Health Information Exchange Coordinating Committee Meeting Minutes

Meeting Date: March 25, 2016

Time: 10:00 a.m. – 12:00 p.m.

Location: GoTo Webinar/Conference Call only

Members Present: Molly McKinstry for Secretary Dudek, Chair; Bill Bell; Craig Dalton; Melanie Brown-Woofter for Mike Hansen; Cindy Applewhite for Tab Harris; Bruce Culpepper for Tom Herring; Jarrod Fowler; Alex Koster; Peter Kress; Dennis Saver, M.D.; Kimberly Tendrich; Wences Troncoso; Karen van Caulil.

Members Absent: Ronald Burns, D.O.; Michael Jackson; Gay Munyon; Hal Perlman; Alex Romillo.

Staff Present: Vance Burns, Heidi Fox, Carrie Gaudio, Pamela King, Nikole Helvey, Aaron Parsons, Haley Priest, Milly Hardin and Dana Watson.

Interested Parties Present: Kathy Pilkenton; Gloria Deckard; Cal Popovich; Gigi Cowart; Chris Phillips; Stacy Tompkins.

Meeting Materials: Agenda; Previous Minutes (11/20/15); Harris Quarterly Report and Plans; Patient Look-Up (PLU) User Group Report; Event Notification Service (ENS) User Agreement; Outreach Update, Electronic Health Records Metrics; and, Envisioning the Future Survey.

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

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

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

Ms. McKinstry gave the Agency for Health Care Administration (Agency) update. She reported on the State Consumer Health Information and Policy Advisory Council meeting held on March 24. That group discussed recent legislation awaiting the Governor's review: CS/CS/HB 7087 (Telehealth) and CS/CS/HB 1175 (Transparency in Health Care). Other provisions also passed relating to balanced billing and mental health/substance abuse.

Review and Approval of Minutes: Ms. Fox asked the committee to review the minutes from the November 20, 2015, meeting. There were no corrections. Ms. van Caulil motioned to approve the minutes. They were unanimously approved.

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

1. Gather various consent models per Dr. Saver's request. Ms. Fox stated she is collecting information on the models and will forward her findings within the week.

Harris Quarterly HIE Plan & Report: Ms. Cowart reported for the period of November 2015 through February 2016.

For ENS, highlights include member panels in excess of 1.1 million; five (5) new subscription agreements; and, currently fifteen (15) subscribers receiving notifications through the service. Beds covered by the ENS reached 82% of total hospital beds. There were four (4) health plans and eleven (11) accountable care organizations (ACO) in production at the end of February, accounting for the 1.1 million panel size. Harris is working to onboard Fisherman's Hospital and Seven Rivers Regional Medical Center as data sources.

For the Patient Look-Up (PLU) service, Harris continues to onboard Community Health IT and Florida Accountable Care Services. Otherwise, there are currently ten (10) production nodes in deployment. There was a significant increase in PLU

system usage due to automated queries initiated from Tampa Bay All Children's and Florida Hospital Adventist hospitals. Use increased in matched patient records and in patient look-up queries.

During this period, the Direct Messaging Service (DMS) saw an increase in both Direct Messaging Accounts (from 89 to 97) and Direct Messaging Users (from 206 to 225). There was a significant increase in the number of transactions, including: messages received by account (from 2,293 to 6,010); and, messages originated by account (from 2,311 to 6,313).

Discussion:
Ms. van Caulil asked if there was any information on the numbers of physicians associated with the Patient Look-Up service as this may be the more significant number rather than only the number of providers connected nodes. Harris staff noted that since Florida is a federated model this data is not available at the state level. . Ms. Fox stated that AHCA research the question of interoperability in Florida and provide a response. Ms. Fox also directed members to http://www.fhin.net for a comprehensive view of total organizations connected to the PLU service through the nodes and metrics for all HIE services.

Mr. Koster asked for a "consumable" directory (one that can be imported in Excel or similar platform) for the Direct Messaging Service, specifically to locate referring physicians. Ms. Fox indicated there is a directory for Florida Direct Messaging Service participants only, with one in development at the national level through Direct Trust. AHCA will provide the directory to Mr. Koster.

Dr. Saver asked if there is a plan to engage the 18% of beds not currently connected to the ENS. Ms. Fox responded there are 206 hospitals on the ENS as data sources with plans to add more this year. Further expansion is uncertain due to the value proposition for hospitals not connected. Ms. McKinstry reported there is currently Low Income Pool (LIP) funding for participation and some hospitals are participating and not receiving LIP or they are not seeking LIP funds. She pointed out AHCA/Harris efforts to show the value of the HIE in order to increase participation and perhaps foster provider-to-provider benefits to increase its value to them. She asked for ideas and suggestions from members. Dr. Saver suggested that staff may want to survey providers not connected to determine why they are not. Mr. Koster pointed out that value for his organization lies in the ability to track patients. Ms. Fox stated that AHCA will research the question and provide the information. Ms. van Caulil suggested her organization could send a letter to providers not engaged in HIE services encouraging them to do so. She encouraged other HIECC members to promote the services as well.

PLU User Group Report: Mr. Cal Popovich gave the PLU User Group report. He noted the PLU User Group met via webinar on January 28, 2016, and that there has been a transition of leadership for the group, with Mr. Popovich replacing Mr. Davidson James as Chair and Ms. Kendra Siler-Marsiglio replacing Mr. Peter Barnick as co-Chair. He referred to the earlier Harris discussion on PLU metrics for the period.

Mr. Popovich emphasized that technology issues involving querying between Florida Hospital and Tampa Bay HIE were successfully resolved by Harris and Cerner, including a reduction of duplicate auto-queries from Florida Hospital and Tampa Bay HIE. He also updated on Harris' progress in its capacity testing of the PLU system, with no apparent concerns or issues.

Mr. Popovich reported that PLU nodes using EPIC electronic health record systems have indicated that a technical update to their system is now available to add controls not previously available that allow their systems to check for patient consents on file prior to sending queries. It is anticipated these nodes will have the upgrade implemented by fall of this year.

Mr. Popovich noted the next PLU User Group meeting is April 7 where the nodes intend to discuss consents/consent models and connecting to other states, the Veteran's Administration and others.

Event Notification Service Update: Mr. Burns presented on the status of revisions to the Event Notification Service (ENS) subscriber agreement. There are three proposed changes that: clarify the timeframe for invoicing participants using the service; specify patient authorization for building member panels; and, expand the service participation requirements for notifying Primary Care Providers to ACO. Ms. Fox added that the ENS readmissions discussion during the November

20, 2015 meeting will be addressed further in the upcoming conference call with the Legal Work Group that is open to the public.

Ms. van Caulil motioned to accept the current proposed changes. The motion was seconded by Mr. Kress and passed without objection.

Outreach Update: Ms. King reported the HIE outreach activities since November. Highlights include numerous events including symposia, webinars and conference calls, with some service-specific webinars occurring monthly. AHCA is partnering with various organizations for future events, including County Medical Societies, local chapters of the Medical Group Management Association and the Health Information Management Association. A Summit is planned for fall 2016 as part of National Health IT Week. AHCA will partner with a number of stakeholders for the event. AHCA is developing plans to promote and use expanded CMS funding for implementation activities to assist with onboarding new providers and hospitals.

Discussion:
Ms. McKinstry indicated the CMS funding would also include home health agencies, skilled nursing, long-term care/post-acute care, and rehabilitation facilities. Mr. Koster asked for clarification on the time allowed for these facilities to access funds. It was clarified this funding is part of the EHR incentive program related to meaningful use and will be available through 2021. Mr. Kress requested additional information and Ms. Fox offered to collaborate with him on outreach for utilizing the CMS funds, perhaps a survey to determine readiness and interested providers. Ms. McKinstry offered to include a general discussion point in her upcoming statewide training webinar on March 29. AHCA will coordinate a conference call with Mr. Kress to discuss this further.

Envisioning the Future: Ms. Fox updated the committee on metrics not included in the Harris report.

She began with an overview of the Electronic Health Record Incentive (EHR) program as of March 11, 2016. There were almost 12,000 payments to eligible professionals with 7,710 unique providers paid, totaling $196,947,891 in payments. There were 500 payments made to 178eligible hospitals totaling $310,118,936 in payments.

A modified Stage 2 (Meaningful Use/MU) final rule went into effect in December 2015. Most eligible providers (EP) engaged in MU will have to wait until July 2016 to attest to 2015 program year due to changes to online screens and payment processing system. The final rule simplifies requirements into a single set of 10 objectives, some of which have more than one measure. She directed members to recorded webinars on www.ahca.myflorida.com for more details and guidance. EPs adopting electronic health record that meet program requirements can attest any time.

The e-Prescribing rate for 3rd Quarter 2015 was 61.2%, an increase from 60.2% in 2nd Quarter 2015. Licensed physicians e-prescribing was 70% in 3rd Quarter, up from 68% in 2nd Quarter 2015. These metrics do not include prescriptions for controlled substance due to lower rates of e-prescribing.

Ms. Fox reported on upcoming meetings. Florida HIE Legal Work Group will meet via conference call on March 28. Proposed next meeting for the HIECC is July with the exact date to be determined.

Ms. Fox reviewed the results from the survey issued to Florida HIE service participants and other stakeholders including the private sector, as well as the HIECC, Legal Work Group and Advisory Council. AHCA will use the survey feedback in its upcoming procurement (2017) for a new vendor and encouraged continued discussion and comments on the topics raised in the survey and related efforts.

Discussion:
Ms. van Caulil suggested reissuing the survey with more detailed explanation of its purpose to get more feedback. AHCA will revise the statement accompanying the survey and send the previous findings.

Mr. Koster asked about statewide health initiatives or quality and outcome studies and whether it is an interest to have the capability for the health information exchange (whether federated or CDR) to gather information on disease subsets or population subsets. Ms. Fox indicated there is significant interest in this capability and that the Florida HIE may not be the best tool to use since most of the state's information will always be federated. She referred to Ms. McKinstry and recent

legislation directing AHCA to contract for an all-payer claims database as part of a transparency initiative. Ms. McKinstry stated that AHCA will follow the guidance of the Advisory Council to develop and implement this database. Ms. Fox also pointed to other studies and data concerning public health.

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

1. AHCA will send DMS directory to Mr. Koster.
2. AHCA will coordinate meeting/conference call with Mr. Kress to discuss connecting long-term care post-acute care population.
3. AHCA will identify providers not connected to the ENS to better target outreach/promotion activities.
4. AHCA will reissue Visioning the Future survey and attach current responses.
5. AHCA/Harris will develop demonstration slides/screenshots of the PLU services for outreach and promotional initiatives.
6. AHCA will send results from item 3 above to Ms. van Caulil who will promote the Florida HIE through her coalition's key providers.

Adjournment: There being no further business to discuss, the committee adjourned at 11:30 a.m.