

## Health Information Exchange Coordinating Committee Meeting Minutes

**Meeting Date:** November 4, 2016

**Time:** 10:00 a.m. – 12:00 p.m.

**Location:** GoTo Webinar/Conference Call only

**Members Present:** Molly McKinstry for Interim Secretary Senior; Ronald Burns, D.O.; Craig Dalton; Jarrod Fowler; Tab Harris; Bruce Culpepper for Tom Herring; Michael Jackson; Alex Koster; Peter Kress; Dennis Saver, M.D.; Wences Troncoso; Karen van Caulil.

**Members Absent:** Bill Bell; Mike Hansen; Alejandro Romillo; Gay Munyon; Hal Perlman; Kim Tendrich.

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

**Interested Parties Present:** Cal Popovich; Gigi Cowart; Lisa Stotz, Janet Hofmeister, Chris Phillips, Elena Byrley, M.D.

**Meeting Materials:** Agenda; Previous Minutes (07/29/16); 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. Molly McKinstry gave the Agency for Health Care Administration (Agency) update. She reported that the 15-member TeleHealth Advisory Council had its first meeting that was broadcast on the Florida Channel. It is available for review and includes an introduction of members. A second meeting is scheduled for November 17 at the Florida Telehealth Summit in Safety Harbor.

Ms. McKinstry also reported on Transparency in Health Care initiative that went into effect July 1, 2016. The Agency currently has an open procurement for an all-payer claims database in the Vendor Bid System.

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 July 29, 2016, meeting. There were no corrections. Mr. Wences Troncoso motioned to approve the minutes. Dr. van Caulil seconded. They were unanimously approved.

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

1. Send Visioning the Future survey results to Dr. Saver. COMPLETED
2. The Agency will send PLU promotional materials to members as they become available. ONGOING
3. Send screenshots of a participant's view of the PLU service. The Agency received a workflow graphic from Memorial that depicts the point of care and auto queries. The Agency will review the document and share with members as soon as possible. ONGOING

**Harris Quarterly HIE Plan & Report:** Ms. Cowart reported for the period of July through September 2016.

For this period, highlights for ENS include member panels in excess of 1.8 million, four (4) new subscription agreements, and twenty-seven (27) subscribers to the service, including newly added Florida Blue. In all, ENS has 210 data sources sending ADT alerts, which covers ninety-four percent (94%) of general acute care beds in Florida. This includes Seven

Rivers Medical Center and Westchester General Hospital which were connected during this period. There were six (6) health plans, twenty (20) accountable care organizations (ACO), and one (1) independent physician association (IPA) in production at the end of September, accounting for the 1.8 million panel size. Finally, the ENS master patient index that has to date been housed by our vendor, Harris Corporation, was successfully transitioned to a subcontractor, Audacious Inquiry.

For PLU, Harris completed formal validation testing for Florida Accountable Care Services and brought them into full production on November 2. Harris completed an upgrade to the FairWarning data protection solution. There are currently ten (10) production nodes in deployment. PLU system usage continued to increase during the July to September period. The number of matched patient records increased from 48,497 to 61,998 and the number of documents retrieved through the service increased from 97,400 to 120,522. Ms. Cowart emphasized the higher activity on documents sent from Orlando Health is due to its sending multiple documents per patient, sometimes in the hundreds.

During this period, there was an increase in both Direct Messaging Accounts (from 103 to 115) and Direct Messaging Users (from 236 to 251). There was a substantial increase in the number of messages received by account (from 4,783 to 5,658). Messages originated by account showed a slight decrease (from 6,944 to 6,433). And, in addition, there were 210 data sources sending admission, discharge and transfer (ADT) information via the DMS.

Ms. Cowart reported that Harris will continue to support production nodes as needed. She also pointed that Harris will continue to work with eHealth Exchange connections with the VA and with Premise Health.

She noted that services data can be found at: <http://www.fhin.net>.

#### Discussion:

Dr. Saver asked about Direct Messaging and its outsourcing to Inpriva. He noted there are very few physicians registered with the HIE service.

Ms. Fox responded that in fact that is accurate since physicians have to meet MU requirements and need to be able to launch the DMS out of their EHR platform. They work with HISPs that are part of the EHR and do not subscribe to the mailbox offered by Inpriva.

Dr. Saver indicated he could not find a statement of cost for the service on the Inpriva website and asked that the cost be included in the minutes.

Ms. Fox indicated that the cost for the DMS is included on the HIE price list on [www.florida-hie.net](http://www.florida-hie.net). The Agency will ensure the costs are clarified. Ms. Watson reported the cost is \$186.00 for the first year for the initial mailbox, and is reduced thereafter. She stated the Agency will ask Inpriva to clarify this on their website as well.

Dr. Saver also asked for the number of HISPs in Florida through DirectTrust and the possibility of querying leading EHR vendors about Direct activity.

Ms. Fox reported the Agency recently received metrics from DirectTrust and will include them on either the HIE website or on [www.fhin.net](http://www.fhin.net). The link will be sent to members.

Dr. Saver further indicated that he cannot access a full directory of Direct address through his EHR even though it has been granted membership via DirectTrust. His HISP and EHR provider is eClinicalWorks. He also stressed the amount of programming required to utilize directory information.

Ms. Fox stated that the Agency will continue its outreach to vendors and other participants to provide and to request, respectively, that directory information be added to the participants EHR.

**PLU User Group Report:** Mr. Cal Popovich gave the PLU User Group report. He noted the PLU User Group met via webinar on September 8, 2016.

Mr. Popovich indicated there was discussion regarding the FairWarning upgrade and the presentation on use of the FairWarning auditing tool. The group addressed the service registry and facilities listing. There was discussion of the HIECC request for examples of exchange/workflows through the PLU service. Mr. Popovich asked the HIECC to clarify the examples it wants in terms of workflows due to the variety and uniqueness of processes among participants.

Dr. Saver asked about integration from a hospital EHR setting. Mr. Popovich responded that the process depends on the EHR vendor, and how the vendor accepts the clinical care document (CCD) return into its system. Most vendors display the information in a user-friendly report rather than in the original .xml file. Mr. Popovich also distinguished between manual queries and auto-queries and the type of activity for each patient.

Dr. Saver then asked if, as an ER physician, how the workflow could work. Mr. Popovich responded with his own example of queries (using Cerner). He indicated that Epic may work similarly to his example. Ms. Fox suggested surveying the PLU User Group to determine how many have the workflow is embedded in their EHR versus how many have a separate portal for the process. Mr. Popovich added that from his perspective, all accounts have the process built into the EHR, whether manual query or auto-query based on an event. Ms. Fox expressed the challenge of sharing patient information due to the variety of processes and workflows. She also reminded members that AHCA will send the Memorial workflow example.

Mr. Popovich reported on the group's discussion about eHealth Exchange and the VA initiative that is ongoing, as well as the CMS implementation funding for ENS

Mr. Popovich noted the next PLU User Group meeting is November 17, 2016.

Mr. Alex Koster asked if the PLU service or one of its participants has a standard set of test exchange patients that can flow throughout the different nodes for comparisons of displays and to share how processes work. Ms. Stotz responded that Harris has a set of test patients and is flexible to use other test patients as required. Ms. Fox clarified by suggesting using a test patient for a display, and Mr. Koster added the multiple benefits of testing the variability of the system, its functionality and if records are editable as they progress through the service to other participants. Ms. Stotz reminded the committee of Harris' "Golden Patient" that it uses for testing, and that not all participants use the test patient due to their varying workflows, policies and other rules of use. She added that at this time, there is no single "perfect" test patient or single set of test data that will work across all systems.

**Outreach Update:** Ms. King reported the HIE outreach activities. Highlights included numerous events during National Health IT Week, which was recognized September 26 – 30. The events included daily interviews with Florida HIE participants that showcased the variety of HIE services. Outreach and HIE staff continued to promote ENS to the provider community, including CMS funding to assist with onboarding ENS hospital data sources as recipients of ENS data. The idea is to continue efforts to build community networks for greater exchange and interoperability. Staff continue to focus on reaching out to the long-term and post-acute care providers to learn more about their barriers to adopting HIE technology. FIU will assist in developing a survey to gather information from the LTPAC community.

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

For the Electronic Health Record Incentive (EHR), a modified Stage 2 (Meaningful Use/MU) final rule went into effect in December 2015. Most eligible providers (EP) engaged in MU had to wait until July 2016 to attest to 2015 program year due to changes to online screens and payment processing system. The final 2015 rule covers Program Years 2015 through 2017 and simplifies the measures to which providers will attest.

Ms. Fox reported on the deadlines for eligible professionals attesting to AIU and to MU for Program Year 2015; those were March 21, 2016 and August 31, 2016, respectively. Total payments by the EHR Initiative included \$209,097,228 to eligible professional and \$315,125,064 to eligible hospitals.

For the electronic prescribing (e-prescribing) initiative, the rate in Florida for Q3 2016 is 67% up from Q2 2016 at 65.3%. Licensed physicians who e-prescribed in Q3 2016 is 74% up 1% from Q2. The metrics exclude prescriptions for controlled substances due to low rates of e-prescribing. The quarterly e-Prescribing report is on [ww.fhin.net](http://ww.fhin.net). It includes a

new graphic that shows the change in e-prescribing over the last 9 years. The annual base rate of 1.6% observed in 2007 has grown to a projected annual rate of 69% in 2016.

Ms. Fox reported the Agency has funding to connect long-term post-acute (LTPAC) providers to the HIE either directly or through other nodes. The outreach strategy includes developing a provider survey focused on nursing home – ALF and large home health agency providers to understand the value proposition for HIE and gaps in interoperability or access to an electronic environment. The Agency is working on this with FIU. In addition:

- The Agency developed a Request for Information for the vendor community to identify the penetration of EHRs in the LTPAC environment, barriers to adoption and thoughts on the future state of interoperability. It was posted on the Vendor Bid System 10/20/16 and responses are due 11/7/16. We may extend this deadline by a week.
- The Agency is working with FHA to convene some hospital ‘informants’ to talk about current strategies for interoperability with LTPAC providers and gaps.
- The Agency will work with the associations to publicize funding and assist with provider surveys

Ms. Fox discussed proposed changes to subscription agreements and general terms and conditions for HIE services. Changes proposed are:

- Include Service Level Agreements in the Subscription Agreements. They currently reside in the vendor agreement with AHCA but since the participation agreements are between the Vendor and participant, they should also be included in those agreements.
- Shift the consent policy on PLU to consent to release. We have had numerous discussions with participants on the service who believe this is the better approach and more aligned with other HIE operating policies. We believe that most of our participants have consent to release already implemented and use consent to query specifically for the Florida HIE. Participants are anxious to connect with the VA who cannot comply with consent to query and this has posed no concern to them.
- Improving the visibility of the existing Business Associate Agreement by changing it from a section within the Terms and Conditions to being an attachment to the Terms and Conditions.
- Address requirements in the agreements that we do not believe can be monitored or enforced, as well as requirements that are otherwise specified in state and federal law that can be cited but need not be fully reiterated.

Ms. Fox went on to define the Agency’s role in the process as vetting changes to the agreement with stakeholders and recommending that the Vendor include the recommended changes in the Agreements. Per the terms of any contract or agreement with the Vendor, the Agency would approve the final agreements. Any changes will be vetted with stakeholders through the PLU User Group and the Legal Work Group which will be convened in December. We are available to meet with other stakeholders to discuss as requested.

**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. Review provider directory with Inpriva and whether Florida participants can access the full directory. Notify members whether or not they can access it and provide access information if available.

**Adjournment:** There being no further business to discuss, the committee adjourned at 11:55 a.m.