

Health Information Exchange Coordinating Committee Meeting Minutes

Meeting Date: November 21, 2014

Time: 10:00 a.m. – 12:00 p.m.

Location: Webinar/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; Tab Harris; Michael Jackson; Karen Koch; Peter Kress; Kevin Kearns; Hal Perlman; Dennis Saver, M.D.; and Karen van Caulil, Ph.D.

Members Absent: Ronald Burns, D.O.; Craig Dalton; Tom Herring; David Milov, M.D.; Gay Munyon; Kim Tendrich; and Wences Troncoso

Staff Present: Dylan Dunlap, Carrie Gaudio, Heidi Fox, Milly Hardin, Aaron Parsons, Mary Schrenker, Joy Styrcula, Trish Tidwell, Carolyn H. Turner, and Dana Watson

Interested Parties Present: Gigi Cowart, Harris Corporation (Harris); Gloria Deckard, Ph.D.; Florida International University (FIU); Stacey Tompkins, Harris; Monica Tremblay, Ph.D. FIU; Lisa Stotz, Harris; Christina Alvarado; Peter Barnick, Broward Health; Len Berkstresser, Sunshine Health; Becky Brown, Paper-Free Florida; Londa Brown, Department of Health; Dan Cholvin, Community Health Systems; Elizabeth Cole, Memorial; Jay Desai, Northwestern Mutual; Diane Gaddis, Center for the Advancement of Health Information Technology; Louis Galterio, Suncoast Regional Health Information Organization (RHIO); Robert Harmon, MD, Cerner Corporation; Gary A. Hendrickson, CDIA, PaperFree Florida; Sandie Hugg, LeadingAge Florida; Divya Kumaraiah, PatientPing; Scott Langdon, University of Central Florida, Regional Extension Center (REC); Amber Martinez, Precyse; Julie Meadows-Keefe, Grossman, Furlow & Bayo, LLC; Gerry Skinner, Health Choice Network; Duane Steward, Ph.D.; Whitney Stone, HCA Healthcare; and Ginelle Williams, Orlando Health Systems

Meeting Materials: Agenda, Minutes, Event Notification Service (ENS) Update Presentation, Patient Look-Up (PLU) User Group Report, Quarterly Florida Health Information Exchange (Florida HIE) Report/Plan and Presentation, Direct Messaging (DMS) Outreach Presentation, Florida HIE eHealth Exchange Policies, Pharmacy e-Prescribing Survey Results, Meaningful Use Update Presentation, and REC Report

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

Call to Order, Agency Updates, and Roll Call: Molly McKinstry called the meeting of the Health Information Exchange Coordinating Committee (HIECC) to order at 10:00 a.m. She welcomed attendees and introduced new member Hal Perlman representing Parrish Medical Center. Ms. Heidi Fox conducted the roll call.

Ms. McKinstry gave the Agency for Health Care Administration (Agency) update. She reported that Statewide Medicaid Managed Care rollout is complete. The Agency is addressing performance metrics issues and monitoring network compliance. She said the Agency has established a business intelligence competency center which will improve the coordination of Agency automation projects. She reported online licensing will be available for Agency licensed health care providers by the end of the fiscal year. Certificate of Need (CON) letters of intent for nursing home facilities are being received by the Agency.

Review and Approval of Minutes: Ms. Fox asked the committee to review the minutes from the August 15, 2014, 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.

- 1) Ms. Pamela King will follow-up with Dr. Saver to assist with the Direct Messaging Service.
- 2) The Agency will develop Direct Messaging outreach materials for physicians explaining the value proposition.
- 3) The Agency will develop strategies to minimize typographical or other errors in using HIE services.
- 4) A link to the proposed Medicare and Medicaid Electronic Health Record (EHR) Incentive Program rules will be sent to Karen Koch.

She reported that items one and four are completed. Mr. Aaron Parsons will present on Direct Messaging outreach at today's meeting. The Agency has requested that Strategic Health Intelligence (SHI) provide information on their strategies to minimize typographical errors when providers use their HIE Direct service.

Event Notification Service Update: Mr. Aaron Parsons presented on the status of the ENS. The ENS enables alerts of health care encounters from hospitals and other health providers to health plans that subscribe to the service. He noted that participation in ENS as a data source is one of the requirements for hospitals to receive Low Income Pool funding in fiscal year 2014-2015.

Progress in ENS onboarding is recognized through a series of achieved milestones. The first milestone is for the hospital to formally request to participate in ENS by submitting a readiness questionnaire and the signed ENS agreement enabling the Florida HIE to schedule a connectivity session with the hospital. The second milestone is to successfully prepare for and complete a connectivity test. The third milestone is for the hospital to validate test messages, authorize "go live", and move into production.

The deadline for Milestone 2 is January 30, 2015 and the deadline for Milestone 3 is March 31, 2015. As of November 7, 2014, there were 124 hospitals at Milestone 2 and 34 hospitals having completed Milestone 3. Mr. Parsons noted that 149 hospitals were currently at Milestone 2 and 43 hospitals were in production as of today.

Mr. Parsons asked for questions and there were no questions.

PLU User Group Report: Mr. Dylan Dunlap gave the PLU User Group report. The PLU User Group met via conference call August 28, 2014 and in-person October 30, 2014. He reported that the PLU User Group received status updates from the nodes and the Harris team. At the October meeting, the PLU User Group received a progress report on the PLU Node Architecture Questionnaire. The PLU User Group discussed a proposed process for addressing issues related to document semantics, consent policies regarding eHealth Exchange use cases, and reviewed proposed subscription agreement revisions for 2015. The PLU User Group also reviewed and discussed example consumer survey questions with the Florida International University evaluation team.

Ms. Fox noted that the proposed subscription agreement revisions for 2015 will be reviewed by the Legal Work Group at its meeting in December.

Quarterly HIE Plan & Report: Ms. Gigi Cowart, Harris Project Manager, presented the quarterly HIE report through October 2014, and planning through January 2015.

Ms. Cowart reported that the Harris team completed the transition of Direct Secure Messaging to the new service provider, Inpriva in August 2014. She reported 110 organizational accounts for the new Direct Messaging Service as of the end of September generating 224 transactions during September 2014.

In response to a question, Ms. Cowart explained that transaction were higher in August than September because the transition generated administration transactions. Transactions in September were representative of user-generated queries.

Ms. Cowart reported on ENS deployments. The Harris team scheduled ENS connectivity sessions with participating hospitals through the end of January 2015. Connectivity sessions to connect hospital data sources for admit, discharge, or transfer (ADT) feeds were completed during this period as scheduled. In addition, the Harris team piloted and implemented use of virtual private networks (VPN). She explained that since no health plans were participating to receive the alerts during this period there were no transactions.

Ms. Cowart reported continued progress in PLU onboarding with Orlando Health starting validation testing and Tampa Bay RHIO completing its first set of onboarding milestones required for CMS funding of facilitated onboarding. The Harris team worked with other organizations in various stages of the on-boarding process. These include Community Health Systems (CHS), Community Health IT, and the Department of Health (DOH). It was noted that the Department of Health includes County Health Department treating physicians that will participate in PLU.

Ms. Cowart reported on PLU transactions. She reported 39 successful patient discovery queries and 27 documents retrieved in October 2014. Nodes that have moved into production (or are live on the network) include Atlantic Coast HIE, Bethesda Health, Broward Health, Florida Hospital/Adventist Health Systems, Martin Health System, Senior Home Care, SHI, and UF & Shands.

Florida HIE project plans through January include continued deployment activities of ENS hospital data sources and PLU on-boarding activities.

Direct Messaging Outreach: Mr. Parsons gave an update report on outreach activities for Direct Messaging. Florida's Direct Messaging Service was outsourced to a Direct Trust accredited vendor in July 2014. Outsourcing the service to an accredited vendor enables the Florida HIE to enhance the service by offering exchange with health care providers using other accredited vendors. The Florida HIE can assist providers with meaningful use as a receiver of summary of care records.

Mr. Parsons reported that invoices were sent to transitioned organizations for Direct Messaging fees as of October 1, 2014. Direct Messaging will be used to deliver ENS alerts and by PLU participants and for these participants, the Florida HIE will sponsor a limited number of mailboxes. Transactions have initially decreased but are expected to show growth through exchange with users of other accredited vendors.

Ms. McKinstrey reported the transactions for Direct Messaging in October 2014 as posted on the www.FHIN.net website. Transactions sent and received increased from 224 in September to 849 in October.

Mr. Parsons indicated that new outreach materials have been prepared that focus on improved local and national communication through multiple Direct Trust participants. Hybrid PLU subscribers may also use Direct Messaging. Information about the Direct Messaging Service is available on the Florida HIE website.

Dr. Saver suggested that the Agency provide a list of associations receiving outreach from the Agency and contacts. He offered to review outreach materials and give feedback. Ms. McKinstrey asked members to give the Agency material about how Direct Messaging is being used and its value that could be packaged for newsletters and other outreach communications. Ms. Fox requested members to send contacts for outreach.

Dr. Saver asked for the cost of the hybrid PLU service, HIE Direct, and Aaron indicated it was \$35 per month. The costs for Direct Messaging would be extra if the provider does not already have an account.

Florida HIE eHealth Exchange Policies: Ms. Turner presented on proposed policies related to the participation of the Florida HIE in the eHealth Exchange. She explained that nodes can connect to the eHealth Exchange through the Florida HIE gateway by signing an eHealth Exchange addendum to the PLU subscription agreement. To begin operations, the Agency has developed proposed policies for two use cases consistent with Florida law regarding patient consent. These are exchange with emergency departments for treatment purposes and exchange with the social security administration for disability determinations. The use cases will enable incremental development of workflows necessary for privacy controls consistent with Florida law consent requirements for sensitive conditions.

Ms. Turner said that exchange partners must agree to obtain consent to query and provide the consent if requested by a Florida HIE node. The consent form need not be identical to that of the Florida HIE form but it must provide for explicit consent by listing the appropriate types of sensitive conditions and give the name of the physician or hospital that is authorized by the patient to access their records. For exchange with emergency departments, consent requests and documentation will be sent using Direct Messaging. For the social security administration use case, the Florida HIE will receive the consents from the SSA and provide to nodes as requested. Failure to produce documentation will be cause for cessation of exchange unless the exchange partner comes into compliance.

Ms. McKinstrey asked for further explanation of the social security administration use case. Ms. Turner indicated that HIE can enable disability determinations to be completed more quickly benefiting providers and patients.

Ms. Turner said that the proposed policies would be reviewed by the Legal Work Group at its meeting in December.

Pharmacy ePrescribing Survey Results: Dr. Gloria Deckard reported on the results of a recent survey of Florida pharmacies about their participation in e-prescribing, experience with e-prescribing, and interest in other e-prescribing or HIE services. She thanked the Florida Pharmacy Association (FPA) and Florida Association of Community Health Centers (FACHC) for their assistance with the survey. Responses were received from 150 pharmacists associated with the FPA and 20 FACHC associated health center pharmacies.

Dr. Deckard reported that 91% of the FPA respondents had an e-prescribing system where as 83% of health centers reported an e-prescribing system. Mr. Kevin Kearns asked about health center pharmacies not participating in e-prescribing. Dr. Deckard indicated that the health centers may be using a related health center site.

The majority of respondents indicated a preference for e-prescribing over traditional prescribing with 59% of FPA respondents preferring e-prescribing and 79% of health center respondents preferring e-prescribing. Respondents reported that e-prescribing was easy to use but that there can be errors which pharmacy personnel must spend time resolving. The most frequent reported types of error were wrong quantity; wrong dose, strength or frequency; and duplicate therapy.

E-prescribing of controlled substances was not reported to occur routinely by respondents with 62% of pharmacists associated with the FPA indicating that none were received in the past week and 93% of health centers reporting no e-prescriptions for controlled substances. Respondents indicated concerns about the validation of the prescriptions.

Ms. Julie Meadows-Keefe indicated that physicians were concerned about meeting Drug Enforcement Administration (DEA) requirements for prescribing controlled substances. Dr. Saver explained some of the requirements for e-prescribing controlled substances. He indicated that he would be unlikely e-prescribe controlled substances given the costs for a small number of controlled substances prescriptions. Mr. Peter Barnick agreed that e-prescribing of controlled substance would come later due to these issues.

Dr. Deckard reported that respondents indicated interest but lack of access to patient medication histories with 75% of FPA respondents and 69% of FACHC respondents indicating that they do not have access to histories from unaffiliated pharmacies. Such access was thought beneficial by 91% of FAP respondents and 88% of FACHC respondents.

Meaningful Use Update: Ms. Mary Schrenker gave a status report on the Medicaid EHR Incentive Program. She reported that as of November 7, 2014, 6,398 eligible professionals and 173 eligible hospitals have received incentive payments. Total payments to eligible professionals were \$158,669,549 and total payments to hospitals were \$291,841,830. Ms. Schrenker reported that over 100 hospitals have received third and final incentive payment. Eligible professionals can receive up to six incentive payments through 2021 although they must start no later than 2016.

Ms. Schrenker explained the flexibility rule on certified electronic health record technology (CEHRT) that the Centers for Medicare and Medicaid Services (CMS) issued on August 29, 2014, effective October 1, 2014. The rule allows some providers who were unable to fully implement 2014 certified EHR technology to meet meaningful use using EHRs certified to the 2011 Edition criteria or a combination of both 2011 and 2014 Editions. Flexibility is only available to providers who were unable to fully implement the 2014 Edition due to certain vendor related issues. Flexibility is also permitted where the provider has fully implemented but receiving transition of care providers have not fully implemented.

Florida's attestation system upgrades for the flexibility rule are expected to be completed in the spring of 2015. Florida Medicaid providers attesting under the flexibility provisions may attest through a grace period to June 2014. Florida Medicaid providers ready to use the 2014 Edition are encouraged to attest as soon as their reporting period ends.

Ms. Schrenker indicated that all providers will have to have the 2014 CEHRT for the 2015 program year. Florida's attestation system is ready for program year 2015 application. However, providers cannot attest for the 2015 program year until the 2014 application is validated and paid. To avoid the 2016 payment adjustment, providers must successfully attest for the 2014 program year.

Ms. Koch asked how the Agency is informing providers about these changes. Ms. Schrenker indicated that the Agency has provided webinars and issued provider alerts. The Agency will notify providers when the program is ready to receive attestations under the flexibility rule provisions.

Dr. Saver suggested that stage 2 information be added to the presentation materials.

Agency Program Updates: Ms. Turner gave a brief update on the Agency's HIE related activities.

A project to demonstrate pediatrician use of the hybrid PLU service has been initiated under the Agency's Children's Health Insurance Program Reauthorization Act (CHIPRA) grant. The project will assist three pediatric practices and eight pediatricians in registering and querying with a project assessment of hybrid PLU use cases for pediatricians.

The Agency is conducting outreach for all Florida HIE services including PLU, hybrid PLU, Direct Messaging, and ENS. The Agency posts program metrics on www.FHIN.net including production and onboarding participants, transactions, and covered beds. The Agency participates in SERCH, Healthway, and DirectTrust informational calls.

The Agency is receiving limited statistics from Surescripts going forward enabling tracking of Florida quarterly e-prescriptions and e-prescribers. Using this data, the e-prescribing rate for Q3 2014 is at 54.5% showing an increase from Q2 2014 which was 50.4%.

Ms. Turner announced that the next HIECC meeting is tentatively scheduled for February 20, 2015. The Advisory Council is meeting as a webinar on December 5, 2014 at 10 am. The HIE Legal Work Group meeting is scheduled for December 12, 2014.

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

- 1) The Agency will provide association and contact lists for outreach to HIECC members.
- 2) HIECC members will provide feedback on outreach materials and potential outreach contacts.
- 3) Ms. Schrenker will add Stage 2 information to the EHR Incentive Program update slides.

Adjournment: There being no further business to discuss, the committee adjourned at 11:45 p.m.