



Members

Mary Mayhew, Chair
AHCA Secretary

Kim Streit
Florida Hospital Association

Lee Ann Brown, D.O.
Florida Osteopathic Medical
Association

Craig Dalton
Strategic Health Intelligence

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

Jarrold Fowler
Florida Medical Association

Michael Jackson
Florida Pharmacy
Association

Alejandro Romillo
Health Choice Network

Peter Kress
Long-term Post-Acute Care

Marie Ruddy
Nemours Hospital

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 29, 2019

Time: 10:00 a.m. – 12:00 p.m. (EDT)

Location: GoToWebinar

Dial-in Information: Will be provided upon registration at **GoToWebinar**

TIME	ITEM	PRESENTER
10:00-10:10	Welcome - Agency Updates	Mary Mayhew, Chair
10:10-10:20	Roll Call	Heidi Fox, AHCA
	Review & Approve Meeting Minutes November 11, 2018	
	Previous Action Item Review and Status Updates	
10:20-10:35	Florida HIE Services Update	Aaron Parsons, Ai
10:35-10:40	Florida HIE Policies & Agreements	Carrie Gaudio, AHCA
10:40-10:45	Office of HIE Program Metrics	Carrie Gaudio, AHCA
10:45-10:50	Health IT Outreach Update	Pam King, AHCA
10:50-11:20	AHCA/DOH HIE Initiatives:	
	• Syndromic Surveillance	Allison Culpepper, DOH
	• emPOWER	Heidi Fox, AHCA
11:20-11:45	ePrescribing Clearinghouse Discussion	Pam King, AHCA
11:45-11:55	Quarterly Inquires	Heidi Fox, AHCA
11:55-12:00	Meeting Summary	Heidi Fox, AHCA
	New Action Items	
	Adjournment	



Health Information Exchange Coordinating Committee (HIECC) Meeting Minutes

Date: November 29, 2018
Time: 10:00 a.m. – 12:00 p.m.
Location: GoToWebinar

Members Present: Nikole Helvey for Secretary Senior; Lee Ann Brown; Craig Dalton; Jane Johnson for Melanie Brown-Woofter; Tab Harris; Tom Herring; Jarrod Fowler; Michael Jackson; Ricky Gomez for Alex Romillo; Marie Ruddy; Dennis Saver, M.D.; Kimberly Tendrich; and Wences Troncoso.

Agency Staff Present: Heidi Fox, Antoinette Gonzalez, Pamela King, Suzanne Kirayoglu, Dana Watson, and Chris Wilkey.

Additional Presenters: Aaron Parsons, Audacious Inquiry.

Interested Parties Present: Ivy Barnes, Intesse Consulting and Advisory Services; Robert Beck and Tanya Jackson, Pin Point Results; Kendall Brown, South Florida Health Information Management Systems Society; Evan Carter, Audacious Inquiry; Chris Jenkins, Vynca health; Susan Langston, Leading Age; Julie Mangus and Jacques Sberro, Department of Veterans Affairs; Helen Pak-Harvey, Infor; Aliya Aaron, AMR Healthcare Consulting; Lecia Behenna, Florida Hospital Association; Rosa Blanco-Herrera, Envision Healthcare; Jennifer Lloyd, Florida Senate; Jan Paterson; Ganesh Persad, Memorial Healthcare System.

Meeting Materials: Agenda; Previous Minutes (9/20/2018); Florida HIE Services Update Presentation; Office of HIE Metrics Presentation; Outreach Report Presentation; Florida HIE HIECC Advisory Strategies Presentation; and Draft HIECC Mission and Responsibilities Document.

Copies of meeting materials are posted on:

<http://www.fhin.net/committeesAndCouncils/hiecc.shtml>

Call to Order 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.

Agency Updates

Ms. Helvey gave updates for the Agency for Health Care Administration (Agency). Overall preparations for the administration transition have begun. Secretary Justin Senior will be leaving the Agency in January. Preparations for the upcoming legislative season have also begun, including legislative and budget proposals.



The panhandle of Florida is still feeling the impact of Hurricane Michael. At the time of report, seven nursing homes covering 700 beds were still non-operational. An additional five assisted living facilities, covering 265 beds are non-operational. The new Emergency Status System (ESS) rolled out this year and was used successfully during the hurricane. Many residential facilities were better prepared for the storm this year. Most of the facilities had made power arrangements and improved their evacuation plans. Those facilities that still do not have generators plan to get them soon.

The State Managed Medicare Contracts (SMMC) 2.0 were renewed for another 5-year cycle. This was one of the largest competitive procurements in United States history. The Agency negotiated one of the most robust benefit packages Florida Medicaid has seen to date. The new plans will roll out in south Florida counties beginning on December 1, continuing to the I-4 corridor on January 1, and then finishing in northern Florida on February 2. The new contracts contain extensive plan readiness and outreach measure to its members to ensure a smooth transition.

The data dissemination team has initiated the pricing estimates data and is currently working to get additional health plan data. The team is working to build a new infrastructure to take in facility disclosure data. They have submitted a budget request to facilitate the update.

The new Adverse Incident Reporting System (AIRS) has been rolled out and its implementation is still progressing.

The Pediatric Cardiology Advisory Technical Advisory Panel is going well and they are finalizing recommendations in the form of a detailed standards document.

The State Consumer Health Information and Policy Advisory Council will meet on December 5, 2018.

Ms. Marie Ruddy asked for Ms. Helvey's thoughts on the effect the new administration transition would have on HIE. Ms. Helvey responded there are no changes known at this time and will need to speak to the new administration when they take office.

Review and Approval of Minutes

Mr. Craig Dalton moved for approval of the minutes from the September 20, 2018 meeting of the HIECC, with Mr. Tom Herring seconding. The minutes were approved.

Florida HIE Services Update

Mr. Aaron Parsons reported on current Florida Health Information Exchange (HIE) activities. The Encounter Notification Service (ENS) now has 215 hospital data sources, covering 95% of all acute care beds in Florida. ENS sends real time notice of patient hospital encounters to 78



subscribers, including 23 Accountable Care Organizations (ACOs), 13 health plans, 37 provider practices (including 16 Community Health Centers and 21 other primary care and specialty practice), and 5 health systems (including over 50 hospitals). There are over 8 Million lives now covered by ENS. All of the Medicaid Managed Care Plans are now ENS subscribers. Over 1 million notifications are delivered to subscribers per month to support better care coordination. These metrics show substantial growth in the service both annually, and within the previous quarter.

Mr. Parsons updated the HIECC members on the Hurricane Michael relief efforts. At the direction of the Agency, the Florida HIE ceased the routine purge of hospital encounter data from ENS upon the declaration of a state of emergency due to Hurricane Michael. This created a temporary, statewide, searchable hospital census that could be used to locate displaced persons after the storm. Approximately 150 displaced persons were located using this census, out of approximately 1,000 searched. The routine purge of hospital encounter data was resumed upon the end of the declared state of emergency. The Agency and Audacious Inquiry (Ai) are working to make the census more robust and more widely accessible before the next hurricane season.

Mr. Parsons reported on the State Gateway offered by Florida HIE Services. The State Gateway offers an on-ramp and support for exchange on the nationwide eHealth Exchange for participants who cannot connect directly. The State Gateway connects Orlando Health and Disney's Center for Living Well. Exchange between Orlando Health and the Center for Living Well increased from 1,226 successful queries in August to 1,441 successful queries in October, a 17% increase. Florida Hospital Adventist connected to Orlando Health via the State Gateway in late September. There were 143 successful queries between Florida Hospital Adventist and Orlando Health in September and 789 successful queries in October.

Program Metrics Update

Mr. Chris Wilkey reported on metrics from other programs under the purview of the Office of HIE. The Medicaid Electronic Health Record (EHR) Incentive Program is currently processing 2017 program year applications. 905 applications have been approved, with 335 pending review. Stage 3 of Meaningful Use will become mandatory in 2019. Payment information for the program was reviewed.

Mr. Wilkey reported on the Agency's tracking of Electronic Prescribing (ePrescribing) rates in Florida. The metrics are regularly updated on www.FHIN.net, with data coming from Change Healthcare and Surescripts. The data are used to compare Florida to national ePrescribing averages, and include information about ePrescribing of Controlled Substances (EPCS).

A chart was presented showing the number of e-prescribing health care professionals increased slightly between March 2018 and June 2018. There were 9,627,677 e-prescriptions at the end of the third quarter of 2018 for a 0.3% decrease from June 2018 and the estimated e-prescribing rate was 72.9% of all prescriptions. A third quarter decrease in e-prescriptions was experienced by both data sources. A look back to metrics for 2014 through 2017 shows the average third quarter



deviation in e-prescriptions yielded a 3.8% increase across the last four years. The explanation given was, “The month of September had a holiday, 19 Business Days and 5 Saturdays”.

A chart was presented to show an average of electronic prescribing rates across all months, annual electronic prescribing rate, and the annual growth from 2007 through 2018. The e-prescribing rate increased from 1.6% in 2007 to over 75.7% in 2018. The 2018 total reflects the slight decline noted on the last slide, which brought down the overall 2018 rate by a few percentage points since the last HIECC meeting.

A chart was presented to show the total approximate number of clear active licensed prescribing professionals in Florida as obtained from the Florida Department of Health’s licensure database, along with the total active e-prescribers, and the percentage of licensed prescribers who were e-prescribers for months at the end of each quarter in 2018. This percentage increased by 1.7% over the last quarter, continuing the steady progress made in previous years.

Outreach Update

Ms. Pamela King reported on 2018 health IT outreach efforts. Webinars will be the focus during the last quarter of the year. She also reported planning has begun for next year’s outreach activities. She reported that the Agency participated in National Health IT Week (October 8th – 12th), in partnership with National Health Information Management Systems Society (HIMSS). Activities were held throughout the week to celebrate and educate, including a series of four webinars, and presentations at the South Florida HIMSS Integrate Conference and the Central North Florida HIMSS event. National Health IT Week did coincide with Hurricane Michael, which affected the release of social media posts. The team was however able to present four of the five scheduled webinars.

Ms. King reviewed outreach goals and accomplishments from 2018, noting that all outreach activity goals for 2018 had been accomplished as of October 31. She noted that the goal of 6 million patients ENS covered had been surpassed by over 2 million this year so far, and this goal will be updated to reflect the rapid growth of the service. She reported the ENS subscriber goal was met with 78 subscribers that account for 111 separate entities.

Mr. Wilkey presented social media statistics for 2018 so far. He reported on continuing increases in followers on Twitter, Facebook, and LinkedIn. The team is on track to meet its goal of 2,000 Twitter followers by the end of the year with 1,964 at the time of report. There was a 50% decrease in Impressions due to Hurricane Michael and the request to only post storm-related material by the Agency. Mr. Wilkey noted that the Florida HIE news release titled “50 Hospitals Receiving ENS Data” was the most successful Twitter post of the year with 3,202 Impressions. The team is also on track to meet its goal of 2,500 Facebook followers by the end of the year with 2,484 at the time of report. The goal of reaching 500 LinkedIn followers has been met with 513 at the time of report.



At the last HIECC meeting, Mr. Craig Dalton asked how the Agency's social media presence compared to similar organizations. Mr. Wilkey presented follow-up information stating AHCA's Twitter and Facebook followers were of similar size to other major HIE's including Great Lakes Health Connect, HealthLink NY, and the Delaware HIE.

Florida HIE Advisory Strategies Follow-Up

Ms. Heidi Fox presented a follow-up to the Florida HIE Advisory Strategies discussion held at the last HIECC meeting. She reported that currently, Florida HIE service enhancements consist of expanding utilization of existing service functionality including adding new subscribers and data sources. In the future, these service enhancements will encompass the Emergency Census, routing discharge summaries, and querying for emergencies using PULSE.

Ms. Fox reviewed the current and future Department of Health (DOH) collaborations with ACHA. Syndromic Surveillance has been signed and should be live by the end of the year. IT collects symptom data over time to monitor public health conditions. ENS will provide inpatient data, which can be used as an early warning in emerging trends, allowing public health officials to take a deeper look at the data. Ai is working to onboard County Health Departments to ENS. A project with DOH taking place in the near future is the Brian & Spinal Cord Injury Program, which would alert ENS subscribers to special brain, and spinal cord codes so that patients can be engaged more quickly and services rendered promptly. Projects scheduled further in the future include the Emergency Census and the inclusion of Emergency Medical Services, which would contain ambulance data that did not result in an Emergency Department (ED) visit.

Ms. Marie Ruddy asked whether Syndromic Surveillance was currently required to send ED events only. Ms. Fox responded that this only comes into play when they are ready to accept emergency and urgent care data, not inpatient data.

Ms. Fox reported on increased Medicaid support that will include ENS for dental plans and State Managed Medicaid Plans. Additional support will take the form of provider subscribers and data source connections funded by the Centers for Medicare & Medicaid Services (CMS).

Ms. Fox reported on the responses to past Quarterly Inquiries to HIECC members. Increasing Long-Term and Post-Acute Care engagements in HIE efforts has a high value proposition. This data can be updated in real-time. The Agency is making progress in this area and is engaged in conversations with Ai. Ms. Fox also noted that the promotion of ePrescribing of controlled substances is a topic of much interest. Nine states currently have laws that require ePrescribing of controlled substances. Mr. Michael Jackson commented that there are still some widespread barriers to ePrescribing such as program funding which does not currently include pharmacies. They bear the costs of implementation. At some point, hand written prescriptions will no longer be standard and policy changes could help with a funding source to help implement this change.

Dr. Dennis Saver asked if it is possible to enlist ENS to help with the Prescription Drug Monitoring Program (PDMP) in Florida. He commented that his Electronic Health Record



(EHR) has a module to integrate PDMP check, but it currently has a glitch where the PDMP only allows licensed practitioners to check. If he has his assistant look for him, she is not allowed to complete the check because she is not an authorized PDMP user. Dr. Saver asked if it is possible to make it legal for a surrogate to check on behalf of a licensed practitioner. Mr. Jackson responded that there is a provision in statute that allows a surrogate to query the PDMP on behalf of a doctor, but it is possible that Dr. Saver's software does not allow for this.

Ms. Fox continued reviewing the past Quarterly Inquiries with a review of increasing the visibility of ongoing HIE efforts among providers. It was noted that providers can help by promoting HIE efforts internally. HIECC is also helpful in outreach. There was a question about getting information about vaccines administered at a pharmacy back to the Primary Care Provider (PCP). Dr. Saver responded there is a Florida law, which states when a person receives a vaccination at a pharmacy, the information should be sent to providers, however this law is widely ignored.

Ms. Fox presented the current Quarterly Inquiries, which are focused around the topics that will be discussed in the upcoming Legal Work Group meeting. These topics potentially include a review of the ENS Participation Agreement with potential Addenda, a discussion on the Data Use and Reciprocal Support Agreement (DURSA) signatory as part of eHealth Exchange activities, Patient Centered Data Home and the barriers in Florida concerning sharing mental health data across states, and a discussion about adding pharmacists as subscribers to ENS and how the consent requirements can be met.

Ms. Fox reported the request for information (RFI) seeks input from the public regarding the Electronic Health Record (EHR) Reporting Program established as Section 4002 of the 21st Century Cures Act (Cures Act) codified Section 3009A in Title XXX of the Public Health Service Act (PHSA). This RFI is a first step toward implementing the statute. Its responses will be used to inform subsequent discussions among stakeholders and future work toward the development of reporting criteria under the EHR Reporting Program.

HIECC Advisory Strategies

Quarterly Inquiries - Ms. Fox specifically requested input on the following from members in the following areas:

1. DURSA Signatory & Carequality
2. Patient Centered Data Home & Mental Health barriers to sharing across states
3. Pharmacists as subscribers to ENS
4. Addenda to Subscription Agreement

Ms. Fox requested that members consider these inquiries and provide feedback to the Agency.

Next steps

The HIECC will meet again in March 2019.



New Action Items	Owner
Send Dr. Dennis Saver an e-mail (copying AHCA) regarding the designation of a surrogate to query the PDMP on their behalf	Michael Jackson
Send e-mail requesting feedback on topics for the upcoming Legal Work Group meeting	Agency Staff
Send link to the request for information regarding the 21 st Century Cures Act	Agency Staff
Consider Quarterly Inquiries and provide the Agency with feedback and suggestions	HIECC Members

With no further business to discuss, Mr. Dalton moved to adjourn, and Mr. Herring seconded, with no objections. The committee adjourned.

Health Information Exchange Coordinating Committee (HIECC)

March 29, 2019



Agenda

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11:55-12:00	Meeting Summary	Heidi Fox, AHCA





FLORIDA
HIE SERVICES

Florida HIE Services Update

Aaron Parsons



- **Encounter Notification Service (ENS)**

- ENS sends real-time notice of patient health care encounters to providers, hospitals, payers, and accountable care organizations

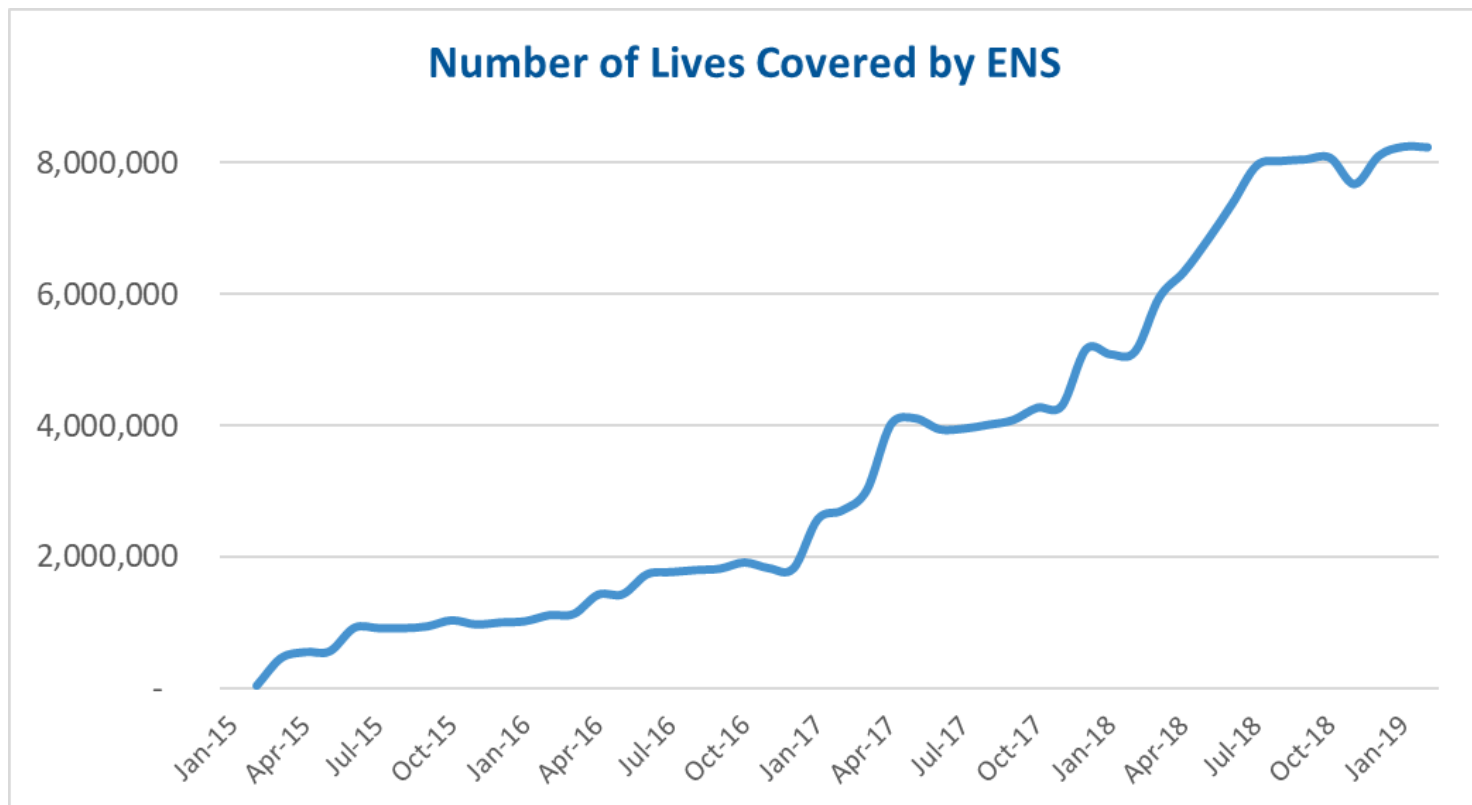
- **Hospital data sources**

- Over 225 hospitals contribute encounter data to ENS
 - 95% of Florida's acute care hospital beds covered
 - 83% of Florida's inpatient rehabilitation hospital beds covered
- Admit and discharge data provided to ENS in real-time



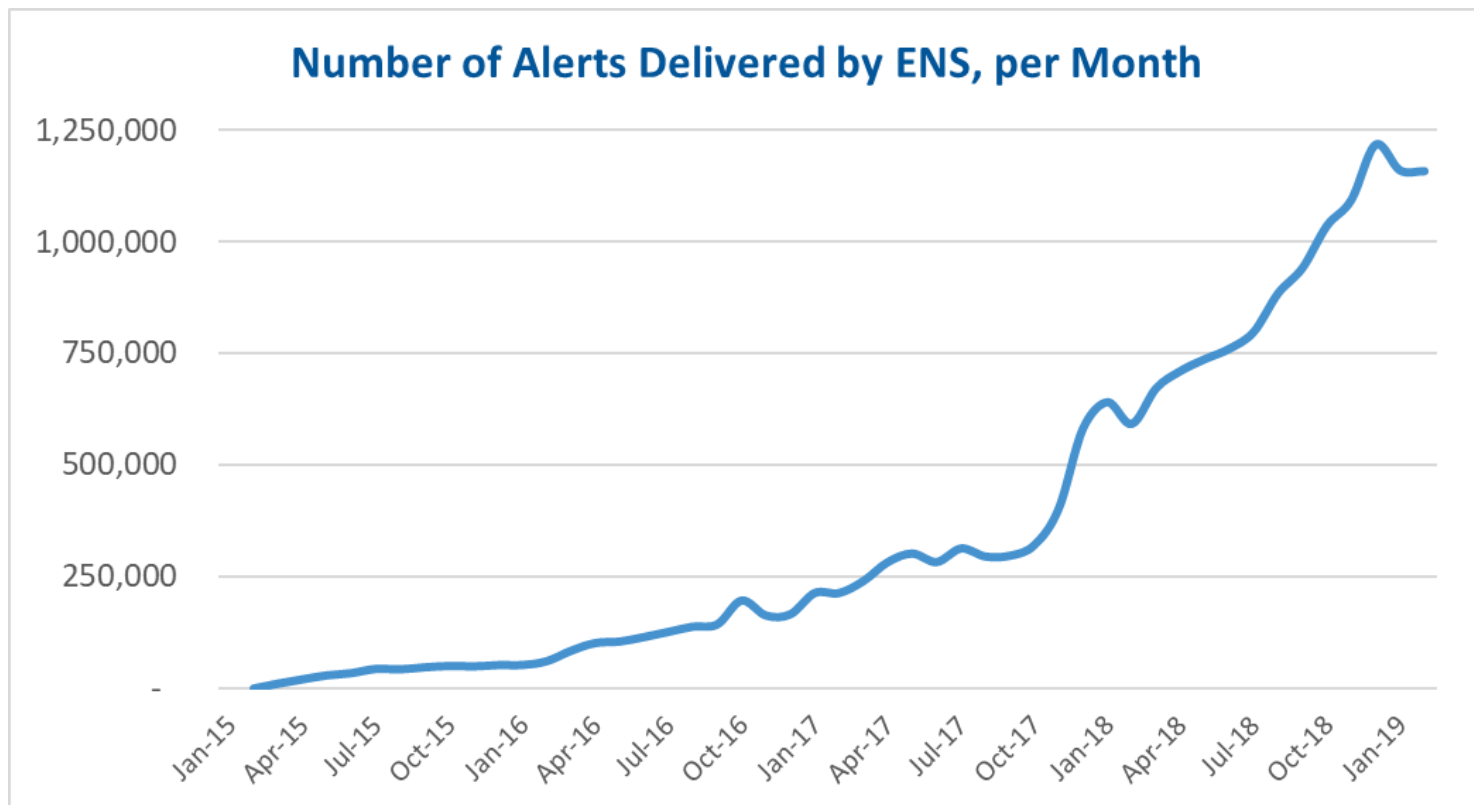
- **ENS metrics –**
 - Over 8.2M lives covered in Florida
 - 102 subscribing organizations
 - 10 health systems (inclusive of over 60 hospitals)
 - 19 health plans
 - 23 Accountable Care Organizations (ACOs)
 - 50 provider groups
 - 19 Community Health Centers
 - 31 other primary care and specialty practices
 - Over 1M alerts delivered each month

- Lives covered by ENS in Florida**





- Alerts delivered by ENS in Florida



Encounter Notification Service



- **ENS metrics –**

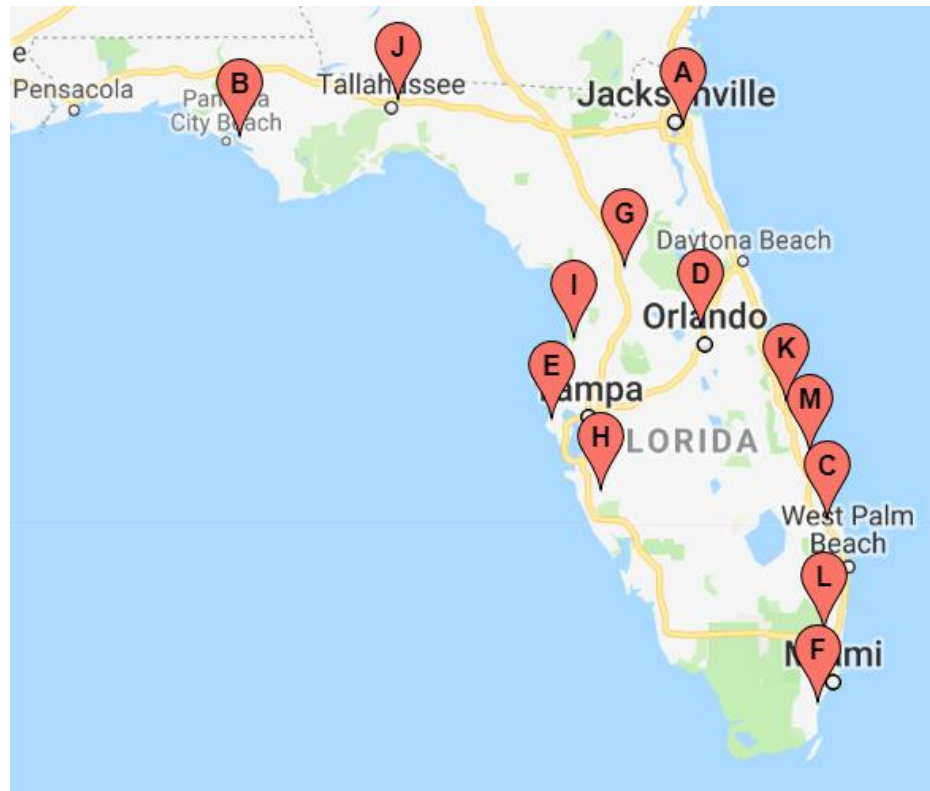
	February 2019	Quarterly Change	Annual Change
Subscribing Organizations	102	↑ 20%	↑ 142%
Lives Covered	8,230,735	↑ 7%	↑ 60%
Alerts Delivered per Month	1,158,684	↑ 6%	↑ 95%



Encounter Notification Service



- 13 rehab hospitals went live as data sources in Q1



Encounter Notification Service



- 40 SNFs have signed up to be data sources to ENS





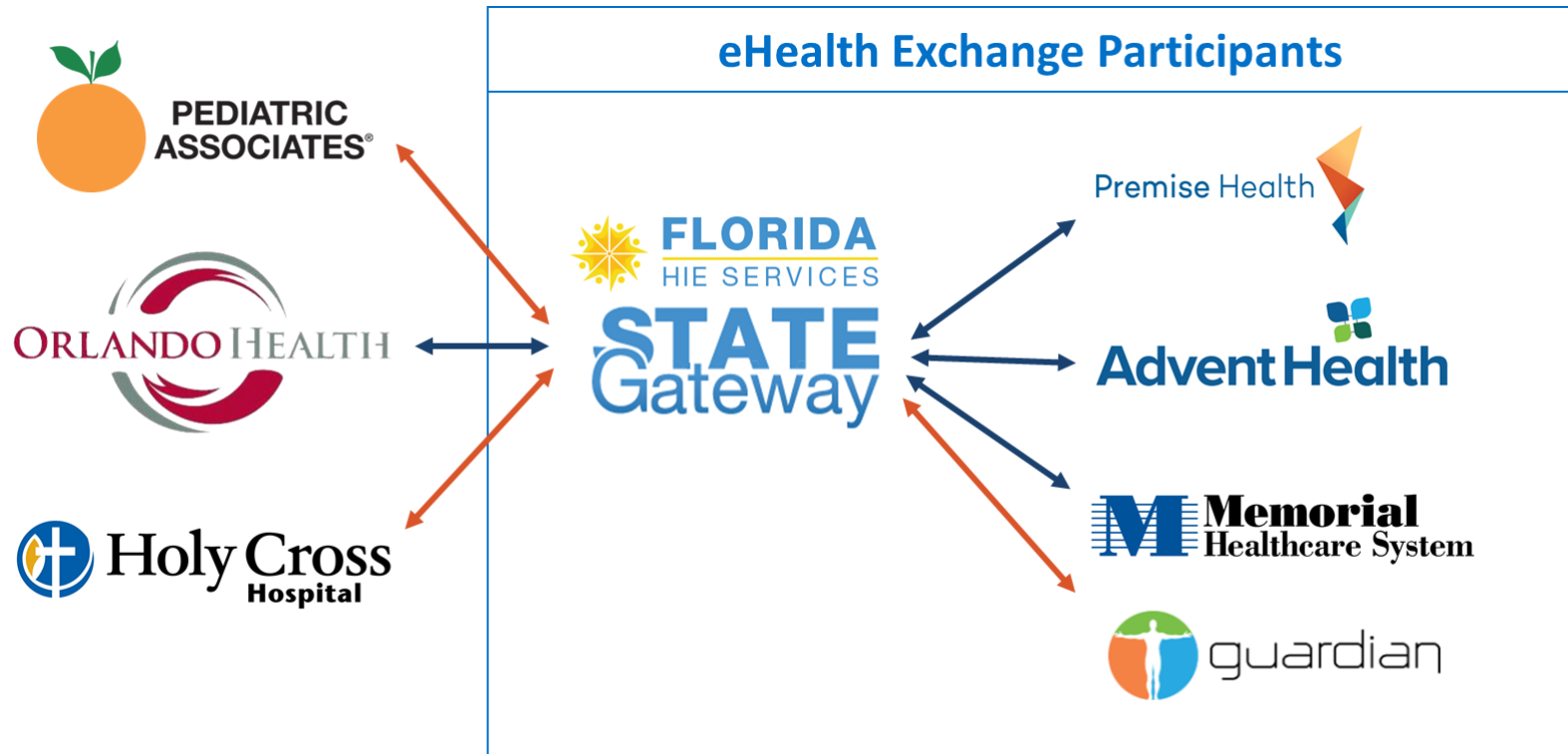
- **The State Gateway offers an on-ramp and support for exchange on the nationwide eHealth Exchange.**
 - The eHealth Exchange is a CCD query exchange network
 - The State Gateway connects participants to the eHealth Exchange when they cannot connect directly



- **Orlando Health & Disney's Center for Living Well -**
 - There were 1,535 successful queries in December, 1,515 in January, and 1,249 in February.
- **Orlando Health & AdventHealth -**
 - There were 1,030 successful queries in December, 3,022 in January, and 3,372 in February.
- **Orlando Health & Memorial Healthcare System –**
 - There were 132 successful queries in February; the connection went live in late February.



- **Work is now underway to connect Guardian Health Services to Orlando Health via the State Gateway.**
- **Pediatric Associates and Holy Cross Hospital will be onboarding to the State Gateway this year.**



Florida HIE Policies & Agreements

Carrie Gaudio



Florida HIE Policy Development

- **Subscriber Eligibility:**
 - Organizations that are able to meet the following criteria may subscribe to ENS:
 - Be state or federally designated (a business license or articles of incorporation is not sufficient);
 - Have a direct and ongoing patient relationship with all patients for whom they subscribe; and
 - Have appropriate patient authorization to access information on all patients for whom they subscribe
 - Scoping how eligibility policy will shape which Agency licensees are able to subscribe.



Florida HIE Agreement Revisions

- Reviewed by the HIE Legal Workgroup on 1/25
- Revisions include:
 - Removal of unnecessary references to AHCA
 - Removal of outdated language
 - General Terms & Conditions better aligned to ENS Subscription Agreement
 - Edits for clarity
- Current executed versions will remain in effect; new subscribers will sign updated versions.



Office of HIE Program Metrics

Carrie Gaudio



Promoting Interoperability (EHR Incentive) Program Updates

- Stage 3 for 2019 is mandatory
- Program staff are currently processing 2018 applications
- Payment information as of March 19, 2019:

	Eligible Professionals	Eligible Hospitals
Total # of payments	17,312	535
Unique providers	9,087	182
Total payments	\$258,283,887	\$322,240,387



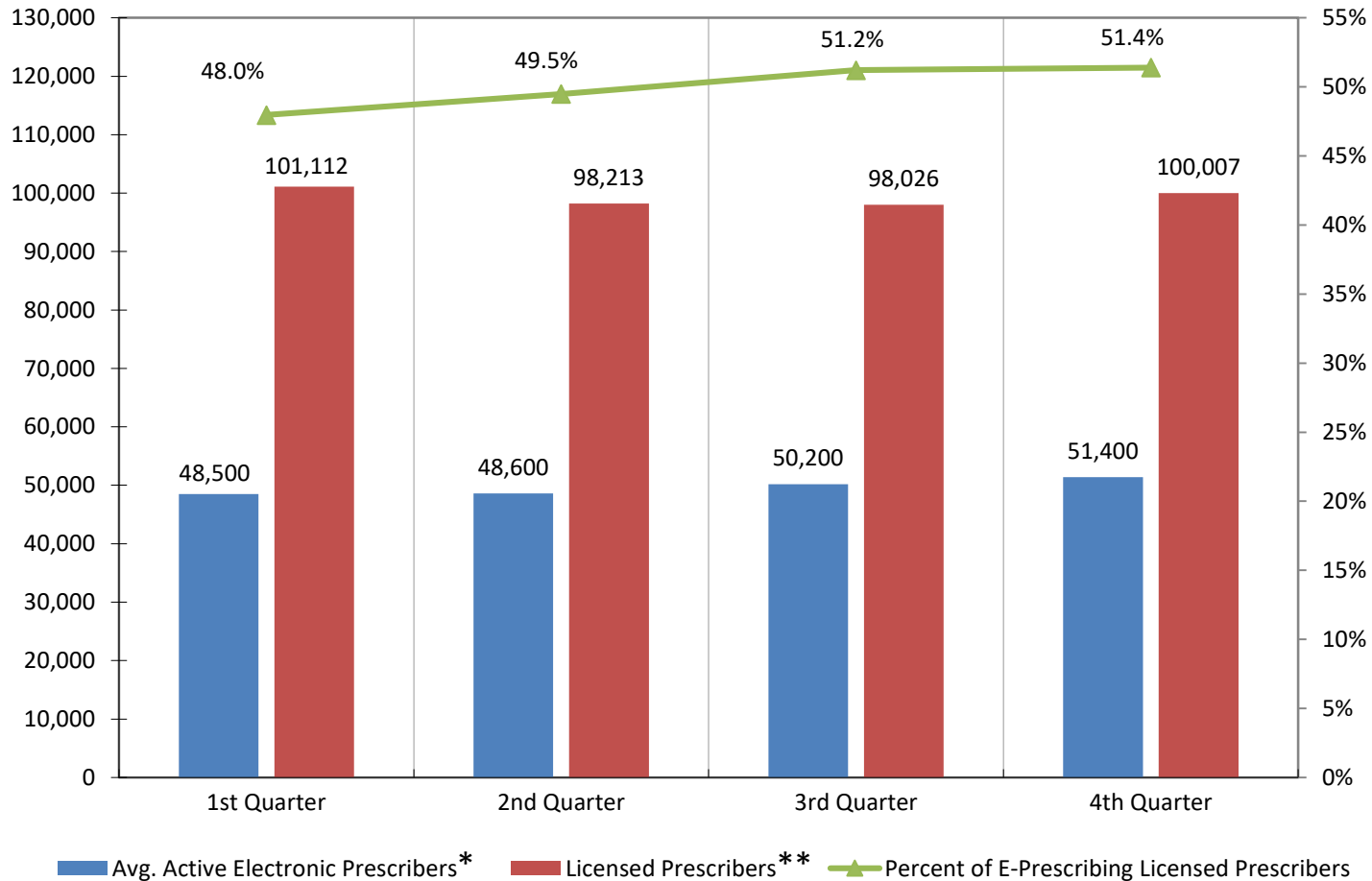
ePrescribing

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



Florida ePrescriber Averages²⁹

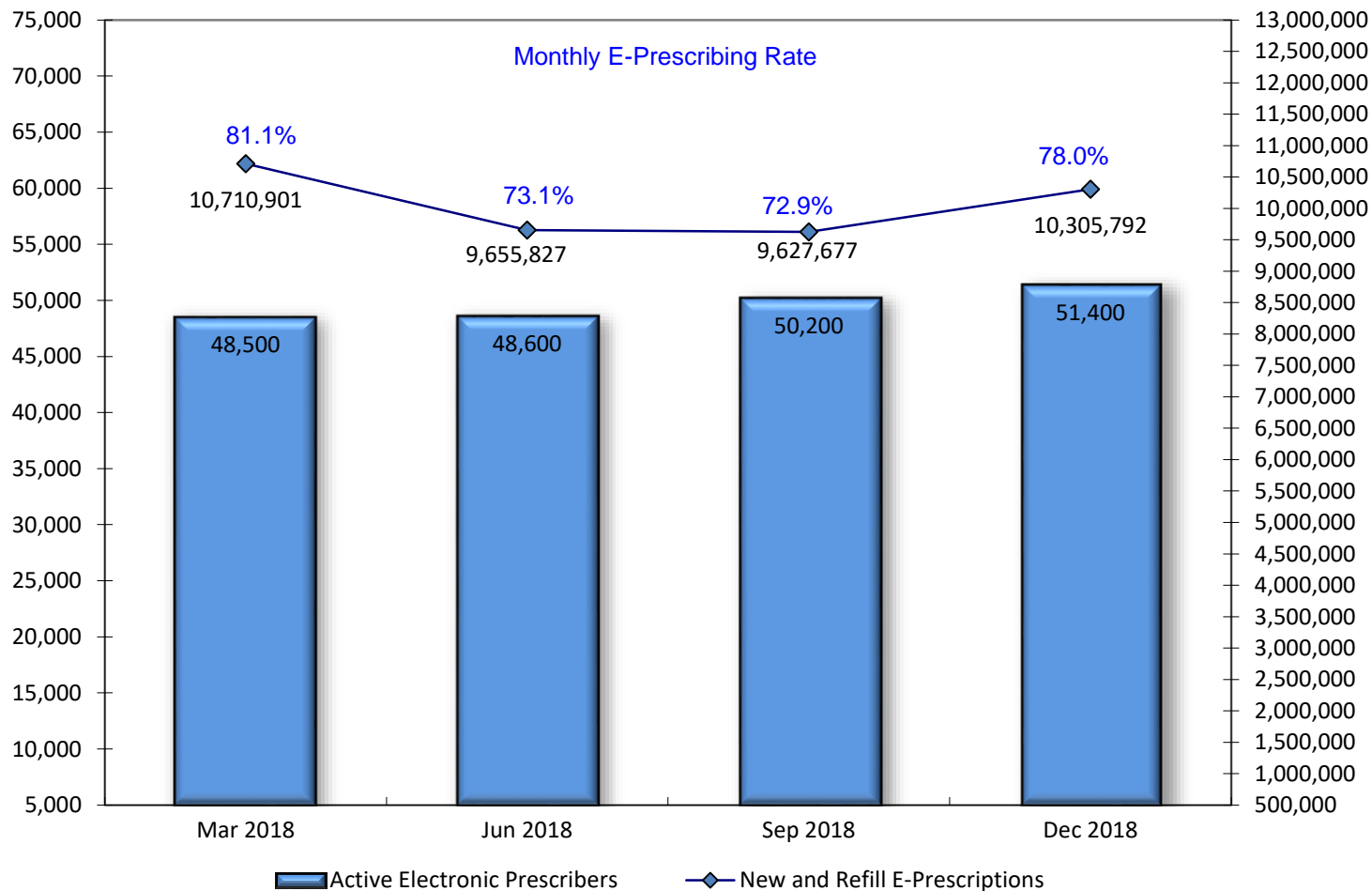
Florida Active Electronic Prescribers and Licensed Prescribers at End of Quarters in 2018



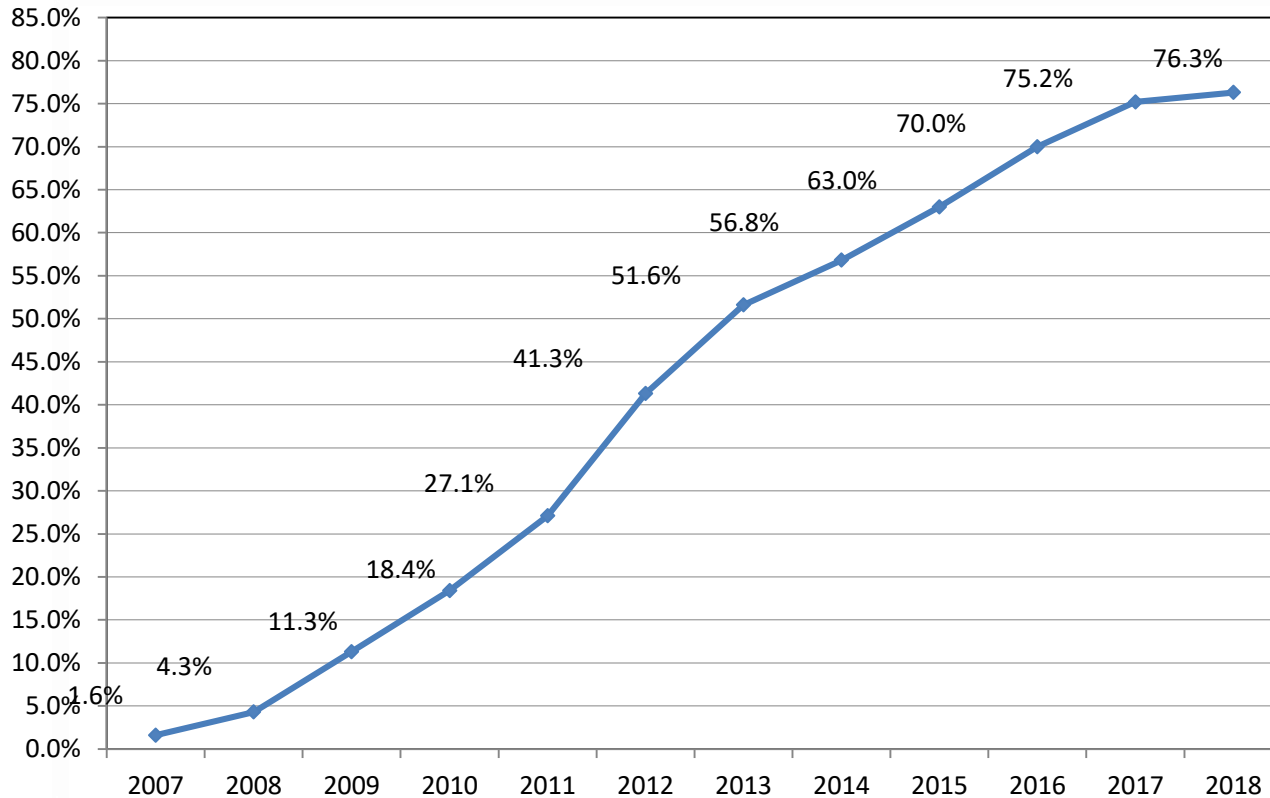
*Data from SureScripts

**DOH Licensees Including DN, MD, PA, ARNP, PO, and OS

ePrescribing Providers & ePrescribing Rates – End of 2018 Quarters



Annual Electronic Prescribing Rate,³¹ 2007 to 2018



Outreach Update

Pam King



Outreach Update

- 2018 Review
- Expanded Goals for 2019
- Increasing Social Media Footprint
- HIE Advocate Videos
- 2nd Annual Florida HIE User Summit



Outreach Activity Accomplishments for 2018

Webinars	Event Participation	Speaking Engagements	Tweets	Social Media Posts
Goal 18	Goal 20	Goal 5	Goal 52	Goal 20
Actual 51	Actual 28	Actual 21	Actual 83	Actual 83

Outreach Outcome Accomplishments for 2018

ENS Subscribers	ENS Patients Covered	Query Partners	Public Health Participants	EPCS Enabled Providers
Goal 70	Goal 6M	Goal 10	Goal 2	Goal 16
Actual 94	Actual 8.1M	Actual 2	Actual 2	Actual 13.3



2019 Outreach Activity Status

GOALS:

ACCOMPLISHED as of February 28:

Host 48 Health IT Webinars

• 14 Health IT Webinars hosted

Attend 24 Events/Conferences

• Exhibited at 7 Events

Speak at 12 Events/Conferences

• Spoke at 3 Events/Conferences

Social Media Engagement 5%*

• Overall engagement 1.68%

10 Advocate Videos*

• 3 Videos are currently live

* Separate Social Media Goals



2019 Outreach Outcome Status

GOALS:

ACCOMPLISHED as of February 28:

100 New Encounter Notification Service (ENS) Data Sources

- 51 New ENS Data Sources
- Addition of Rehab Hospitals and Hospice

100 Encounter Notification Service Subscribers

- 104 Subscribers to ENS
- Includes health plans, hospitals, ACOs, practitioners

10 Million Patients Covered by ENS

- 8.23 Million Patients Covered by ENS

10 Gateway Query Partners

- 3 Query Florida HIE Gateway Exchange Partners
- Orlando Health, Florida Adventist, Center for Living Well

2 Additional Department of Health Programs Using Florida HIE Services

- No new participants yet this year
- 6 pending opportunities

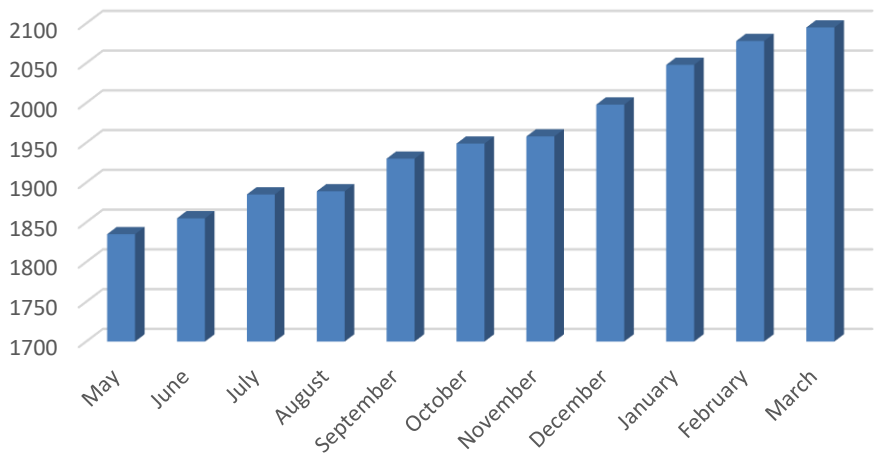
16% of Providers Enabled to Electronically Prescribe Control Substances

- 13.3% as of Jan 2019 Report
- An increase of 4.6 % from 2018

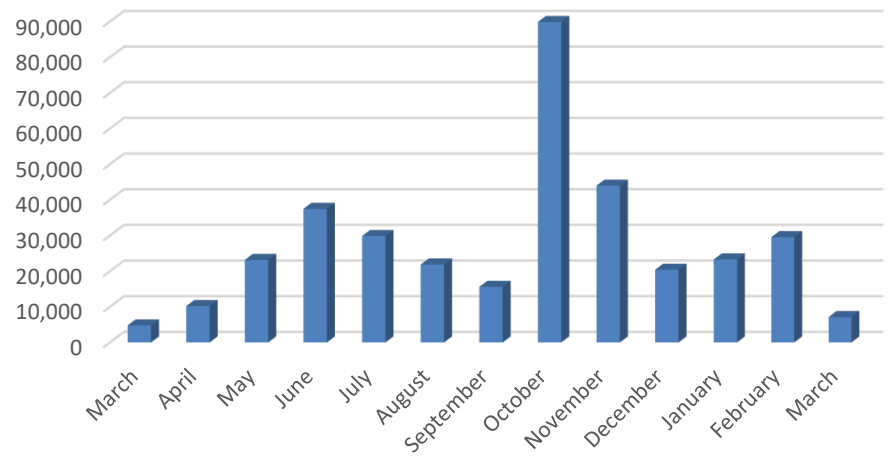


2019 Social Media Status

Followers



Impressions



Engagement %

Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
1.95	1.00	0.94	1.43	1.18	1.08	0.75	1.24	0.47	0.42	0.82	1.28	2.97

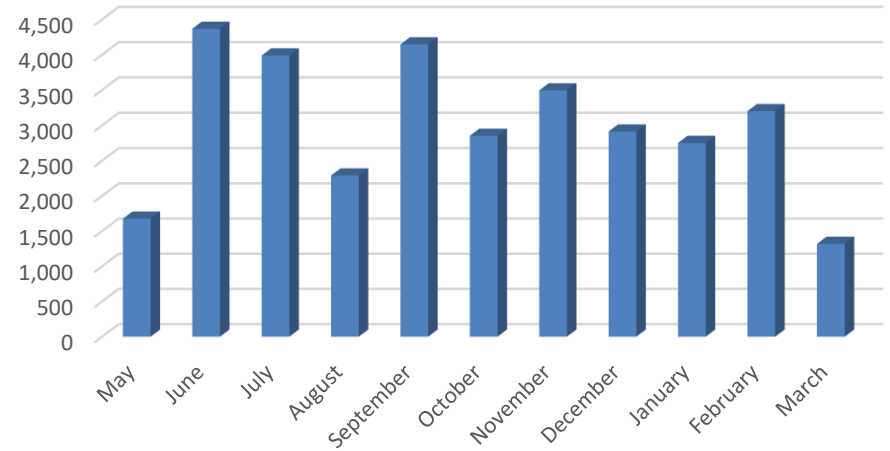


2019 Social Media Status

Likes and Follows

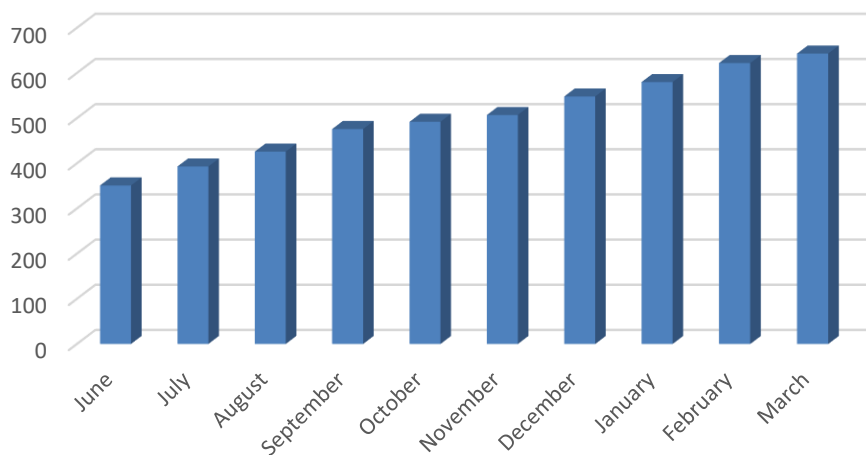


People Reached

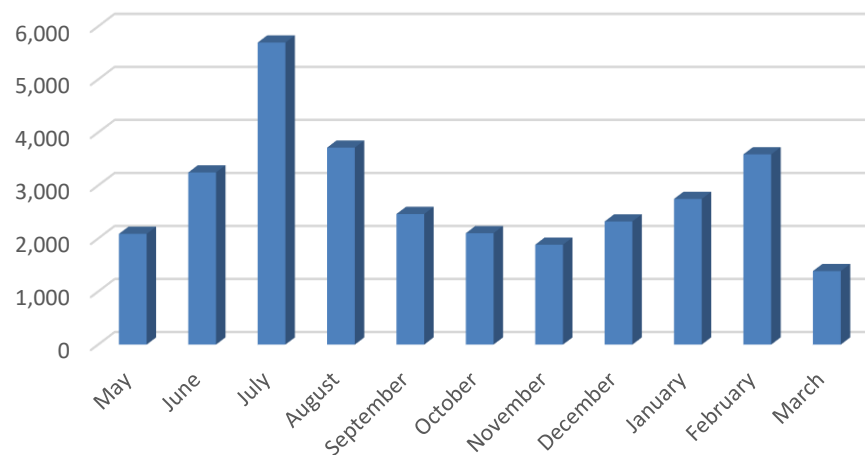


2019 Social Media Status

Followers



Impressions



Engagement %

May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
2.86	3.90	4.58	3.87	1.99	4.56	2.45	2.61	2.36	2.48	2.87





FLORIDA
HIE SERVICES

Advocate Stories

Suzanne Gruszka, RN

Corporate Director,
Population Health Clinical Initiatives



2nd Annual

2019 Florida HIE User Summit:

Transforming

Health Care Through Technology



FLORIDA
HIE SERVICES

#FLHIESummit

www.florida-hie.net

Registration Open

May 20, 2019

12:30 - 5:30

Saddlebrook Resort

Tampa, FL

Join Health Information Technology leaders discussing trends, policies, and other influencers affecting care delivery, coordination, analytics, payment methodologies, and patient care. Panel discussions will include members from hospitals, health plans, ACOs, FQHCs, physicians, and other providers.

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HEALTH IT SUMMIT SERIES

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Better Health Care for All Floridians
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AHCA & DOH HIE Initiatives



ESSENCE-FL Overview



Allison Culpepper
Florida Department of Health
Division of Disease Control & Health Protection
Bureau of Epidemiology

To protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

ESSENCE-FL

- **E**lectronic **S**urveillance **S**ystem for the **E**arly **N**otification of **C**ommunity-based **E**pidemics
- Automated and secure web-based application
- Accessed by DOH epidemiologists (local, regional, state) and staff at participating hospitals
- Handles a variety of real-time/nearly real-time data feeds



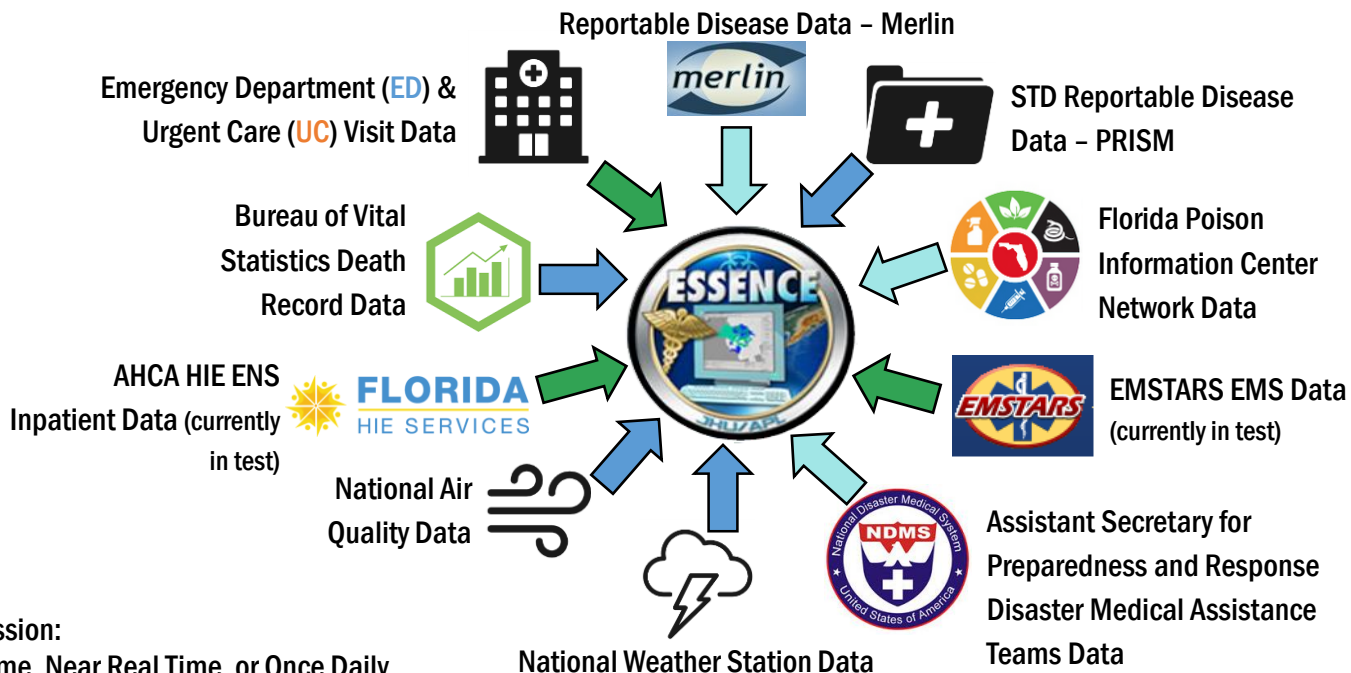
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ESSENCE-FL and Syndromic Surveillance

- Rapid event detection: Monitoring 7 days a week (including weekend and holidays)
- Outbreak detection: Allows epidemiologists to look at trends over time and single day spikes
- Situational awareness and monitoring trends
- Closing the public health surveillance loop
- Real-time surveillance

ESSENCE-FL Today



File Submission:

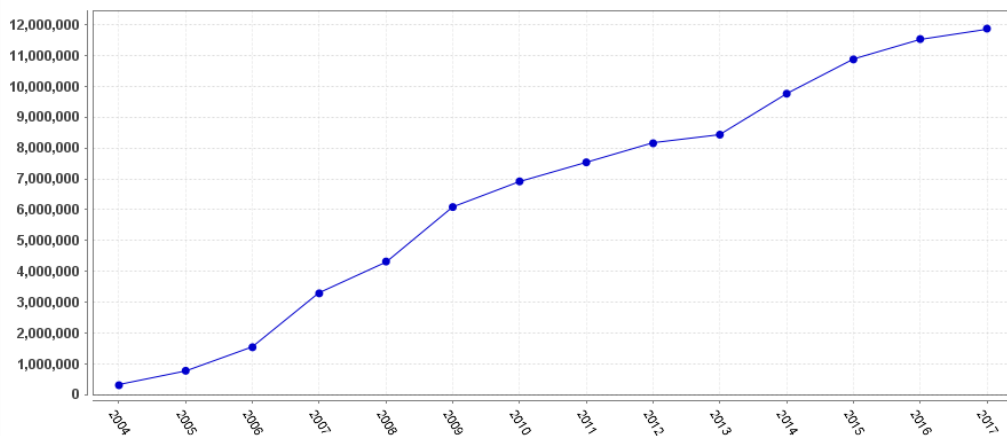
- Real Time, Near Real Time, or Once Daily
- Near Real Time (every 10 mins - 2 hrs.)
- Once Daily



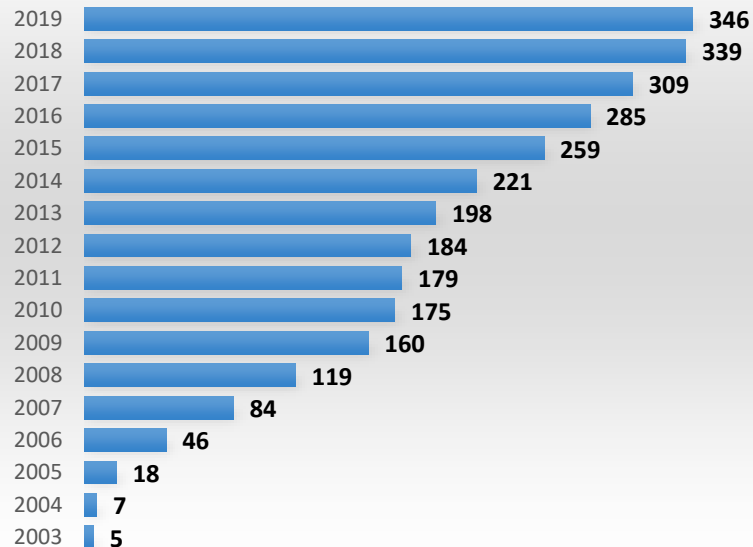


Growth of Visits, Facilities Reporting

Number of ED/UC Visits by Year



Number of Facilities Reporting to ESSENCE-FL per Year



3
9



ESSENCE-FL Users

- **DOH users:** ~400 registered users at local, regional, and state level
 - State staff and subject matter experts
 - County health departments: each of the 67 counties designates a primary and a secondary ESSENCE-FL user
- **Hospital users:** see their own data, limited data views of other data sets
- **ASPR:** during response events
 - 1st Use: 2012 Republican National Convention



ED/UC Data Elements

Data Element	Description
Facility Demographics	
Name	Name of facility where the patient presented
NPI	NPI of facility where the patient presented
Facility Address	Legal address where patient presented
Patient Demographics	
Age	Age in years (i.e., Newborn = 0)
Gender	Gender of patient
Ethnicity	Ethnicity of patient
Zip	ZIP code of patient
State	State of patient residence
Country	Country of patient residence

Data Element	Description
Visit Demographics	
Patient MRN	Patient medical record number or other ID
Visit DT	Date/Time of patient presentation at facility
Chief Complaint	Major reason for visit as reported by the patient at the time of presentation
Temperature	1st recorded temperature
Triage Note	Extended notes for the patient visit
Pregnancy Status	Yes, No or Unknown
Travel History	(Yes/No)^Location of Travel
Disposition DT	Date/Time of discharge disposition
Discharge Disposition	Patient location or status following visit (i.e., discharged to home, admitted as inpatient, expired, etc.)
Diagnosis Type	Type of diagnosis - Admitted, Working, Final
Diagnosis	Diagnosis of patient condition often SNOMED or ICD-10 coded
Pulse Oximetry	1st recorded pulse oximetry value



AHCA HIE Inpatient Data to ESSENCE-FL

Current Gap

- Ability to conduct surveillance for hospitalized persons.

Background

- Florida is the 3rd largest state in the nation and is home to the highest proportion of people over the age of 65 than any other state.
- Those unique demographic characteristics combined with singular statewide influenza seasonality result in a large at-risk population that are likely severely under-counted by focusing primarily on Emergency Department (ED) and Urgent Care Center (UCC) data.



AHCA HIE Inpatient Data to ESSENCE-FL

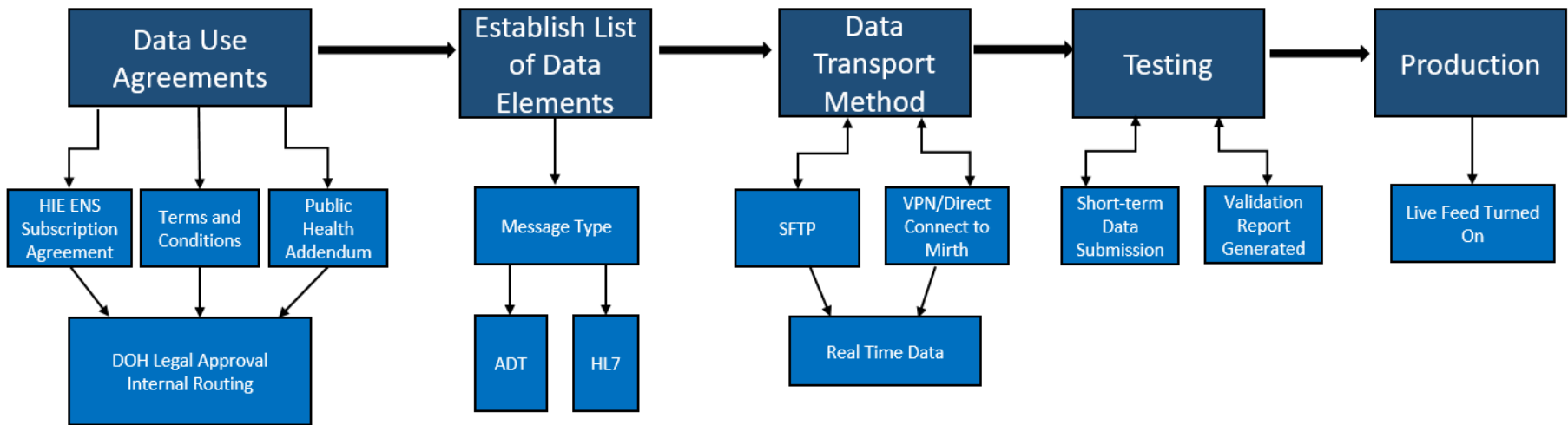
Benefits: More Robust Surveillance

- **Better surveillance:** Allows for near real-time and stronger measurement of severity of disease than what current ED chief complaint based syndromic surveillance currently supports.
- **Faster response to public health threats:** Allows county health departments to query the inpatient data and respond quickly for their own surveillance needs.

AHCA HIE Inpatient Data to ESSENCE-FL



AHCA HIE Inpatient Data to FDOH



AHCA HIE Inpatient Data to ESSENCE-FL



Data Element	Description		
MSH.1.1	Field Separator	EVN.1.1	ADT Event Type
MSH.2.1	Encoding Characters	EVN.2.1	ADT Event Recorded Date & Time
MSH.3.1	ADT Message Sending Application	EVN.7.1	Event Facility
MSH.4.1	Sending Facility Source Code	PID.3.1	Patient Identifier List
MSH.4.2	Sending Facility Object Identifier (OID)	PID 7	Date of Birth
MSH.7.1	ADT Message Date & Time	PID.8.1	Patient Gender
MSH.9.1	ADT Message Type	PID.10.1	Patient Race
MSH.9.2	ADT Event Type	PID.11.3	Patient Address - City
MSH.10.1	ADT Message Control ID	PID.11.4	Patient Address - State
MSH.12.1	Version	PID.11.5	Patient Address – Zip Code
		PID 11.6	Patient Country
		PID.18.1	Patient Account Number
		PID.22.1	Patient Ethnicity
		PID.24.1	Patient Multiple Birth Indicator
		PID.25.1	Patient Birth Order
		PID.29.1	Patient Death Date & Time
		PID.30.1	Patient Death Indicator
		PV1.1.1	Set ID
		PV1.2.1	Patient Class
		PV1.4.1	Admission Type
		PV1.13.1	Visit Readmission Indicator
		PV1.19.1	Visit Number



Challenges and Limitations

- Data Use Agreements: DOH Legal approval
- Volume of Real Time Data: Ensuring that our current infrastructure can support real-time data.
 - Method of Transport: Transitioned from SFTP to a direct connection to DOH VPN server to address volume challenges
- Data Validation: 1 ADT message per file. Volume is difficult to validate.
- Data Standardization: Data is not as standardized as syndromic surveillance ED and UC data (does not have MU HL7 standard).

emPOWER

Heidi Fox, AHCA

- Memorandum of Understanding executed between AHCA & DOH
- Medicaid data included in the emPOWER system to more comprehensively track electricity-dependent beneficiaries for preparedness & management in the event of an emergency
- Data to be delivered from AHCA to DOH as needed



ePrescribing Clearinghouse Discussion

Pam King



ePrescribing Outreach



ePrescribing in Florida



Electronic prescribing or ePrescribing (e-Rx) allows a health care professional to seamlessly transmit a new, changed, refilled, or canceled prescription to a pharmacy.



ePrescriptions can be transmitted using a standalone ePrescribing software or can be transmitted using an integrated function within an electronic health record (EHR) system. More information on secure ePrescribing software can be found on our website.



A short term investment of time and funds will pay for itself in long term savings, efficiencies, and safety.



Controlled substances can be ePrescribed with the addition of some security safeguards such as two-factor authentication to transmit.



ePrescribing increases workflow efficiency and security, improves patient safety, improves medication adherence, maintains regulatory compliance, and fights opioid fraud and abuse - just to name a few of its many benefits.

For more information please visit www.fhin.net/eprescribing



ePrescribing Clearinghouse Discussion

- Section 408.0611, FS: The Agency is directed to provide online information about ePrescribing, including advantages, guidance, and program information.
- ePrescribing adoption metrics on www.FHIN.net
- Expansion of information available online



Section 408.0611(2)a, FS

Directs the Agency to provide online information regarding ePrescribing:

1. Information regarding the process of electronic prescribing and the availability of electronic prescribing products, including no-cost or low-cost products;
2. Information regarding the advantages of electronic prescribing, including using medication history data to prevent drug interactions, prevent allergic reactions, and deter doctor and pharmacy shopping for controlled substances;
3. Links to federal and private sector websites that provide guidance on selecting an appropriate electronic prescribing product; and
4. Links to state, federal, and private sector incentive programs for the implementation of electronic prescribing.



Quarterly Inquiries

- Previous:
 - DURSA Signatory & Carequality
 - Barriers to sharing across states
 - Pharmacists as subscribers to ENS
 - Subscription Agreement Updates
- New:
 - ePrescribing Clearinghouse Ideas & Suggestions



Next Steps

- Review of New Action Items
- Email Heidi.Fox@ahca.myflorida.com regarding feedback on Quarterly Inquiries
- Next meeting – June/July – TBD

