Health Information Exchange Coordinating Committee (HIECC) Meeting

May 12, 2017
10:00 a.m.

Teleconference Number: 877 309-2071
Access Code: 475-292-239#

AGENDA

Health Information Exchange Coordinating Committee (HIECC)

Meeting Date: **May 12, 2017**
Time: **10:00 am – 12:00 pm**

Location: **GoTo Webinar**
Dial-in Number: Will be provided upon registration at GoTo Webinar
Dial-in Access Code: Will be provided upon registration at GoTo Webinar

TIME	ITEM	PRESENTER
Call to Order, Welcome and Roll Call		
10:00-10:10	Welcome - Agency Updates Roll Call	Chair Heidi Fox
Review & Approve Minutes		
10:10-10:15	February 10, 2017 p.1	Heidi Fox
Previous Action Items		
10:15-10:20	Review and Status	Heidi Fox
Program Updates		
10:20-10:35	• New Vendor and Transition p.6	Heidi Fox
10:35-10:50	• Program Metrics p.10	Aaron Parsons
10:50-11:05	• PLU User Group Report p.16	Carrie Gaudio
11:05-11:20	• Outreach Update p.17	Pam King
Discussion		
11:20-11:45	New Vendor Introduction, Update and Strategic Vision p.21	Audacious Inquiry
Meeting Summary, Next Steps & Adjourn		
11:45-11:50	Action Items	Heidi Fox
11:50-12:00	Next Meeting – August 11, 2017 Adjourn	Heidi Fox

HIECC Mission
Advise and support the Agency for Health Care Administration (AHCA) to develop and
implement a strategy for establishing a privacy-protected, secure and integrated statewide
network for the communication of electronic health records among authorized parties.

The Committee will function as an issue-oriented technical workgroup of the State Consumer
Health Information and Policy Advisory Council (Advisory Council).

Health Information Exchange Coordinating Committee Meeting Minutes

Meeting Date: February 10, 2017
Time: 10:00 a.m. – 12:00 p.m.
Location: GoTo Webinar/Conference Call only

Members Present: Nikole Helvey for Secretary Senior; Melanie Brown-Woofter; Craig Dalton; Kate Doyle; Jarrod Fowler; Tab Harris; Bruce Culpepper for Tom Herring; Michael Jackson; Alex Koster; Peter Kress; Gay Munyon; Dennis Saver, M.D.; Kim Tendrich; Ashley Tait-Dinger for Karen van Caulil.

Members Absent: Ronald Burns, D.O.; Alejandro Romillo; Hal Perlman; Wences Troncoso.

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

Interested Parties Present: Liz Cole, Gigi Cowart.

Meeting Materials: Agenda; Previous Minutes (11/4/16); Harris Quarterly Report and Plans; Patient Look-Up (PLU) User Group Report; Outreach Update; Program Metrics and Updates.

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

Call to Order, Agency Updates, and Roll Call: Ms. 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 then conducted the roll call. A quorum was present.

Review and Approval of Minutes: Ms. Fox asked the committee to review the minutes from the November 4, 2016, meeting. There were no corrections. Mr. Tab Harris motioned to approve the minutes.

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

1. Post Direct Trust Messaging metrics on Florida HIE website and notify members. ONGOING until HIE staff clarify meaning of the metrics.

2. Review provider directory with Inpriva and determine whether Florida participants can access the full directory. ONGOING conversation with vendor to make directory more accessible to Florida participants.

3. Send Memorial workflow to members. ONGOING until HIE staff clarify Memorial's processes and simplify the example workflow.

Harris Quarterly HIE Plan & Report: Ms. Cowart reported for the period of October through December 2016.

For this period, highlights for the ENS include member panels in excess of 1.8 million subscribed lives, five (5) new subscription agreements, including Florida Blue, United Health Care, MCM Accountable Care Organization, Aetna and Humana medical Plan. Aetna is now live on the service, while Humana, MCM Accountable Care and Physician Partners are expected to be live by February.

In all, ENS has twenty-eight (28) subscribers to the service, and 210 data sources sending ADT alerts which covers ninety-four percent (94%) of general acute care beds in Florida. There were seven (7) health plans, twenty (20) accountable care organizations (ACO), and one (1) independent physician association (IPA) in production at the end of December. The ENS provided 167,182 subscriber notifications during . . . ..

For PLU, Guardian (Florida Accountable Care Services) went live on November 2. Community Health IT terminated its subscription agreement on December 8, and plans to join through the Tampa Bay HIE. There are currently nine (9) production nodes in deployment. Harris continued working with the VA and Premise Health through the eHealthExchange connection. As of December, Premise Health was querying through the eHealthExchange (eHX) to the Florida HIE. PLU system usage continued to increase during the October to December period. The number of matched patient records increased from 75,316 to 88,866 and the number of documents retrieved through the service increased from 103,262 to 124,061.

During this period, there was an increase in both the number ofDirect Messaging Accounts (from 119 to 122) and the number of Direct Messaging Users (from 262 to 265). There was a substantial increase in the number of messages received by accounts (from 5,534 to 5,684). Messages originated by account showed a slight decrease (from 6,256 to 6,240).

Ms. Cowart noted that services data can be found at: http://www.fhin.net.

PLU User Group Report: Ms. Liz Cole gave the PLU User Group report. She noted the PLU User Group met via webinar on January 26, 2017.

The User Group discussed the eHealthExchange (eHX) connection and commended Harris for providing a better understanding of the process for joining, including signing the eHX addendum. She highlighted the connection to the validation state gateway that is separate from the general onboarding test gateway of the Florida HIE and that, once connected, it is easier to connect to other eHX partners.

Ms. Cole stated the PLU User Group is looking to Tampa Bay HIE to lead the way in connecting to the VA. She emphasized some of the difficulties in connecting to the VA, including the VA use of SSNs for patient matching, which most hospitals do not use. Without the SSN, the VA estimates approximately a 20% patient match rate and that they will initiate approximately 2,000 queries per day.

Addressing exchange monitoring, Ms. Cole referred to Harris' slides and the ability to review monitoring capabilities to identify what each node is doing. She emphasized that some facilities have the ability to more sophisticated monitoring of activity, including the number of patient requests, and number of documents retrieved.

Ms. Cole spoke to AHCA's 2016 outreach activities and the increase in ENS participation and its impact on care coordination. She summarized the User Group's discussion about ENS funding and the benefit to hospitals to apply funding to implementation and first-year costs for the service.

Ms. Cole reported that the User Group had a discussion about AHCA's proposed changes to the subscription agreements. Service Level agreements will continue to be reviewed and, when finalized, will be added to the subscription agreements. She added that there was a lengthy discussion about the proposed shift in consent models. The Group determined, by majority vote, that members cannot feasibly make the shift from Consent to Query to Consent to Release at this time due to technical and legal considerations that must be addressed first. They will continue to move their organizations in that direction, realizing that Consent to Release is the preferred model of other stakeholders. Ms. Cole added that The User Group and AHCA will develop a roadmap for changing the consent model.

Ms. Cole referred to Harris' metrics review and using the data to develop improvements and best practices among users, including the request from users for testimonials on the benefits and advantages of service utilization and functionality of health information exchange. She referred to upcoming MACRA requirements and how to leverage the Florida HIE for identifying successful use cases involving care coordination, emergency department or ambulatory care settings.

Speaking to node updates from Users, Ms. Cole reported the following: Bethesda is investigating its matching criteria due to a low number of matches; Guardian Health is following up on an issue involving outbound querying; Orlando Health thanked the Harris technical team for its assistance connecting OH to Premise Health; Tampa Bay gave an update on its ability to onboard sub-organizations and the benefit of AHCA's outreach efforts and partnership; All Children's will begin outbound document retrieval in the near future; and Moffett Cancer Center will connect to the Florida HIE in the near future.

Ms. Cole closed her presentation with the next PLU User Group meeting date of late March or early April, likely a face-to-face meeting.

Agency Update: Ms. Nikole Helvey gave the Agency for Health Care Administration (Agency) update. She reported the Agency is participating in pre-Legislative Session meetings and the Session will begin March 7. The Agency has presented information to various committees on behalf of the Division of Medicaid and the Health Quality Assurance. Agency staff have also met with Legislators individually, providing information to assist in their decision making.

As of February 6, the Agency was analyzing or monitoring 29 active bills. Specifically for the Florida Center, four pieces of legislation are in tracking. One is for physician's orders for life sustaining treatment which will establish in rule a form and process for a patient's wishes and a clearinghouse for those documents for access by treating providers. The Agency may contract with an outside vendor for the clearinghouse.

Ms. Helvey added that Patient Safety Culture Surveys in Health Care settings, a component of the Transparency legislation which was removed prior to the bill being passed in 2016, is being considered again this year. This will be an anonymous survey of staff regarding the culture of in the facility. Particularly, the survey asks if staff would recommend friends or family have a procedure at that facility.

The MyFloridaRX website for consumer searches of prescription drug pricing, administered in collaboration with the Attorney General's office, is under review for increasing the number of drugs listed on the website. The revision will increase the number from the required 100 to 300. The Agency currently lists 150 drugs. Ms. Helvey added that the new legislation requires monthly updates to that website.

Ms. Helvey reported that a new bill proposes to allow for the donation of electronic health records by patients to a repository that would be available for academic research. The Agency is conducting an analysis and will report its findings accordingly.

Regarding bills that passed in 2016, Ms. Helvey reported that the Telehealth survey of providers and health plans was completed and a report was delivered to the Governor and Legislature by December 31. Approximately 35,000 surveys were completed and the report is posted on the Agency's Telehealth website. In addition, the Telehealth Advisory Council created by the legislation has met 3 times and will continue meeting on a monthly basis until October. A report from the Council is due to the Governor and Legislature.

Finally, Ms. Helvey reported that the Florida Center is working to implement the Transparency bill passed in 2016. A vendor has been selected that will establish and database for paid health care claims. The information will then be made available to consumers on a unique website to show the average payment made to providers for specific procedures and conditions. A tentative timeframe for the launch of the website is Summer 2017.

Outreach Update: Ms. King reported the HIE outreach activities. Outreach presentations were delivered at 38 events in Florida during the quarter. The Florida HIE team hosted 67 Health IT webinars, including Direct Messaging and its relation to EHR Meaningful Use and a focus on PLU and connecting communities.

Ms. King emphasized the expansion of the ENS service and that patient coverage almost doubled in 2016. She noted the number of ENS data sources increased to 213 hospitals, and 2016 ended with 25 live subscribers.

For 2017, Ms. King highlighted the focus on opportunities to meet patient needs and improve care coordination through building on established efforts such as webinars, events, and other activities. She also reminded the committee of the CMS funding available to assist qualifying providers to participate in PLU and ENS services. Outreach activities for 2017 will continue to include Direct Messaging and its benefits to the EHR Incentive program, targeting provider and hospitals participating in the EHR Incentive program as well as long-term care facilities.

For PLU, Ms. King reported the Outreach plan is to re-focus on Florida HIE direct connections and continue to help PLU partners expand their connections, particularly with a new focus on the eHealthExchange. Entities that will be targeted for outreach will be hospital systems, regional HIE systems, andlong-term post-acute care providers.

Ms. King pointed to a new focus on outreach to hospitals interested in subscribing to ENS, promoting CMS funding for connecting hospitals, and reaching out to health plans and accountable care organizations.

Program Metrics and Updates: Ms. Fox updated the committee on other activities, as well as metrics not included in the Harris report.

She provided an overview of the Electronic Health Record Incentive (EHR) program as of January 27, 2017, and reminded the Committee the final 2015 rule covers Program Years 2015 through 2017 and simplifies the measures to which providers will attest. As of February 1, 2017, there were 564 applications to process for the incentive program, and a deadline of March 31 to submit applications.

Ms. Fox reported total payments by the EHR Initiative included $215,769,731 to eligible professionals, and $315,125,064 to eligible hospitals since the beginning of the program.

Ms. Fox addressed the PLU User Agreement and the consideration to move the current Consent to Query model to a Consent to Release model. She stated that most HIE organizations including the VA use the Consent to Release model. The Despite this, the PLU User Group voted unanimously to remain with the Consent to Query model due primarily to process and technical issues they will need to address before adopting the new model.

, Ms. Fox reported the Agency is vetting the draft PLU User Agreement with participants and stakeholders, and will provide the vendor with a final version as appropriate. Most of the revisions pertain to unenforceable requirements and redundant language, as well as adding Service Level Agreements for

the vendor. She highlighted that the final version will likely coincide with the Agency's new vendor agreement.

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

1. Post DirectTrust metrics on one of the HIE websites and notify members of the location/link.
2. Revise Memorial's workflow and send to members when completed.

Adjournment: There being no further business to discuss, the committee adjourned at 10:45 a.m.

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New Vendor Agreement and Transition

- **No-cost agreement with Audacious Inquiry was executed April 20, 2017.**
- Transition plan with Harris through June 30th.
- Agreement requires offering existing services or functional equivalent
  - Patient Look-Up service
  - Event Notification Service
  - Direct Messaging Service

Participation Agreements

- ENS data source agreements will be assigned to Ai

- Subscriber agreements will be re-executed

- No changes to agreements, terms and conditions or pricing during the transition
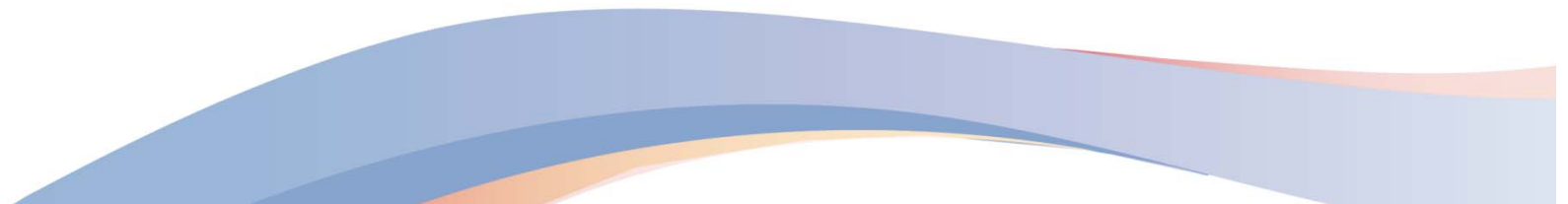
- New Agreements will be developed as needed.

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AHCA.MyFlorida.com

Transition of PLU Service

- Challenges
  - Cost and ROI
  - Participation
  - Technical Infrastructure outdated
  - Availability of other solutions

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Program Metrics Update

Electronic Health Records Incentive Payments

- Payment information as of May 4, 2017

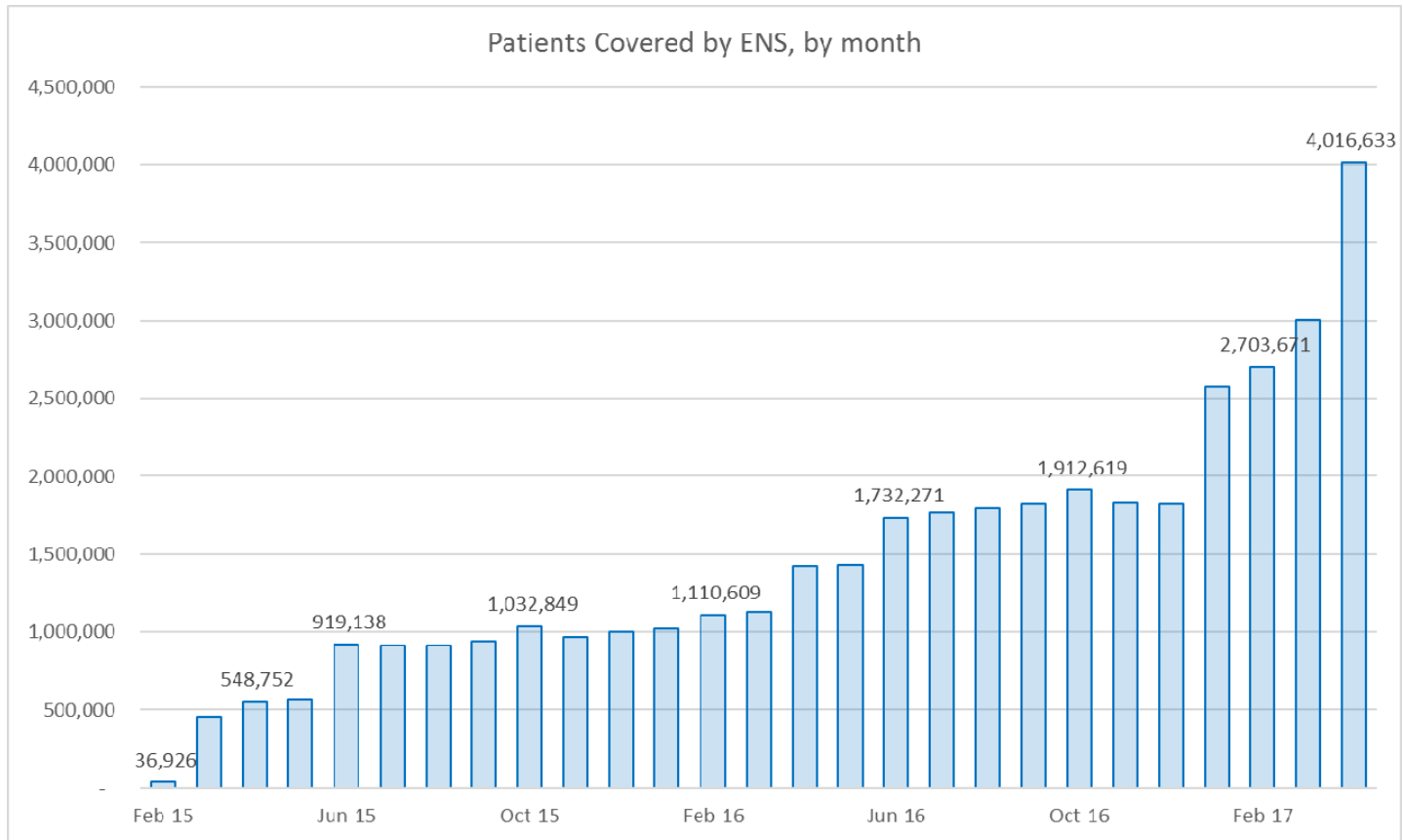|	Eligible Professionals	Eligible Hospitals
Total # of payments	14,055	523
Unique providers	8,386	182
Total payments	$223,184,567	$317,834,935

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Florida HIE – Direct Messaging

- Participation information for March 2017

Florida HIE Direct Messaging Service, March 2017	
Organizations	123
Mailboxes	268
Messages sent	6,464
Messages received	5,701

Florida HIE – Event Notification Service

Patients Covered by ENS, by month

Florida HIE – Event Notification Service

Alerts Delivered by ENS, by month

Florida HIE – Event Notification Service

Total Alerts Delivered by ENS, cumulative

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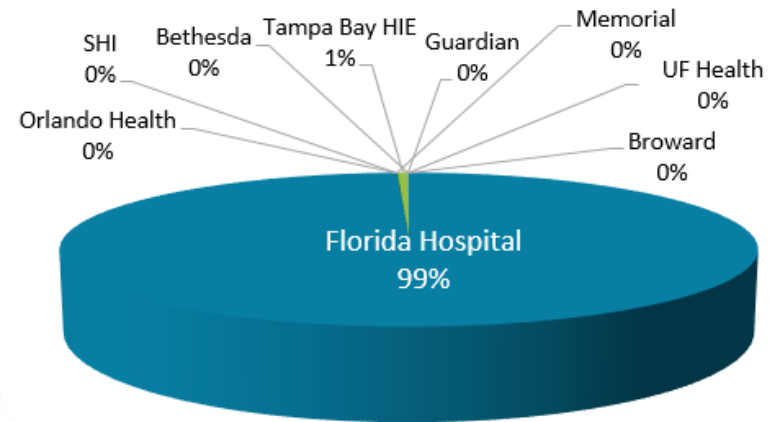AHCA.MyFlorida.com
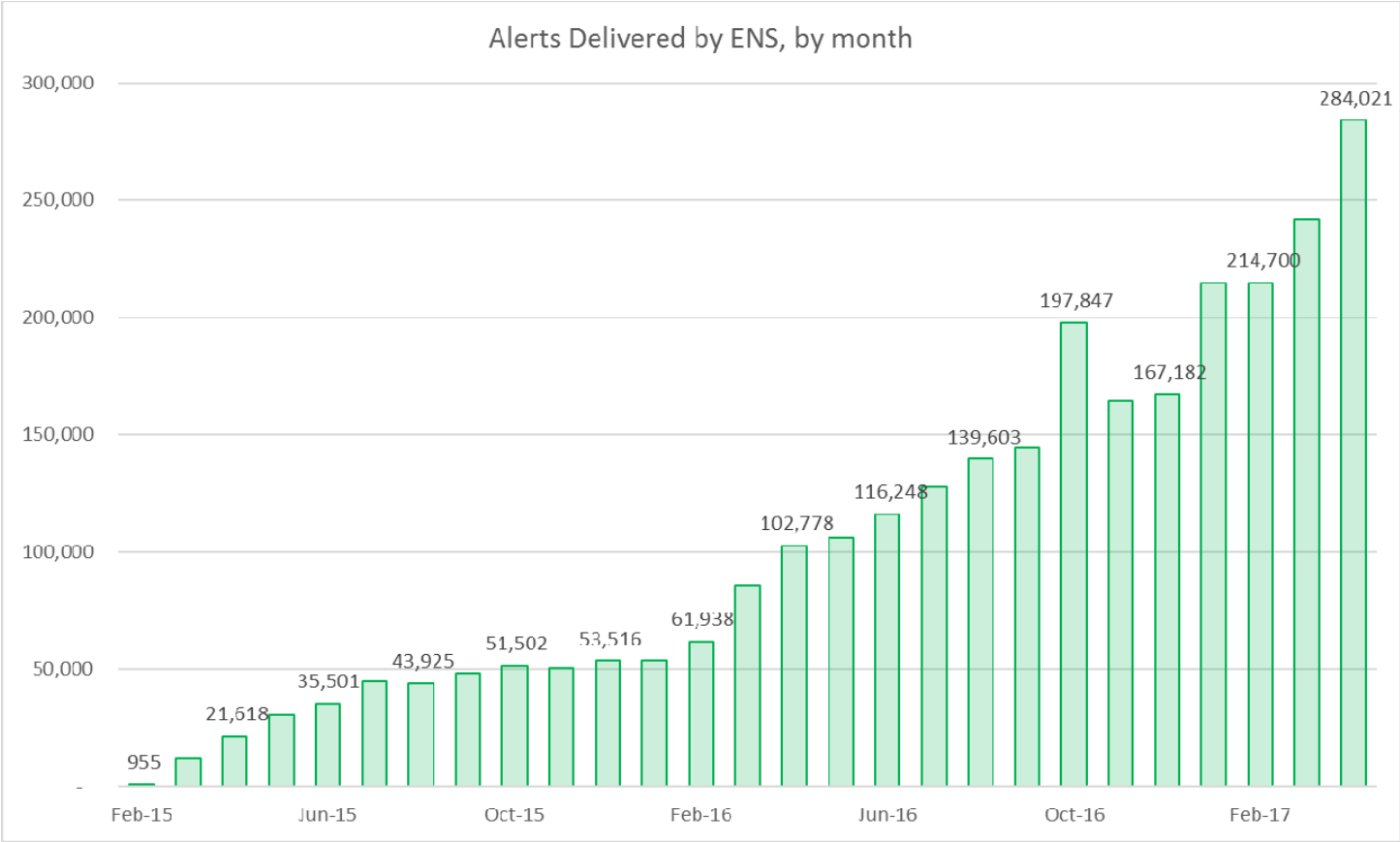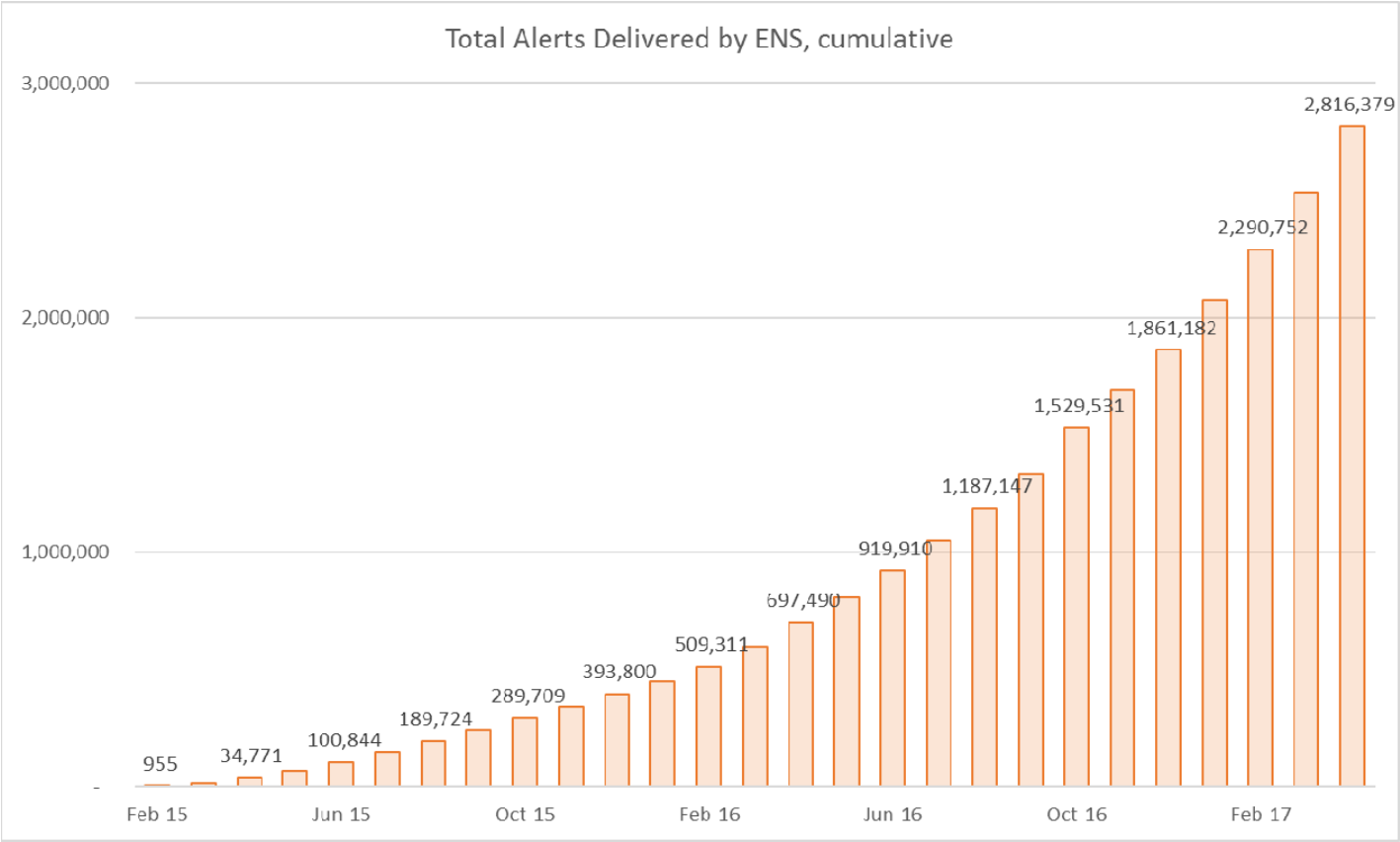
Florida HIE – Patient Look-Up

- Nodes querying out
  - Florida Hospital
  - Tampa Bay HIE
  - Orlando Health

- Data sources (nodes not querying)
  - Bethesda Health
  - Broward Health
  - Memorial Healthcare System
  - Strategic Health Intelligence
  - UF Health
  - Guardian/FACS

Documents Retrieved: June 16' - March 17'

SHI 0% | Bethesda 0% | Tampa Bay HIE 1% | Guardian 0% | Memorial 0% | UF Health 0%
Orlando Health 0% | Broward 0%
Florida Hospital 99%

Health Information Exchange Coordinating Committee (HIECC)
# May 12, 2017

PLU User Group Update

PLU User Group Update

- Face-to-Face meeting at Florida Hospital Association on 4/13

- Intent: Understand PLU value proposition; participants to determine best path forward

- Review of usage trends

- Discussion of Challenges & Gaps

- National Market overview

- Discussion of potential transfer to eHealth Exchange

- Individual Ai/Node meetings

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Outreach Update

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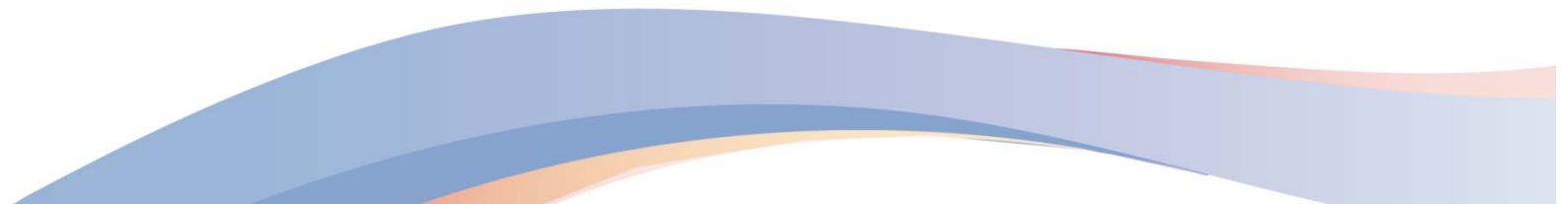
2017 Quarterly Review
January -March

Presented at 9 events

Hosted 11 Health IT webinars

Reached over 1300 individuals

2017 Outreach Plan

- Focus on sharing opportunities for providers to meet patient needs and improve care coordination
    - Building on established efforts - webinars, presentations at events, electronic mails, etc.
    - CMS funding to assist qualifying providers in participating in PLU and ENS services
  - Direct Messaging
    - Continue outreach to providers participating in the EHR Incentive program
    - Target: Providers & Hospitals participating in the EHR incentive program and Long Term Care Facilities

Better Health Care for All Floridians
AHCA.MyFlorida.com

2017 Outreach Plan

– ENS

- New focus on outreach to hospitals interested in subscribing

- CMS funding to assist hospitals in connecting as subscribers

- Continued outreach to health plans and accountable care organizations

- Target: Florida Licensed Hospitals and Health Plans (including self-funded)

2017 Outreach Plan

– PLU

- Continue efforts to help expand PLU partner connections

- New focus on expanding connections via the eHealth Exchange

- CMS funding to assist with on-boarding qualifying entities

- Target: Hospital Systems, Regional HIE Systems, LTPAC providers, Government Entities

Florida HIE
Ai Introduction, Update, and Strategic Vision

05/12/2017

Ai
AUDACIOUS INQUIRY | **BOLD SOLUTIONS FOR CONNECTED HEALTHCARE**

Agenda

- Ai Introduction

- Near-Term Transition Plan

- Mid-Term Vision

- Q&A

About Ai

Audacious Inquiry is a health information technology and policy company that's leading the charge to make healthcare smarter.

- Stable, agile and responsive management and technology consulting firm based in Baltimore, Maryland

- Health IT subject matter experts

- Experienced implementers of HIE infrastructure and services

- Serving the healthcare community since 2004

- Track record of delivering results on-budget and with aggressive timelines

- Maryland MBE and Community benefit "B" corporation

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Ai's 3 Pillars

Strategy

- Delivery System Reform
- Health IT Policy
- Road Mapping & Advisory
- Medicaid Technology & Operations

Services

- Master Data Management
- EHR Connection Factory
- Health Systems Integration
- Data Quality Analysis
- Visualization & Analytics

Software

- ENS®—Encounter Notification Service
- CAliPHR®—CQM Aligned Population
- ULP™—Unified Landing Page
- Custom Software Development

Who We Serve

Healthcare Systems; Health Information Organizations; Provider Organizations; Government and Private Payer Organizations

Near-Term Transition Plan

ENS Transition

- Subscription Agreements with ENS Data Sources being assigned to Ai from Harris

- Ai currently executing new Subscription Agreements with ENS Subscribers

- Ai & Harris working together to rebuild 87 VPN connections to 216 data sources for delivery of ADT feeds

- ADT feed cutovers from Harris to Ai beginning this week

- On track to complete re-pointing of ADTs before July 1

PLU Transition

- Exploring with each of the PLU nodes the option of having the PLU service leverage the eHealth Exchange (eHX) infrastructure
    - Comparable functionality
    - Greater potential for connectivity (Federal agencies, more Florida hospitals, ambulatory EHRs)
    - Lower costs for participants
    - Well-established governance structure in place

- Majority of PLU nodes already connected or connecting to eHX

- Ai will work with PLU nodes and Sequoia eHX Onboarding Team to get applicable PLU nodes connected to eHX prior to July 1 to maintain existing transaction patterns over PLU

Ai has met with all current PLU nodes and there is unanimous support for this path forward.

Transitioning Other Services

- Direct Messaging Service
  - Ai will continue to subcontract with existing DMS vendor, Inpriva
  - Functionality will continue as it does today with no interruption

- Florida-HIE.net
  - Website will be hosted by Ai and domain name will remain the same

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Mid-Term Vision

Enhance Existing Services

- Expand ENS

  - Onboard hospitals and clinically integrated networks as subscribers

  - Identify opportunities to incorporate additional data sources and subscriber types

  - Make organized push to enhance existing ADT feeds with more clinical data

  - Explore collaboration with other vendors in this marketplace

- PLU via eHX

  - Outreach to current and potential eHX nodes throughout state to facilitate connectivity and whitelisting

Enable New Services

- DOH & Public Health Use Cases

  - Re-visit connectivity with County Health Departments via eHX

  - Explore Prescription Drug Monitoring Program (PDMP) connectivity via eHX or ENS

  - Streamline bi-directional connectivity for syndromic surveillance

- Develop portal-based eHX connection for unaffiliated clinicians

- Smart Alerts allow a provider who subscribes to ENS to receive a discharge notification, automatically query eHX, and return a CCD for that patient

Some new services may provide better value or be contingent on participant willingness to store data such as demographics to be stored and compiled.

- eHX Record Locator Service (RLS) leveraging ENS Master Patient Index (MPI)

- Flag heavy ED utilizers within ENS

Questions?

AUDACIOUS INQUIRY | BOLD SOLUTIONS FOR CONNECTED HEALTHCARE

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Tallahassee, FL 32308