Health Information Exchange Coordinating Committee Meeting Minutes

Meeting Date: November 20, 2015

Time: 10:00 a.m. – 12:00 p.m.

Location: Agency for Health Care Administration
                       Bldg.3, Conference Room A
                       2727 Mahan Drive
                       Tallahassee, FL 32308

Members Present: Secretary Dudek, Chair; Bill Bell; Jarrod Fowler; Tab Harris; Michael Jackson; Kevin Kearns; Alex Koster; Peter Kress; Gay Munyon; Karen van Caulil, Ph.D.; and Melanie Brown-Woofter for Mike Hansen.

Members Absent: Ronald Burns, D.O.; Craig Dalton; Tom Herring; Peter Kress; Hal Perlman; Dennis Saver, M.D.; Kim Tendrich; and Wences Troncoso.

Staff Present: Vance Burns, Heidi Fox, Carrie Gaudio, Milly Hardin, Nikole Helvey, Molly McKinstry, Aaron Parsons, Brenda Phinney, Haley Priest, Mary Schrenker, and Dana Watson.

Interested Parties Present: Musa Darwish, Florida Pharmacy Association.

Meeting Materials: Agenda, Minutes, Event Notification Service (ENS) Presentation, Patient Look-Up (PLU) User Group Report, Quarterly Florida Health Information Exchange (Florida HIE) Report/Plan and Presentation, Outreach Update, Electronic Health Records Metrics and Envisioning the Future.

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

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

Ms. McKinstry gave the Agency for Health Care Administration (Agency) update. She reported on the Commission on Healthcare and Hospital Funding. She reported that the Commission has reviewed a piece of transparency legislation. The next meeting of the Commission will be December 1, 2015 in Tallahassee, Florida. Information collected by the Commission is available on the Commission website: http://healthandhospitalcommission.com/index.shtml.
Ms. McKinstry also reported on the Primary Care Grants and that the Florida Center contract managers are working with the grantees.

Ms. Heidi Fox conducted the roll call. Quorum was present.

Review and Approval of Minutes: Ms. Fox asked the committee to review the minutes from the August 21, 2015, meeting. There were no corrections. She asked for a motion to approve the minutes which were unanimously approved.

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

   1) HIECC members may send Carrie Gaudio questions for RFI respondents and to request the RFI document.
   2) Pam King will request more information from Florida Hospital/Adventist to quantify the impact of their participation in the Florida HIE.

Regarding action item 1, Ms. Gaudio did not receive any questions for RFI respondents.
For action item 2, Pam King will provide success stories during the outreach update later this meeting.

Quarterly HIE Plan & Report: Ms. Gigi Cowart, Harris Project Manager, presented the quarterly HIE report through August 2015 - October 2015.

Ms. Cowart began her report with the June monthly metrics for the Direct Messaging Service (DMS), acknowledging the drop off in the number of accounts in July 2015. Secretary Dudek inquired if the participants had neglected to resign and could we get those participants back on DMS. Ms. Fox explained that some of the participants were not fully aware that they had been transitioned from the Harris DSM to Inpriva's DMS. She said that another trend is to have direct messages launch from the provider's Electronic Health Record system.

Ms. Cowart went on to discuss ENS metrics through July 2015; noting that there are currently over 1 million lives covered in ENS. Palm Beach ACO, Accountable Care Coalition of Northwest Florida, Aledade, South Florida Community Care Network, Accountable Care Medical Group, AllCare Options, Health Choice Care, US Medical Management, Accountable Care Options, Health Choice Care, and Orange Accountable Care of South Florida signed the ENS Subscription Agreement. Eight subscribers are receiving notifications through ENS. Harris continues to monitor feeds from data sources, upload patient panels and continue to find efficiencies and improvements for performance.

Regarding PLU deployments, Ms. Cowart noted that Harris has continued onboarding progress with Community Health IT and Florida Accountable Care Services and the Department of Health (DOH). She said that DOH is currently focusing on public health querying.

Ms. Cowart reported on PLU transactions. She reported that the metrics vary significantly due to new participant testing during implementation and/or participant workflow changes. Consequently, metrics do not represent a continuous trend cross all reported periods. Specifically the number of patient discoveries (PD) increased because the All Children's Hospital automated queries were initiated from Tampa Bay HIE several times this month. The Tampa Bay HIE queries were targeted to a subset of Florida HIE nodes (Orlando Health, UF Health with some additional testing with Florida Hospital and Broward Health). Also the Florida Hospital Data Availability services which had been off had been turned on several times during the month to analyze issues. Orlando Health and the UF Health's query numbers are the largest because they are targeted by Florida Hospital and Tampa Bay HIE.

Ms. Cowart presented the project plan for next quarter. Florida HIE project plans through March 2016 will continue ENS deployment activities for subscribing health plans, ACOs, and home health agencies.

PLU User Group Report: Mr. Peter Barnick gave the PLU User Group report on behalf of Mr. Davidson James. The PLU User Group met October 1, 2015 at Adventist offices in Orlando where it received the PLU report and status updates from the 7 nodes in attendance, the Harris team, and the Agency. The nodes in attendance were encouraged to sign their subscription agreements. The user group discussed Florida's patient consent requirements compared to the Social Security Administration's (SSA) consent requirements; funding from the Centers for Medicare and Medicaid Services (CMS) which is provided to help with on-boarding costs for Medicaid providers. Mr. Barnick noted that the user group had reviewed some of the technical architectures for possibly pending nodes.

Mr. Barnick reported that a Consent Workgroup report was given. Mr. Barnick noted that Florida's HIE query service is a consent to query model. However, some states do not have the same consent model. Mr. Barnick reported that the Florida HIE had joined the eHealth exchange making Florida's HIE a gateway to the gateway. Currently, under Florida HIE policy, participants can only exchange with partners with the same consent policy. The Florida HIE is discussing the development of a pilot program with a New York RHIO.

Committee member Dr. Dennis Saver requested examples and use cases of other consent models. Ms. Fox clarified that there is more than one type of consent. There is the consent to release and the consent to query. Ms. Fox stated that she will gather examples of different consent models for Dr. Saver.

Mr. Barnick went on to describe the technical discussion that the PLU group held. He said that Harris consultant Lisa Stotz led a discussion on using postal codes for matching patients. Ms. Stotz explained to the group that when attempted, there was too much available information for the algorithm to match.

Mr. Barnick finished his report sharing the discussion on query challenges. He stated that volume is an issue. He said that systems generate queries for patients to be seen the following day. If all of the providers are set to query for the patients they are expecting after midnight, the system may not be able to respond as quickly as it would with fewer queries hitting the server at once.

Event Notification Service Update: Mr. Aaron Parsons presented on the status of the Event Notification Service (ENS). The ENS enables alerts of health care encounters from hospitals and other health providers to health plans that subscribe to the service. The alerts enable improved coordination of care to reduce readmissions and direct non-urgent care to the primary care provider.

Mr. Parsons indicated that the Agency is outreaching to health plans and accountable care organizations (ACO) to subscribe to the service. Mr. Parsons reported that over 200 hospitals provide data through ENS, making it one of the largest encounter notification services in the nation. The low income pool (LIP) payments encouraged hospital participation during 14-15 and 15-16. There are no fees for hospitals to act as data sources for the service. Subscribers provide a roster or panel of current members/patients to the Florida HIE. Hospital data is matched to subscriber panels to provide encounter alerts to subscribing organizations. He reported that four health plans are actively receiving ENS alerts and twelve (12) ACO have signed their agreements to begin receiving alerts.

In October, Florida's ENS has over one million covered lives in the panels submitted by participants. The number of alerts continues to increase as well. In August there were 43,925 alerts; September there were 48,483 alerts sent; and in October there were 51,502 alerts sent.

Mr. Parsons stated that at a hospital's direction, the ENS can compile that hospital's encounter data into a rolling 30-day panel. This hospital panel can then be used to alert the hospital whenever a patient is seen at another ENS hospital within 30 days of their initial discharge. This would allow hospitals to easily track readmissions outside of their own hospital system. The Agency hopes to launch during the first quarter of 2016, as it would provide additional revenue for the Florida HIE.

Committee member Mr. Michael Jackson inquired if the information from the alerts makes its way to the primary care provider. Mr. Parsons answered affirmatively, stating that the Health Plans and the ACOs have agreed to forward the information on to the provider networks. Mr. Jackson responded by asking if pharmacies could be included in the alerting service and explained how the information would be extremely helpful when a patient's medication therapies are changed. Mr. Parsons responded that the current policies do not allow pharmacies to use the ENS, but there may be potential in the future as the policy is evolving.

Outreach Update: Ms. Haley Priest presented on the HIE outreach activities. Recent outreach activities include events, tours, webinars and conference calls with increasing use of social media and graphics on the website. The HIE Outreach team has held Health Information Exchange Symposiums in Tallahassee, St. Petersburg and Jacksonville and have two (2) upcoming events in the near future; a symposium in Gainesville and a symposium in South Florida. The outreach team is currently gathering audio recordings of testimonials from users of the HIE services to place on the HIE Website. Ms. Priest added that the team is promoting funding from the Centers for Medicare and Medicaid Services (CMS) to assist with on-boarding of eligible Medicaid providers and hospitals.

Envisioning the Future: Ms. Fox gave an update on other HIE related activities. She began with an overview of the health information exchange services that Florida has to offer.

Ms. Fox told the committee that the current contract with Harris Corporation ends July 2017; with a possible six (6) month extension.   The Agency is beginning to look towards the procurement and is asking the HIECC members and other stakeholder groups what types of services should be included in the procurement.

Ms. Fox told the committee that one of the challenges facing the PLU service of the Florida HIE is patient record matching. She noted that there are solutions that could be considered, one of which is to have the Florida HIE use a Central Data Repository (CDR). Another solution could be implemented in a fully federated model that requires that participants have standard, shared probabilistic matching algorithm to assure that the most matches are made .The CDR approach would include a Master Patient Index (MPI). It could be implemented system wide or as a mixed model HIE where a CDR with a comprehensive MPI is offered as well as connections to federated participants.

The challenge of Event Notification alerting service is to show an increase in value to all participants. One of the solutions could be include providers as recipients of data. They could subscribe as health plans do now. Hospitals could use the ADTs they are providing to the ENS to trigger a PLU query. Another potential service is to implement an automated readmission alerting service, using discharge ADTs to create a rolling 30 day panel to alert hospitals of patient

ED visits or admissions to other facilities. IT would also be possible use ADTs to distribute Continuity of Care documents (CCD) to providers or health plans. The CCD that the Health Plans would receive would only contain a discharge summary.

Besides new opportunities in the existing services, a new procurement gives the Florida HIE a chance to possibly add new services, such as: supporting Administrative transactions; analytic services for CDR Subscribers; the Direct Messaging service could be brought back in-house; a provider portal; and/or a patient portal could be offered. There was some discussion of the value of shifting the governance of the HIE from the Agency to a Not-for-Profit.

Ms. Fox told the committee that since this will be a no-cost contract it will be the vendor taking on risk for expansion of services with the additional costs.

The next step is to gather feedback from the stakeholders, likely via an online survey. The Agency will develop procurement specifications over the summer/fall of 2016 and plan to release the procurement December 2016/January 2017. Once the new contract is awarded, AHCA will establish a transition plan.

Meeting Summary, Next Steps, and Adjourn: Ms. Fox reviewed the action items from the meeting:
1. Ms. Fox will gather examples of different consent models for Dr. Saver.

Adjournment: There being no further business to discuss, the committee adjourned at 12:00 p.m.