Health Information Exchange Coordinating Committee Meeting Minutes

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

Members Present: Nikole Helvey for Secretary Senior; Jane Johnson for Melanie Brown-Woofter; Craig Dalton; Jarrod Fowler; Elizabeth Templeton for Tab Harris; Bruce Culpepper for Tom Herring; Michael Jackson; Alex Koster; Gay Munyon; Dennis Saver, M.D.; Karen van Caulil.

Members Absent: Ronald Burns, D.O.; Kate Doyle; Peter Kress; Alejandro Romillo; Hal Perlman; Kim Tendrich; Wences Troncoso.

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

Interested Parties Present: Scott Afzal, Evan Carter and Bill Howard, Audacious Inquiry.

Meeting Materials: Agenda; Previous Minutes (02/10/17); Patient Look-Up (PLU) User Group Report; Outreach Update; Program Metrics and Updates; Audacious Inquiry Strategic Vision. Handout: Harris Quarterly Report and Plans.

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

Call to Order, Agency Updates, and Roll Call:

Ms. Nikole Helvey called the meeting of the Health Information Exchange Coordinating Committee (HIECC) to order at 10:00 a.m. and welcomed members. She provided an Agency for Health Care Administration (Agency) update, first acknowledging Mr. Justin Senior and his recent official confirmation as Secretary of the Agency.

Ms. Helvey highlighted progress on the transparency initiative resulting from 2016 legislation. The Agency continues to implement the requirements of the legislation. The Agency executed a contract with the Health Care Cost Institute (HCCI) in Washington, DC for a Multi Payer Claims Database. Other work by the agency and HCCI include a website for consumers that includes pricing information based on claims data care bundles. The Agency will promulgate rules related to this activity.

Ms. Helvey highlighted relevant bills from the 2017 legislative session that cleared both chambers. These include Prescription Drug Transparency (HB 589) which requires the Agency to increase the number of drugs listed on MyFloridaRx 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 which the Agency provides currently.

Ms. Helvey also reported on the Hospice Services legislation. The legislation requires the Department of Elder Affairs and the Agency to adopt federal guidelines and survey data for hospice outcome measures by December 31, 2019, as well as develop a system for reporting hospice outcomes to consumers. The bill authorizes certain hospice personnel to assist in the disposal of certain prescribed controlled substances, and expands the ways a person may obtain a hospice patient's medical records.

Next, Ms. Helvey reported on the Acute Stroke Ready Centers bill. This bill adds acute stroke ready centers to the list of stroke centers DOH supplies to emergency service providers in the state and expands criteria to mirror all nationally recognized accreditation organizations. The DOH is to contract with a private entity in the state of Florida to establish and maintain a statewide stroke registry. The bill grants liability protection from damages or any other relief for any entity that provides information required by the registry. The bill provides that stroke centers that do not comply with the reporting requirements to the registry will be subject to licensure denial, modification, suspension, or revocation by AHCA.

Ms. Helvey reported on the progress of the Telehealth Advisory Council. The group will hold its seventh meeting in Miami, with scheduled presentations from providers and ancillary providers that have successfully implemented telehealth.

Finally, Ms. Helvey reported noted the next Advisory Council meeting, scheduled for June 23 in Tallahassee, from 10:00 a.m. – 3:00 p.m. HCCI and the Florida Health Finder vendor will present updates on their progress.

Ms. Heidi Fox then conducted the roll call of the HIECC. A quorum was present.

Review and Approval of Minutes: Ms. Fox asked the committee to review the minutes from the February 10, 2017, meeting. There were no corrections. Mr. Alex Koster motioned to approve the minutes.

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

1. Notify members how to access Direct Trust Directory and provide access information.

   Status: This is available through Direct Trust although it cannot be filtered for state-specific information. Each user can access the directory through its direct messaging platform and should contact its vendor if assistance is needed.

2. Finalize Memorial Workflow and share with members.

   Status: With the evolution of the Florida HIE to a new vendor, and new workflows for existing services, this action item is closed.

New Vendor Agreement and Transition: Ms. Fox reported on the status of the no-cost agreement with Audacious Inquiry (Ai), executed on April 20. The transition of existing services

will occur with the cooperation of Harris Corp through June 30. She gave a brief overview of Ai and existing services and agreements noting that data source agreements will be assigned to Ai, while subscriber agreements will be re-executed. New agreements will be executed as needed. She discussed the consent model for the HIE that is not congruent with the national model of consent to release and will change over time as users are ready.. She added that Ai will give more details on the transition later in the meeting.

Program Metrics and Updates: Mr. Aaron Parsons discussed program metrics. He reviewed the low utilization of the Patient Look-up service, indicating that many of the nodes have been acting primarily as sources of data and not retrieving data through the service. His report on the Event Notification Service indicated that the service continues to grow substantially, with nine (9) health plans, twenty-one (21) Accountable Care Organizations, and one (1) Independent Physicians Association or IPA subscribing. Mr. Parsons reported that ENS covers over four (4) million lives, with over 2.8 million total alerts delivered. There were almost 300 thousand per month in April. Alerts delivered to subscribers are based on data from 210 hospitals, covering ninety-four percent (94%) of general acute care beds in Florida.

Mr. Parsons reviewed the use of Direct Messaging. There are currently 268 mailboxeswith over 6,400 messages sent in March and 5,701 messages received.

In his review of the EHR Incentive Program, Mr. Parsons reported there were 14,055 payments made to 8,386 unique providers totaling $223 million . There were 523 total payments to 182 eligible hospitals totalling $317 million.

PLU User Group Report: Ms. Carrie Gaudio gave the PLU User Group report in place of the Group's Chair, Mr. Cal Popovich. She noted the PLU User Group met recently in person at the Florida Hospital Association office in Orlando on April 13, 2017. Ms. Gaudio noted the announcement at that meeting of the formal agreement with Ai.

Ms. Gaudio noted the intent of the recent meeting was to determine the value proposition of the PLU service, and to get direction from participants on the best path forward for a smooth transition between vendors. She noted that the Agency provided a current overview of PLU usage and trends as well as feedback from stakeholder conversations from the past year. Ms. Gaudio reported on identified challenges and gaps expressed by participants, as well as technical challenges identified by the vendor and Agency. Some of those challenges included necessary technical updates to the gateways which would require additional participant resources; low utilization of the service , reflecting issues with workflow integration as well as technical barriers; lack of connectivity with DOH; decline in PLU participation over the past few years; ambulatory practice integration; and, cost of the service and the return on investment. She also noted that all participants expressed a commitment to supporting the State of Florida's HIE Initiatives.

Bill Howard of Ai, shared information on opportunities the participants could leverage in the national market for query model exchange. In the meeting, participants discussed specific policy and technical details of these networks. Various models were discussed and the eHealth Exchange (eHX) was highlighted because of the similar structure to Florida's PLU service.

Ms. Gaudio reported discussion about the PLU participants using the technical infrastructure of the eHX. For query based exchange. Emphasis was made on the technical similarities between the services, policy requirements, financial considerations (connecting to one another via the eHX would be significantly less expensive than the current implementation.

Ms. Gaudio noted that during the meeting the Agency reminded members that funding available from CMS for connectivity could be redefined to support an eHX model. And during subsequent discussion, participants gave updates on existing efforts to connect to national implementations (CommonWell, Carequality, eHealth Exchange), as well as what impact a potential transition to an eHX technical framework would have on their organization.

To better understand participants' needs, Ms. Gaudio reported it was determined that individual meetings between Ai and participants would be the best immediate path forward. Following those meetings, the User Group will re-convene to discuss future initiatives.

Mr. Alex Koster asked about the distinction between the eHealth Exchange and using that federated platform for connectivity in Florida, as opposed to using the same technical model while not necessarily joining the national service. Ms. Fox responded that providers would actually join the national service and then whitelist participants for an identifiable Florida exchange on the national infrastructure.

Outreach Update: Ms. King reported the HIE outreach activities, including an update on the outreach plan for this year. She noted the changes taking place with the program vendor should not have a significant impact on the overall plan since the HIE will continue to offer the same or similar services.

Ms. King highlighted that Direct Messaging continues to be an important tool for practitioners that are participating in the Medicaid EHR incentive program or in Medicare programs under MACRA. She emphasized that the service is a very simple way to meet the requirements for exchange.

Regarding ENS, Ms. King reiterated the service continues to grow and the use of ADT as a model of health information sharing has become widely adopted. She noted that it facilitates the ability to coordinate care as needed in the move to value based payment models.

Ms. King emphasized the Agency and its new vendor will continue efforts to expand patient look up capabilities by leveraging eHealth Exchange connections. As part of that effort, the Agency and Ai will reach out to government entities, LTPAC providers, and hospital systems. She noted the opportunity to offer providers a mechanism for sharing data with each other that eliminates redundancy and increases connectivity at a reduced cost.

Ms. King introduced to the HIECC the concept of the PLU user group developing into an alliance to tie together Florida organizations utilizing the eHealth Exchange (eHX) platform. The alliance would serve to solidify Florida's unified presence in the national landscape. She detailed this idea by noting that Florida participants would commit to bidirectional sharing

(whitelisting) with other participants. Furthermore, Ms. King stated, an alliance of Florida connections would have a significant footprint that could help move towards resolution of issues with vendors and/or the eHx. She added that participation in such an alliance, with a demonstrated commitment to interoperability, could be used to leverage CMS funding to expand HIEs or connect ambulatory/smaller providers.

Florida HIE – Ai Introduction, Update, and Strategic Vision: Mr. Scott Afzal introduced the new Florida HIE vendor, Audacious Inquiry. The introduction included company background, an overview of their plan to transition the HIE services from Harris, as well as sharing their near and mid-term vision for the HIE.

For the near-term, M. Afzal highlighted that subscription agreements with ENS data sources will be assigned from Harris to Ai. Ai is currently executing new agreements with ENS subscribers as needed. He noted that Ai and Harris are collaborating to rebuild 87 VPN connections that currently maintained in the Harris gateway. These 87 connections affect 216 data sources for delivery of ADT feeds. Mr. Afzal expects ADT feeds to begin shifting from Harris to Ai beginning immediately, with completion of this process by July 1.

Also in the near-term for the PLU service, Mr. Afzal reported that Ai is exploring options with each node to leverage the eHealth Exchange infrastructure. In these discussions, Ai and the users compared functionality between the services, the greater potential for connectivity with federal agencies, more Florida hospitals and ambulatory services, lower costs for participants, and the existence of a well-established governance structure already in place with eHealth Exchange. Mr. Afzal went on to point out the majority of PLU nodes are already connected or are in the process of connecting to eHX. Finally with respect to PLU, Mr. Afzal stressed that Ai will work with nodes and Sequoia eHX to get applicable nodes connected prior to July 1 in order to maintain existing transactions via PLU. He emphasized that all PLU nodes agree to this path forward.

Alex Koster commented that at some point it would be beneficial to see a workflow (a visual slide) for how the participants will query into other nodes, in contrast to the current PLU model. Mr. Afzal responded that Ai will work to identify the relevant resources and topics to bring to the PLU User Group for discussion.

With respect to transitioning other services, Mr. Afzal highlighted that Ai will continue the Direct Messaging Service as is by executing a contract with Inpriva. He expects there will no disruption to this service. Mr. Afzal indicated that the Florida-HIE.net website will be hosted by Ai and the domain name will remain the same.

For the mid-term, six to twelve month timeframe, Mr. Afzal emphasized expansion of ENS by onboarding hospitals and clinically integrated networks as subscribers. Ai will also identify opportunities to incorporate additional data sources and subscriber types, make an organized effort to enhance existing ADT feeds with more clinical data, and explore collaboration with other vendors in the HIE marketplace. For PLU, Mr. Afzal indicated that Ai will reach out to current and potential eHX nodes in Florida to facilitate connectivity and whitelisting.

Also for the mid-term, Mr. Afzal made the point of enabling new services, including public health use cases. As examples, he indicating re-visiting connectivity with county health departments via eHX, exploring Prescription Drug Monitoring Program (PDMP) connectivity via eHX or ENS, as well as streamlining bi-directional connectivity for syndromic surveillance. Mr. Afzal emphasized that other new services might include a portal-based eHX connection for unaffiliated clinicians, and SMART Alerts that will allow ENS subscribers to receive a notification of patient discharge, and to automatically query eHX and return a CCD for their patient. Mr. Afzal pointed out that some new services will have a better value or will be contingent on participant willingness to share data for storage and compilation. He stressed that Ai will work with the Agency to create new policies and modify existing policies when possible.

Dr. Dennis Saver asked if Ai has experience with electronic record systems that are theoretically interoperable with a CCD, but in practice does not work as intended. Mr. Afzal responded and referred to an Ai solution known as the clinical quality measurement engine that relies on getting inbound CCD that are filterable for more specific data. Ai works with providers and practitioners to build specific configurations suited the needs of those entities. Mr. Afzal added that connectivity to eHX, will alleviate some of the technical issues providers have experienced in the past. Dr. Saver asked that this issue be revisited periodically with updates from Ai and the Agency.

As part of a longer-term vision for the HIE, Mr. Afzal reviewed plans to work with stakeholders to determine gaps in exchange, make the current implementations more efficient, and identify new opportunities and technologies to meet the needs of participants.

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

1. Ai: Provide visual aid of the eHealth Exchange infrastructure, including a workflow for connectivity.
2. Ai and Agency: Periodically update members on any opportunities for HIECC, the Agency and Ai to comment on rules and other policies relevant to EHR interoperability.

Adjournment: There being no further business to discuss, Ms. Fox indicated the next HIECC meeting is tentatively scheduled for August 11, 2017. The committee adjourned at 11:10 a.m.