



## Members

Justin Senior, Chair  
AHCA Secretary

Kim Streit  
Florida Hospital Association

Ronald Burns, 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:** March 13, 2018

**Time:** 10:00 a.m. – 12:00 p.m. (EDT)

**Location:** Agency for Health Care Administration  
2727 Mahan Dr., Tallahassee, FL 32308  
Building 3, Conference Room D  
[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
	Review & Approve Meeting Minutes December 5, 2017 <b>Page 2</b>	
	Previous Action Item Review and Status Updates	
10:20-10:35	Florida HIE Services Update <b>Page 8</b>	Aaron Parsons
10:35-10:45	Office of HIE Program Metrics <b>Page 16</b>	Carrie Gaudio
10:45-11:55	Health IT Outreach Update <b>Page 22</b>	Pam King
10:55-11:35	Health Information Exchange Study Review <b>Page 26</b>	Trent Sawyer
11:35-11:55	Florida HIE Roadmap Discussion <b>Page 49</b>	Heidi Fox
11:55-12:00	Meeting Summary	Heidi Fox
	New Action Items	
	Adjournment	

**Health Information Exchange  
Coordinating Committee  
Meeting Minutes**

**Date:** December 5, 2017  
**Time:** 10:00 a.m. – 12:00 p.m.  
**Location:** GoToWebinar/Conference Call only

**Members Present:** Nikole Helvey for Secretary Senior; Ricky Gomez for Alex Romillo; Elizabeth Templeton for Tab Harris; Peter Kress, Alex Koster; Kathy Reep for Kim Striet; Susan Rinaldi, for Gay Munyon; Dennis Saver, M.D.; Kimberly Tendrich; and Mary Pat Moore for Wences Troncoso.

**Staff Present:** Kim Davis Allen, Heidi Fox, Pamela King, Aaron Parsons, Haley Priest, and Dana Watson.

**Interested Parties Present:** Chris Brandt, Evan Carter and Bill Howard, Audacious Inquiry; Diane Godfrey, Florida Hospital; Jan Gorrie, Bethesda Health; Michelle Massey, The Centers; Robert Newell, Robert Newell, P.A.; and Katie Weissert, North Highland.

**Meeting Materials:** Agenda; Previous Minutes (05/12/17); Ai Report; Health Information Exchange metrics; EDIE & PreManage Overview, CollectiveMedical report.

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

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

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

**Review and Approval of Minutes**

Ms. Fox told the committee that the Health Information Exchange Advisory Council met and voted to change the composition of the HIECC. The changes are to the Affiliations represented on the committee. The committee will include a representative from Florida Osteopathic Medical Association to replace the University Family Medicine. She explained that Dr. Burns is an Osteopathic provider and William Hightower has been attending in his place. There will be a representative from the long-term post-acute care, eliminating LeadingAge. HIECC will also be adding a representative from the Florida Association of Accountable Care Organizations.

Ms. Helvey gave the committee a brief update on the major Agency activities. She reported that the Agency is planning for the procurement of a modular Medicaid Enterprise System. She reported that the Statewide Medicaid Managed Care procurement is ongoing and the Agency is in a blackout period.

Ms. Helvey reported that the Health Quality Assurance bureau has been working on activities around emergency planning and response, post-hurricane. They are tracking compliance with the emergency rules, and are drafting permanent rules. She reported that the Agency is busy with pre-session planning and noted bills the Agency was following:

- **HB 655 / SB 896** - Nursing Homes and Related Health Care Facilities
- **HB 327 / SB 372** - Emergency Power for Health Care Facilities/ \*Post-hurricane relief for residents of health care facilities
- **SB 558** - Emergency Power for Health Care Facilities
- **SB 284 / HB 479** - Nursing Home and Assisted Living Facilities/ Health Care Facility Inspections
- **HB 443** – Nursing Home and Assisted Living Facilities Resident Rights
- **SB 622/HB 597** - Health Care Facility Regulation / Agency bill
- **HB 35** - Patient Safety Culture Surveys and **SB 474** – POLST

Ms. Helvey reported that during the 2017 legislative session, a bill passed requiring the Agency to establish a Pediatric Cardiology Technical Advisory Panel for Florida. The Panel is charged with develop procedures and standards for measuring outcomes of pediatric cardiac catheterization and surgery programs; and to make recommendations to the Agency about regulatory guidelines to govern pediatric cardiac catheterization programs and pediatric open-heart surgery programs in the state.

The Panel members will be cardiac specialists and surgeons from the state’s ten currently licensed hospital-based pediatric cardiac surgery programs, along with three “at-large” cardiac specialists/surgeons who are not affiliated with any of the currently licensed programs. The Chief Executive Officers of their respective hospitals will appoint the ten members and the Secretary of the Agency will appoint the at-large members to the Panel.

Ms. Helvey reported that the Agency had recently launched a new Florida Health Finder website with is much more user friendly. The Agency also launched the new Florida Health Price Finder, which allows patients to compare pricing on conditions and service bundles.

Ms. Fox asked the committee to review the minutes from the May 12, 2017, meeting. There were no corrections. Dr. Saver made a motioned to approve the minutes, which the committee approved unanimously.

### **Florida HIE Service Update**

Mr. Evan Carter of Audacious Inquiry gave a report on the Florida HIE’s Quarter 4 activities. The Encounter Notification Service (ENS), which utilizes Emergency Department and Inpatient hospital data to alert subscribers in real-time of patient hospital encounters, now has widespread

participation throughout the state. ENS promotes care coordination and can reduce unnecessary hospital readmissions by providing subscribers with notifications of patients' hospital encounters, inclusive of patient demographic information, event type, facility information, diagnosis code, attending physician, and primary complaint. Mr. Carter reported that as of December 1<sup>st</sup>, the ENS has 39 organizations subscribed covering 4.3 million patients, a 9% increase since Quarter 2 of 2017. The number of notifications to subscribers per month has increased to 402,837, a 30% increase since Quarter 2 of 2017.

Mr. Carter reported that Ai is working with the more than 200 ENS data source hospitals to enhance the data sent to subscribers. New data fields have been added in response to customer feedback and will result in higher notification volumes for all subscribers. There is ongoing work with subscribers to route notifications directly to their affiliated providers, as well as the exploration of vendor partnerships to expand bi-directional connectivity into the skilled nursing/post-acute care space.

Mr. Carter reviewed the Quarter 4 activities regarding the ongoing support for the legacy Aurion Gateway to the eHealth Exchange. Development and certification efforts are underway for a new CONNECT State Gateway to eHealth Exchange. Ai is exploring potential transition strategies to migrate current Aurion Gateway users to the CONNECT Gateway. Conversations are underway with other potential CONNECT State Gateway participants.

Mr. Carter showed the committee a screen shot of the PROMPT interface with enhanced features. The current PROMPT deployment offers ENS subscribers a patient management interface for care coordination and data reporting. The enhanced PROMPT provides subscribers with an efficient way to load their panels into the ENS, includes tabs for a Census view allowing the subscriber to review the disposition of all of their patients in one place, a task view, and a patient view showing individual patient information.

The future roadmap for the Florida HIE project includes a focus on ENS adoption among hospital systems' clinically integrated networks and delivery of notifications to hospital emergency departments based on subscriber panel data. Ai is working to incorporate post-acute care data into notifications. Delivery of overdose alerts to regional rapid response teams and other applicable public health officials is being considered. Ai will continue to explore county health department connectivity to the eHealth Exchange/State Gateway, and deploy new services according to stakeholder feedback and demand. In addition, Ai will continue to monitor policies and statutes on HIE data aggregation and the Prescription Drug Monitoring Program, and identify changes in these which would allow for deployment of other available features.

Mr. Alex Koster suggested Ai speak with Urgent Care providers and include them in the roadmap, and Mr. Carter agreed. Mr. Koster also brought up the education of new providers as being necessary. Mr. Carter agreed and shared Ai's intent to continue be a trusted partner in the industry as they educate the participants on available solutions.

## **Outreach Update**

Ms. Pam King reported that the 2018 HIE Outreach Plan Draft was nearly complete. The HIE outreach team attended and/or produced 62 events during 2017. The team held multiple events, including webinars, conferences, and workshops, with multiple stakeholders in attendance. The team participated in National Health Information Technology week during the first week of October. Event listings can be viewed on the Florida Health Information Exchange website, on the “News and Events” page.

Ms. King reported that there are Centers for Medicaid and Medicare Services (CMS) funding opportunities available for organizations to expand or connect to the eHX. The Agency will issue a Request for Proposal for organizations to respond to with their request for funding.

## **Program Metrics**

Ms. Fox gave the committee a brief review of the Florida Medicaid Electronic Health Records Incentive Program payment information as of November 30, 2017. There were 15,211 payments made to 8,859 eligible professions, and 530 payments to 182 eligible hospitals. The program has made total payments of \$238M to eligible professionals and \$319M to eligible hospitals.

Ms. Fox reviewed the Encounter Notification Service (ENS) metrics. She reported that ENS delivers real-time hospital encounter alerts to subscribing organizations with appropriate consent from 216 hospital data sources. Eleven health plans, twenty-three Accountable Care Organizations, and three provider groups have subscribed to ENS and are receiving alerts. The subscribing participants currently have approximately 4.2M individuals covered by ENS.

## **Legal Work Group Report**

Ms. Fox reported that the Health Information Exchange Legal Work Group (LWG) met on December 1, 2017. The LWG heard reports regarding the Florida HIE Transition, the Health Information Exchange Study with North Highland, the CMS Funding Opportunities for eligible providers, and the HIPAA Crosswalk tool maintained by the Florida Center staff.

The LWG members were interested in the type of Consent model required Florida. Ms. Fox clarified to the work group that although HIPAA allows the exchange of health information for treating purposes with an opt-out provision. Florida’s statutory restrictions on the release of mental health information requires an “opt-in” process for release of electronic Health Information. “Opt in”, in a broad sense, provides explicit consent for a record to be queried or released. There are two ways to comply with opt in, consent to query and consent to release. We used consent to query in our PLU service where a treating provider at the point of care had to acquire patient consent to query for records from other providers.

Ms. Fox explained that consent requirements for the e-Health Exchange are governed by the DURSA (Data Use Reciprocal Support Agreement), which stipulates that participants be required to obtain appropriate consents for exchange. The Florida HIE has therefore determined

to leave consent management in the hands of participants, guided by the requirements of HIPAA and Florida law.

The LWG reviewed and discussed an addendum to the Encounter Notification Service (ENS) to allow Ai to retain data for specified enhanced services. Ms. Fox reported that members of the LWG inquired about participants' feedback regarding retention of data. She responded that there is interest in the additional services which data retention would allow. Dr. Saver remarked that retention of the data was not part of the originally planned service. Ms. Fox responded that data retention and analysis, would lead to better care coordination, and the addendum is voluntary so the only data retained would be for organizations who elect to do so.

### **North Highland**

Ms. Katie Weissert reported that the Health Information Exchange Study is moving forward. She noted that the Agency repurposed the last HIECC meeting for a Visioning Session with the committee members as well as other stakeholders. Using the information gathered, North Highland developed a survey for the stakeholders to determine the use of, and barriers to Health Information Exchange. As of December 5, 2017, North Highland had received approximately 100 survey responses.

Ms. Leda Kelly reported that North Highland will conduct one-on-one interviews with stakeholders throughout the state. She reported that they are developing a Request for Information (RFI) to gather information from Vendors to include in the Health Information Exchange Study. Dr. Saver asked to see the November 17, 2017 meeting minutes. Ms. Fox responded that the Agency would post the minutes on the HIECC website.

### **Collective Medical Technologies**

Mr. Andrew Reeve shared a presentation on Collective Medical Technologies' care coordination tool, PreManage. After giving a brief history of the organization, he noted that a small number of patients generate a disproportionate volume of visits. These patients tend to change facilities and care settings, which makes it difficult to coordinate care appropriately. Mr. Reeve spoke about the benefits of using the Emergency Department as a bridge to connect the entire healthcare enterprise to help prevent readmissions, avoid preventable admissions, and promote care coordination.

Mr. Reeve described the PreManage workflow, and shared a snapshot of the alerting tool. Alerts include point of care, patient-specific guidelines, as well as recent summarized visits, which may eliminate duplicative case management. If Florida law permitted, the alerts also could include data from the prescription drug-monitoring program. He briefly shared CMT's achievements in other states, and comments from providers using PreManage.

Dr. Saver asked what the path forward looks like for CMT. Mr. Reeve responded that CMT wants to be a value added service to the Florida HIE. He added that they would like to collaborate with the Agency to do so.

Mr. Koster inquired whom would CMT interact with directly, as Emergency Departments (ED) would need data feeds coming in from multiple registries and organizations, to make the service work.

Mr. Reeve responded that the question speaks to why he wants to collaborate with the Agency. He stated that the infrastructure is already in place. He went on to say that where the infrastructure is not currently built-out, CMT would complete it. Mr. Reeve stated that CMT is hoping to be an add-on service to subscribing hospitals, EDs and a few health plans.

Mr. Koster asked where the medical home fits as a customer. Mr. Reeve said that the medical home would upload a panel, which CMT would develop risk analytic criteria to develop a care plan, which would stay with the patient. The provider and health plan receive alerts on the patient when necessary.

Mr. Reeve finished with the suggestion CMT would start in EDs to install add-on services to assist in the detection opioid of seekers.

#### **Next steps**

Ms. Fox told the HIECC members and attendees that the committee will meet again in March 2018.

There being no further business to discuss, Mr. Peter Kress moved to adjourn, with no objections. The committee adjourned at 11:35 a.m.



**FLORIDA**  
HIE SERVICES

# Florida HIE Services HIECC Update

March 13, 2018





- **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



- **ENS metrics –**
  - 5.1M lives covered in Florida
    - 75% of all Medicaid Managed Care enrollees
    - 500k Medicare beneficiaries
  - 43 subscribing organizations
    - 23 accountable care organizations
    - 12 health plans
    - 4 provider groups
    - 4 health systems – Florida Hospital, Orlando Health, Memorial Healthcare System, Nemours Children’s Hospital
  - 600k alerts delivered/month

# Encounter Notification Service



- **ENS metrics –**

	February 2018	Quarterly Change	Annual Change
Subscribing Organizations	40	↑ 2.5%	↑ 38%
Lives Covered	5,118,999	↑ 19%	↑ 89%
Alerts Delivered per Month	593,156	↑ 47%	↑ 176%





- **Recent enhancements**

- Added new data elements
  - attending physician, discharge diagnosis, discharge disposition, and other data elements that help inform care coordination efforts.
- Insurance ID now used to better identify patients for whom we do not have a full demographic profile.
- PROMPT accounts for ENS subscribers
  - PROMPT is a lightweight care coordination tool
  - Gives users a new way to manage hospital encounter data
  - New features to be rolled out within 2 months

# Encounter Notification Service



- PROMPT user interface (with test data)

Filter by Name or MRN   Any Participants (6)

All  Not Started  In Progress  Completed

# of Notifications: 1004

**TERRY BURKE** (335657900)

**Mount Sinai Hospital**  
 7/28/16 4:34 PM  
 ER Transfer  
 FUZ Stomach Pain VIW PAIN ON BOTH SIDES

**STEPHAN WELLS** (361826393)

**Shouldice Hospital**  
 7/28/16 3:30 PM  
 ER Discharge  
 PEC2 HEAD INJ FAX967 LT LEG PAIN/FOOTBALL

**DARLA STARK** (440925517)

**Toronto General Hospital**  
 7/28/16 2:51 PM  
 ER Admit  
 QIQ1 Stomach Pain XIR PAIN ON BOTH SIDES

**JERROD BARRERA** (739910439)

058-531-2564 (home)

<b>Destination MRN:</b>	739910439	<b>Primary Care Provider:</b>	Gloria Bishop
<b>Date of Birth:</b>	7/5/60	<b>Destination Practice:</b>	
<b>Gender:</b>	Female	<b>Insurance:</b>	HPP
<b>Address:</b>	150 South Green Hague Road		
<b>City/State:</b>	Raleigh, ID		
<b>Primary Phone:</b>	058-531-2564		

**Most Recent Event**

<b>Source Facility:</b>	Toronto General Hospital	<b>Source MRN:</b>	
<b>Patient Class:</b>	Inpatient	<b>Admit Source:</b>	Transfer from a hospital
<b>Event Type:</b>	Discharge	<b>Patient Diagnosis:</b>	KUN35344 LOW B/P
<b>Admit Date/Time:</b>	7/27/16 6:21 AM	<b>Discharge Disposition:</b>	Discharged/transferred to an intermediate care facility ICF
<b>Discharge Date/Time:</b>	7/27/16 6:21 AM	<b>Number of IP Visits:</b>	4
<b>Patient Complaint:</b>	VOV711 Stomach Pain		

**Status Log**

8/1/17 11:42 AM **crisp** set this notification to In Progress

**Event History**

<b>+</b>	5/6/16 4:17 PM	KIY7915LOW B/P WID9351HEAD INJ	Mount Sinai Hospital	<b>ER</b>	Transfer
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- **Patient Look-Up (PLU) participants are migrating connections from PLU to the larger eHealth Exchange network.**
  - eHealth Exchange network includes more participants
  - eHealth Exchange is less costly for most participants
  - PLU and eHealth Exchange are built on similar technology
- **Former PLU participants are in various stages of onboarding to the eHealth Exchange.**



- **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.

# Program Metrics Update

## *Carrie Gaudio*





## Electronic Health Records Incentive Payments

- The EHR Incentive Program is currently processing 2016 applications.
- 2016 was the final year to begin participation in the program.
- Payment information as of March 9, 2018

	Eligible Professionals	Eligible Hospitals
Total # of payments	15,771	531
Unique providers	8,969	182
Total payments	\$244,649,906	\$320,899,410



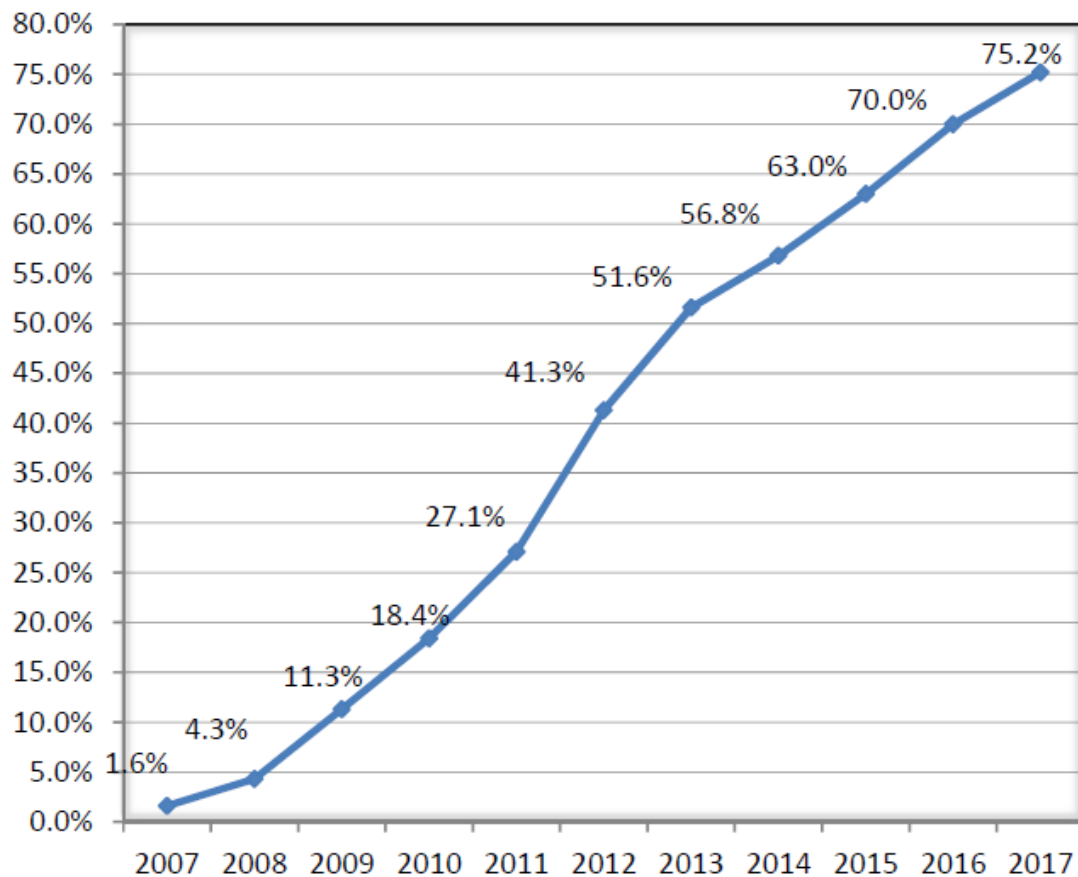
# ePrescribing

- Agency tracks electronic prescribing (ePrescribing) adoption rates in Florida
- 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.



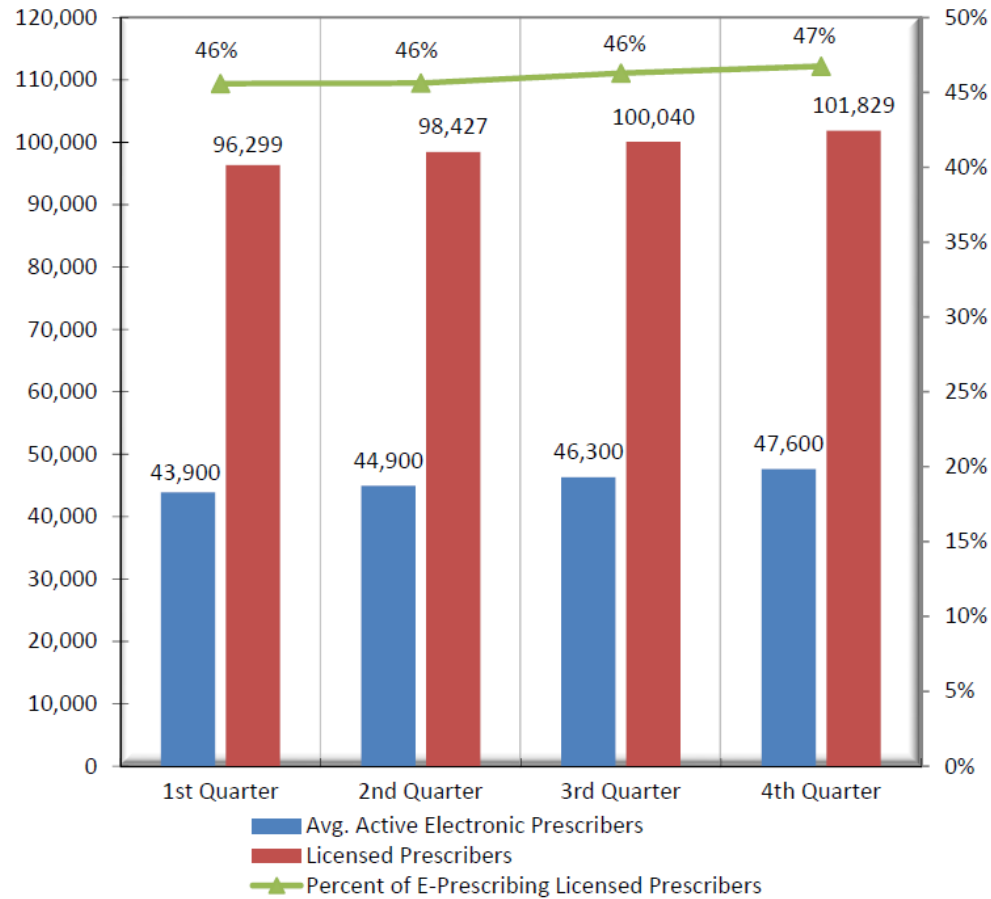
# ePrescribing

Annual Electronic Prescribing Rate, 2007 to 2017



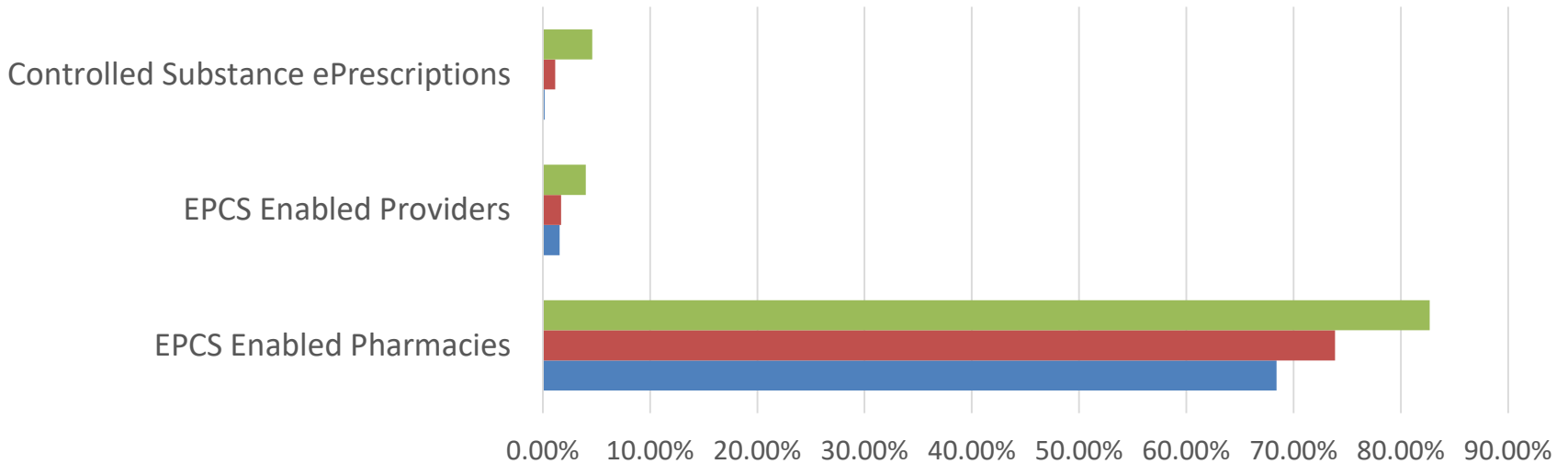
# ePrescribing

Florida Active Electronic Prescribers and Licensed Prescribers at End of Quarters in 2017



# Electronic Prescribing of Controlled Substances (EPCS)

Percent of Electronic Prescribing of Controlled Substances (EPCS), EPCS Enabled Pharmacies, and EPCS Enabled Providers in Florida<sup>1</sup>, 2014-2016



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



# New for HIE Outreach in 2018

- New Look/Branding



- Expanded Use of Social Media
- Coming Soon...Updated Website
- Coming This Summer...HIE User Summit

# 2018 Outreach Activity Goals



Host 18 Health IT Webinars

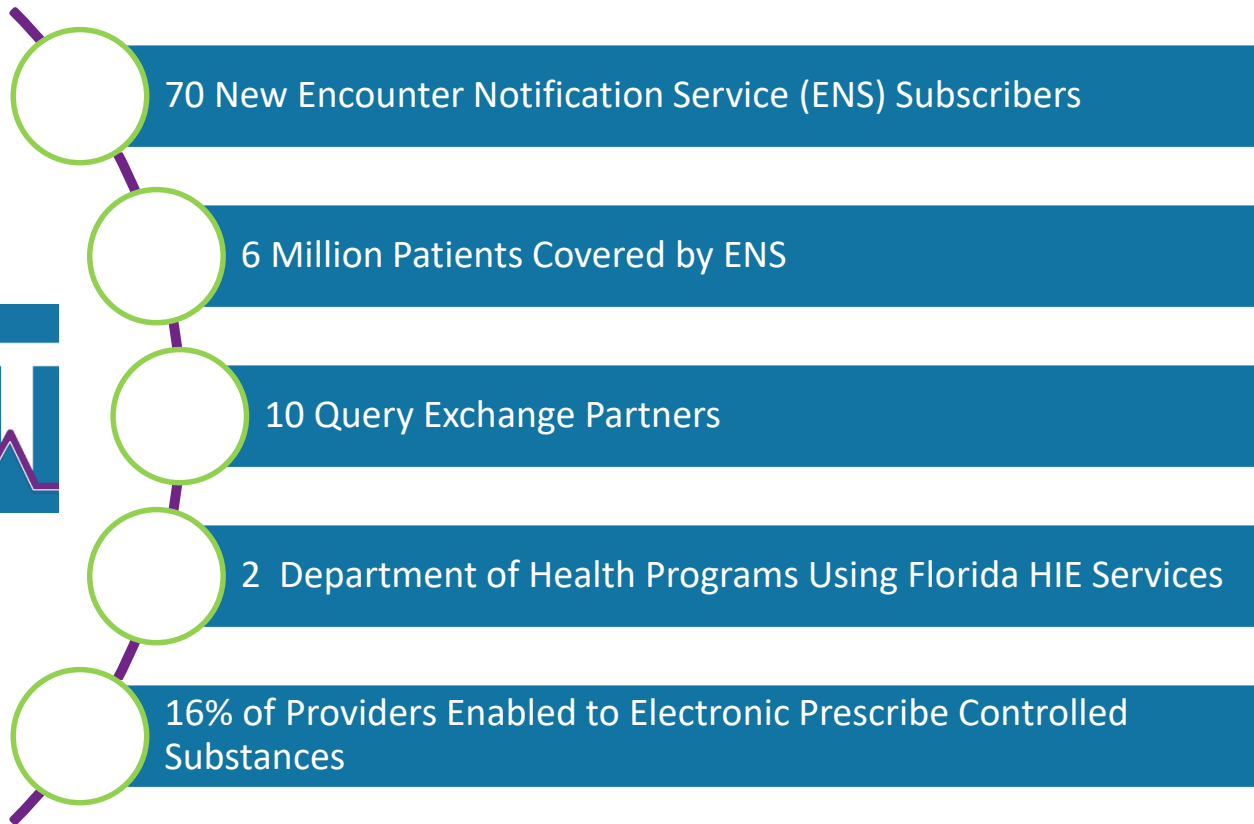
Attend 20 Events/Health Care Conferences

Speak at 5 Events/Conferences

Submit 52 Tweets

Submit 20 Linked In and Facebook Posts







# Outreach as of February 28

## Activities

Hosted 4 Webinars (Does NOT include EHR incentive program webinars)	Provide Info at 4 Events	Spoke at 3 Events	Submitted 27 Tweets (January – March)	Submitted 14 Linked In/Facebook Posts (January-March)
Goal: 18	Goal: 20	Goal: 5	Goal: 52	Goal: 20

## Outcomes

2 Live & 15 Signed ENS Subscription Agreements	5.1 Million Patients Covered thru ENS	2 Query Exchange Partners	0 Public Health Programs Using Florida HIE Services	8% of Providers Enabled to EPCS (October 2017)
Goal: 70	Goal: 6M	Goal: 10	Goal: 2	Goal 16%



# AGENCY FOR HEALTH CARE ADMINISTRATION

*Health Information Exchange (HIE) Study*

HIECC Presentation

Tuesday, March 13, 2018



# TODAY'S OBJECTIVES

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## PROJECT BACKGROUND

- Project Overview
- Project Approach
- Key Output

+

## CURRENT STATE ASSESSMENT

- Stakeholder Assessment Findings
- Key Themes

+

## FUTURE STATE RECOMMENDATIONS

- Refresh Vision, Mission, and Goals
- Review Action Plans
- Discuss Next Steps

# PROJECT BACKGROUND

# BACKGROUND – HIE STUDY

North Highland is conducting a study of the HIE environment in Florida to determine the state of HIE adoption and update the environmental assessment section of the SMHP.

Areas of interest for this assessment included:



Infrastructure and services in Florida adoption, utilization, and reported benefits



Information access and sharing across systems & geographic locations (barriers and best practices)



Real time access to eligibility information

## GOALS FOR THE HIE STUDY

Understanding  
of the Current  
Landscape of  
HIE in Florida

Identify the  
Ideal State  
for HIE  
Infrastructure  
and Services

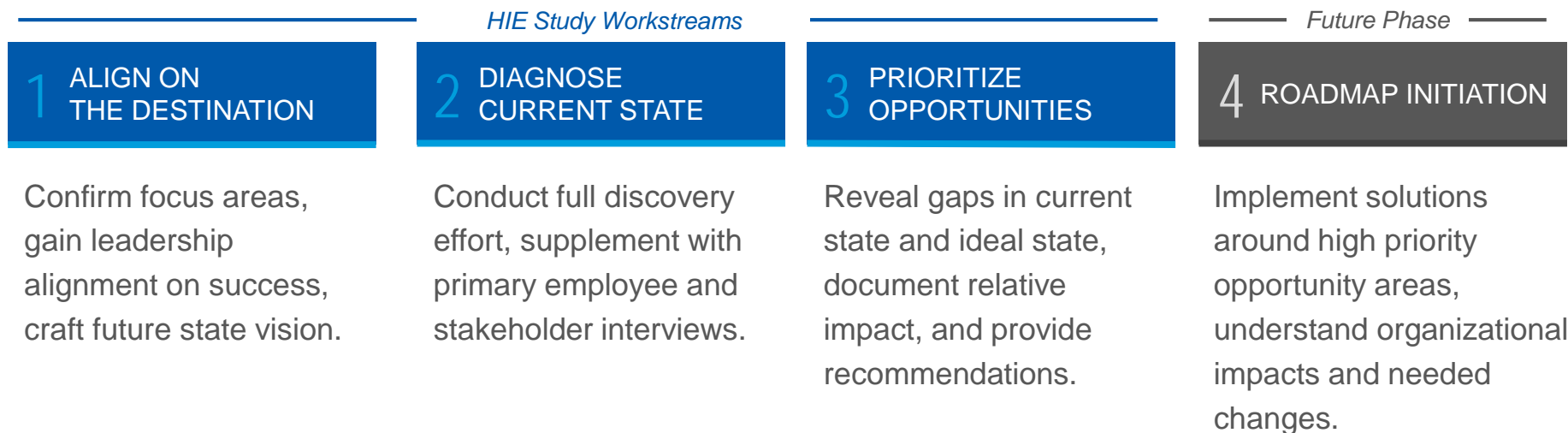
Roadmap to Ideal  
Future State of  
HIE Program

Recommend  
Solutions which  
Positively  
Impact  
Implementation  
and Adoption

# HIE STUDY APPROACH

# PROJECT APPROACH

North Highland partnered with AHCA to conduct an assessment of the Health Information Exchange landscape in Florida. Here's how:



*Activities and outputs related to each of the first 3 areas are detailed in the following slides.*

# 1 / ALIGN ON THE DESTINATION

Confirm project focus areas, gain leadership alignment on success, craft future state vision and ideal state.

## KEY ACTIVITIES

- Conduct half day strategic visioning session with HIECC to gain alignment around success factors and project focus areas
- Craft a future state vision and ideal state as a consistent north star for assessment efforts
- Identify key stakeholder groupings and the best approach for engagement

## OUTPUTS & DELIVERABLES

- Stakeholder Groupings
- Strategy Articulation Map

The collage consists of three vertically stacked images. The top image shows a meeting room with several people seated around a table, engaged in discussion. The middle image is a table titled 'Strategy Articulation Map' with columns for 'Value of HIE in Fields', 'Mission of HIE in Fields', and 'Goal of HIE in Fields'. The bottom image is a circular diagram titled 'Stakeholder Grouping' with 'PATIENTS' at the center and various stakeholder groups around the perimeter.

Destination Planning Session

Strategy Articulation Map

Stakeholder Grouping



## 2 / DIAGNOSE CURRENT STATE

Conduct full discovery effort, supplement with primary employee and stakeholder interviews.

### KEY ACTIVITIES

- Conduct discovery to understand existing insights
- Develop and distribute stakeholder surveys
- Perform targeted stakeholder interview to understand gaps, barriers, and continuances

### OUTPUTS & DELIVERABLES

- Discovery Synthesis
- Interview findings
- Current State Assessment
- Synthesized Insights Analysis



Interviews

Stakeholder Survey

Synthesized Insights Analysis

## 3 / PRIORITIZE OPPORTUNITIES

Reveal gaps and barriers between the current state and ideal state, document relative impact, and provide recommendations.

### KEY ACTIVITIES

- Document largest opportunities between current state and ideal state
- Identify priority opportunity areas
- Develop future state roadmap and report

### OUTPUTS & DELIVERABLES

- Gap, Barrier, and Continuances Analysis
- Priority Opportunities
- Report and Recommendations
- Future State Roadmap



Gap Analysis

Identify  
Priority  
Opportunities

Future State  
Roadmap

# THE IDEAL STATE

# THE IDEAL STATE

The defined Vision, Mission, Goal for HIE in Florida, as well as, the Strategic Objectives identified as necessary in achieving the Ideal State.

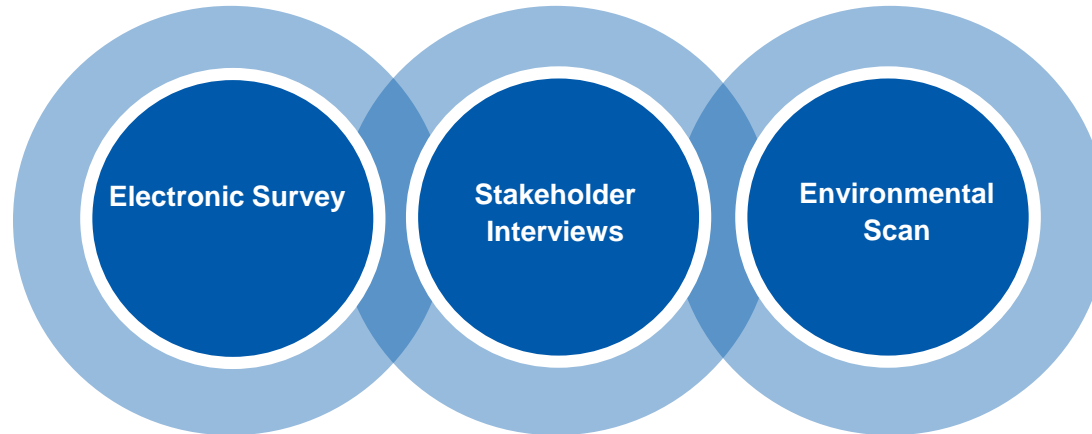
Vision of HIE in Florida	Mission of HIE in Florida	Goal of HIE in Florida	
Ensure the health and well-being of individuals and communities through the use of technology and relevant health information that is accessible when and where it matters most.	Better Health Care for All Floridians	For electronic personal health information to be available where and when it is needed across organizational, vendor, and geographical boundaries for patient care and public health.	
Strategic Objectives			
<p><b>Increased Access</b>  <i>Improve access to the right information, by the right people, at the right time</i></p>	<p><b>Common Standards</b>  <i>Promote common standards which will help encourage seamless and secure exchanges of data</i></p>	<p><b>Interoperability</b>  <i>Employ the ability of various technology systems and software to communicate, exchange data, and use the information that has been exchanged</i></p>	<p><b>Change in Culture</b>  <i>Evaluate, understand, and engage shifts in stakeholders' attitude towards technology to embrace its capabilities, agility, and full span of benefits</i></p>

North Highland conducted a Strategic Visioning Session with HIECC members and other key HIE stakeholders on November 17, 2017 to craft a future state vision and ideal state for HIE in Florida. This was later updated based on the key findings in the As-Is (Current State) Assessment.

# CURRENT STATE FINDINGS

# CURRENT STATE METHODS

North Highland and AHCA collaborated to determine the best strategy and methods to engage stakeholders.



## Electronic Survey

All stakeholder groupings

Association distribution

**272** unique responses

## Stakeholder Interviews

All stakeholder groupings

In-person and telephone

**45** interviews conducted

## Environmental Scan

Market Scan

Request for Information (RFI)

Literature Review

# STAKEHOLDER ASSESSMENT

## Stakeholder Assessment Topics



1. What are the **gaps and/or barriers** that you see?
2. How do you **close the gaps and/or overcome these barriers**?
3. What do you think is **currently working well**?

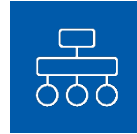
# WHAT WE HEARD

## Thematic categories of stakeholder input on the Current State.



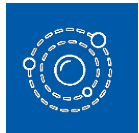
### HIE ADOPTION

Widespread adoption of HIE remains low, particularly when compared to EHR adoption levels.



### LEADERSHIP & GOVERNANCE

Leadership role for AHCA to set and clearly articulate the vision and goals for HIE in Florida.



### HIE UTILIZATION

Few fully utilize HIE due to workflow and integration challenges. eFax & paper methods remain prevalent.



### CULTURAL ISSUES

Pervasive culture of fear and distrust prevents more willing and expanded exchange of data.



### VALUE PROPOSITION

Lackluster demonstration of HIE value propositions & value-add deter the decisions to adopt/utilize HIE.



### REGULATORY ENVIRONMENT

Competing priorities in an ever-changing regulatory landscape. Public Health/ HHS siloed & disjointed.



### COST & COMPLEXITIES

The financial & organizational resource burdens and trade-offs to adopt/use HIE is too high for some.



### ACCESS

Insufficient access to meaningful, timely data. Haphazard application of privacy/consent & standards.



### AWARENESS & EDUCATION

Inadequate awareness & understanding of HIE. More proactive stakeholder engagement & education



### INTEROPERABILITY

Limited exchange across the continuum of care coordination. Further inclusion is strongly desired.



# FUTURE STATE RECOMMENDATIONS

# IDEAL FUTURE STATE DEFINED

North Highland conducted a strategic visioning session with members of the HIECC and other key HIE stakeholders to craft a future state vision and ideal which was later updated based on key findings during the Current State assessment.

Vision of HIE in Florida	Mission of HIE in Florida	Goal of HIE in Florida	
Ensure the health and well-being of individuals and communities through the use of technology and relevant health information that is accessible when and where it matters most.	Better Health Care for All Floridians	For electronic personal health information to be available where and when it is needed across organizational, vendor, and geographical boundaries for patient care and public health.	
Strategic Objectives			
<b>Increase Access</b> Improve access to the right information, by the right people, at the right time	<b>Decrease Cost &amp; Complexity</b> Reduce the costs and complexities that serve as natural barriers to entry and expansion of exchange	<b>Employ Interoperability</b> Employ the ability of various technology systems and software to communicate, exchange data, and use the information that has been exchanged	<b>Improve Culture</b> Evaluate, understand, and engage shifts in stakeholders' attitude towards technology to embrace its capabilities, agility, and full span of benefits
Strategic Initiatives			
Structure Statewide HIE Governance	Motivate & Encourage Exchange	Increase Awareness and Engagement	
A structured governance representative of all HIE stakeholders will establish confidence in the process and programs, and proactively address cultural issues that exist within the healthcare landscape.	Leveraging existing health information exchange capabilities, capacity, and resources to curate opportunities to accelerate HIE in Florida.	Combat misinformation and create awareness of actual HIE capabilities and benefits. Strategically and proactively communicate and engage stakeholders to achieve understanding, buy-in, and enthusiasm.	

## Goal: Structure Statewide HIE Governance

Optimizing structured statewide governance to be representative of all HIE stakeholders, establish confidence in the process and programs, proactively address cultural issues.

### Key Tasks & Considerations

- **Assess & Define HIE Governance Roles** – Assess and define the role of governance in guiding HIE initiatives.
  - *Define role types*
  - *Consider and assess types of governance boards*
- **Optimize Existing HIE Governance Structure** – Enhance existing statewide governance structures
  - *Engage stakeholders and ad hoc workgroups*
  - *Update, modify, and articulate governance:*
    - *Responsibilities*
    - *Processes*
    - *Policies*
    - *Procedures*
    - *Membership*
  - *Apply Organizational Change Management*

### Avoidable Risks

- Competing Responsibilities
- Clearly defined roles, processes, and appropriate/dedicated follow-through

### Success Enablers

- True representation
- Collective buy-in
- Broaden reach
- Transparency, accountability, and clarity

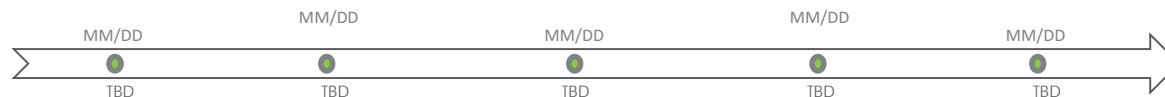
## Stakeholder Considerations 43

- Associations
- Health Care Facilities, including Behavioral Health and Long-Term Care facilities
- Patients
- Payers, including Medicaid Managed Care and Commercial
- Providers, including physicians and pharmacists
- State and Federal Agencies
- Technology Vendors

### Financial Considerations

- Funding of HIE Strategic Roadmap initiative and activities
- Additional internal administrative resources potentially required
- Funding for additional resource needs, or specialty resource needs
- Funding related to travel and other engagement-related costs

### Milestones/Timeline



## Goal: Increase Awareness and Engagement

Combating misinformation and creating awareness of HIE capabilities and benefits, as well as strategically and proactively communicating and engaging stakeholders.

### Key Tasks & Considerations

- **Stakeholder Management** – Robust stakeholder engagement, management, and planning
  - *Enhance Stakeholder Engagement Plan*
  - *Build HIE Champions Network*
- **Strategically Communicate** – Strategically communicate and engage stakeholders
  - *Enhance Communication Plan*
  - *Expand distribution and maximize reach*
- **Educational Clearinghouse** – Create a publicly available, user-friendly centralized repository of valuable HIE information
  - *Identify and feature use cases, business cases, etc.*
  - *Identify and aggregate existing resources and toolkits*
  - *Updates on funding opportunities, technical guidance, etc.*

### Avoidable Risks

- Providing stakeholders with the wrong level of information

### Success Enablers

- Continually soliciting feedback
- Set standard rhythm for communication
- Leverage existing relationships and channels

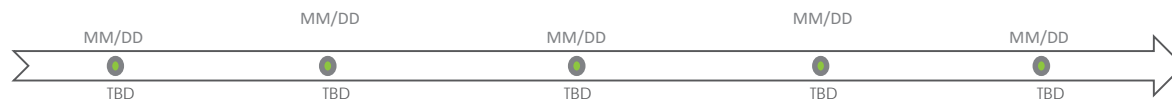
## Stakeholder Considerations 44

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- Technology Vendors

### Financial Considerations

- Funding for additional resource needs, or specialty resource needs
- Secure long-term funding source
- Ensure adequate resource capability
- Funding related to travel and other engagement-related costs
- Additional internal administrative resources potentially required

### Milestones/Timeline



Leveraging existing health information exchange capabilities, capacity, and resources to curate opportunities to accelerate HIE in Florida.

Key Tasks & Considerations

- **Optimize Federal Funding** – Continue to explore, identify, and prioritize potential federal funds
  - *90:10 matching funding*
  - *Legislative appropriations and procurement authority*
- **Align Incentives & Behaviors** – Explore potential incentive programs and funding opportunities
  - *Pilot programs*
  - *Community and vendor partnerships*
- **Intra- and Inter-Agency Collaboration** – Structure collaboration within, and among, state government agencies
  - *Public Health and DOH Collaboration*
  - *Medicaid-related Agency Collaboration*
- **Leverage Existing HIE Capabilities** – Explore and identify opportunities to leverage and enhance existing HIE capabilities

Avoidable Risks

- Differing levels of HIE knowledge across stakeholders
- Duplicative efforts

Success Enablers

- Strong organizational leads and support
- Proactively address existing cultural issues

- Associations
- Health Care Facilities, including Behavioral Health and Long-Term Care facilities<sup>45</sup>
- Patients
- Payers, including Medicaid Managed Care and Commercial
- Providers, including physicians and pharmacists
- State and Federal Agencies
- Technology Vendors







Financial Considerations

- Capacity and timing of Federal funding opportunities
- Additional internal administrative resources potentially required
- Potential funding coordination needed across revenue streams and authorities
- Adaptability of existing procurement and funding distribution

Milestones/Timeline



## HIE Proposed Roadmap (2018-2023)

	2018 (FY17-18) (January 1 – June 30)	2018 (FY18-19) (July 1 – December 31)	2019 (FY18-19) (January 1 – June 30)	2019 (FY19-20) (July 1 – December 31)	2020 (FY19-20) (January 1 – June 30)	2020 (FY20-21) (July 1 – December 31)	2021-2023 (FY20-23) (January 1 – December 31)
<b>0: Project Kick-off Activities</b>	Roadmap Project Initiation						
	Define team needs and form Teams						
	Ongoing Benefits realization						
	Ongoing Project Management and Communications						
	Formal Project Kickoff 		Semi-annual roadmap review 	Semi-annual roadmap review 	Semi-annual roadmap review 	Semi-annual roadmap review 	Semi-annual roadmap review 
<b>1: Motivate and Encourage Exchange</b>	Explore and enhance Community and vendor partnerships						
	Explore and develop potential recognition programs						
	Expand and develop Pilot programs						
	Maximize 90:10 matching funding						
	Continue, develop, and enhance MES MMIS Transformation Project Collaboration						
	Continue, develop, and structure ongoing Medicaid-related Agency Collaboration						
	Identify and Explore opportunities to enhance and/or leverage existing HIE capabilities						
	Secure Legislative appropriations and procurement authority						
Continue and enhance Public Health Collaboration							
<b>2: Structure Statewide HIE Governance</b>	Asses and define governance roles, type, and structure						
	Revise and update Governance responsibilities						
	Clearly articulate Governance Structure, Roles, and Expectations						
	Perform Organizational Change Management to incorporate enhanced governance structure						
	Continue to engage stakeholders when working to enhance existing governance structures and ad hoc workgroups						
<b>3: Increase Awareness and Engagement</b>	Enhance Stakeholder Engagement Plan						
	Enhance Communication Plan						
	Identify, Enhance, and Build HIE Champions Network						
	Create a publicly available, user-friendly Educational Clearinghouse of valuable HIE information						
	Identify and feature Use Cases, business cases, and testimonials that demonstrate the value/ROI of HIE						
	Innovate and expand distribution and maximize outreach efforts						
	Identify and aggregate existing resources and toolkits, such as analysis tools, etc						
	Continue educational outreach and existing HIE educational programming						
	Enhance updates and materials related to funding opportunities, technical guidance, standards for exchange						

# NEXT STEPS

## NEXT STEPS

Collectively, the findings, recommendations, and guidance presented in the To Be Assessment of the HIE Study, including the defined ideal state and vision of HIE in Florida, in tandem with the Strategic Initiatives, Action Plans, and the five-year Roadmap, will assist the Agency in working together with all stakeholders over the next five years toward the achievement of this unified vision for HIE in Florida.

HIE SERVICES  
ROADMAP

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REVIEW AS-IS  
AND TO-BE

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QUESTIONS AND  
MILESTONES

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INITIATE  
ACTION PLANS

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**FLORIDA**  
HIE SERVICES

# Roadmap

Heidi Fox

# Motivate & Encourage Exchange Initiative



## Florida HIE In-flight Activities:

- Enhance Existing Florida HIE Services
  - LTPAC engagement as ENS data sources and data subscribers
  - Engagement of ENS data source hospitals as data subscribers
  - Enhancements to PROMPT interface
  - Facilitate FL connectivity between eHealth Exchange & Carequality
  - Enable auto-building patient panels for ENS data sources based on ADTs
- Support Emergency Preparedness Efforts
  - Family Reunification – utilization of alerts to locate missing persons
  - PULSE – query-based exchange between connected health care systems and emergency response
  - emPOWER – Identifies electricity dependent individuals for emergency response.

# Motivate & Encourage Exchange Initiative



## Potential opportunities for the Florida HIE Services:

- Coordination with DOH:
  - Community Health Departments onboarding to the State Gateway
  - PDMP Query Integration
  - Facilitate registry reporting from hospitals utilizing ENS ADT feeds
  - Opioid Alerting – utilization of ENS alerts to identify and route or map encounters related to overdose
- Agency utilization of ENS Alerting for Medicaid program activities

# Increase Awareness Initiative



- **Enhance Existing Outreach Activities**
  - Capitalize on momentum from the HIE Study
  - Consideration of new venues & markets
  - Enhanced Communications and Engagement plans
- **Prospective Educational Clearinghouse**
  - Potential to leverage [FloridaHealthFinder.gov](http://FloridaHealthFinder.gov)
  - AHCA to begin investigation of scope and resources needed

# Structure Statewide Governance Initiative



- **In-flight governance activities:**
  - HIECC Membership realignment
  - MES MMIS Collaboration Ongoing
- **Potential for an Inter-Agency Workgroup**
  - To focus on optimization of exchange between and within State Agencies.
- **Next HIECC Meeting:**
  - Consider HIECC Roles and Responsibilities
  - Provide Recommendations for specific activities
  - Outline funding pursuits

# Timeline for Funding



## NOW

Budget authority for activities under 90:10 funding.

Could request funding approval for projects that fall within existing authority  
Effective (funding available)  
**October 2018**

## JUNE 2018

Agency Legislative Budget Request

For large scale initiatives  
Effective (funding available)  
**July 2019**

## APRIL 2019

Submit new funding request to CMS for 90:10 funding  
Effective (funding available)  
**October 2019**



- **Feedback on how to enhance "in-flight" initiatives?**
- **Initial thoughts surrounding future initiatives and activities?**
- **How will the HIECC will play a role in development and execution?**