Evaluation of Implementation of Florida HIE

Update for HIECC – March 7, 2014

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Status

- Final Report Approved 2/2014
  - Included summary of HIECC and PLU Surveys
- Data Sharing Report Approved 1/2014
- KMS transitioning to AHCA
- No cost extension
  - Running several surveys: behavioral health, home health, nursing home, FQHC, consumer

HIECC Open-Ended Survey

- Thank you for your participation
- Findings are summarized in final report
- Received positive feedback and good suggestions
- Voiced some concerns and identified some barriers/challenges
- We summarized each of the below:
  1. Implementation Process
  2. Components of the HIE
  3. Overall Recommendations
  4. Evaluation Metrics

Implementation Process

- A lot of direct support has been offered to facilities that have "on-boarded."
- Keeping this free for providers. Even small and rural providers that do not yet have EHR's can benefit from this – especially considering how many of their patients have to drive all over for different care needs.
- Allowing payers to participate
- Starting with those nodes that were most ready to join… allowing for faster growth toward critical mass

Implementation Process Concerns and Suggestions

- The program needs to be affordable and easy to use without barriers yet fully secure and bunker hardened against efforts to compromise data.
- Potential lack of sustainable funding.
- Getting the hospitals on boarded and exchanging data.
- Make sure that any underserved areas of the State have the connectivity to actively participate.
- Automation of consent to participate in Health Information exchange.

Components of the HIE - DSM

- Early signs of stakeholder interest in DSM are encouraging.
- The cost of doing business through couriers and the manual paper process are greatly reduced.
- It allows physicians to share info with little training and no expense.
- Keeping service free for providers.
- Allow payers to participate

Components of the HIE - PLU

- Ability to receive the right information, on the right patient, in the right location, at the right time to enable more timely and effective intervention.
- The HIE also has motivated hospitals to share data between providers.
- There has been no cost for using and that has created interest.
- The biggest challenge is the disambiguation of patient identity. If not done very well, this has a potential to do greater harm than good.
- Lack of volume to assess this benefit at this time. It is too early to determine actual success.

Event Notification Services

- ENS has high value but needs to correlate with other implementations at other levels and within other entities and various 'end points'.
- This can help with reconciliation of outpatient and inpatient services.
- Empowers care coordinator between the hospital and community provider.
- Excellent tool to facilitate post-discharge follow-up and continuity of care.
- So far seems to be an extremely successful and interesting pilot – looking forward to seeing this roll out to additional areas

Overall Recommendations

- Collaboration and cross stakeholder value propositions are key to success.
- Focus on chain of trust, data governance and equal access by need and benefit to the community.
- Educational outreach and dialog with mid-level practitioner groups at their educational conferences and meetings.
- Getting the hospitals on-boarded and exchanging data.
- Expand user groups and allow for current “on-boarders” to serve as mentors to new sites. Testimonials are important in sharing the value of the HIE.

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Evaluation Metrics

- Some found the metrics useful:
  - Good tracking + feedback
  - They are a great way to demonstrate and illustrate to others the continued growth in adoption and use – which is extremely valuable in educating providers.
- Some did not
  - Reactive.
  - Have not used the metrics. Instead, Our organization has relied on the comments provided by member hospitals that are using the system.
  - Baseline of data is limited – need broader adoption to properly evaluate.

PLU Survey

- Participants of PLU were contacted by the evaluation team via email and were sent a link to a Qualtrics survey.
- The questions were multiple choice and open ended.
- Eighteen of the 21 members responded to this request with completed surveys.
- Surveys were completed between September 29 and October 27, 2014.

In which phase of PLU onboarding do you belong?

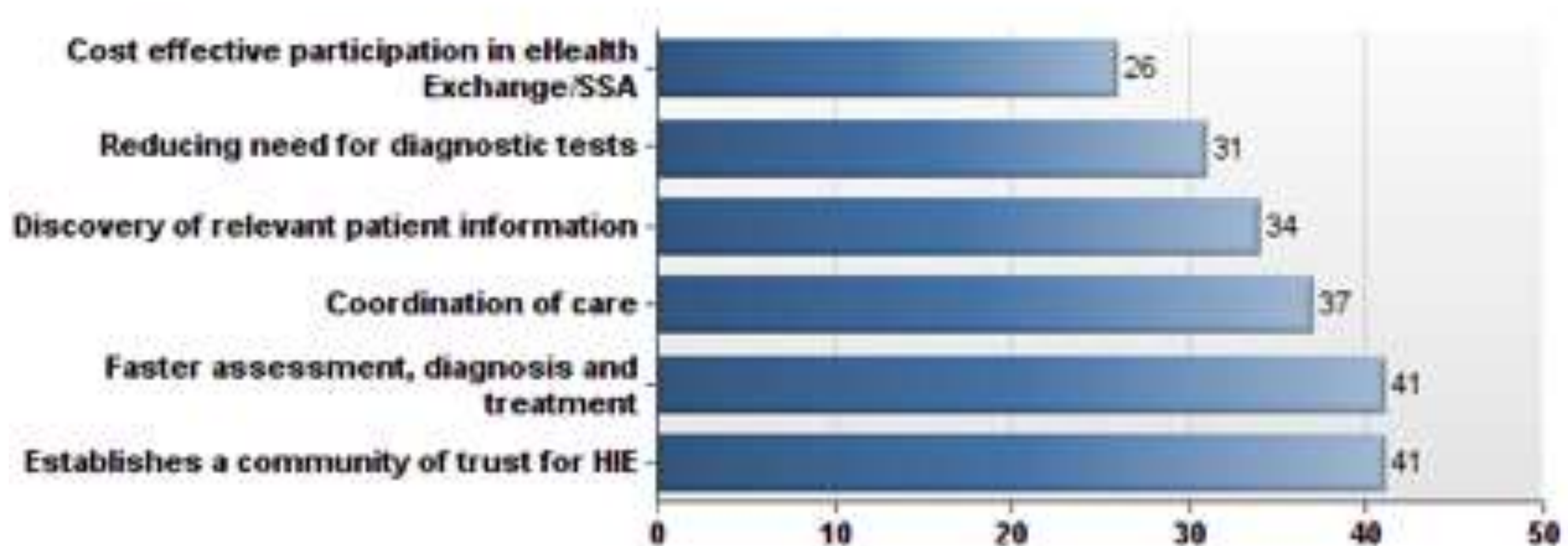
#	Answer	Response	%
1	Live In Production	4	36%
2	Currently Onboarding	3	27%
3	Planning Phase	4	36%
	Total	11	100%

If 100 represents "Go Live - In Production", please indicate where you are in the on-boarding process

Percent Complete	Number of Participants
50%	2
95%	1
100%	2

Ranking of PLU Benefits

* lower values indicate higher perceived benefits



I received adequate and accurate information prior to the start of the implementation process regarding:

Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total Responses
Costs of implementation	1 (8%)	4 (33%)	3 (25%)	3 (30%)	1 (10%)	12
Staff resources required for implementation	1 (8%)	1 (8%)	5 (42%)	5 (42%)	0	12
Time from onboarding to go-live	1 (8%)	1 (8%)	6 (50%)	4 (33%)	0	12
Policies and procedures for implementation process	1 (9%)	2 (17%)	4 (33%)	5 (42%)	0	12

Please indicate the extent to which you agree with the following statements:

Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total Responses
Throughout the implementation process, Harris Corporation has been responsive to my requests for assistance.	1 (8%)	0	0	5 (42%)	6 (50%)	12
AHCA staff were available and helpful in the process	1 (9%)	0	3 (27%)	6 (55%)	1 (8%)	11

Did your EHR vendor interact (play a role) in your onboarding process?

#	Answer	Response	%
1	Yes	10	91%
2	No	1	9%
	Total	11	100%

Positive feedback

- What really helped us stay on target is that we treated it like a formal project.
- The Harris Team have been exceptional in their delivery and have been tremendously flexible to each nodes concerns, constraints, as well as technical specifications.
- The PLU User Group and Technical User Group, as facilitated by Harris, bring each node and their respective technical team together to act collaboratively, which is the greatest strength of a HIE.

Possible Improvements

- The biggest challenge is that each node's EHR vendors are providing information and data values in different manners. The standards and specifications are not 100% precise. Clearer definition of the testing process.
- Implementation and maintenance costs need to be clarified.
- Bring Vendor onboard sooner.
- Greater disclosure of actual costs, foster more regional collaboration to assure shared populations are going live to derive greatest value from health information exchange.
- Continued transparency; less changing of the rules mid-stream.

Most Pressing Issues for PLU/Cost and Sustainability

- Sustainability costs: if those exceed a minimal threshold and/or benefits do not materialize, we will not be able to maintain a connection to the Florida HIE.

- Overall cost and getting participants. The number of connected nodes is far fewer than anticipated at this point in the implementation.

- Florida enforced a price per copy/sheet of a medical record back in the paper days, there is a price per copy of the medical record per CD. Why is there not a sustainability plan that goes back to that concept? A fee to join the HIE and a fee per consumption of a single EHR?

- Cost per node, broader participation, more financial support to participating and future nodes from the State of Florida

- Sustainability that is supported by ONC, the State of Florida and AHCA

Most Pressing Issues for PLU/Process

- Improved communication among the three parties performing the integration.
- More participants who are live and strict go-live schedule.
- Continued PLU User Group and Technical User Group meetings
- Its actual usefulness; most data is segregated from those that will actually find it useful. For example, only providers that go through the participating large hospital or university systems will have information to share. Local healthcare, if one of these locations is not your medical neighborhood, is not participating in the Florida PLU. Therefore, most will find it rather devoid of useful data in day-to-day operations.