FLORIDA HIECC MEETING MARCH 24, 2016

HARRIS TEAM UPDATE

AGENCY FOR HEALTH CARE ADMINISTRATION
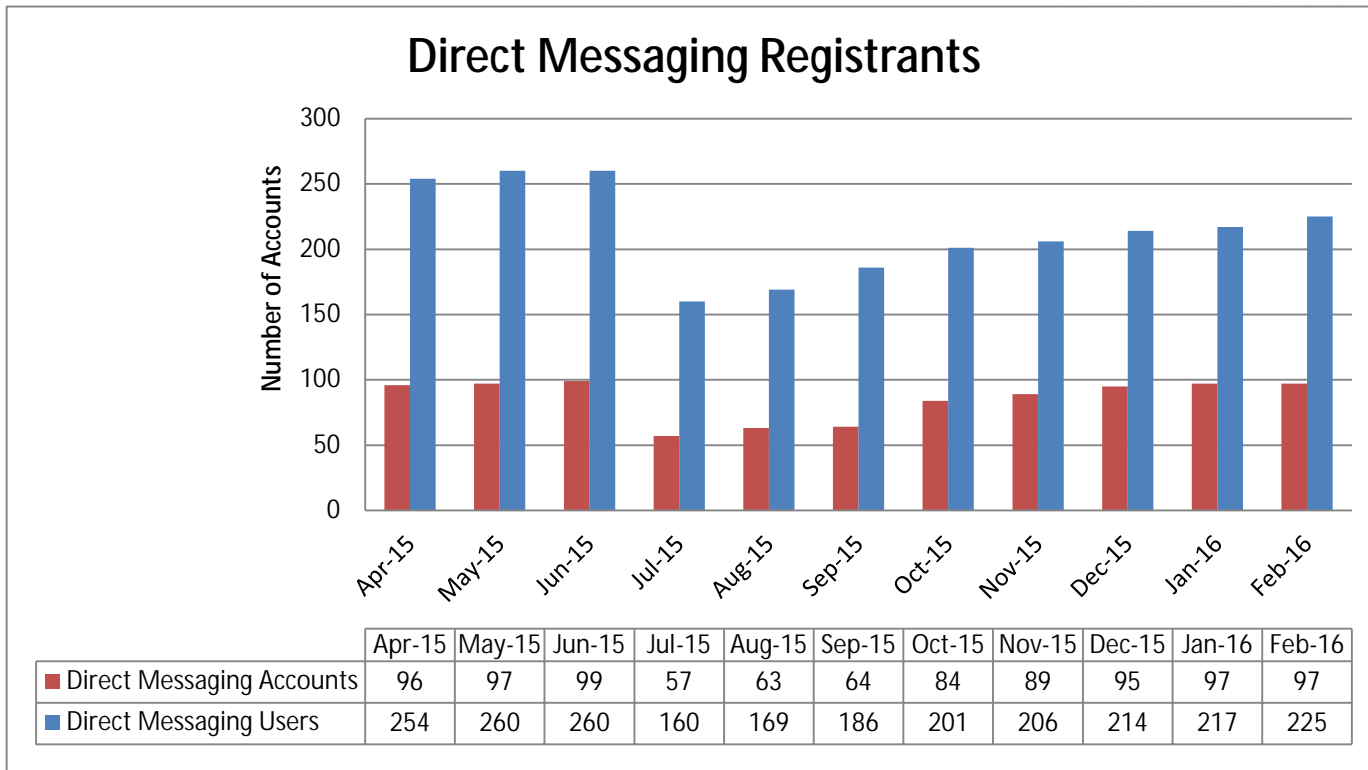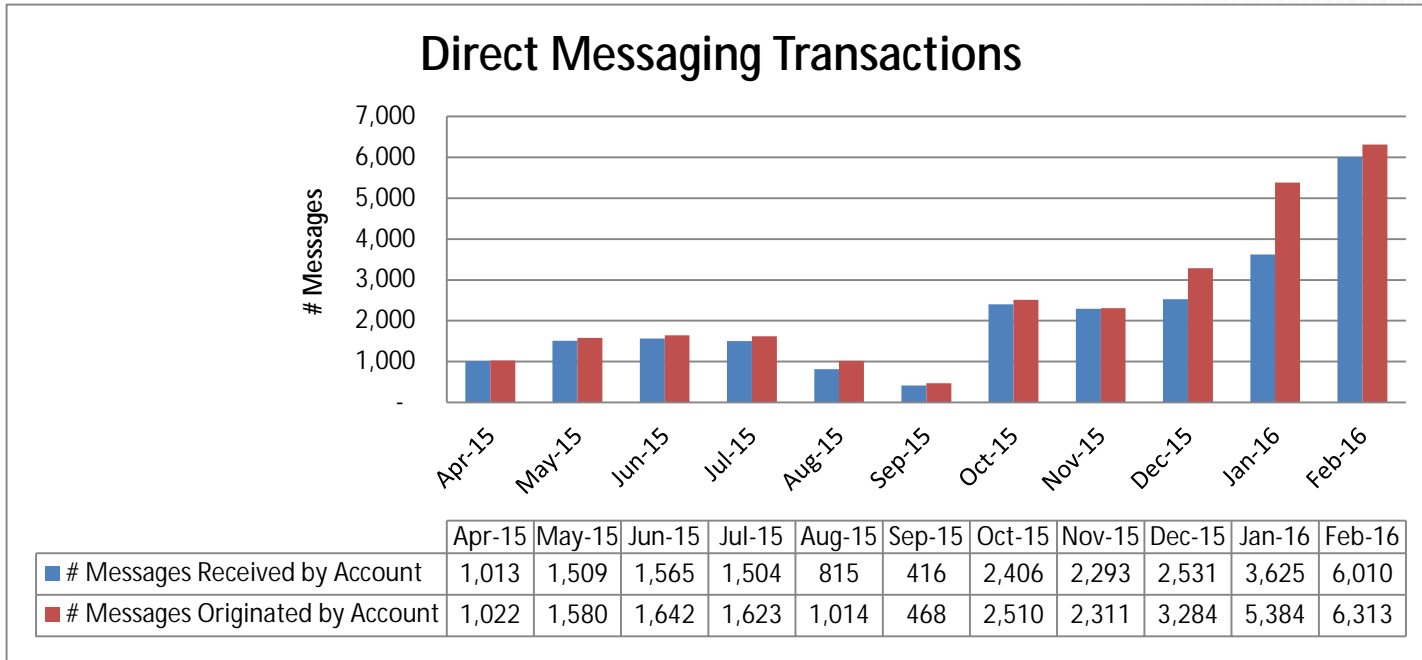
5

RECENT ACCOMPLISHMENTS
NOVEMBER 2015 – FEBRUARY 2016

HIGHLIGHTS

- Event Notification Service (ENS)
  - *The number of patients in member panels exceeded 1.1 million*
  - *Florida Accountable Care Services – Florida Physicians Trust ACO, FACS – Central Florida Physicians Trust ACO, Humana Medical Plan, Magellan Complete Care, and GulfCoast Accountable Care Network signed the ENS Subscription Agreement*
  - *15 subscribers are receiving notifications through ENS*
  - *Continue to monitor feeds from data sources, upload patient panels and continue to find efficiencies and improvements for performance*

- Patient Look-Up (PLU)
  - *Continued onboarding progress with Community Health IT and Florida Accountable Care Services*

- Direct Messaging Service (DMS)
  - *Metrics included in following slides*

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Direct Messaging Registrants

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Direct Messaging Accounts	96	97	99	57	63	64	84	89	95	97	97
Direct Messaging Users	254	260	260	160	169	186	201	206	214	217	225

AGENCY FOR HEALTH CARE ADMINISTRATION

DIRECT MESSAGING TRANSACTIONS

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Direct Messaging Transactions

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
■ # Messages Received by Account	1,013	1,509	1,565	1,504	815	416	2,406	2,293	2,531	3,625	6,010
■ # Messages Originated by Account	1,022	1,580	1,642	1,623	1,014	468	2,510	2,311	3,284	5,384	6,313

AGENCY FOR HEALTH CARE ADMINISTRATION

ENS PRODUCTION DATA SOURCES

http://www.fhin.net/kms/graphs/ensbeds.shtml
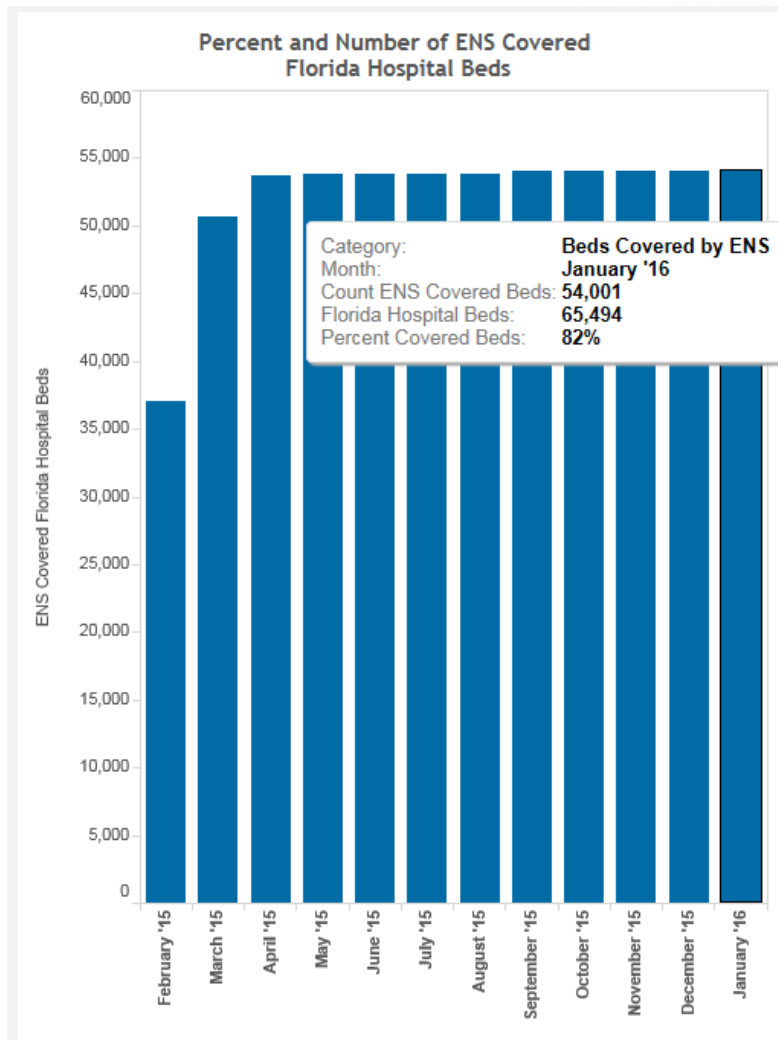
Organization	Type
WellCare of Florida	Health Plan
Sunshine State Health Plan	Health Plan
Molina Healthcare of Florida	Health Plan
Primary Partners	ACO
Palm Beach ACO	ACO
Accountable Care Coalition of NW FL	ACO
Aledade	ACO
South Florida Community Care Network	Health Plan
Accountable Care Medical Group	ACO
AllCare Options	ACO
US Medical Management	ACO
Accountable Care Options	ACO
Health Choice Care	ACO
FACS - Florida Physicians Trust ACO	ACO
FACS - Central Florida Physicians Trust ACO	ACO

AGENCY FOR HEALTH CARE ADMINISTRATION

PLU PRODUCTION DEPLOYMENTS

- **Strategic Health Intelligence (SHI)**

- **Memorial Healthcare System**

- **Florida Hospital/Adventist**

- **UF Health**

- **Broward Health**

- **Martin Health**

- **Bethesda Health**

- **Senior Home Care – an affiliate of Kindred at Home**

- **Orlando Health**

- **Tampa Bay HIE**

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- **Florida Accountable Care Services (ACO)**
  - *Continued work for inbound Patient Discovery*
  - *Worked on outbound queries from FACS to Harris reference test system*
- **Community Health IT (Relay Health)**
  - *Completed validation testing*
  - *Continuing to document validation results*
  - *Node completed final clinical document validation*
  - *Discussed consent requirement*
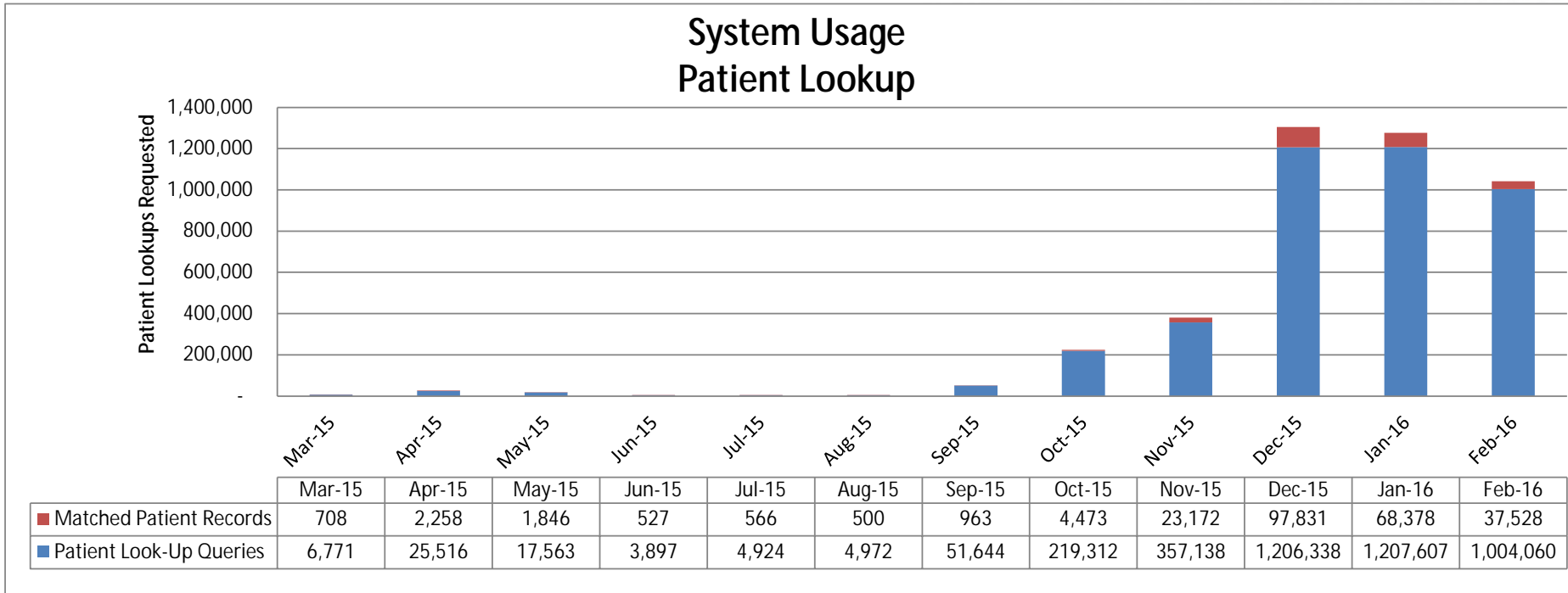 - *Node working necessary documentation for operations team*

AGENCY FOR HEALTH CARE ADMINISTRATION

Florida Accountable Care Services Deployment Status (Express Lite)

| Kickoff | OVA Delivered/ Installed | Self/Cross Gateway Test | Webinars | Service Registry Info | GUI Dev | PD Adapter Dev | DQ Adapter Dev | DR Adapter Dev | Validation | Go Live |

Community Health IT (Express Lite)

| Kickoff | OVA Delivered/ Installed | Self/Cross Gateway Test | Webinars | Service Registry Info | GUI Dev | PD Adapter Dev | DQ Adapter Dev | DR Adapter Dev | Validation | Go Live |

PLU TRANSACTIONS

System Usage
Patient Lookup

	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Matched Patient Records	708	2,258	1,846	527	566	500	963	4,473	23,172	97,831	68,378	37,528
Patient Look-Up Queries	6,771	25,516	17,563	3,897	4,924	4,972	51,644	219,312	357,138	1,206,338	1,207,607	1,004,060

Note: Metrics vary significantly due to new participant testing during implementation and/or participant workflow changes. Consequently, metrics do not represent a continuous trend cross all reported periods. Specifically the number of PDs increased because automated queries are initiated from Tampa Bay HIE (All Children's Hospital) and Florida Hospital Adventist domain.

February 2016 Node Inbound Transactions

Node	Matched Patient Records	Patient Look-Up Queries	Total Inbound Patient Discovery
Bethesda Health	4	121,254	121,258
Broward Health	106	113,505	113,611
Florida Hospital	4,311	64,770	69,081
Martin Health System	128	121,045	121,173
Memorial Healthcare System	527	120,766	121,293
Orlando Health	22,309	72,928	95,237
Senior Home Care	528	106,501	107,029
Strategic Health Intelligence	182	121,118	121,300
Tampa Bay HIE	4,563	45,862	50,425
UF Health	4,870	116,312	121,182
Totals	37,528	1,004,061	1,041,589
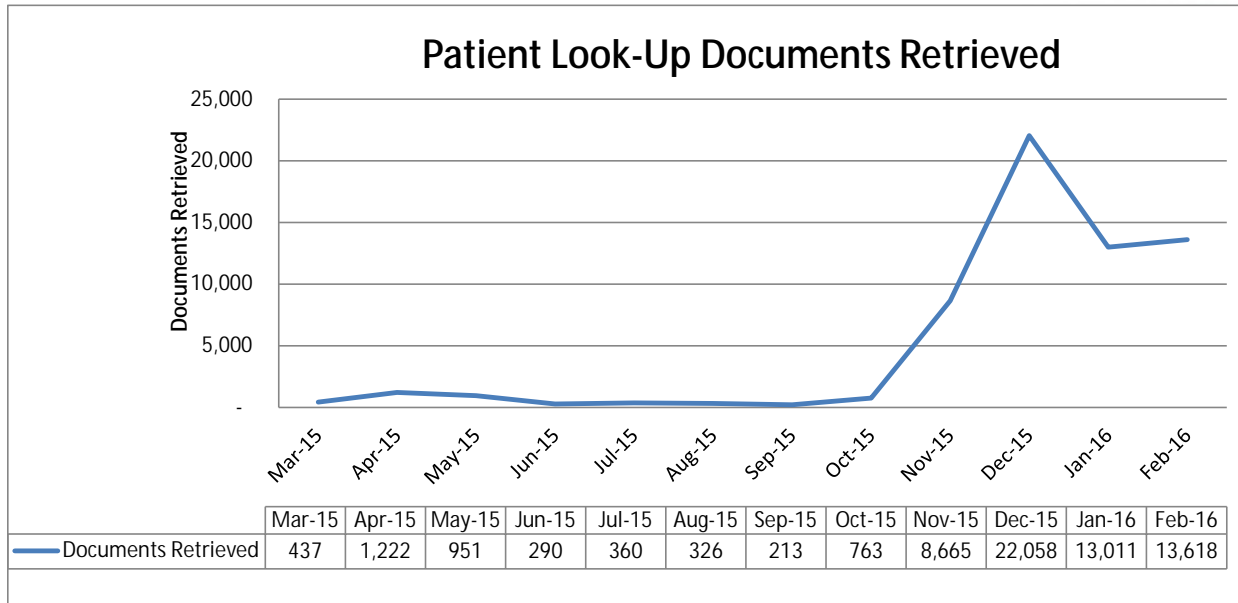
Patient Look-Up Documents Retrieved

	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Documents Retrieved	437	1,222	951	290	360	326	213	763	8,665	22,058	13,011	13,618

UPCOMING ACTIVITIES
MARCH 2016 - MAY 2016

HARRIS

- PLU deployment schedule:

#	Facilitated On-Boarding Node Name	Go Live		Q4'13 O	N	D	Q1'14 J	F	M	Q2'14 A	M	J	Q3'14 J	A	S	Q4'14 O	N	D	Q1'15 J	F	M	Q2'15 A	M	J	Q3'15 J	A	S	Q4'15 O	N	D	Q1'16 J	F	M	Q1'16 A	M	J
1	Strategic Health Intelligence (SHI)	May-12	Express Lite																																		
2	Memorial Healthcare System	Mar-13	Express Lite																																		
3	Florida Hospital	May-13	Express Lite																																		
4	UF Health	May-13	Express Lite																																		
5	Broward Health	Sep-13	Site Services																																		
6	Martin Health	Mar-14	Express Lite	-	-	-	-	-	-	X																											
7	Bethesda Health	May-14	Express Lite	X	-	-	-	-	-	-	X																										
8	Senior Home Care	Jul-14	Express Lite	-	-	-	-	-	-	-	-	-	X																								
9	Orlando Health	Dec-14	Express Lite			X	-	-	-	-	-	-	-	-	-	-	X																			
10	Tampa Bay HIE	May-15	Site Services					X	-	-	-	-	-	-	-	-	-	-	X																	
11	Community Health IT		Express Lite						X	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	X							
12	FL Accountable Care Services (FACS)		Express Lite	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	X
	# Concurrent			4	4	5	5	5	5	5	6	5	5	4	4	4	4	4	3	3	3	3	3	2	2	2	2	2	2	2	2	2	1	1	1

Note: Dates above represents best estimates for planning and logistical purposes and will be updated on an ongoing basis as new data is learned

AGENCY FOR HEALTH CARE ADMINISTRATION

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- Data Sources
  - *Fishermen's Hospital*
  - *Seven Rivers Regional Medical Center*

  - *Monitor performance and maintain as required*

- Add and maintain subscribers

QUESTIONS?

Patient Look-Up User Group Report

Cal Popovich, Tampa Bay HIE

§ Webinar on January 28th, 2016
§ Agenda:
  – Transition of Leadership
  – PLU Usage
    • Auto-querying
    • General metrics
  – Capacity Testing
  – Node Status Updates
  – Stakeholder future thoughts
§ Next Meeting:
  § April 7th, 2016
  § In-person meeting in Orlando

Florida Health Information Exchange
Subscription Agreement for Event Notification Service

This Subscription Agreement is a multi-party agreement by and between the undersigned vendor, Harris Corporation, under contract with the Agency for Health Care Administration ("AHCA") for statewide health information exchange services ("Vendor"), and the other undersigned party (hereinafter referred to individually as "Participant") acting as a data source or recipient of data and other Participants who have executed the same Subscription Agreement to subscribe to this Event Notification Service. The Florida Health Information Exchange General Participation Terms and Conditions attached hereto are hereby incorporated by reference (hereinafter "General Terms and Conditions"). This Subscription Agreement, any exhibits, attachments, or amendments thereto, and the incorporated General Terms and Conditions, are hereinafter referred to as either "Subscription Agreement" or "Agreement."

WITNESSETH:

WHEREAS, AHCA has engaged Vendor to facilitate said exchange and use as directed in the State of Florida 2010-2011General Appropriations Act, Specific Appropriation 156A;

WHEREAS, the purpose of the Event Notification Service is to support coordination of care activities and to enable health plans to engage members' primary care providers which will be sent the encounter alerts for patients under their care; and

WHEREAS, Participant desires to subscribe to and utilize the Event Notification Service offered by Vendor, and Vendor agrees to provide such service;

NOW THEREFORE, for and in consideration of the mutual covenants contained below and for other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the parties hereto mutually agree to the following additional terms:

1. **Definitions**: All definitions in the General Terms and Conditions apply to this Subscription Agreement for Event Notification Service, and the following additional definitions also apply to this Subscription Agreement for Event Notification Service:

   a. **Event Notification Service** (ENS) shall mean the service provided by Vendor on the Network wherein the Participant may receive information and/or Health Data on an Individual from other Participants acting as a data source through the Network.

   b. **Alert Message** shall mean the specific Health Data delivered by the ENS.

   c. **Encounter Data** shall mean specific Health Data made available by Participants for matching with individuals in the Panel to enable creation of the Alert Message.

   d. **Panel** shall mean a listing of patients or members with identifying information to be used in matching to the Encounter Data received from Participants.

2. **Permitted Purposes for this Event Notification Service**: Participant may use Health Data received by it from other Participants only for the following purposes (and the other Permitted Purposes in the General Terms and Conditions):

   a. Treatment. Treatment of the Individual who is the subject of the Protected Health Information ("PHI") received by the Participant or Participant User.

   b. Health Care Operations. Health Care Operations as defined in 45 CFR 164.501 and provided that the Participant or Participant User is receiving the PHI for their own use. Participant shall only use the Minimum Necessary PHI for such Health Care Operations purposes.

   c. Public Health. Public Health activities and reporting to the extent permitted by Applicable Law.

   d. Payment. Payment as defined in 45 CFR 164.501 and permitted by Applicable Law.

   e. Meaningful Use. Any purpose to demonstrate meaningful use of certified electronic health record technology and the purpose is permitted by Applicable Law, including but not limited to the HIPAA regulations. "Meaningful use of certified electronic health record technology" shall have the meaning assigned to it in the regulations promulgated by the Department of Health and Human Services.

   f. Other. Any release or use of Health Data permitted by Applicable Law and consistent with any limitations set forth in the Florida Health Information Exchange General Terms and Conditions.

3. **Responsibilities of Participants**:

   a. **Compliance with General Terms and Conditions**. Participant agrees to comply with the General Participation Terms and Conditions which are incorporated by reference. Failure to comply with the General Terms and Conditions shall be grounds for suspension or termination of this Subscription Agreement.

   b. **Network Operating Policies and Technical Requirements for ENS.** All Participants agree and are required to meet and comply with the Network Operating Policies and Technical Requirements for this Event Notification Service Agreement listed in *Attachment A* hereto.

4. **Vendor Responsibilities**:

   a. Vendor will provide the Event Notification Service by performing a matching of data received from Participants acting as a data source and delivery of the Alert Messages to the appropriate recipient and a copy to the Participant that provided the Encounter Data. The messages will be delivered using secure file transfer protocol (sFTP), the

Florida Health Information Exchange Direct Messaging Service, or another means of secure delivery as mutually agreed by the parties to this Agreement.

b. Vendor will provide the Service Levels for availability of Event Notification Service response time and help desk response times specified in the Vendor's contract with AHCA.

c. Unless required by law, Vendor will not disclose to any third party audit trail data which will collectively and individually be considered a trade secret in accordance with Section 812.081, Florida Statutes. Vendor will retain the audit trail data of transactions for a terminated Participant for eight (8) years. In the event of termination of AHCA's contract with the Vendor, the Vendor will transfer the audit trail data to AHCA's current Vendor.

d. Vendor will maintain the confidentiality of the patient or member Panels received from Participants, and will not use the Panel for any purpose not expressly permitted by the Participant.

e. Vendor will maintain the confidentiality of the Encounter Data received from Participants acting as a data source, destroying the data immediately after use by the Vendor.

f. Vendor's role is to facilitate the exchange of Health Data through the operation of the Network, in accordance with Vendor's agreement with AHCA and as provided in this Subscription Agreement. Vendor has no role in verifying the accuracy of Health Data received from Participants or verifying whether a Participant, Participant User, or other individuals designated by Participant to receive Alert Messages are authorized to send, receive, use or disclose particular information and/or Health Data. Vendor will not collect information from the content of Alert Messages.

5. **Fees**: Participant recipients of Alert Messages are charged an annual fee by the Vendor which may be billed quarterly as determined by the Vendor, subject to AHCA approval. The fee may be changed upon ninety (90) days written notice to Participants except for a fee reduction which can go into effect immediately upon AHCA approval. Routine quarterly invoicing shall not commence until the subscriber has paid the initial invoice and is live on the service. The fee schedule is displayed in Exhibit 1.

6. **Term and Termination:** This Agreement will continue until and unless the Vendor or Participant terminates this agreement. Such termination may be effected as provided for in the General Terms and Conditions, or additionally, the Vendor may terminate this Agreement without cause by providing the Participant with at least thirty (30) days prior written notice.

7. **Miscellaneous**: If a provision of this Subscription Agreement conflicts with a provision in the General Terms and Conditions, the provision of this Subscription Agreement controls. Notices under this Agreement shall be given to the parties' respective email or physical address listed in *Attachment B* to this Subscription Agreement.

8. **Effective Date of this Subscription Agreement**: This Subscription Agreement and the General Terms and Conditions become effective when fully executed. This Agreement supersedes any former agreement for the Event Notification Service.

IN WITNESS WHEREOF, this Subscription Agreement has been entered into and executed by officials duly authorized to bind their respective parties.

Vendor

Harris Corporation

By: _____

Printed Name: _____

Title:_____

Date Signed:_____

Participant acting as Data Source

Entity Name: _____

By: _____

Printed Name: _____

Title:_____

Date Signed:_____

Participant acting as Recipient of Data

Entity Name: _____

By: _____

Printed Name: _____

Title:_____

Date Signed:_____

Attachment A

Network Operating Policies and Technical Requirements Specific to the Event Notification Service

In addition to the other provisions in this Subscription Agreement (including the General Terms and Conditions), all Participants agree and are required to meet and comply at all times with the following Network Operating Policies and Technical Requirements for this Event Notification Service Agreement:

1. Delivery of Encounter Data. Participants acting as a data source will cooperate with the Vendor to establish a mechanism by which Encounter Data may be transmitted to the Vendor. The Encounter Data shall contain discharge data including hospitalizations and emergency department visits with sufficient information to permit the Vendor to match the patient with the individuals listed in the Panels submitted by Participants. The Encounter Data may include observation visits, urgent care visits and admissions data as elected by the data source. Participants acting as a data source shall filter restricted self-pay Encounter Data in compliance with 45 CFR § 164.522(a)(1)(vi) data and data subject to 42 CFR Part 2 which must be excluded. In order to assure that restricted data is filtered, all self-pay Encounter Data may be excluded by the data source.

2. Delivery of Panels. Participant recipients of data shall provide a Panel of members or patients to Vendor consistent with templates that the Vendor shall provide to Participant. Thereafter, the Participant will provide Vendor with updates to the Panel as appropriate. To include a member or patient in the panel, the Participant must have ~~written~~ appropriate authorization from the patient or member to access ~~of use~~ their health information, including explicit authorization to access information ~~or use~~about certain sensitive conditions for treatment or other permitted purposes, if applicable.

3. Delivery of Alert Messages. Participants are responsible for identifying their Participant Users or other individuals to receive Alert Messages. Participant recipients are responsible for assuring that the individuals receiving the Alert Messages have patient authorization to access and use the data required by applicable law.

4. Forwarding Alert Messages. Participant recipients that are health plans or accountable care organizations of a health plan will make a good faith effort to forward the Alert Message to the appropriate primary care provider of a member as soon as reasonably practicable upon receipt in a manner consistent with applicable law.

5. Acknowledgement. Participant recipients that are health plans acknowledge that data sources receive a copy of Alert Messages sent to the health plan and thereby agree to accept copies of the Alerts Messages received by a data source as confirmation of alert receipt by the health plan.

6. <u>Maintenance of Records.</u> Participants are responsible for maintaining records for Accounting of Disclosures, public records, if applicable, records discovery, or any other purposes required by Applicable Law or the policies of the Participant. Any vendor support for the retrieval of records or other record handling requested or caused by the Participant will be subject to a fee to be paid by the Participant to the Vendor.

Attachment B

Addresses for Notice

For notices to Participant, use:

Attention: _____

Organization: _____

Address: _____

City/State/Zip: _____

Email: _____

For notices to Vendor, use:
Harris Corporation
1025 West NASA Boulevard
Melbourne, Florida 32919
ATTN: General Counsel

For notices to AHCA, use:

Attention: Heidi Fox, Health Information Exchange Project Director
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 16
Tallahassee, FL 32308
Tel: (850) 412-3749

Exhibit 1
2015 ENS Fee Schedule*

Participant organizations are charged as follows:

- Health plans or other participant recipients of data are charged an annual fee of $75,000 per member panel of 50,000 members or less and $25,000 per each additional member panel of up to 100,000 members
- There are no fees to Participants acting solely as a data source

*Fees are subject to change upon ninety (90) days written notice to Participants.

Outreach 2016

- Events, tours, webinars, and conference calls
  - Service specific webinars monthly
  - Partnering with County Medical Societies, local Medical Group Management Association, and area Health Information Management Association
- Inaugural Summit
  - Fall of 2016
  - Part of National Health IT Week
  - Partnering with stakeholders
- Promote CMS funding to assist with on-boarding of providers and hospitals

Program Metrics and Updates
March 25, 2015

**Florida Health Information Exchange
Coordinating Committee**

Electronic Health Record Incentive **Payments**

Payment information as of 3/11/2016:

*Modified Stage 2 Final Rule was effective 12/15/2015. Most EPs will have to wait until July 2016 to attest for the 2015 program year.

	Eligible Professionals	**Eligible Hospitals**
Total # of payments	11,899	500
Unique Providers	7710	178
# of payments for MU	4,485/2,989 unique	339/ 176 unique
Total payments	$196,947,891	$310,118,936

Better Health Care for All Floridians
AHCA.MyFlorida.com

Electronic Health Record Incentive Final Rules

- October 2015, CMS published a final rule that covers Program Years 2015-2017. The rule was effective December 15, 2015.

- This rule simplifies the measures to which providers will attest. Single set of 10 Objectives, some with more than one measure

Electronic Health Record Incentive 2015 Program Year Timing

- The changes in measures require attestation system changes that will be implemented early July 2016

- EPs attesting to AIU can submit program year 2015 applications through the AIU grace period of 3/31/2016.

- EPs attesting to MU must wait until July 2016 to attest

Better Health Care for All Floridians
AHCA.MyFlorida.com

E-Prescribing

- The e-prescribing rate in Florida for Q3 2015 is 61.2% up from Q2 2015 at 60.2%.

- Licensed physicians who e-prescribed in Q3 2015 is 70% up from Q2 2015 at 68%
  - The metrics exclude prescriptions for controlled substances due to low rates of e-prescribing.

Upcoming Meetings

- HIE Legal Work Group
  - March 28th 2:00

- Proposed date for HIECC Meeting
  - July 2016

Q1 Are you a member of any of the following groups? Select all that apply.

Answered: 28 Skipped: 3
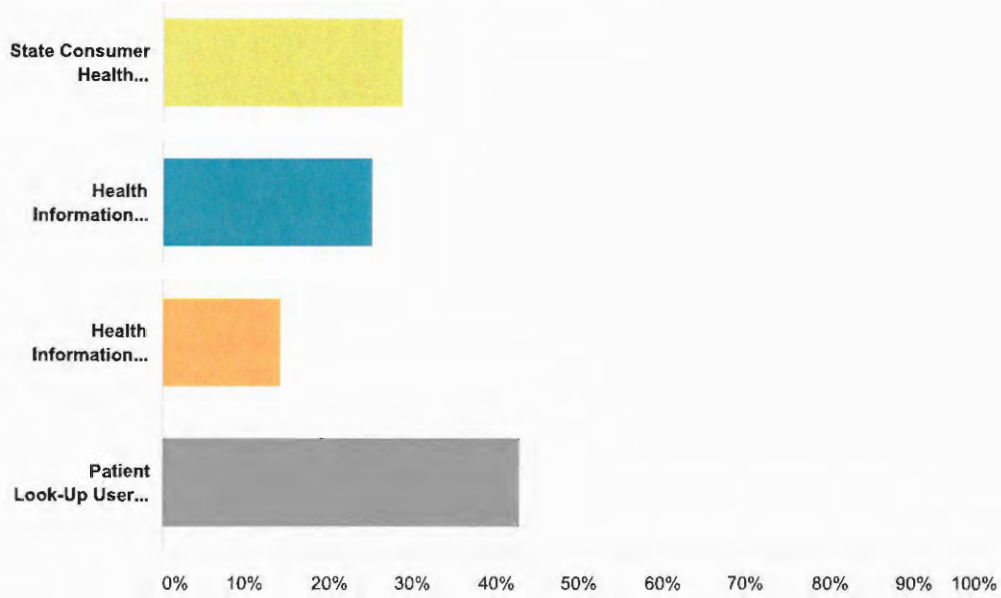
Answer Choices	Responses	
State Consumer Health Information and Policy Advisory Council	28.57%	8
Health Information Exchange Coordinating Committee	25.00%	7
Health Information Exchange Legal Work Group	14.29%	4
Patient Look-Up User Group	42.86%	12
Total Respondents: 28		

Q2 Are you affiliated with and/or employed by any of the following? Select all that apply.

Answered: 24   Skipped: 7
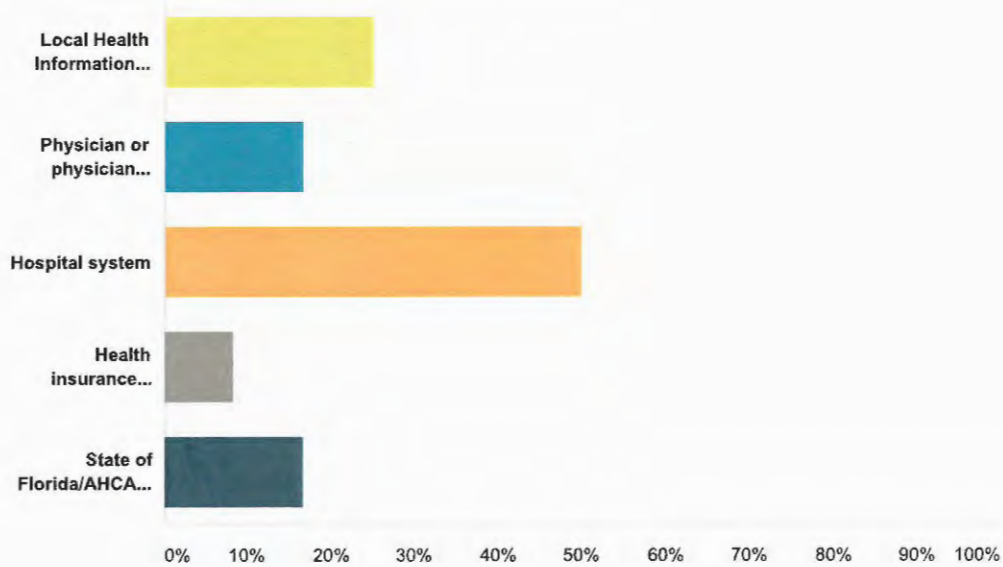
Answer Choices	Responses	
Local Health Information Exchange or Regional Health Information Organization	25.00%	6
Physician or physician practice	16.67%	4
Hospital system	50.00%	12
Health insurance company	8.33%	2
State of Florida/AHCA/DOH	16.67%	4

Total Respondents: 24

#	Other (please specify)	Date
1	HIE strategy consultant & technology vendor	2/1/2016 3:10 PM
2	Consumer advocacy organization	1/28/2016 3:07 PM
3	Federally-designated Rural Health Network	1/21/2016 3:21 PM
4	Florida Health Information Management Association	1/12/2016 10:24 AM
5	CCRC provider group (senior living, independent, assisted and skilled)	1/11/2016 4:04 PM

## Q3 Should the Florida HIE consider building a statewide Master Patient Index (MPI)?

Answered: 30   Skipped: 1
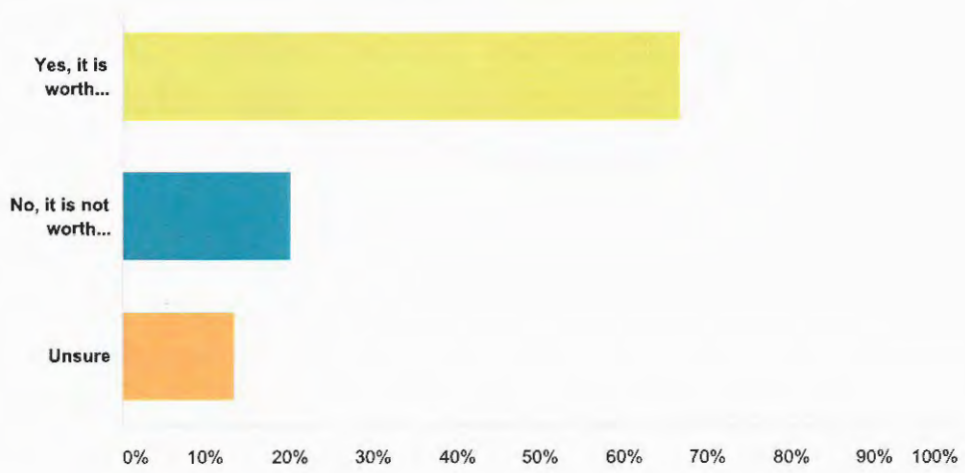
Answer Choices	Responses	
Yes, it is worth investigating further	66.67%	20
No, it is not worth investigating further	20.00%	6
Unsure	13.33%	4
Total Respondents: 30		

Q4 What do you consider the benefits of building a statewide MPI that provides unified management of patient identities? Please rank from most important (1) to least important (7)

Answered: 27   Skipped: 4
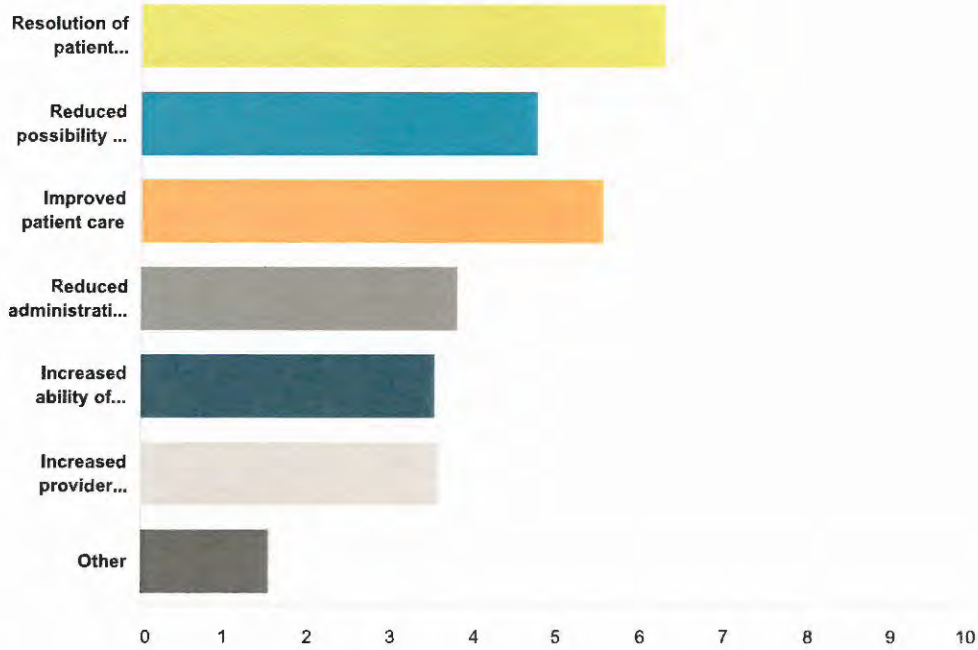
	1	2	3	4	5	6	7	Total	Score
Resolution of patient matching issues	52.38% 11	33.33% 7	9.52% 2	0.00% 0	4.76% 1	0.00% 0	0.00% 0	21	6.29
Reduced possibility of false positives	4.55% 1	22.73% 5	40.91% 9	18.18% 4	4.55% 1	9.09% 2	0.00% 0	22	4.77
Improved patient care	36.36% 8	18.18% 4	22.73% 5	9.09% 2	13.64% 3	0.00% 0	0.00% 0	22	5.55
Reduced administrative burden	5.00% 1	15.00% 3	10.00% 2	20.00% 4	30.00% 6	15.00% 3	5.00% 1	20	3.80
Increased ability of additional entities to utilize services	13.04% 3	0.00% 0	4.35% 1	30.43% 7	13.04% 3	39.13% 9	0.00% 0	23	3.52
Increased provider confidence in data quality	0.00% 0	14.29% 3	14.29% 3	19.05% 4	19.05% 4	33.33% 7	0.00% 0	21	3.57
Other	9.09% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	90.91% 10	11	1.55

If other, please explain:

#	Responses	Date
1	It would encourage entities to keep their own data updated	1/13/2016 9:40 AM
2	I believe that a state MPI increases the administrative burden without significantly improving the way we currently are dealing with this. The only real fix is a national MPI	1/12/2016 9:20 AM

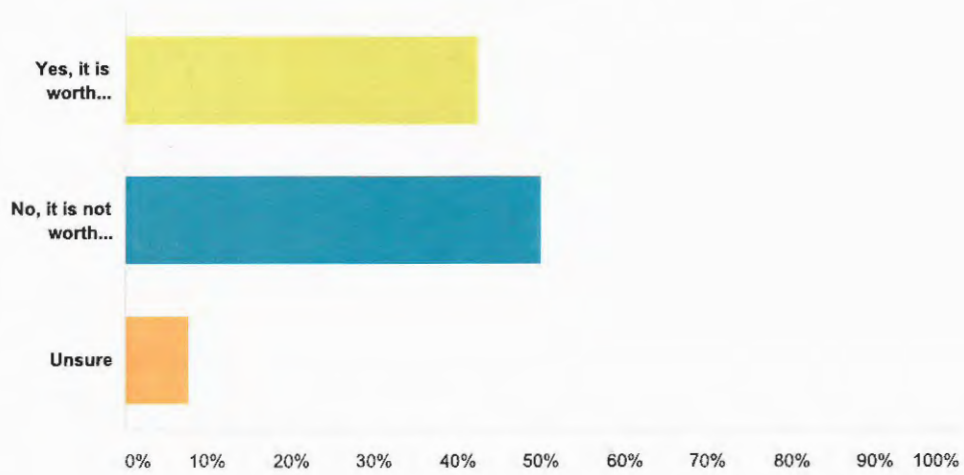## Q6 What do you consider the challenges of building a statewide MPI? Select all that apply.

Answered: 27   Skipped: 4
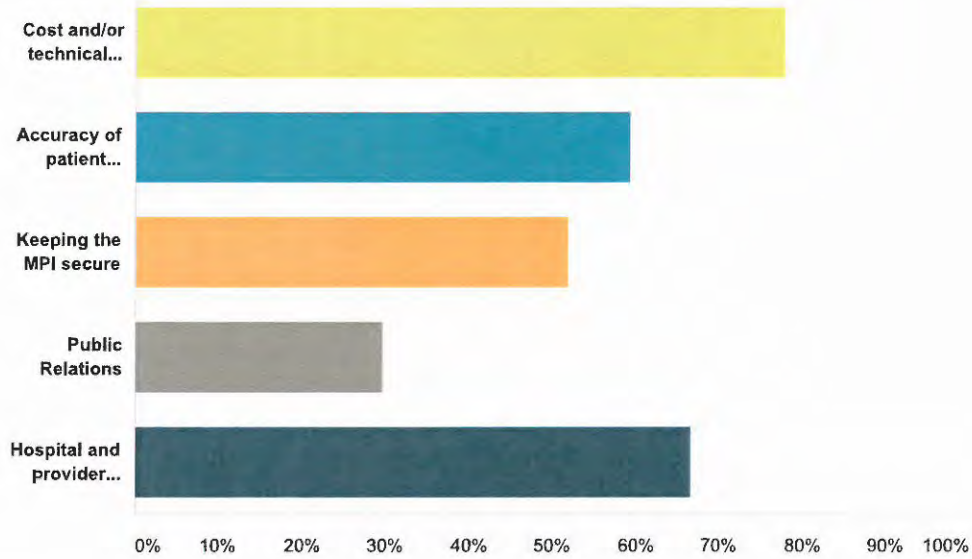
Answer Choices	Responses	
Cost and/or technical resources needed	77.78%	21
Accuracy of patient identities reconciled across multiple data sources	59.26%	16
Keeping the MPI secure	51.85%	14
Public Relations	29.63%	8
Hospital and provider cooperation with the Florida HIE	66.67%	18
Total Respondents: 27		

#	Other (please specify)	Date
1	reaching every provider in the state and not just large hospital systems; there is likely more available data in smaller practices than in the large systems statewide	1/21/2016 4:43 PM
2	Use a technology that already has an MPI to reduce some if the above complications	1/21/2016 3:25 PM

## Q7 Should the Florida HIE consider building a Centralized Data Repository (CDR)?

Answered: 26   Skipped: 5

Answer Choices	Responses	
Yes, it is worth investigating further	42.31%	11
No, it is not worth investigating further	50.00%	13
Unsure	7.69%	2
Total Respondents: 26		

Q8 What do you consider the benefits of building a CDR? Rank from most important (1) to least important (8)

Answered: 24   Skipped: 7
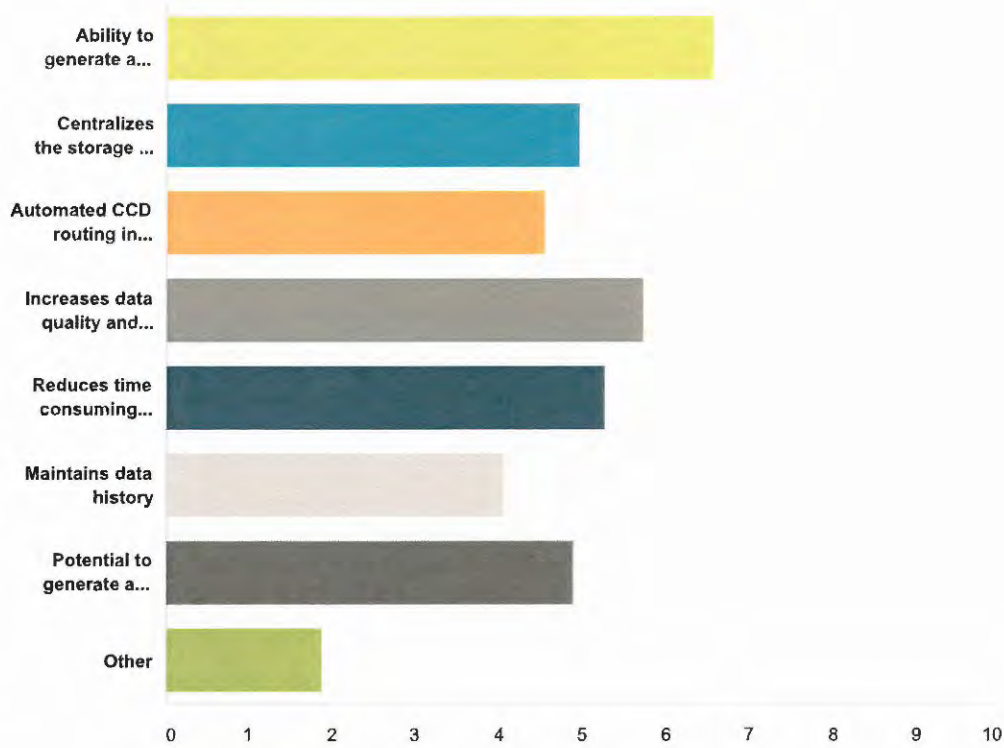
	1	2	3	4	5	6	7	8	Total	Score
Ability to generate a single patient record (CCD) from multiple data sources	55.56% 10	16.67% 3	0.00% 0	11.11% 2	5.56% 1	0.00% 0	5.56% 1	5.56% 1	18	6.56
Centralizes the storage and maintenance of data	12.50% 2	12.50% 2	18.75% 3	12.50% 2	12.50% 2	18.75% 3	12.50% 2	0.00% 0	16	4.94
Automated CCD routing in place of (or in addition to) the query model	5.88% 1	11.76% 2	17.65% 3	17.65% 3	5.88% 1	23.53% 4	17.65% 3	0.00% 0	17	4.53
Increases data quality and accuracy	5.88% 1	17.65% 3	47.06% 8	11.76% 2	11.76% 2	0.00% 0	5.88% 1	0.00% 0	17	5.71
Reduces time consuming updates and reconciles redundancies	10.53% 2	26.32% 5	5.26% 1	26.32% 5	10.53% 2	10.53% 2	10.53% 2	0.00% 0	19	5.26
Maintains data history	0.00% 0	12.50% 2	6.25% 1	12.50% 2	25.00% 4	31.25% 5	12.50% 2	0.00% 0	16	4.06
Potential to generate a higher return on investment through population health and data analytics	26.32% 5	15.79% 3	5.26% 1	5.26% 1	5.26% 1	10.53% 2	26.32% 5	5.26% 1	19	4.89
Other	12.50% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	87.50% 7	8	1.88

45

If other, please explain

#	Responses	Date
1	Use a technology vendor that already has a centralized repository	1/21/2016 3:27 PM
2	There are no benefits to a CDR. We should continue Push/Pull as it offers the most flexibility with the least cost.	1/12/2016 9:40 AM

Q10 What do you consider the challenges of building a CDR? Select all that apply.

Answered: 26   Skipped: 5
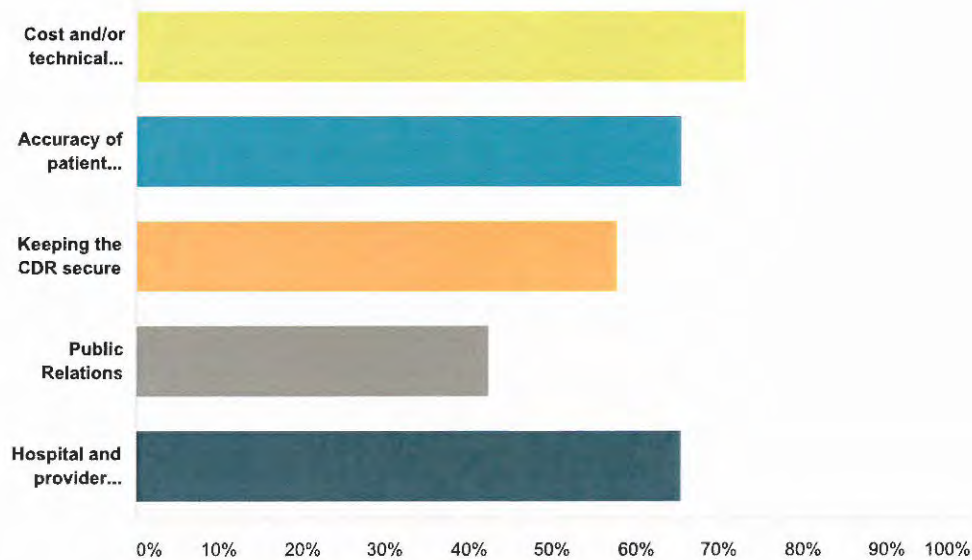
Answer Choices	Responses	
Cost and/or technical resources needed	73.08%	19
Accuracy of patient identities reconciled across multiple data sources	65.38%	17
Keeping the CDR secure	57.69%	15
Public Relations	42.31%	11
Hospital and provider cooperation with the Florida HIE	65.38%	17
Total Respondents: 26		

#	Other (please specify)	Date
1	please consider a single MPI and separate CDRs; it does not have to be all or none for centralization; cloud technology platforms can support local healthcare initiatives (ACOs, CINs, community HIEs) that collate and segregate CDRs based on applicable populations; not necessarily one chart across Florida as this could be a very challenging sociopolitical task	1/21/2016 4:47 PM
2	Partner with and get guidance from community groups already using a centralized hie model	1/21/2016 3:28 PM
3	biggest deal with a CDR is normalizing the data. without data normalization, you can't get decent analytics	1/12/2016 9:22 AM

Q11 Which of the following services should the Florida HIE consider allowing a vendor to provide in the future? Rank your choices from most important (1) to least important (8)

Answered: 26   Skipped: 5
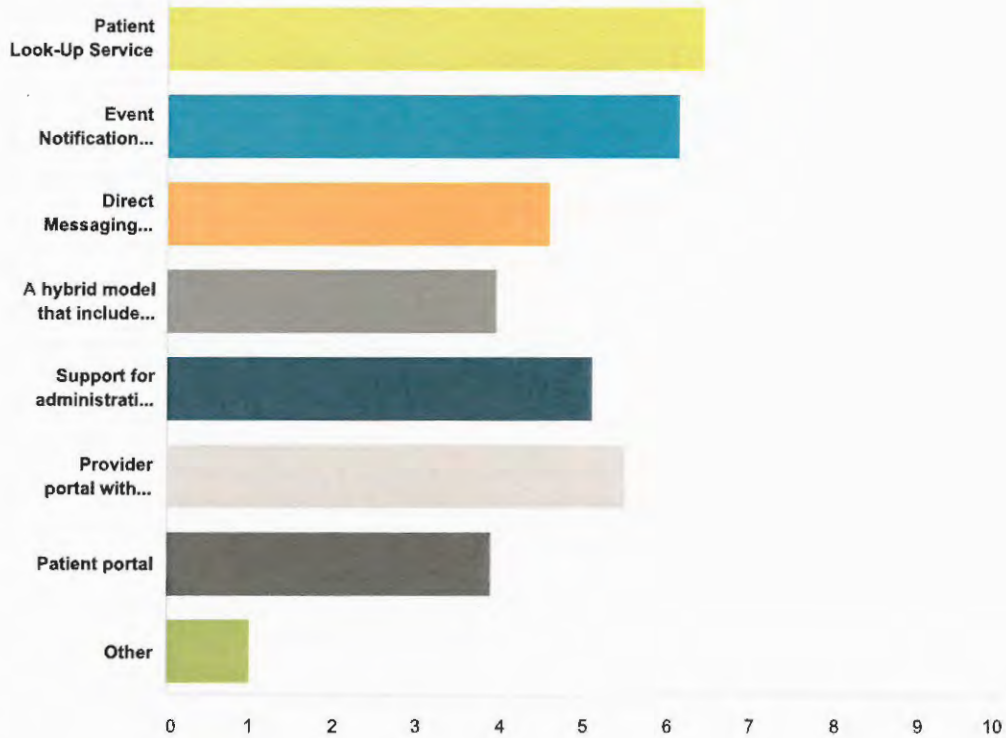
	1	2	3	4	5	6	7	8	Total	Score
Patient Look-Up Service	34.78% 8	21.74% 5	17.39% 4	13.04% 3	4.35% 1	8.70% 2	0.00% 0	0.00% 0	23	6.43
Event Notification Service	34.78% 8	21.74% 5	8.70% 2	13.04% 3	13.04% 3	0.00% 0	4.35% 1	4.35% 1	23	6.13
Direct Messaging Service	5.26% 1	0.00% 0	31.58% 6	15.79% 3	15.79% 3	21.05% 4	10.53% 2	0.00% 0	19	4.58
A hybrid model that includes federated nodes and a CDR	11.11% 2	5.56% 1	5.56% 1	11.11% 2	16.67% 3	16.67% 3	27.78% 5	5.56% 1	18	3.94
Support for administrative transactions; authorization management, claims submission, eligibility and benefit look-up, and more	18.18% 4	9.09% 2	18.18% 4	9.09% 2	18.18% 4	18.18% 4	9.09% 2	0.00% 0	22	5.09
Provider portal with access to the statewide HIE	10.00% 2	35.00% 7	10.00% 2	20.00% 4	5.00% 1	5.00% 1	15.00% 3	0.00% 0	20	5.50
Patient portal	0.00% 0	16.67% 3	16.67% 3	11.11% 2	5.56% 1	11.11% 2	22.22% 4	16.67% 3	18	3.89
Other	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	100.00% 3	3	1.00

If other, please explain:

#	Responses	Date

There are no responses.

## Q13 In the future, should the Florida HIE consider being governed by a non-profit in place of AHCA?

Answered: 26   Skipped: 5
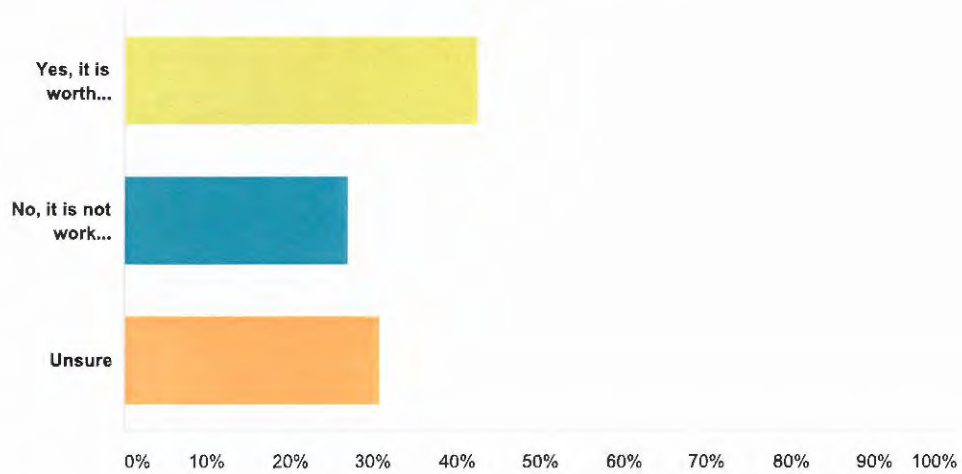
Answer Choices	Responses	
Yes, it is worth investigating further	42.31%	11
No, it is not work investigating further	26.92%	7
Unsure	30.77%	8
Total Respondents: 26		

Q14 What are the benefits of non-profit governance? Select all that apply.

Answered: 21   Skipped: 10
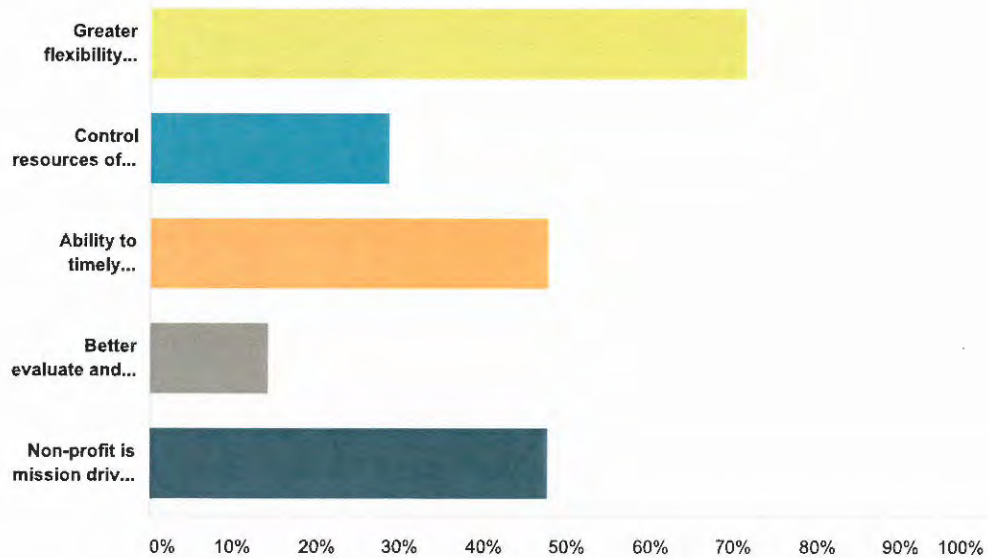
Answer Choices	Responses	
Greater flexibility with contracting and procurement than state governance	**71.43%**	15
Control resources of the Florida HIE for the longer term	**28.57%**	6
Ability to timely authorize major transactions or other actions	**47.62%**	10
Better evaluate and help manage risk	**14.29%**	3
Non-profit is mission driven rather than owner (shareholder) driven	**47.62%**	10
Total Respondents: 21		

#	Other (please specify)	Date
1	non-profit can more readily adapt to the rapidly changing marketplace and advancement of technology; a separate non-profit dedicated to the mission of a Florida HIE can also maintain for the long-haul solid contractual technology solutions with vendors in a neutral sandbox; remember that AHCA is both a state agency and an insurer in the eyes of the healthcare system	1/21/2016 4:51 PM
2	more certain funding model	1/12/2016 10:07 AM

Q15 What are the challenges of non-profit governance? Select all that apply.

Answered: 22   Skipped: 9
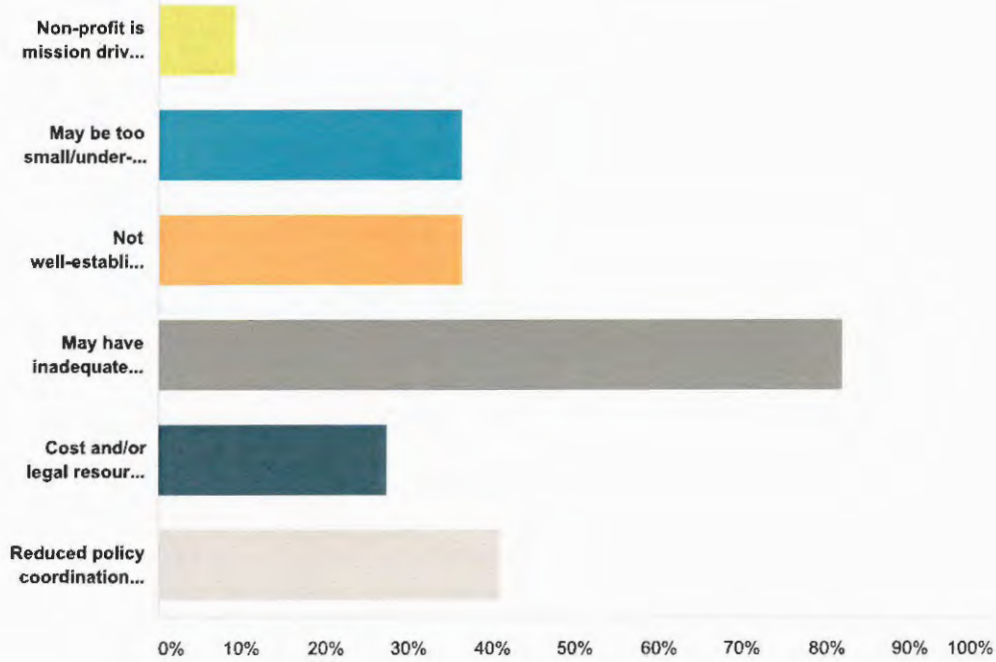
Answer Choices	Responses	
Non-profit is mission driven rather than owner (shareholder) driven	9.09%	2
May be too small/under-resourced to manage large scale projects	36.36%	8
Not well-established reputation in the community/state	36.36%	8
May have inadequate funding for organizational sustainability	81.82%	18
Cost and/or legal resources needed to set up the non-profit	27.27%	6
Reduced policy coordination with state and federal stakeholders	40.91%	9
Total Respondents: 22		

#	Other (please specify)	Date
1	While these are legitimate challenges, there are such groups capable and willing to take on these responsibilities and would only need assistance in scalability and the public relations support of the state of Florida to be successful; interoperability was started in Florida by a non-profit organization of such entities across the state	1/21/2016 4:54 PM
2	There are established non-profits in Florida that can already meet these challenges	1/21/2016 3:32 PM
3	if it's added cost, i.e. all new FTEs, it doesn't make sense	1/12/2016 10:16 AM

Q16 Which avenues are most important to the sustainability of the Florida HIE? Rank your choices from most important (1) to least important (5)

Answered: 25   Skipped: 6
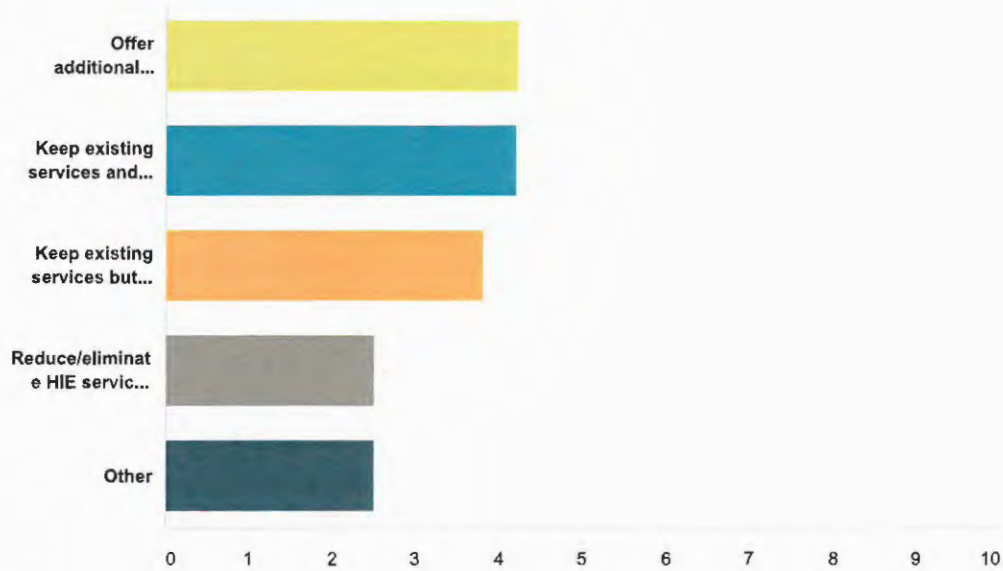
	1	2	3	4	5	Total	Score
Offer additional services to increase revenue	55.56% 10	11.11% 2	33.33% 6	0.00% 0	0.00% 0	18	4.22
Keep existing services and expand the customer base	45.00% 9	35.00% 7	15.00% 3	5.00% 1	0.00% 0	20	4.20
Keep existing services but look for lower-cost platforms	18.75% 3	50.00% 8	25.00% 4	6.25% 1	0.00% 0	16	3.81
Reduce/eliminate HIE services with the lowest profit margin	8.33% 1	8.33% 1	8.33% 1	75.00% 9	0.00% 0	12	2.50
Other	25.00% 2	12.50% 1	0.00% 0	12.50% 1	50.00% 4	8	2.50

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If other, please explain:

#	Responses	Date
1	Align with needs of health systems (like ENS) etc to manage populations	2/1/2016 5:04 PM
2	replace current services with more cost-effective and flexible solutions governed by a non-profit entity with support from the vendor community through participants and publicly endorsed by the state of Florida as the way(s) to exchange health information in Florida	1/21/2016 4:57 PM
3	Technologies currently exist that have an mpi, allows a federated model, and a centralized respiratory-- giving flexibility for future and more reach	1/21/2016 3:35 PM
4	Use open source and look for a group less expensive than Harris to run it	1/12/2016 10:17 AM