Health Information Exchange Coordinating Committee Meeting Minutes

Meeting Date: May 29, 2015

Time: 10:00 a.m. – 12:00 p.m.

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

Members Present: Molly McKinstry for Secretary Dudek, Chair; Bill Bell; Jarrod Fowler; Mike Hansen; Tab Harris; Tom Herring; Michael Jackson; Peter Kress; Alex Koster for David Milov, MD; Dennis Saver, M.D.; Wences Troncoso and Karen van Caulil, Ph.D.

Members Absent: Ronald Burns, D.O.; Craig Dalton; Kevin Kearns; Gay Munyon; Hal Perlman; and Kim Tendrich

Staff Present: Dylan Dunlap, Carrie Gaudio, Heidi Fox, Milly Hardin, Nikole Helvey, Pam King, Aaron Parsons, Haley Priest, Mary Schrenker, Carolyn H. Turner, and Dana Watson

Interested Parties Present: Makeshia Barnes, Florida Department of Health (DOH); Thomas Blehl; Becky Brown, University of South Florida; Gigi Cowart, Harris Corporation (Harris); Michael Cragg, DOH; Gloria Deckard, Ph. D, Florida International University (FIU); Anita Doupnik, Florida Health Information Management Association; Debbie Efremidis-Plevin, Cerner Corporation; Tasia Haye, Florida Hospital; Sue Higgins, DOH; Mardi Janse Van Rensburg, My Doctor's Choice Pharmacy; Scott Langdon, University of Central Florida. (USF) Regional Extension Center (REC); Rene Mathieu, DOH; Jim McKeen, AAJ Technology; Marjorie McNeill, Florida Agricultural and Mechanical University (FAMU); Athena Muse, Tampa General Hospital and Marie Ruddy, Nemours.

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, FIU Evaluation Plans 2015, Cancer Survivor Care Plan Project, Meaningful Use Report

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

Call to Order, Agency Updates, and Roll Call: Ms. Molly McKinstry called the meeting of the Health Information Exchange Coordinating Committee (HIECC) to order at 10:00 a.m. She welcomed new member, Mike Hansen, President/CEO of Florida Council for Community Mental Health.

Ms. McKinstry gave the Agency for Health Care Administration (Agency) update. Ms. McKinstry reported that the Agency is staffing the Commission on Healthcare and Hospital Funding. The Secretary and Surgeon General John Armstrong are co-executive directors of the nine-member commission. The Commission is tasked with examining government funding of health care entities in Florida. The Commission is holding meetings in several locations to obtain regional perspectives. Information collected by the Commission is available on the Commission website: http://healthandhospitalcommission.com/index.shtml.

Ms. McKinstry indicated that the Agency is preparing rule amendments to patient data collection consistent with ICD-10-CM implementation. She also noted the passage of Assisted Living legislation which modernizes regulations related to nursing functions and Transitional Living Facilities legislation, clarifying the Agency's regulatory role.

Ms. Heidi Fox conducted the roll call.

Review and Approval of Minutes: Ms. Fox asked the committee to review the minutes from the February 20, 2015, meeting. There were no corrections. She asked for a motion to approve the minutes which were unanimously approved.

Previous Action Items: Ms. Carolyn Turner reviewed action items from the previous meeting. Ms. Turner indicated that there was one action item related to querying Broward Health by an anesthesiology group. She said that Broward Health is working directly to support the anesthesiology group which is no longer using the hybrid service of Strategic Health Intelligence (SHI). Patient Look-up (PLU) transactions will be reviewed later in the meeting.

Event Notification Service (ENS) Update: Mr. Aaron Parsons presented on the status of the ENS. The ENS provides 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. He noted that participation in ENS as a data source is one of the requirements for hospitals to receive Low-Income Pool (LIP) funding in fiscal year 2014-2015. He reported that there are 206 hospitals participating in ENS as a data source.

Mr. Parsons indicated that the Agency is outreaching to health plans. For fiscal year 2015-2016, health plans can meet one of their Medicaid contract requirements related to meaningful use of electronic health records by subscribing to ENS. He reported that four health plans have signed the ENS agreement: WellCare Health Plans, Sunshine State Health Plan, Molina Healthcare, and Integral Quality Care. Three of the health plans (WellCare Health Plans, Sunshine State Health Plan, and Integral Quality Care) are in production and receiving transactions. Mr. Parsons reported 21,618 notifications to health plans in April 2015

Mr. Parsons indicated that as of May 1, 2015, accountable care organizations (ACOs) may subscribe to the ENS service. The ACOs will sign the subscription agreement and pay fees to participate. The pilot will be evaluated after the first 2-3 ACOs are in production prior to further expansion. Mr. Parsons reported Primary Partners has submitted their subscription agreement to begin the ACO pilot.

There were no questions about the ENS update.

Patient Look-Up (PLU) User Group Report: Mr. Davidson James gave the PLU User Group report. The PLU User Group met February 26, 2015 and April 30, 2015. He reported that the PLU User Group received status updates from the nodes, the Harris team, and the Agency on ENS and PLU outreach efforts. The PLU participants discussed barriers and solutions to full PLU interoperability including consent to query workflow, alignment of matching requirements, and the comprehensiveness of data made available for querying. Mr. James indicated that the issues seen in Florida are similar to the experience across the nation. Opportunities for expanding HIE were also discussed, including public health querying by the Florida Department of Health and interstate exchange with providers in New York through the eHealth Exchange.

Mr. Tab Harris asked about the nature of the matching issues.   Mr. James responded that the requirements of the query recipient are important in successful matching, whether four data elements [gender, first name, last name, and birth date] are accepted and whether probabilistic matching is used.

Quarterly Florida Health Information Exchange (Florida HIE) Plan & Report: Ms. Gigi Cowart, Harris Project Manager, presented the quarterly Florida HIE report through April 2015, and planning through July 2015.

Ms. Cowart noted that Mr. Parsons had covered the ENS deployments and transactions. She reported the March monthly metrics for Direct Messaging. Regarding PLU deployments, Ms. Cowart announced that Tampa Bay Regional Health Information Organization had completed validation testing and moved to production.   The Harris team worked with other organizations in various stages of the on-boarding process. These include Community Health Systems Professional Service Corporation (CHSPSC), Community Health IT, and DOH. She said that DOH is currently focusing on public health querying.

Ms. Cowart reported on PLU transactions. She reported 2,258 successful patient discovery queries and 1,222 documents retrieved in April 2015. Production nodes include Atlantic Coast HIE, Bethesda Health, Broward Health, Florida Hospital/Adventist Health Systems, Martin Health System, Orlando Health, Senior Home Care, SHI, and UF Health. She explained that Florida Hospital/Adventist Health Systems is performing broadcast querying ,which results in a high proportion of unsuccessful queries reported as there may be no patient records to be found at the other nodes.

Ms. Cowart presented the project plan for next quarter. Florida HIE project plans through July 2015 will continue ENS deployment activities for subscribing health plans and PLU on-boarding activities to include Florida Accountable Care Services.

Dr. Dennis Saver asked if the Direct Messaging metrics are sponsored users only. Ms. Turner indicated that the metrics include organizations and their users that register for the service through the Florida HIE website including sponsored users and others that pay Inpriva for the service.

Outreach Update: Ms. Pamela King presented an update of outreach activities. She reported that the Agency used social media outreach during health information technology week (HIT) week in March, resulting in more visits to the Florida HIE website. Outreach activities include events, tours, webinars, and conference calls with increasing use of social media and graphics on the website. The tours are called "I believe in HIT" and are coordinated the Florida Medicaid Electronic Health Record (EHR) Incentive Program's outreach efforts. Interested parties can call Ms. King about speaking opportunities.

Ms. King encouraged everyone to attend the Health IT Symposium to be held June 26, 2015 in Tallahassee. This is a public meeting open to all interested parties at no charge. The theme of the symposium is "Going Digital: Helping Florida Get Connected" with the event topics presented in panel format. The symposium will begin at 8:15 am and end at 12:15 pm. Attendees were encouraged to register on the Florida HIE website before the event reaches capacity.

Ms. King presented outreach materials that illustrate use cases for Florida HIE services in combination.   She presented on a hypothetical patient receiving behavioral health treatment seen in a hospital emergency department in which a notification is sent to the health plan using ENS. The health plan alerts the primary care provider which uses a hybrid service to access hospital records and Direct Messaging to inform the behavioral health care team. Other illustrated used cases include a physician obtaining treatment records related to a patient's out-of-town auto accident and a skilled nursing facility obtaining hospital treatment records which is sent to the patient's treatment team.

Dr. Saver suggested that the Agency collect stories from users of the Florida HIE. He noted that there are concerns about relying solely on the continuity of care document (CCD) to improve coordination of care. Ms. King indicated that the Agency would begin collecting use cases.

Florida International University (FIU) Evaluation Plans 2015: Dr. Gloria Deckard presented the FIU evaluation team's plans for continuing the evaluation of the Florida HIE in 2015. She indicated that FIU would conduct a pre and post survey of employee benefit managers in cooperation with the Florida Health Care Coalition. Survey objectives are to assess awareness of the Florida HIE, better understand employer stakeholder perspectives and explore opportunities for greater employer involvement in the Florida HIE. The evaluation team will also be conducting interviews of ENS participants including hospital data sources, health plans and ACOs.   The team will conduct interviews to learn ways to improve the service, obtain success stories and explore opportunities for hospital oriented services.

Ms. Karen van Caulil, President/CEO of the Florida Health Care Coalition said that she welcomed the opportunity to work with FIU to inform employee benefit managers about the Florida HIE and learn their viewpoints related to participation in health information exchange.

Cancer Survivorship Care Plan Collaborative Project: Ms. Sue Higgins presented on the Cancer Survivorship Care Plan Project. She said the Comprehensive Cancer Control Program is responsible for implementing the State Cancer Plan and collaborates with the State Cancer Control and Research Advisory Council. The Cancer Control Program and State Cancer Council promote and support the use of Survivorship Care Plans in Florida.

The American College of Surgeons Commission on Cancer sets standards for the accreditation of cancer centers. Standard 3.3 addresses the Survivorship Care Plan. The purpose of the Survivorship Care Plan is to monitor for cancer reoccurrence or a second cancer, assess long term or late effects, manage follow-up care, and provide a medical record for the family. When the patient is released from cancer treatment, the care plan assists the primary care provider and other providers in monitoring the patient. It also maintains accessible records about cancer treatments that occurred many years prior.

Cancer programs are to develop a process for providing a comprehensive care summary and follow-up plan to patients completing cancer treatment. A comprehensive care summary would include diagnostic tests, tumor characteristics, treatments received including radiation, chemotherapy, surgery, and supportive services with key contact information of treating institutions. Standard 3.3 requires cancer centers provide care plans to 10 percent of their patients.

Ms. Higgins indicated that gathering the data is challenging due to interoperability barriers. Past efforts have focused on having the oncologists develop the care plan. The pilot project will involve primary care providers of cancer survivors. She indicated that the Cancer Control Program is working with SHI to determine the feasibility of using the hybrid service to build a comprehensive care summary. The pilot with SHI began in May and will continue through September working with pilot sites in Pensacola and Orlando.

Ms. Nikole Helvey asked if outreach would occur in coordination with regional cancer collaboratives. Ms. Higgins indicated that the collaboratives would assist in identifying primary care providers and increasing awareness of the project.

Meaningful Use Report: Ms. Mary Schrenker gave a status report on Florida's Medicaid EHR Incentive Program. She reported that as of May 15, 2015, 6876 eligible professionals and 177 eligible hospitals have received incentive payments. Total payments to eligible professionals were $172,902,833 and total payments to hospitals were $307,499,712.

Eligible hospitals and eligible professionals scheduled for Stage 2 in 2014 program year may qualify for a flexibility option and attest to Stage 1. Ms. Schrenker reported that 24 hospitals have attested to Stage 2. She noted that 95 hospitals have received their third and final payment and will not be attesting to Stage 2 with the Medicaid program.

There are 625 eligible professionals scheduled for stage 2 in 2014 which is still in process. Upgrades to Florida's attestation system to address the 2014 flexibility rule provisions were completed March 20, 2015. The grace period for the 2014 program year has been extended to June 30, 2015 for eligible providers. Applications have increased and expected to continue to increase until the deadline.

Ms. Schrenker gave an overview of proposed rules recently issued by the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC). CMS published the Stage 3 proposed rule and 2015 program year proposed rule. ONC published the Stage 3 certification of health information technology rule which broadens the applicability of the certification to a variety of practice settings. The 2015 program year rule proposes shortening the 2015 reporting period to 90 days. Stage 3 would begin in 2018 and require certification to the 2015 edition. The rule proposes that Stage 3 would consist of one core set of objectives and measures for all providers.

When the 2015 program year rule is finalized, the Agency will begin working on the attestation system upgrade.

She asked for questions and there were none.

Agency Program Updates: Ms. Turner gave a brief update on other HIE related activities.

Program metrics have been updated on www.FHIN.net including production and onboarding PLU and ENS participants, transactions, and covered beds. Direct Messaging participating organizations and transactions are also updated monthly.

The Agency participates in several national HIE organizations including the Southeast Regional Collaboration for HIT and HIE (SERCH), Healtheway, National Association for Trusted Exchange (NATE), and DirectTrust informational calls to monitor inter-state HIE activity.

The Agency is receiving state-level statistics from Surescripts and Emdeon enabling tracking of Florida quarterly e-prescriptions and e-prescribers. Using this data, the e-prescribing rate for Q1 2015 is 63.9% an increase from Q4 2014 which was 61.1%. The percent of licensed physicians who e –prescribed in Q1 2015 was 67%. Ms. Turner noted that the metrics exclude prescriptions for controlled substances due to low rates of e-prescribing.

Ms. Turner noted that the Advisory Council is meeting as a webinar on June 19, 2015 at 1:30 pm. The Health IT Symposium is June 26, 2015 in Tallahassee. She announced that the next HIECC meeting is tentatively scheduled for August 21, 2015**.**

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

1) The Agency will report Direct Messaging metrics for sponsored and non-sponsored users.
2) The HIECC will collect success stories from Participants as available.
3) The Agency will review the illustrated use cases to determine whether the CCD supports the use case.

Adjournment: There being no further business to discuss, the committee adjourned at 11:30 a.m.