



Members

- Justin Senior, Chair
AHCA Secretary
- Kim Streit
Florida Hospital Association
- Richard Thacker, D.O.
Florida Osteopathic Medical Association
- Craig Dalton
Strategic Health Intelligence
- Jarrold Fowler
Florida Medical Association
- Melanie Brown-Woofter
Florida Council for Community Mental Health
- Tab Harris
Blue Cross & Blue Shield of Florida
- Tom Herring
Clinical Informatics Florida Department of Health
- Michael Jackson
Florida Pharmacy Association
- Alejandro Romillo
Health Choice Network
- Peter Kress
Long-term Post-Acute Care
- Alex Koster
Nemours
- Gay Munyon
AHCA Medicaid
- Dennis Saver, M.D.
Florida Academy of Family Physicians
- Kim Tendrich
Florida Department of Health
- Wences Troncoso
Florida Association of Health Plans
- Hymen Zucker, MD
Florida Association of Accountable Care Organizations

AGENDA

Health Information Exchange Coordinating Committee (HIECC)

Meeting Date: June 28, 2018

Time: 10:00 a.m. – 12:00 p.m. (EDT)

Location: [GoToWebinar](#)

Dial-in Information: Will be provided upon registration at [GoToWebinar](#)

TIME	ITEM	PRESENTER
10:00-10:10	Welcome - Agency Updates	Justin Senior, Chair
10:10-10:20	Roll Call	Heidi Fox, AHCA
	Review & Approve Meeting Minutes March 13, 2017	
	Previous Action Item Review and Status Updates	
10:20-10:35	Florida HIE Services Update	Aaron Parsons, Ai
10:35-10:45	Office of HIE Program Metrics	Carrie Gaudio, AHCA
10:45-11:55	Health IT Outreach Update	Pam King, AHCA
10:55-11:10	Health Information Exchange Study Activity Review	Heidi Fox, AHCA
11:10-11:55	Prescription Drug Monitoring Program (E-FORCSE) Updates	Erika Marshall, DOH
11:55-12:00	Meeting Summary	Heidi Fox, AHCA
	New Action Items	
	Adjournment	



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, 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



FLORIDA
HIE SERVICES

Florida HIE Services Update

Aaron Parsons



- **Encounter Notification Service (ENS)**

- Real-time notice of patient hospital encounters sent to provider groups, hospitals, payers, and accountable care organizations

- **Hospital data sources**

- 215 hospital data sources
- 95% of acute care hospital beds covered
- Inpatient and emergency department encounters
- Admission and discharge notifications

Encounter Notification Service

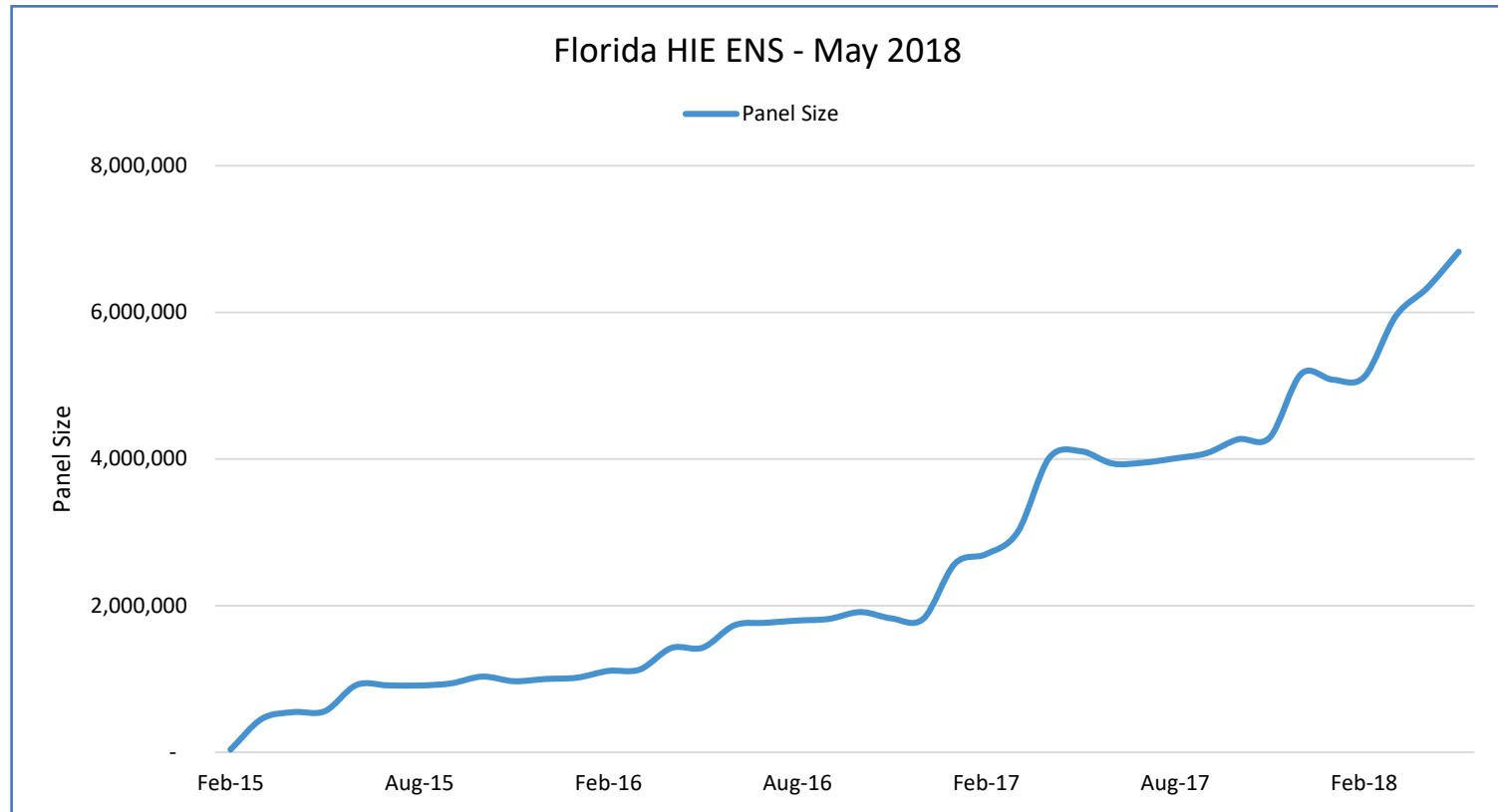


- **ENS metrics –**
 - 6.8M lives covered in Florida
 - 100% of Medicaid Managed Care plans subscribe
 - 500k Medicare beneficiaries
 - 56 subscribing organizations
 - 24 accountable care organizations (ACOs)
 - 17 provider groups
 - 12 health plans
 - 3 health systems (+2 more in progress)
 - 700k alerts delivered/month

Encounter Notification Service



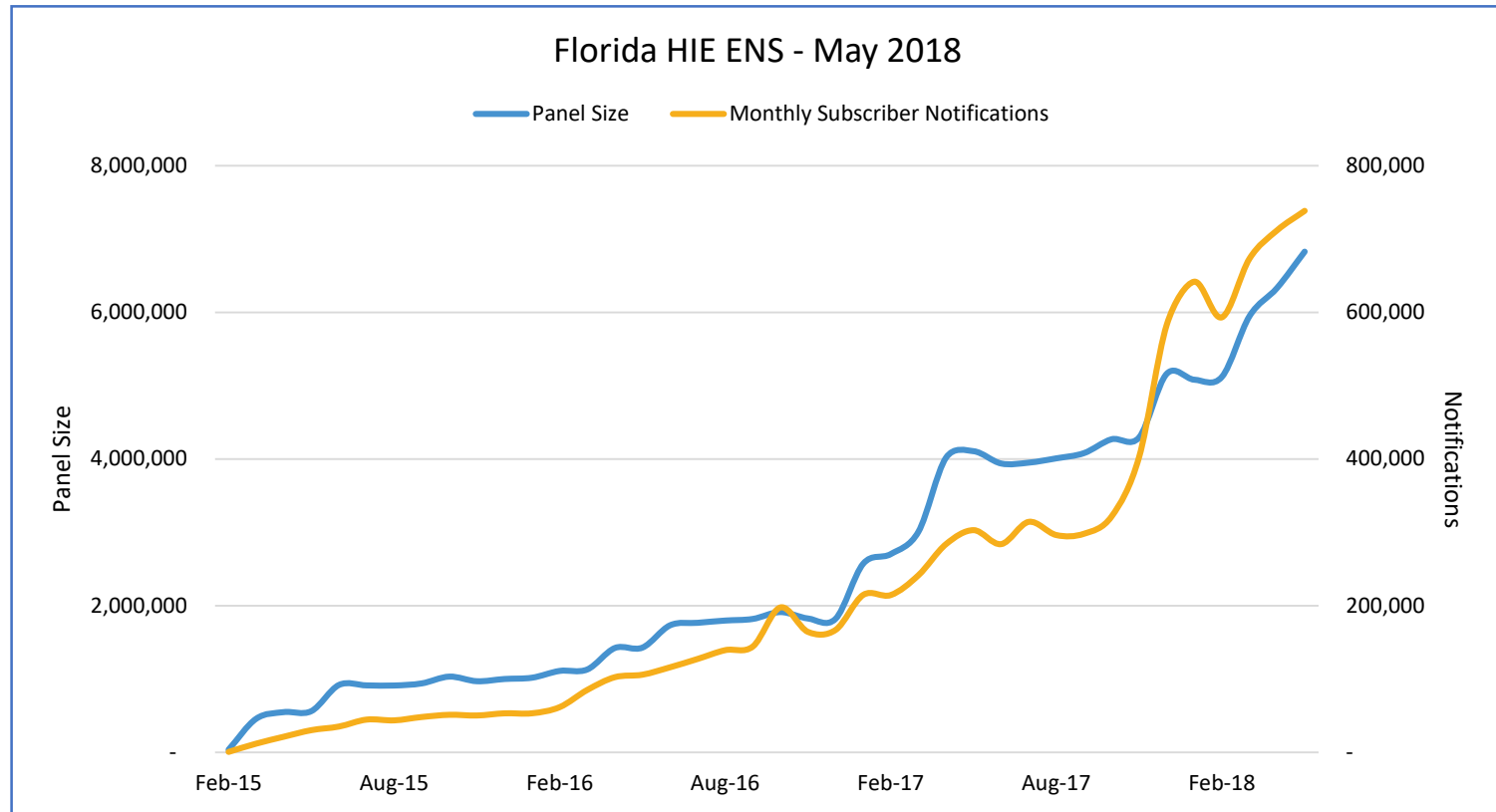
- ENS metrics –



Encounter Notification Service



- ENS metrics –



Encounter Notification Service



- **ENS metrics –**

	February 2018	Quarterly Change	Annual Change
Subscribing Organizations	56	↑ 40%	↑ 70%
Lives Covered	6,826,231	↑ 33%	↑ 66%
Alerts Delivered per Month	738,227	↑ 24%	↑ 144%





- **Upcoming enhancements**
 - ENS Smart Alerts – July 2018
 - Customized notification delivery.
 - Ability to route CCDAs as well as ADTs
 - PROMPT – July 2018
 - Includes new Census View
 - Enables Notes Entry
 - Allows routing to network physicians



- **The Florida HIE continues to operate a State Gateway to the eHealth Exchange**
 - On-ramp and support for organizations which cannot connect directly.
- **CONNECT State Gateway replaces the legacy Aurion gateway in the coming months.**
 - New features, like CCD aggregation and de-duplication functionality, will be available through the CONNECT State Gateway.

Office of HIE Program Metrics

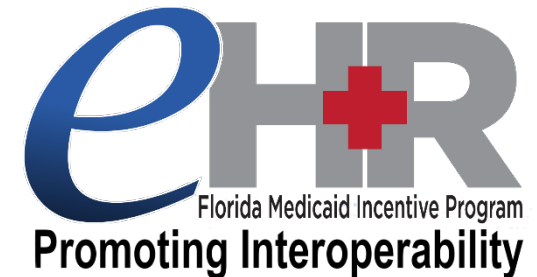
Carrie Gaudio



Electronic Health Record (EHR) Incentive Payments

- The Centers for Medicare and Services (CMS) renamed the Medicare and Medicaid EHR Incentive Programs to Promoting Interoperability Program
- Program staff are currently processing 2017 applications
 - 248 applications have been approved, with 1,102 pending review
- Payment information as of June 18, 2018:

	Eligible Professionals	Eligible Hospitals
Total # of payments	16,130	534
Unique providers	9,001	182
Total payments	\$248,059,823	\$321,857,705



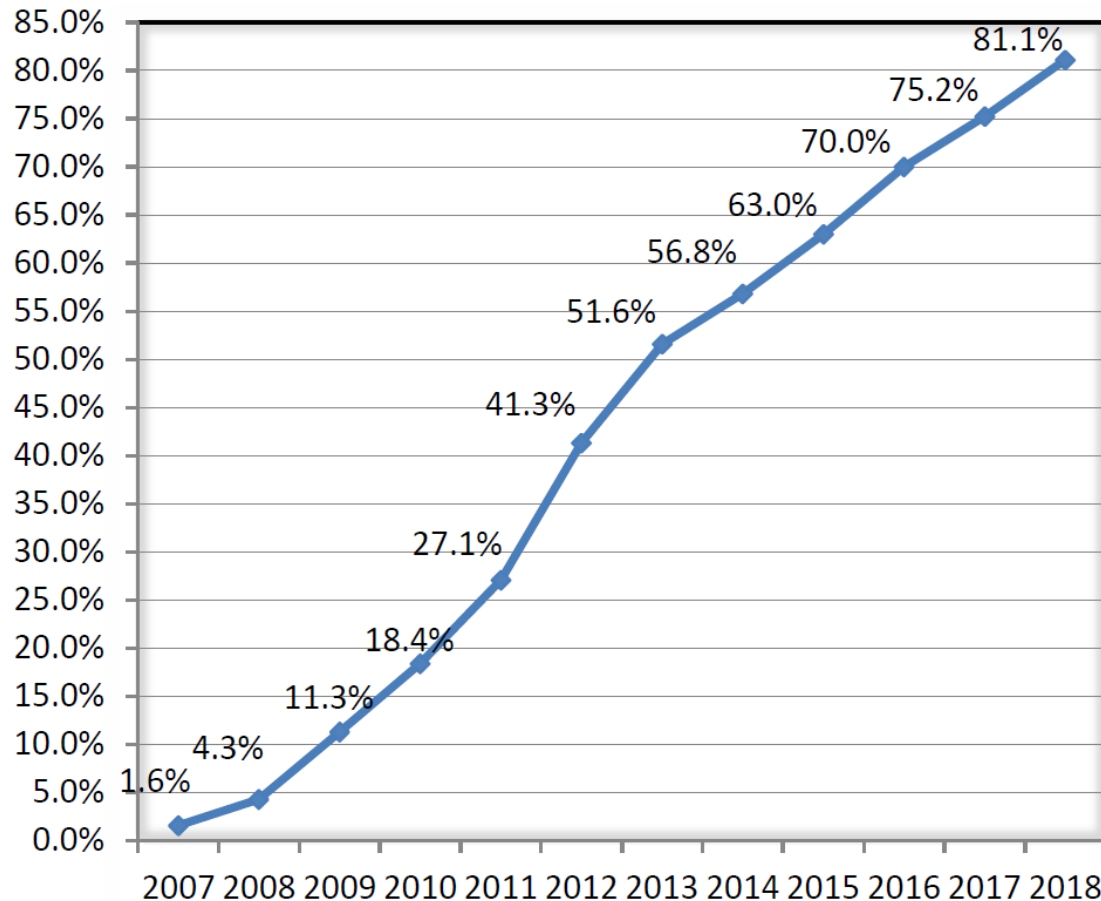
ePrescribing

- Quarterly metrics are published to <http://fhin.net/eprescribing/>
- Data is collected from Change Healthcare (formerly Emdeon) and Surescripts.
- Metrics are also collected on ePrescribing of Controlled Substances (EPCS)
- The Agency uses these data and metrics to compare Florida to National Averages.



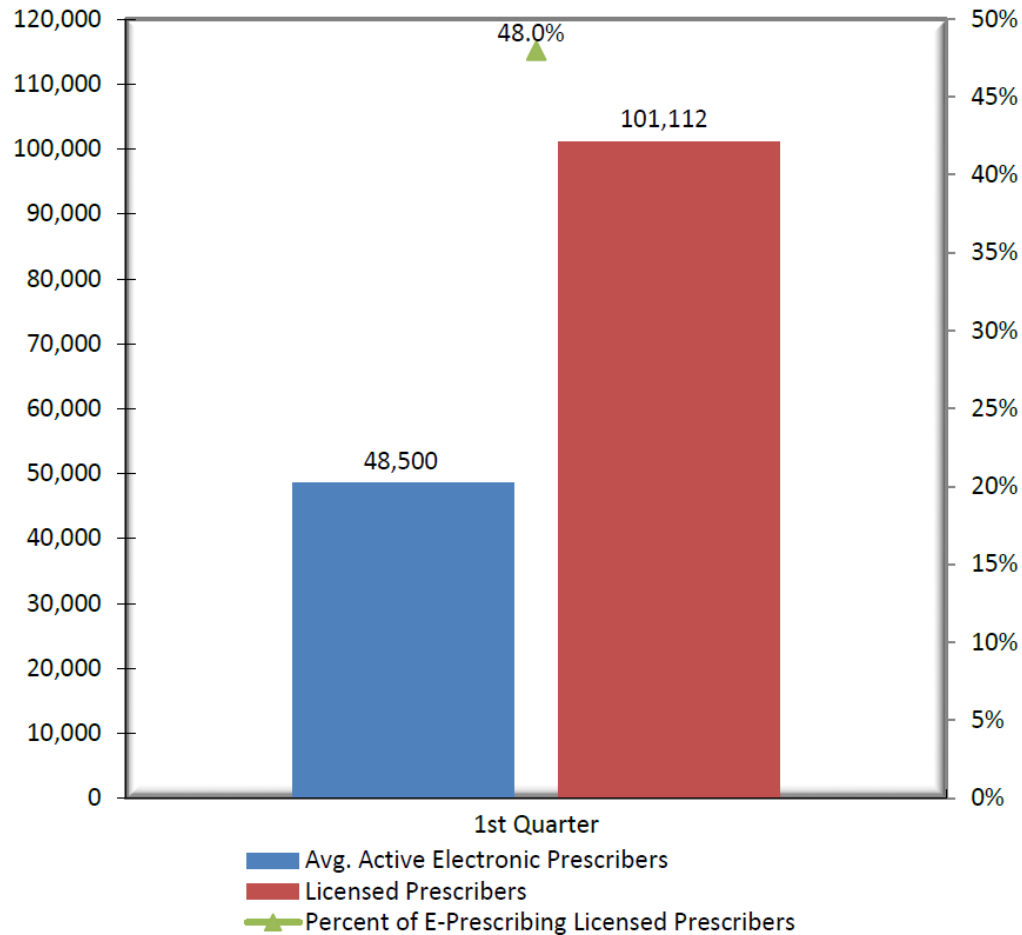
Florida ePrescription Rate

Annual Electronic Prescribing Rate, 2007 to 2018



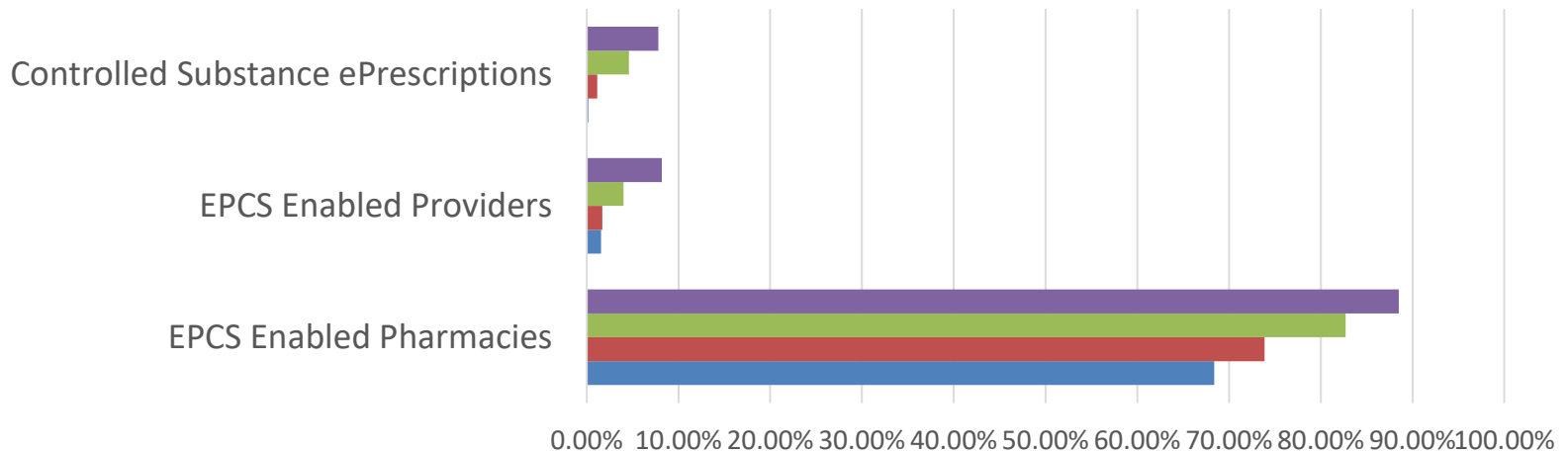
Florida ePrescriber Averages

Florida Active ePrescribers compared to all Licensed Prescribers, at the end of Quarter 1, 2018



Electronic Prescribing of Controlled Substances (EPCS)

Percent of Electronic Prescribing of Controlled Substances (EPCS), EPCS Enabled Pharmacies, and EPCS Enabled Providers in Florida¹, 2014-2017



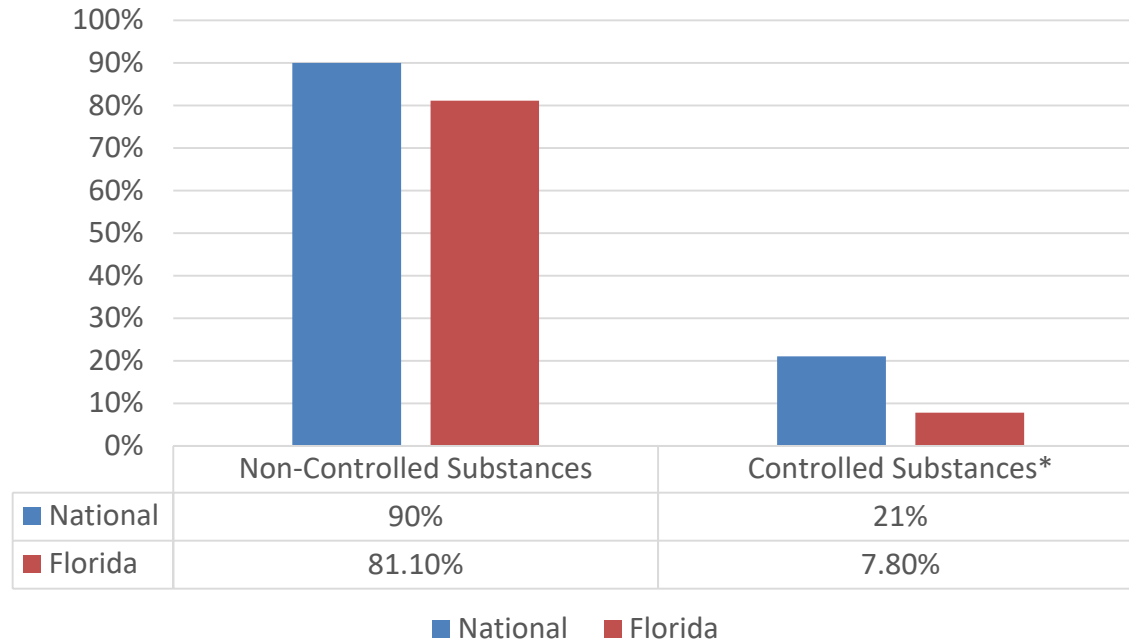
	EPCS Enabled Pharmacies	EPCS Enabled Providers	Controlled Substance ePrescriptions
■ 2017	88.50%	8.20%	7.80%
■ 2016	82.70%	4%	4.60%
■ 2015	73.87%	1.70%	1.15%
■ 2014	68.40%	1.57%	0.17%

¹Source: Surescripts National Progress Reports



2017 ePrescribing Comparison¹

2017 National vs. Florida Comparison**



*Including buprenorphine codeine, fentanyl, hydrocodone, oxycodone, hydromorphone, and morphine

**Calculations do not account for unfilled prescriptions

¹Source: Surescripts National Progress Reports



Outreach Update

Pam King & Chris Wilkey



Outreach Update

- Checkout the Website – www.florida-hie.net
- Join Us for the User Summit July 18 at Nemours in Orlando



FLORIDA
HIE SERVICES

Florida HIE User Summit: Putting HIE Into Action

When: Thursday, July 19
9:30 A.M. – 3:30 P.M.
Followed by a facility tour

Where: Nemours Children's
Hospital, 13535 Nemours
Pkwy Orlando, FL 32827

Nearby Accommodation:

Residence Inn Orlando Lake Nona

About the Summit

Join healthcare leaders and Florida HIE users sharing real world experiences implementing solutions for data exchange. Panel discussions will focus on HIE both statewide and nationally, with speakers from across the health care community, including ACOs, health plans, hospitals, and providers.

2018 Outreach Activity Status

GOALS:

ACCOMPLISHED as of May 31:

Host 18 Health IT Webinars

- 26 Health IT Webinars have been hosted
- Average Attendance: 77



Attend 20 Events/Health Care Conferences

- Exhibited at 11 Events

Speak at 5 Events/Conferences

- Spoke at 9 Events/Conferences



Publish 52 Tweets

- 23 Tweets

Publish 20 Linked In & Facebook Posts

- 9 Linked In & Facebook Posts



2018 Outreach Outcome Status

GOALS:

ACCOMPLISHED as of May 31:

70 New Encounter Notification Service (ENS) Subscribers

- 57 ENS Subscribers

6 Million Patients Covered by ENS

- 6.8 Patients Covered by ENS

2 Department of Health Programs Using Florida HIE Services

- Children's Medical Service now using ENS

16% of Providers Enabled to Electronically Prescribe Control Substances

- 8.7% as of February 2018 (an increase of .7%)



2018 Social Media Statistics

Twitter

Follow Us @AHCA_FL

- **1,845** Followers
- New social media strategy with more frequent posting and images included
- May saw an **18%** engagement rate overall - Up **10%** from April
- ENS press release was the most successful post this year – over **4,000** views
- 500-1000 views for all other posts



Facebook

Follow Us @AHCAFlorida

- **2,260** Followers
- Page views up **11%** in the last 28 days
- People reached up **10%** in the last 28 days



LinkedIn

Follow Us @ www.linkedin.com/company/ahcafl

- **388** Followers
- Likes are up **138%** in the last 30 days
- Follows up **23%** in the last 30 days



HIE Study Update

Heidi Fox



To Be Assessment & Roadmap

- Strategic Initiatives:
 - Structure Statewide Governance
 - Motivate & Encourage Exchange
 - Increase Awareness & Engagement



Structure Statewide Governance

Recommendations:

- Assess Roles & Optimize Existing HIE Governance Structure
- Engage stakeholders and ad hoc workgroups
- Develop Inter-Agency Workgroup

Current Activities:

- Medicaid Enterprise System (MES) ongoing collaboration
- Maximize HIECC as a resource
 - Assess & Define Roles
 - Next HIECC meeting to consider Florida HIE Governance structure



Motivate & Encourage Exchange

Recommendations:

- Optimize Federal Funding
- Align Incentives & Behaviors
- Intra- and Inter-Agency Collaboration
- Leverage Existing HIE Capabilities

Current Activities:

- Enhancement of existing Florida HIE Services
- Participation in stakeholder meetings
- Management of HIE Expansion Contracts
- Coordination with DOH



Motivate & Encourage Exchange

- HIE Expansion Contracts
 - Contracts awarded based on RFP Responses:
 - HIE Networks
 - Strategic Health Intelligence
 - Community Health IT
 - CMS Funding to cover expansion of regional HIEs:
 - Onboarding of additional Medicaid provider groups, hospitals, behavioral health, and long-term & post-acute care facilities (LTPAC)
 - and/or connectivity to the eHealth Exchange



Motivate & Encourage Exchange

- Coordination with DOH
 - Facilitation of Registry Reporting
 - Brain & Spinal Cord Injury Project
 - EMSTARS as data source to ENS subscribers
 - ENS as a data source to EMS for technician follow up
 - County Health Department connectivity facilitation
- Emergency Preparedness efforts
 - ENS Emergency Census
 - PULSE
 - Empower



HHS emPOWER Program Use Case

Hurricane Matthew in Florida

The HHS emPOWER Program helped Florida quickly identify and provide outreach to tens of thousands of at-risk individuals, setting the stage for life-saving emergency response

Planning and Preparedness

In anticipation of Hurricane Matthew, Florida Health used the emPOWER Emergency Response Outreach Individual Dataset to identify at-risk individuals in seven counties and perform a **reverse lookup of phone numbers**

Supporting partners:

- Florida Division of Emergency Management
- Local Emergency Managers and Emergency Operations Centers

Response

A life safety call was made to **over 40,000 residents** by the Florida Division of Emergency Management using the Statewide Alerting and Notification System

Staff **contacted the 169 individuals** who indicated they might have a health or medical need during and shortly after the hurricane



44,500 at-risk residents identified and called

17,000 residents responded to calls

169 individuals requested assistance



Increase Awareness & Engagement

Recommendations:

- Enhance Stakeholder Engagement
- Build HIE Champions
- Expand distribution and maximize reach
- Develop Health IT Educational Clearinghouse

Current Activities:

- Enhancing communications plans
- Upcoming HIE User Summit
- Exploring opportunities to develop Health IT Educational Clearinghouse
 - Potential to leverage existing Agency sites



CMS Funding Pursuits

- Continuation of existing funding requests
 - ENS subscriptions for Medicaid providers
 - ENS Funding for data sources
 - HIE Expansion Contracts
- New funding considerations



Next Steps

- HIE Study Available online at www.FHIN.net
- Collect feedback from stakeholders
- Solidify Roadmap & Timelines
- Next HIECC Meeting:
 - Focus on Florida HIE Governance





Florida's Prescription Drug Monitoring Program

E-FORCSE Florida's Prescription Drug Monitoring Program Update

Health Information Exchange Coordinating Committee

June 28, 2018

Erika L. Marshall

Program Outreach Director



How is the information used?

- Prescribers and pharmacists use to improve patient care outcomes
- Enforcement agencies use to assist active investigations involving diversion, abuse and health care fraud
- Impaired practitioner consultants use to assist in monitoring treatment

PDMP Data Characteristics

- Contains over 232 million records
- 7.3 million unique individuals in database with 6.9 million living in Florida
- 207,712 unique prescribers (67,835 are in-state, 139,877 out of state)
- Number of prescriptions per patient 5.08
- Number of prescriptions per prescriber 178.98

Dispenser Reporting Requirements

▪ Effective as of July 1, 2018

- Pharmacies and dispensing practitioners must report controlled substance dispensing **no later than the next business day.**
- Pharmacies and dispensing practitioners must report **zero dispensing** activity by the close of the next business day.
- Failing to report dispensing of a controlled substance is a first degree misdemeanor

Dispensing Information Reported

- Patient
 - Name, Address, Date of Birth, Prescription Information, Payment Type, **Number of refills; Telephone Number, and Person's Identification**
- Prescriber
 - Name, Address, DEA Number
- Pharmacy
 - Name, Address, DEA Number and **Permit Number**

Controlled Substance Information Not Reported to the Database

- All acts of ***administration***
- If ***dispensed*** to a person under the age of 16
- If ***dispensed*** in the health care system of the Department of Corrections;
- If ***dispensed*** by a Department of Defense facility
- Medical marijuana




Florida's Prescription Drug Monitoring Program

Legislative Activity Impacting Controlled Substance Prescribing and E-FORCSE

House Bill 21 New Webpage

<http://www.flhealthsource.gov/FloridaTakeControl/>

Home Patients Pain Clinics Counterfeit Proof Prescription Pad Vendors Prescription Drug Monitoring Program



TAKE CONTROL OF CONTROLLED SUBSTANCES

The Controlled Substances Bill is Florida's response to opioid abuse. Click on the appropriate tab for more information.

[Chapter 2018-13, Laws of Florida](#)

[#TAKECONTROL](#)

[Frequently Asked Questions](#)



About Dentistry Medicine Nursing Optometry Osteopathic Medicine Pharmacy Podiatric Medicine

This website provides basic information pertaining to CS/CS/HB 21, the Controlled Substances Bill, and the upcoming changes for prescribers and dispensers. Signed by the Governor on March 19, 2018 with an effective date of July 1, 2018, the law addresses opioid abuse by establishing prescribing limits, requiring continuing education on controlled substance prescribing, expanding required use of Florida's Prescription Drug Monitoring Program, EFORCSE, and more.

[Chapter 2018-13, Laws of Florida](#)

For questions, contact the Florida Department of health at Takecontrol@FLhealth.gov

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Prescriber Requirements

- Complete a 2-hour board approved CE
- Include words “acute pain exception” on schedule II opioid prescriptions more than a 3 day supply
- Include words “nonacute pain” on schedule II opioid prescriptions for treatment other than acute pain

Prescriber Requirements

- Required consultation of PDMP
- Concurrently prescribe an emergency opioid antagonist with a prescription for schedule II opioids for traumatic injuries

Prescription Requirements for Acute Pain

- Supply of a schedule II opioid may not exceed 3-days; maximum of 7-days if:
 - Prescriber determines medically necessary;
 - Prescriber indicates “acute pain exception” on the prescription; and
 - Prescriber documents justification for greater than 3-day supply in the patient’s medical record

Prescription Requirements for Non-Acute Pain

- Prescriber must indicate “nonacute pain” on schedule II opioid prescriptions for the treatment of pain other than acute
- Applies to prescriptions for chronic pain, cancer, terminal conditions, pain treated with palliative care and a traumatic injury with Injury Score of 9 or higher

Prescription Drug Monitoring Program

- Consultation is required prior to prescribing a controlled substance in schedules II through V except when:
 - Patient is < 16 years of age
 - Nonopioid schedule V
 - System is not operational
 - Technological or electrical failure
- Not more than a 3-day supply may be prescribed or dispensed if system is not consulted
- Document reason not consulted in patient's medical record and pharmacy dispensing system

Prescription Drug Monitoring Program

- Failure to consult may result in a non-disciplinary citation by the regulatory board
- Schedules II through V reporting
- Federal and State schedule conformance
- Record retention schedule
- Electronic health recordkeeping integration
- Data sharing with other states



Florida's Prescription Drug Monitoring Program

Florida's Successes

Florida's Successes

- Increased reporting frequency
- Reduced morphine milligram equivalent dosing prescribed
- Reduced the number of individuals having multiple provider episodes
- Expanded access to delegates and Veteran's Administration prescribers

System Improvements

- Integrate dispensing information into the prescriber and dispenser workflow
- Enact and implement interstate data sharing
- Provide prescriber report feature
- Provide prescribing alert feature

EHR Integration

- E-FORCSE is partnering with its provider Appriss Health to provide prescribers and pharmacists within the State of Florida with an integration option for electronic health record (EHR) and pharmacy management systems (PMS), utilizing a service called PMP Gateway.
- PMP Gateway facilitates communication, information transfer, integration, and support for the state approval process and the EHR or PMS vendor development process.

EHR Integration

- Integration of E-FORCSE within an EHR or PMS provides a streamlined clinical workflow for providers and dispensers.
 - Eliminates the need for providers to pull-up the E-FORCSE web portal, successfully login, enter their patient's name and date of birth, and run a report.
 - Instead, the EHR or PMS automatically initiates a patient query, validates the provider's E-FORCSE credentials and returns the patient's prescription history directly with the provider's EHR or PMS.

PMP Gateway Integration Procedure

- www.eforcse.com/EHR_integration
- Please review the **Integration Request Form** and **Gateway License Agreement** before beginning the process.



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www.e-forcse.com



Florida's Prescription Drug Monitoring Program

Florida's Department of Health's Prescription Drug Monitoring Program E-FORCSE® is partnering with Appriss Health, the service provider of E-FORCSE, to provide prescribers and pharmacists within the State of Florida with an integration option for electronic health record (EHR) and pharmacy management systems (PMS) utilizing a service called PMP Gateway.

The PMP Gateway facilitates communication, information transfer, integration, and support for the state approval process and the EHR or Pharmacy Management System (PMS) vendor development process. Integrating E-FORCSE within an EHR or PMS provides a streamlined clinical workflow for providers and dispensers. The integration eliminates the need for providers to pull-up the E-FORCSE browser, successfully log-in, and enter their patient's name and date of birth. Instead, the EHR or PMS automatically initiates a patient query, validates the provider's credentials in E-FORCSE and returns the patient's prescription history directly with the provider's EHR or PMS.

NarxCare, an Appriss Health developed product will also be included. This tool equips prescribers and pharmacists in identifying possible drug misuse and abuse through additional analytics of the PDMP data.

PMP Gateway Integration Procedure

Please review the **Integration Request Form** and **Gateway License Agreement** before starting the process.

STEP 1

Eligible entity completes the adobe fillable Integration Request Form. Be sure to identify the primary contact person who will lead the project.

STEP 2

Eligible entity returns the executed Integration Request Form to the department at e-forcse@flhealth.gov for review. E-FORCSE shall review the request and notify the eligible entity if the request has been approved or denied by electronic mail. If approved, E-FORCSE will notify the Appriss Integration Specialist. Integration pricing is directly negotiated with Appriss Health.

STEP 3

Approved entity downloads and executes the Gateway License Agreement [pending] with Appriss. Integration pricing is directly negotiated with Appriss Health.

STEP 4

- An Appriss Integration Specialist will contact you to confirm the details of your integration request and discuss next steps.
- A technical meeting will be scheduled between the entity's software vendor and Appriss Health, the E-FORCSE service provider.
- Approved entity's Health IT Vendor codes to PMP Gateway using Appriss Health's API toolkit (if applicable).
- If integration is already completed with the Health IT Vendor then the Health IT Vendor delivers code to approved entity to initiate appropriate testing.

STEP 5

- Appriss notifies E-FORCSE testing is complete. E-FORCSE authorizes approved entity in PMP Gateway console and integration is complete.

For technical assistance, please contact our PDMP Help Desk at (877) 719-3120. For more information visit www.e-forcse.com

