual panel, held just after the last HIECC meeting, was well-attended, and other educational opportunities are being pursued.

Outreach Update

Ms. Pamela King reported on 2018 health IT outreach efforts. She reported that the Florida HIE Services website has been re-designed. An HIE User Summit will be held on July 19th at Nemours Children's Hospital in Orlando.

Ms. King reviewed outreach goals and accomplishments for 2018, noting that goals have been reached for the number of webinars held, and the number of conference speaking engagements. Other outreach goals are on track for completion by the end of the calendar year, including number of events attended, and social media postings.

Ms. King also reviewed health IT outcome goals and accomplishments for 2018. She noted that the goal of covering 6 million patients on ENS has already been surpassed this year, and this goal may be updated to reflect the rapid growth of the service. Other health IT outcome goals are on track for completion by the end of the calendar year, include obtaining new ENS subscribers, DOH utilization of Florida HIE Services, and increasing providers enabled to EPCS.

Mr. Chris Wilkey presented social media statistics for 2018 so far. He reported on substantial increases in followers on Twitter, Facebook, and LinkedIn, and in the amount of Agency posting, as well and increased post engagement. This increase in engagement is linked to an updated social media strategy, focusing on more frequent posting, image inclusion, and strategic usage of hashtags.



HIE Study Activity Update

Ms. Heidi Fox reported on progress on activities identified within the HIE Study, conducted by North Highland. She outlined the primary strategic initiatives identified in the study, and reviewed the study's recommendations and the current activities underway in response to those recommendations.

Currently, the activities pursued under the Structure Statewide Governance initiative include ongoing collaboration with the Medicaid Enterprise System (MES) project, as well as work toward maximizing the HIECC as a governing resource. Consideration of the Florida HIE governance structure will be part of the next HIECC meeting agenda.

The activities pursued under the Motivate and Encourage Exchange initiative include enhancement of existing Florida HIE Services and participation in stakeholder meetings. The Agency is also managing HIE Expansion contracts to distribute CMS funding to cover expansion of regional HIEs. Activities covered include the onboarding of additional Medicaid provider groups, hospitals, behavioral health, and long-term & post-acute care facilities (LTPAC) and/or connectivity to the eHealth Exchange. Contracts were awarded to HIE Networks, Strategic Health Intelligence, and CommunityHealth IT, based on responses to a Request for Proposals. The Agency is also continuing to pursue HIE efforts with DOH, including the facilitation of registry reporting, collaboration with Emergency Medical Services, and facilitation of county health department connectivity. Efforts to coordinate HIE functionality with Emergency Preparedness activities are underway, including the ENS Emergency Census (where persons can be located using the ENS system) and PULSE (which provides clinical document exchange more broadly in an emergency).

Ms. Fox also reviewed efforts underway to share data with DOH regarding electricity dependent Medicaid patients in the event of an emergency to coordinate assistance and shelter preparedness. DOH currently receives Medicare data for this purpose as part of the emPOWER project, and the Agency is working with DOH to both include Medicaid data, and add phone numbers to the system for dually eligible patients.

For the Increase Awareness and Engagement initiative, current activities include working to enhance communication plans, the upcoming Florida HIE Services User Summit, and exploring opportunities for development of a health IT educational clearinghouse.

Ms. Fox noted various CMS funding pursuits, including ENS subscriptions for Medicaid providers, utilization of ENS funding to onboard data sources, and the previously discussed HIE Expansion contracts.

Ms. Fox suggested that all members review the HIE Study posted online at www.FHIN.net, and provide any feedback on recommendations or current activities. The Agency will continue to work on solidifying the roadmap and timelines, and the next HIECC meeting will have a focus on Florida HIE governance.



Prescription Drug Monitoring Program (E-FORSCE) Updates

Ms. Erika Marshall presented on DOH's Prescription Drug Monitoring Program (PDMP), also known as E-FORSCE. She explained that the information is used by prescribers and pharmacists to improve patient care outcomes, by enforcement agencies to assist in active investigations involving diversion, abuse, and health care fraud, and by impaired practitioner consultants to assist in monitoring treatment. She reviewed the current PDMP metrics, highlighting that the system contains over 232 million records on 7.3 million unique individuals.

Ms. Marshall explained that new dispenser reporting requirements go into effect July 1. Pharmacies and dispensing practitioners now must report controlled substance dispensing no later than the next business day, and must report zero dispensing activity by the close of the next business day. She noted that failing to report dispensing of a controlled substance is a first-degree misdemeanor. Ms. Marshall also reviewed the demographic information reported to the system, including patient information and prescriber and pharmacy name, address, and Drug Enforcement Agency (DEA) number, as well as permit number for pharmacies. Noted exceptions to the reporting requirements include all acts of administration, dispensing to persons under age 16, dispensing within the Department of Corrections or by a Department of Defense facility, and Medical Marijuana.

Ms. Marshall reviewed House Bill 21, and the new webpage dedicated to E-FORCSE. New prescriber requirements under the bill include completion of new continuing education, along with requirements about the inclusion of "acute pain exception" on more than 3-day supplies of schedule II opioid prescriptions. There are additional requirements for the notation of "non-acute pain" language for schedule II opioid prescriptions for treatment other than acute pain. Prescribers are now mandated to consult the PDMP, and concurrently prescribing and emergency opioid antagonist with a prescription for schedule II opioids for traumatic injuries. Ms. Marshall reviewed the details and exceptions surrounding these new requirements.

After reviewing some of the beneficial outcomes of Florida's PDMP program thus far, Ms. Marshall explained that the new legislation also allows for integration within EHR systems. While completely voluntary, EHR integration with the PDMP could streamline prescriber workflows by reducing the time required to consult the database. The E-FORCSE vendor, Appriss Health, is working provide prescribers and pharmacists with an integration option for EHR and pharmacy management systems (PMS), utilizing a service called PMP Gateway. Although the web portal will remain available as an option for querying the PDMP, EHR integration would eliminate the need for providers to separately login to the portal, instead allowing their EHR systems to automatically initiate the query, validate credentials, and return patient information. Ms. Marshall noted that specific integration information and step-by-step instructions can be found at www.eforcse.com/EHR_integration, also noting that health systems should contact DOH to indicate integration intent prior to completion of forms.



Mr. Michael Jackson expressed some concerns about system capabilities with reporting pharmacy permit numbers and identification. Ms. Marshall explained that DOH is in the process of rule making which will allow for a one-year grace period for system updates. Mr. Jackson also inquired about the process for reporting ID when a caregiver (not the patient) picks up a prescription, and that further written direction on this would be helpful to pharmacies. Ms. Marshall noted that ID would still need to be reported, and that she would note the need for further clarity on this point.

Dr. Saver noted challenges prescribing opioid antagonists, and that because they have less stringent ePrescription requirements, unnecessary and expensive prescriptions may end up being filled. Dr. Saver also noted the financial implications of EHR integration. Ms. Marshall explained that the entity requesting integration will be responsible for costs, including EHR system costs and Appriss per-provider costs. She noted that DOH is not a party to the EHR integration agreements, which are between Appriss and provider health systems, and that no state funding is currently available for integration costs. Dr. Saver suggested that challenges and barriers associated with the changes to the PDMP requirements, including EHR integration, be tracked by DOH.

Ms. Melanie Brown-Woofter requested clarification of the types of drugs required for reporting to the PDMP, and Ms. Marshall explained that requirements include all controlled, schedule II – V drugs, with some non-opioid exceptions for schedule V. Mr. Jackson requested clarification of ID reporting requirements in a Long-Term Care facility, and Ms. Marshall explained that because no one is picking up the prescription, those requirements would not be applicable.

Dr. Saver shared that previously the E-FORCSE system provided tracking numbers for each of his queries, but no longer does. Ms. Marshall explained that the web portal provides self-auditing capabilities so that separate recording of query history is not necessary. Dr. Saver appreciated the clarification, and requested that future software versions include the tracking number for those who wished to track separately.

Next steps

The HIECC will meet again in September 2018.

New Action Items	Owner
Clarify CCD aggregation and de-duplication efforts of the Florida HIE to Dr. Saver	Florida HIE Staff
Review HIE Study and provide feedback on recommendations and agency activities	HIECC Members

With no further business to discuss, Mr. Jackson moved to adjourn, with no objections. The committee adjourned.