Health Information Exchange Coordinating Committee Meeting Minutes

Meeting Date: March 7, 2014

Time: 10:00 a.m. – 11:45 a.m.

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

Members Present: Secretary Liz Dudek, Chair; Bill Bell; Craig Dalton; Jarrod Fowler; Tab Harris for Jordan Firfer; Nikole Helvey; Michael Jackson; Kevin Kearns; Reginald Smith, Ed.D.; and Karen van Caulil, Ph.D.

Members Absent: Ronald Burns, D.O.; Tom Herring; Karen Koch; Peter Kress; David Milov, M.D.; Gay Munyon; Dennis Saver, M.D.; and Kim Tendrich

Staff Present: Alexander Añe, Walt Culbertson, Dylan Dunlap, Heidi Fox, Milly Hardin, Pamela King, Aaron Parsons, Joy Styrcula, Carolyn H. Turner, and Dana Watson

Interested Parties Present: Rebecca Brown, USF Health – PaperFree Florida; Ben Browning, Florida Association of Community Health Centers; Diane Chronis, Florida Medical Quality Assurance, Inc.; Natalie Ciccone, Florida Pharmacy Association; Gigi Cowart, Harris Corporation (Harris); Gloria Deckard, Ph.D., Florida International University (FIU); Diane Gaddis, Community Health Centers Alliance; Diane Godfrey, Florida Hospital/Adventist Health Systems (Florida Hospital); Davidson James, Florida Hospital; Julie Meadows-Keefe, Grossman, Furlow & Bayo; Chris Phillips, Harris; Kendra Siler-Marsiglio, Ph.D., Community Health IT; and Monica Tremblay, Ph.D., FIU

Meeting Materials: Agenda, Minutes, Subscription Agreements 2014, Summary of Proposed Changes to Subscription Agreements, Patient Look-Up (PLU) User Group Report, Quarterly Florida Health Information Exchange (Florida HIE) Report/Plan and Presentation, Florida HIE Trust Service Presentation, Trust Service Agreement, Regional Extension Center Milestones, Clinician's Guide to Electronic Health Record (EHR) Patient Safety, Price List January 1, 2014, and Florida HIE Budget 2014-2015

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

Call to Order, Welcome, and Roll Call: Secretary Dudek called the meeting of the Health Information Exchange Coordinating Committee (HIECC) to order at 10:00 a.m. Ms. Dudek welcomed attendees and gave an update of recent activities at the Agency for Health Care Administration (Agency). She reported that the Agency has completed the rollout of long-term managed care as of March 1ˢᵗ. The rollout of Assisted Medicaid Managed Care has started beginning with regions 2, 3, and 4. The rollout will be complete by August 2014. The Agency is monitoring legislation in several program areas related to increased transparency, coordination with other state agencies, and better use of information.

Ms. Molly McKinstry reported as well; she said that the Assisted Living bill provides for additional transparency on the Florida Health Finder consumer information website. She added there is a bill regarding background screening (criminal background checks of health care providers). The legislation would expand and improve coordination, reducing re-screenings by using screening documentation on file. Ms. McKinstry stated that legislation which would revise and update the data collection and dissemination responsibilities of the Agency has been introduced. In addition, the All Payer Claims Database was not included in the Governor's budget. Similarly, the continuation of the EHR Incentive Program was not included in the FY 2014-2015 budget, with the policy expectation that providers would pick up these costs going forward.

The EHR Incentive Program payments for this year have recently been suspended because expenditures have exceeded the Agency's budget authority for the current fiscal year. Therefore, payments cannot be made for the remainder of the fiscal year. Providers have been informed and notice published on the program website. Applications for meaningful use attestation will continue to be processed for purposes of providers avoiding federal penalties, although no payments will

be made. In addition, the Agency is working with the legislature about obtaining funding authority for the payment of providers in the current year that had applications in process prior to when the program was suspended.

Ms. Heidi Fox reviewed the agenda and conducted the roll call.

Review and Approval of Minutes: Ms. Fox asked the committee to review the minutes from the November 22, 2013, 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. The Agency will provide more detail on the large cost categories of the sustainability budget.
2. Harris will provide an explanation of patient matching and screen shots illustrating successful and unsuccessful queries.
3. The Agency will work with Dr. Saver to coordinate with the Office of the National Coordinator for Health IT (ONC) in developing a patient safety guide for health care providers.

She noted that item 1 and 3 will be reported today. Information on patient matching was previously sent to HIECC members.

Clinician's Guide to EHR Patient Safety Reporting: Ms. Fox reported that the Agency has developed a draft guide as discussed at the November HIECC meeting and initiated a review process. The Agency sent the draft to the Electronic Health Records (EHR Association and received comments which were incorporated. Staff also discussed the guide with Dr. Saver and Dr. David Hunt, with the ONC. She thanked everyone for their involvement.

Ms. Fox reviewed the draft document in detail. The document describes best practices for reporting patient safety concerns on health information technology. It includes sections of the EHR Association Code of Conduct Principles on patient safety and clinical documentation. This code of conduct sets expectation for EHR vendor performance. It explains how to select and report to federally certified patient safety organizations. It explains how to work effectively with the EHR vendor in reporting problems. She added that the guide includes links to other useful resources.

Secretary Dudek noted that the section of the guide explaining the Agency's prior role in the EHR Incentive Program will be revised.

Subscription Agreements 2014: Ms. Turner reviewed the proposed changes to the Subscription Agreements, including the Patient Look-Up (PLU), Direct Secure Messaging (DSM), General Terms and Conditions, and Event Notification Service (ENS) addendum to DSM. She referred to the summary of proposed changes.

All agreements were revised to include an exhibit of the fee schedule for the service. Changes to the PLU agreement include clarifying that access by health care providers is solely for treating patients in their care, filtering data is allowed for substance abuse treatment records under 42 CFR Part 2, PLU hybrid access monthly transactions must be reported to the Florida HIE, and a PLU privacy manager must be designated by the Participant. Changes to the DSM agreement removed the trade secret status of the provider directory and limits DSM archiving to 90 days with fees for support of archiving retrieval. There was one change to the General Terms and Conditions to lengthen the time for informal resolution of disputes.

Ms. Turner noted that the ENS agreement is new since last year. The ENS agreement was developed as part of the ENS pilot. There is an agreement for health plans subscribing to the service and an agreement for health care providers (such as hospitals and urgent care centers) acting as a data source. The agreements give data sources the option to provide both admission and discharge information, or discharge only.

Ms. Kendra Siler-Marsiglio, Ph.D. asked about the change regarding substance abuse treatment records as to who would be responsible for the filtering. Ms. Turner said that it would be a responsibility of the node if they elect to filter. Ms. Diane Godfrey asked if full disclosure patient authorization continues to be required, and Ms. Turner indicated that the requirement has not been changed.

Ms. Diane Gaddis asked about the length of time the fee schedule would apply. Ms. Turner indicated a change in fees requires 90-day notice to participants.

Ms. Turner indicated that the 2014 subscription agreements would be presented to the Consumer Health Information and Policy Advisory Council at its March 21st meeting, and then issued as final for re-signing.

PLU User Group Report: Mr. Davidson James presented an update on the PLU User Group. He reported that the PLU User Group has continued to examine how Florida HIE services could be used for meeting the meaningful use transition of care requirements. Both PLU and use of the Trust Services for Direct Secure Messaging (DSM) was reviewed and discussed by the group. Regarding technical and operational matters, the PLU User Group discussed options for the storage of clinical documents by the nodes to reduce duplication of stored documents. The PLU User Group reviewed the requirements of the eHealth Exchange for document query and the status of the implementation of Consolidated Clinical Document Architecture (CCDA) functionality among nodes.

The PLU User Group also reviewed Florida HIE budget and pricing changes, proposed changes to the Subscription Agreements, and discussed the initial ENS onboarding experience and potential for expansion.

Mr. James asked if there were any questions about the PLU User Group; there were none.

Quarterly HIE Plan & Report: Ms. Gigi Cowart, Harris Project Manager, presented the quarterly HIE report through January 2014, and planning through the project quarter February – April 2014.

Highlights of the quarter were completion of the Trust Service and launching of ENS.

Atlantic Coast HIE, Broward Health, Florida Hospital/Adventist Health Systems, Strategic Health Intelligence (SHI), and UF Health (formerly referred to as UF & Shands) are in production. The Harris team worked with other organizations in various stages of the on-boarding process. These include Bethesda Health, Department of Health (DOH), Community Health System (CHS) formerly Health Management Associates, Inc. (HMA), Martin Health System, Naples Community Hospital, and Senior Home Care.

Ms. Cowart reported on PLU transactions. She reported 1,536 successful patient discovery queries and 1,533 documents retrieved in January 2014. These are documents retrieved by SHI from Broward Health.

Ms. Coward reported on ENS. She reported 98 alerts issued during January 2014 from Broward Health to WellCare.

DSM participation grew to 9,034 registrants in January with 7,673 transactions during the month.

Florida HIE project plans for the next quarter include completion of DSM archiving retrieval services. PLU on-boarding activities will continue with additional work on the gateway of gateway enabling participation in the eHealth Exchange.

Mr. Craig Dalton asked if invoiced PLU fees have been paid and Gigi indicated all but two have been received.

Florida HIE Trust Service: Ms. Joy Styrcula presented on the new Trust Service that was developed to facilitate the exchange of Direct messages and assist Florida health care providers in meeting the meaningful use requirements for transitions of care. She explained how DSM can perform as a receiver of clinical documents as required for meaningful use. Providers can register for DSM at no cost and receive documents in their DSM accounts from hospitals and other providers that wish to meet the meaningful use requirements for transitions of care.

The Trust Services give health care providers three options for participation. They can participate in a trust bundle to facilitate Health Information Service Provider (HISP) to HISP connections, participate in a trust bundle that includes a DSM connection, or elect to connect to DSM without joining the trust bundle. The annual fee for the Trust Service is $7,500. The fee for connecting to DSM is $25,000 for 15,000 transactions. Ms. Styrcula noted that the fee for connecting to DSM primarily covers the cost of storing CCDAs.

The process for applying to participate consists of completing a readiness questionnaire about the HISP and providing information about Florida health care providers included in the HISP. If approved, the organization executes the Trust

Service Agreement indicating the type of service option desired. Ms. Styrcula referred to the agreement in the meeting materials. The Trust Service Agreement is also new, but similar to prior HISP-to-HISP agreements. The new agreement is multi-party and requires that Participants make their provider directory available for posting on the Florida HIE website. Participants indicate what type of service they want within the agreement.

Mr. Reginald Smith asked what happens if Cerner decides not to participate in the Florida HIE Trust Service. He also expressed concern about having to participate in multiple trust bundles in other states as well as Florida. Additionally, he asked how the Florida Trust Service fits into the national landscape.

Ms. Turner indicated that Cerner may participate to give hospitals more options for connecting in 2014, but that their decision is not yet known. The Florida Trust Service is available to providers to meet an immediate need in 2014. The landscape is evolving and organizations that participate in the Florida Trust Service in 2014 might not in 2015, as more options become available.

Mr. Smith noted that a national solution is much needed and that this should be addressed by the ONC.

Mr. Peter Barnick asked if the Florida HIE could become Direct Trust accredited so as to expand the ability of providers to connect. Ms. Turner explained that meeting the Direct Trust standards would be costly and would not immediately be feasible due to the cost of conversion. She noted that there are additional costs for web mail portals that service providers who do not have an EHR platform to receive clinical documents.

Ms. Gaddis asked whether the fees would remain the same in 2014. Ms. Turner indicated that the fees were set to cover costs and could be increased with a 90-day notice if necessary. The fees will be lowered if at all possible. The Agency will be closely monitoring costs and demand for the service.

Regional Extension Centers Reports: Ms. Fox noted that individual regional extension center (RECs) milestones are included in Tab H. All RECs have met milestones 1 and 2, and are working toward completing milestone 3. She asked if representatives of the RECs had any additional comments to make or if the HIECC members had any questions. There were no questions or comments.

Project Evaluation Update: Dr. Monica Tremblay gave the update on the project evaluation and final report. She briefly reviewed the highlights of the HIECC and PLU User Group member surveys. She mentioned Florida HIE awareness surveys being developed (behavioral health, federally qualified health centers, and consumer). She reported that the transfer of the Knowledge Management System to the Agency has been completed. She thanked members of the HIECC for their participation in the survey.

The HIECC survey results highlighted concerns about keeping costs low and the need to expand participation for sustainability. There was interest in the potential value of the ENS service. The PLU survey results indicated that there was generally good or high satisfactory with the onboarding services of the vendor especially the adaptability of the vendor to participant needs. There was concern about the current status of on-boarded participants being less than originally targeted.

Mr. Dalton asked what types of questions FIU would ask of consumers. Dr. Tremblay said that they planned to ask about awareness, perceived benefits, and any concerns about privacy. She asked for suggestions from the HIECC members.

Ms. McKinstry asked for the HIECC response rate. Dr. Tremblay indicated the numbers responding is stated in the report.

Mr. Walt Culbertson asked if the ability of health plans to participate in the ENS as well as DSM was included in the survey. Dr. Tremblay indicated that ENS was included.

Price List and Budget: Ms. Turner indicated that there had been a request at the November HIECC meeting to show additional budget detail. The budget included in the meeting materials show the current sustainability budget for FY 2014-2015 at $2.86 million with estimated costs for PLU, DSM, and ENS shown separately.

Ms. Turner reviewed changes to Florida HIE pricing that went into effect January 1, 2014, from the previous October 1, 2013 price list. Pricing for the new Trust Service was added and free accounts in DSM were limited to five (5) or less mailboxes for health care providers. If an organization needs additional mailboxes, a set of five mailboxes can be purchased for an annual fee of $500. She said that an analysis of DSM users indicates that 92 would be impacted, but of these, only two are actively using more than five mailboxes. Presumably many of the 92 DSM users could close the unused mailboxes to avoid the fee.

Mr. Michael Jackson asked if the Agency had a breakdown of the types of providers using DSM.

Ms. Gaddis asked if she could get a list of providers that her organization had enrolled in DSM that will be impacted by the change. Ms. Turner indicated that the Florida HIE team would provide and coordinate with her.

Ms. Gaddis expressed concerns about costs and the ability to lock-in fees for the Florida HIE. The internal costs to participate in the Florida HIE are substantial, so the potential for escalating fees are a concern.

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

The Cooperative Agreement ended September 30, 2013, and the Agency had completed financial closeout processes by December 2013. The Harris contract ends June 2014 unless renewed, which is under discussion. The Agency is working on scope provisions for a 3-year maintenance contract funded by user fees. The FIU contract has been renewed through June 2015 on a no cost basis.

The Children's Health Insurance Program Reauthorization Act (CHIPRA) grant funding for the subcontract with South Florida REC ended in December 2013, with 355 pediatricians and pediatrics ancillary providers registered.

The Agency is continuing outreach to all service offerings including PLU, ENS, and HISP Trust Services. Agency staff attended the ONC national meeting January 22nd-25th and the Healthcare Information and Management Systems Society conference during February 24th-27th. Agency staff members continue to participate in interstate organizations such as Southeast Regional HIT-HIE Collaboration (SERCH), National Association for Trusted Exchange (NATE), DirectTrust, and Healtheway.

Ms. Turner reported on the Medicaid EHR Incentive Program statistics as of February 28. There have been payments totaling **$288 million** to hospitals with **172** unique hospitals paid, and payments totaling **$138 million** have been made to eligible professionals (EPs) with **5,866** unique EPs paid.

Ms. Turner reported that e-prescribing for Q4 2013 was 56 percent, up from 48 percent in Q4 2012. For February 2014, there were 7,581 DSM transactions compared to 7,673 in January; there were 97 ENS transactions in February and 98 in January.

Ms. Turner announced that the next HIECC meeting is tentatively scheduled for May 16, 2014. The State Consumer Health Information and Policy Advisory Council will meet March 21, 2014.

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

1. The Agency will provide information on the number of health care providers registered in DSM by type of provider.
2. **The Agency will compile a list of health care providers impacted by the DSM fee for more than five (5) mailboxes and coordinate with Ms. Gaddis to inform the affected health care providers.**

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