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Administration

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Health Choice Network

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Melissa Vergeson
AHCA Medicaid

Hymin Zucker, MD
*Florida Association of
Accountable Care
Organizations*



AGENDA

Health Information Exchange Coordinating Committee (HIECC)

Meeting Date: March 22, 2023

Time: 1:00 p.m. to 3:00 p.m.

Location (Virtual):

<https://attendee.gotowebinar.com/register/494029858746445515>

Dial-in Information: Phone: 877-309-2071 Access Code: 490-240-798

TIME	ITEM
1:00 p.m.	Welcome - Roll Call
	Review & Approve Meeting Minutes
	Previous Action Item Review and Status Updates
1:05 p.m.	Agency Updates
1:10 p.m.	Election of Officers
1:20 p.m.	Data Quality Discussion <ul style="list-style-type: none">Medicaid Quality Presentation
1:50 p.m.	HIE Update
2:20 p.m.	E-PLUS Update
2:35 p.m.	HIE Outreach Update
2:50 p.m.	Meeting Summary
	New Action Items
	Adjournment

Meeting Minutes

November 8, 2022



Health Information Exchange Coordinating Committee (HIECC) Meeting Minutes

Date: November 8, 2022
Time: 9:00 a.m. – 11:00 a.m.
Location: GoToWebinar

Members Present: Jaime Bustos, Craig Dalton, Jarrod Fowler, Tab Harris, Helen Sairany for Michael Jackson, Peter Kress, Marie Ruddy, Kim Streit, Kimberly Tendrich, Wences Troncoso, Linda MacDonald for Melanie, Brown Woofter

Presenters: Jaime Bustos, AHCA, Bruce Culpepper, DOH, Pamela King, AHCA, Aaron Parsons, Audacious, Suzanne Kirayoglu, AHCA, Corinne Slautterback, AHCA, ABM Uddin, AHCA

Other Agency Staff Present: Matthew Bucci, Stephanie Clarke, Dylan Dunlap, Taylor Haddock, Meredith Hayes, Taft Jackson, Erika Pearce, Kimberly Smoak, Dana Watson

Interested Parties Present: Susan Anderson, George Beckett, John Bierman, Evan Carter, Joseph Eckert, Thomas Fitzgerald, Matthew Holliday, Hawi Itana, Kelly Kaladeen, Michael Karris, Toni Large, Angel McClellan, Judy Monestime, Terry Peele, Lisa Smith, Stephanie Sullivan, Kerry Sutton, Ashley Tait-Dinger, Jan Gorrie, Melinda Kennedy, Laura Kolkman, James McFaddin, Kelli Kessack

Meeting Materials: HIECC Meeting Packet. Copies of meeting materials are posted on: <http://www.fhin.net/committeesAndCouncils/hiecc.shtml>

Welcome: Jaime Bustos

Mr. Jaime Bustos provided an overview of the duties and responsibilities of the HIECC. He noted that the HIECC is an ad hoc sub-committee to the SCHIP Advisory Council. The group advises the Agency on developing and implementing strategies regarding an integrated statewide network for the exchange of health records. HIECC members are approved by the Advisory Council, and they represent a variety of stakeholders actively engaged in health information exchange.

Mr. Bustos also shared the following Agency Updates

- The Agency responded to Hurricane Ian in the following capacity:
 - Coordinated with licensed health care facilities to evacuate more than 7,000 patients and residents from 150 facilities.
 - Performed onsite visits to 343 nursing homes and assisted living facilities within the cone of expectance to verify generator compliance.
 - The Agency deployed teams to visit all health care facilities in impacted counties and performed assessments.



- Secretary Simone Marstiller signed Emergency Order 22-001 which suspended statutes of rules pertaining to health care worker licensing, resulting in out of state health care workers being deployed to fill the same roles in Florida during the emergency.
- The Agency activated the Emergency Patient Look-Up System (E-PLUS). E-PLUS allows special needs shelters in impacted areas to retrieve patient medical records and help medical providers and emergency response personnel locate missing or displaced persons after the storm. Use cases and metrics will be provided in detail further down in the agenda.
- Implementation of a health care transparency initiative is nearing completion. This project is working on modernizing the FloridaHealthPriceFinder website and updating and modernization of the MyFloridaRx website to display prescription drug pricing transparency.

Call to Order and Roll Call: Pamela King

Ms. Pamela King called the meeting of the Health Information Exchange Coordinating Committee (HIECC) to order at 09:10 a.m., called roll, and welcomed members. Pam also took a moment of silence in remembrance of long-term member Dr. Dennis Saver who passed away in July of 2021.

Review and Approval of Minutes and Previous Action Items: Pamela King

Ms. Pamela King reviewed the minutes from the September 9, 2019, meeting of the HIECC. A motion was made to approve the minutes, seconded and carried with no opposition.

Ms. Pamela King reviewed the action items from the September 9, 2019, meeting of the HIECC, noting the actions items were complete.

Florida HIE Services Update: Aaron Parsons

Mr. Aaron Parsons provided HIE updates. He shared an update on the ENS system, to include ENS Capabilities, Agreement Addendum, Data Sources, Subscribers in Florida, Benefits, acquisition of Audacious by Point Click Care, and other detailed information. Mr. Parsons provided details on the expansion of ENS and its role in quality improvement. He also shared updates on Agency-DOH initiatives.

He noted an addendum to the current agreement, which would allow data retention to improve patient matching, trouble shooting, assist Emergency Department Optimization, and promote many other uses cases is in progress.

There was much discussion by the members on the concept of the proposed addendum with comments both in favor and opposed to the changes. Ms. King requested the members to provide comments and suggestions to the Agency for consideration in the development of the addendum language.



Office of HIE Program Metrics Update: ABM Uddin

Mr. ABM Uddin provided an update on HIE Program Metrics including: ePrescribing, Promoting Interoperability (PI) Program, and ENS projects. Mr. Uddin shared data on various ePrescribing metrics from 2021 and previous years. It showed the ePrescribing adoption rate in Florida. He also updated the group on the final round of payments under the PI program and the ongoing audits. Then he shared some updates on E-PLUS and the agency collaboration with various ENS-based DOH project.

Health IT Outreach Update: Corinne Slutterback

Ms. Corinne Slutterback provided an Update on Health IT Outreach to include:

- Health IT Outreach Activities
- Emergency Patient Look-Up System (E-PLUS) Outreach
- Florida HIE Services
- Encounter Notification Service (ENS)

The outreach team used webinars, in-person events, social media and interagency relationships to conduct the outreach activities. The agency also collaborated with field staff and spoke with a large number of organizations to expand E-PLUS. The agency staff has also participated in conferences on emergency preparedness and response. The E-PLUS user summit will be held in early 2023.

E-PLUS Update: Suzanne Kirayoglu

Dr. Suzanne Kirayoglu provided an overview and update on E-PLUS including:

- Easy to use web portal that allows authorized users to view and print patient medication histories and clinical records without an electronic health record (EHR) system
- Documents include information about patients' medications, allergies, diagnoses, lab results, and much more
- Administrator of E-PLUS: AHCA
Activation occurs at the onset of a state of emergency
AHCA credentials access to E-PLUS

Suzanne also shared updates on E-PLUS deployment during various natural disasters in the past few years and as recently as in Hurricane Ian in 2022 and noted that the system was activated for Hurricane Nicole.

Florida Center Update: Jaime Bustos

Mr. Jaime Bustos gave an update on the Florida Center's data collection and dissemination units. He shared that the Office of Patient Safety & Risk Management has moved to a different unit but



is still under Health Quality Assurance. A new data collection system FDDC (Florida Discharge Data Collection) will deploy January 3, 2023, for the Q4 2022 reporting period. Office of Data Dissemination distributes limited administrative discharge data that includes data from inpatient hospitals, ED visits, and Ambulatory Surgical Centers. The Agency is revamping consumer portals Florida Health Finder and Florida Health Prince Finder. It is also going to take over the Florida Prescription Drug Prices clearing house, My Florida Rx, which is currently under the Florida Attorney General's office.

AHCA/DOH HIE Initiatives: Bruce Culpepper

Mr. Bruce Culpepper provided information on Health Information Exchange Services including:

- ENS
- Patient Query with Clinical Data Exchange Service
- Syndromic Surveillance (ENS)
- Electronic Case Reporting (HIE)
- Emergency Medical Services –Local EMT Encounters (ENS)
- Brain & Spinal Cord Program (ENS)
- Stroke Registry (ENS)

Bruce also mentioned that Patient Query with Clinical Data Exchange Service went live in 2021. 13 organizations are contributing to electronic case reporting. HIE services is provided by CRISP.

Mr. Culpepper noted future considerations and enhancements would include:

- Adding capability to integrate medical record content from external sources directly into clinical record. Current capability is limited to PDF format. Desire ability to process structured data directly into clinical reconciliation.
- Include capability to query patient records prior to visit and queue them for the visit (ARCHER Solution)
- Leverage Social Determinants of Health data to improve Medicaid patient outcomes

Next steps

The HIECC will meet again in 2023, meeting date to be determined.

New Action Items	Owner
Send comments on data retention to the Agency for consideration.	Members

With no further business to discuss, a motion was made to adjourn, with no objections. The committee adjourned at 11:09.

Agency Updates

Election of Officers

Medicaid Quality Presentation

HIE Update

ENS Agreement Addendum

- An addendum to the ENS Agreement to allow the Florida HIE to retain ADT data to improve services was discussed with HIECC in November 2022.
 - Optional addendum is no cost and does not require any technical changes.
 - Health systems opting-in may receive discounts on services from PointClickCare.
- The Agency's Advisory Council discussed the proposal in public meetings on 12/15/22 and on 1/25/23 and provided substantive guidance on strengthening vendor obligations to participants under the proposed addendum.
- After incorporating this feedback, the Advisory Council reviewed and approved the revised addendum on 2/23/23.

ENS Agreement Addendum

- Overview
 - Optional, no cost addendum for interested health systems
 - Allows vendor to retain data in line with Permitted Purposes
 - Requires vendor to delete all health data older than one year upon request from the opted-in health system; requests can be made annually by health systems
 - Allows interstate exchange through the PointClickCare Network
 - Allows data sources to opt-in to additional care coordination programs
 - Reiterates prohibition on any use of health data not covered by Permitted Purposes
- The Addendum, as revised and approved by the Advisory Council, is ready for distribution to interested health systems.

Emergency Department Optimization (EDO)

- EDO is a care collaboration and notification platform that provides actionable insights about patient history and risk indicators during an ED visit.
 - Insights are delivered into a hospital's existing workflow to help improve quality of care and optimize the throughput of the ED.
 - Data is sourced from health system EHRs, participant care plans, historical ADTs, and the PointClickCare Network.
- EDO aligns with Medicaid quality initiatives and the Agency's objective of reducing avoidable readmissions.

Key risk factors are highlighted at the top, namely **Security and Safety Events**

Enables more informed decision making with easy to consume, summarized **Care Histories**, including medical and surgical, infections, chronic conditions, substance use, behavioral, social, and radiation

Provides a summary of **Recent Encounters**, including location, encounter type, and diagnoses / chief complaint

A link to the patient's aggregate profile on the platform to contribute and access attachments (e.g., Advanced Directives)

Care Guidelines eliminate duplicative case management resource expenditure by clearly enabling a single lead case manager to "quarterback" the patient's care management activities, which leads to a common care guidelines across stakeholders

Identifies providers on the patient's **Care Team**

COLLECTIVE NOTIFICATION 04/10/2019 14:12 TYLER, BILL MRN: 202589839

You are being notified because this patient has a **Security and Safety Event, Insights**, and **>5 ED Encounters in 12 Months**

Security and Safety

Date	Location	Type	Specifics	Security Events (18 mo)	Count
3/12/2019 14:32	Sisters of Mercy	Physical	• Details: Patient struck case manager with hands and feet	Physical	1
				Total	1

Last Updated: 3/1/19 10:34

ED Care Insights from New Horizons BH Clinic

- Provide a low stim environment in the ED; does not respond well to hallway treatment
- Consider an involuntary psych hold; has never admitted psych inpatient voluntarily
- Seroquel dispensed daily at ACT facility; ACT team travels to pt's homeless camp to dispense meds if pt no shows
- Reasonable and redirectable when medication-compliant, with only intermittent mild psychotic features
 - Decompensates quickly after missing meds
 - Severe psychotic episodes have included paranoia, pressured speech, anxious, auditory hallucinations, labile mood—known to have physically aggressive behavior towards staff
- Escalates in response to security/police; advise having security out-of-view
- ED can D/C pt to ACT team; if no psychosis. ACT will admit to NHBHC transitional housing unit (2-week respite bed providing meds onsite until further stabilized)

Care Coordination

1. Enrolled w/ the VBHC Assertive Community Treatment (ACT) team for SPMI
2. Please call the 24/7 crisis line—503-555-6666
3. ACT is available for real time telephonic coordination and can also travel to the ED to help with D/C
4. ACT can help assess for psych admission vs D/C

These are guidelines and the provider should exercise clinical judgment when providing care.

Care History

Substance Use / Overdose

- 12/6/2018 New Horizons BHC
- Intermittent alcohol abuse; typically leads to missing meds and further decompensation

Behavioral

- 2/15/19 New Horizons BHC
- Dx of Schizoaffective Disorder
 - 6 prior psych admissions in the past 3 years; has required an involuntary psych hold
 - Frequently verbalizes assaultive ideation, primarily in response to paranoid delusions

Social

- 1/2/19 New Horizons BHC
- Homeless since age 14
 - No family supports: parents also have SUD; older brother is incarcerated
 - Lives alone in a homeless camp in the city park; refuses to stay in shelters d/t paranoia
 - Has been trying to apply for disability benefits but has been denied on first application; pt is a SNAP beneficiary

Recent Encounters

Date	Facility	City, State	Type	Diagnoses or Chief Complaint
3/12/2019	Sisters of Mercy	San Jose, CA	Emergency	• Headache
2/23/2019	Sisters of Mercy	San Jose, CA	Emergency	• Lower Back Pain
2/25/2019	Ruby Valley	Palo Alto, CA	Emergency	• Headache
1/18/2019	Covington Hospital	Coyote, CA	Inpatient	• Generalized Abdominal Pain

E.D. Encounter Count (12 mo)

Facility	Encounters
Sisters of Mercy	8
Covington Hospital	3
Ruby Valley Medical Center	2
Total	13

Care Team

Provider	Type	Phone	Fax
Erin Shah, MD	Psychiatry	(206) 555-1213	(206) 555-1212
David Smith, LCSW	Counselor	(206) 231-3125	(206) 231-3126
Laura Kowalski	Act Team	(534) 555-9513	(734) 555-2121

Collective Portal

For more information visit: <https://demo.edicareplan.com/patient/355>

The above information is provided for the sole purpose of patient treatment. Use of this information beyond the terms of Data Sharing Memorandum of Understanding and License Agreement is prohibited. In certain cases, not all visits may be represented. Consult the aforementioned facilities for additional information.

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PAC Network Management

- PAC Network Management helps health systems, ACOs, and post-acute partners facilitate better care transitions, leading to improved patient outcomes.
 - **Network Scorecard** lets users manage their SNF network's performance using real-time dashboards with key metrics and benchmarks.
 - **Patient Monitoring** enables care management to monitor patients during a SNF stay and proactively identify patients requiring attention and intervention.
 - **Clinical Data Exchange (CDX)** improves information sharing between hospitals and SNFs around care transitions.
- PAC Network Management is powered by PCC EHR data from connected SNFs.
- Working with FHA and FHCA to share information about the service.

Retention
Addendum for
the HIE ENS
Agreement

Attachment A: Addendum to the ENS Agreement

THIS ADDENDUM (this “**Addendum**”) to the Florida Health Information Exchange Subscription Agreement for Encounter Notification Service in effect between Audacious Inquiry, LLC (“**Vendor**”), and the Participant (the “**Agreement**”) is effective upon execution by Participant pursuant to Section 21(d) of the Agreement (the “**Effective Date**”). Capitalized terms used but not defined in this Addendum will have the meaning set forth in the Agreement.

RECITALS

WHEREAS, Vendor was acquired by PointClickCare Technologies, Inc. (“**PointClickCare**”) on or about March 16, 2022.

WHEREAS, PointClickCare and its subsidiaries including Collective Medical Technologies, Inc., and Audacious Inquiry, LLC, (together, sometimes referred to as “**Affiliates**”), facilitate real-time patient care coordination and provide related services via the PointClickCare Network (defined below);

WHEREAS, Vendor and Participant desire that the patients of Participant benefit from the availability of such patients’ Health Data across the PointClickCare Network for Permitted Purposes (defined below);

WHEREAS, in order to facilitate the availability of Health Data across the PointClickCare Network, Participant and Vendor each desire to amend the Agreement as set forth herein;

NOW, THEREFORE, in consideration of these premises and the other covenants set forth below, the receipt and sufficiency of which being hereby acknowledged, Vendor and Participant agree that the Agreement is amended as follows:

ADDENDUM

1. **Incorporation of Recitals.** The foregoing recitals are hereby incorporated into this Addendum in their entirety and shall be given full force and effect as if set forth in the body of this Addendum.
2. **Additional Definitions.** Section 1 of the Agreement shall be amended to include the following definitions:
 - e. “**Affiliate**” means any organization (a) which controls, is controlled by, or is under common ownership or control with a Party; or (b) for which a Party directly or indirectly holds or controls fifty percent (50%) or more of the beneficial ownership or voting interest or the power to direct or cause the direction of the management or policies of an entity, whether through the ability to exercise voting power, by contract, or otherwise. For the avoidance of doubt, PointClickCare and Collective Medical Technologies, Inc. are Affiliates of Audacious Inquiry, LLC.
 - f. “**PointClickCare Network**” means the network facilitated by PointClickCare pursuant to which PointClickCare Network Participants share Protected Health Information for Permitted Purposes.
 - g. “**PointClickCare Network Participant**” means a covered entity, business associate, or other health care entity that participates in the PointClickCare Network by

executing an agreement with PointClickCare or its Affiliates for the exchange of Health Data for Permitted Purposes.

3. **Permitted Purposes.** Section 2 of the Agreement is hereby amended and replaced in its entirety with the following:

2. **Permitted Purposes for this Encounter Notification Service:** In addition to the Permitted Purposes set forth in the General Terms and Conditions, the following shall be the Permitted Purposes for which Participant is authorized, and for which Participant hereby authorizes Vendor and its Affiliates, to use and disclose Health Data through the Network and the PointClickCare Network: (a) Treatment, (b) Payment, (c) Health Care Operations, (d) public health (as that term is used and defined at 45 CFR 164) activities and reporting, and (e) any other release or use of Health Data that is permitted by Applicable Law and consistent with the General Terms and Conditions.

4. **Vendor Responsibilities.** Section 4(e) of the Agreement is hereby amended and replaced in its entirety as follows:

- e. Vendor and its Affiliates will maintain the confidentiality of the Encounter Data received from Participants acting as a data source consistent with the terms of this Agreement and applicable law.

5. **Data Ownership and Use.**

Subsection 3(b)(i) of Attachment F of the Agreement is hereby amended and replaced in its entirety, as follows:

- (i) **Execution of Vendor's Duties under this Agreement.** Vendor and its Affiliates shall have access to the Health Data, but only for the express purposes of connecting the Participants, facilitating the delivery of the Health Data on behalf of such Participants, and as otherwise set forth in this Agreement. Vendor does not claim any ownership in any of the content of Participant's Health Data, including any text, data, information, images, sound, video, or other material, that Participant may send via the Network.

Subsection 3(b) of Attachment F of the Agreement is hereby amended to add the following:

- (iii) **Limited License to Access, Use, and Disclose Participant Data.** Subject to the terms and conditions of this Agreement, Participant hereby grants Vendor and its Affiliates a limited, non-exclusive, non-transferable, non-sublicensable license to access, use, and disclose the Health Data during the Term and during any period thereafter for which a Permitted Purpose exists, as applicable, to (a) process the data as instructed by AHCA (and to the extent not inconsistent therewith, by Participants or data sources solely with respect to their respective Data), (b) as necessary to provide the Encounter Notification Service for Participants' benefit as provided in this Agreement, (c) for the Permitted Purposes, and (d) as otherwise permitted in the Agreement.

(iv) Use and disclosure of Administrative Data and Transaction Data, by Vendor.

- a. Administrative Data. “**Administrative Data**” means information identifying and pertaining to Participant and its Users, such as User contact information, but which does not contain Protected Health Information or Participant’s Proprietary Information, which Vendor uses to manage and administer the Encounter Notification Service and provide support to Participant and its Users. Vendor or its Affiliates may use and disclose Administrative Data for purposes of providing services to Participants and PointClickCare Network Participants, for the purposes set forth in any terms of use applicable to a service, for Vendor’s and its Affiliates proper management and administration, and as required by law.
- b. Transaction Data. “**Transaction Data**” means information and statistics about Participant’s interactions with and usage of the Encounter Notification Service, but which does not contain Protected Health Information, Administrative Data, or Participant’s Proprietary Information. Vendor and its Affiliates may use and disclose Transaction Data for any lawful purpose, including, by way of illustration and not limitation, (i) for the analysis, development, improvement, and provision of Vendor or Affiliate products and services; (ii) for recordkeeping, fee calculation, internal reporting, support, and other internal business purposes; (iii) to report the number and type of transactions and other statistical information; and (iv) to otherwise administer and facilitate Vendor and Affiliate services.

6. **Prohibited Purposes.** Section 3(e) of Attachment F of the Agreement is hereby amended and replaced in its entirety as follows:

Neither Vendor or its Affiliates, nor any Participant, may access or use the Health Data of another party to compare patient volumes, practice patterns, or make any other comparison without all Participants’ written approval, except to the extent that such access or use is consistent with one or more Permitted Purposes. For the avoidance of doubt, neither Vendor or its Affiliates, nor any Participant, may access or use the Proprietary Information of another party to compare patient volumes, practice patterns, or make any other such comparison without prior written approval from any Participant whose data would be involved. Uses of Health Data not expressly permitted by this Agreement (including but not limited to Vendor or Affiliates reselling de-identified Health Data) are expressly prohibited under this Agreement without separate written approval from any Participant whose data would be involved.

7. **Disposition of Health Data Upon Request; Feasibility.** Section 15 of Attachment F is hereby amended to add the following:

- g. **Disposition of Health Data Upon Request.** In addition to Vendor’s obligations to delete or destroy a terminated Participant’s data as set forth

above, Vendor shall, at any time requested by a Participant via notice during the term, but no more than once per calendar year, promptly and to the extent feasible, delete all the Health Data in Vendor's possession that the Participant had delivered to Vendor no less than one (1) year prior to the date of such notice.

- h. **Feasibility.** Participant acknowledges that among the possible reasons for which return, deletion, or destruction of Health Data by Vendor, as required in this Section 15, may not be feasible are instances in which the Health Data has been transmitted by Vendor to another Participant or PointClickCare Network Participant for Permitted Purposes hereunder and Vendor, therefore, must continue to hold such Health Data pursuant to a separate HIPAA business associate agreement between Vendor and such other party.

- 8. **Principles of Construction; Counterparts.** Whenever the terms or conditions of the Agreement and this Addendum are in conflict, the terms of this Addendum control. Except as specifically modified by the terms of this Addendum, all the terms of the Agreement shall remain in full force and effect. This Addendum may be executed in any number of counterparts, each of which is an original, but all counterparts of which constitute the same instrument.

IN WITNESS WHEREOF, this Addendum has been entered into and executed by officials duly authorized to bind their respective parties.

Vendor

Entity Name: Audacious Inquiry, LLC

By: _____
Printed Name: _____
Title: _____
Date: _____

Participant

Entity Name: _____
By: _____
Printed Name: _____
Title: _____
Date: _____

E-PLUS Update

BE+ READY with E-PLUS

Emergency Patient Look-Up System



Background

- 2005: Seminal Event – Hurricane Katrina
 - How to leverage health information technology for disaster response?
- 2014: Office of the National Coordinator (ONC) explored what solutions are needed for emergency responders in the field.
 - Access to clinical records in non-routine care settings
- 2017: California pilots E-PLUS in response to wildfires
- 2020: E-PLUS is made available nationwide
 - California, Florida, Texas, Oregon and the US Virgin Islands
 - Provided by the Agency at no-cost in Florida



What is E-PLUS?

- Cloud-based software solution
- Designed to solve critical information gaps in patient care during public health emergencies and disaster
- HIPAA compliant
 - Roles-based access adding a level of extra security
- Reporting capabilities for auditing and quality control
- Activation occurs at the onset of a state of emergency or a disaster



E-PLUS Applications

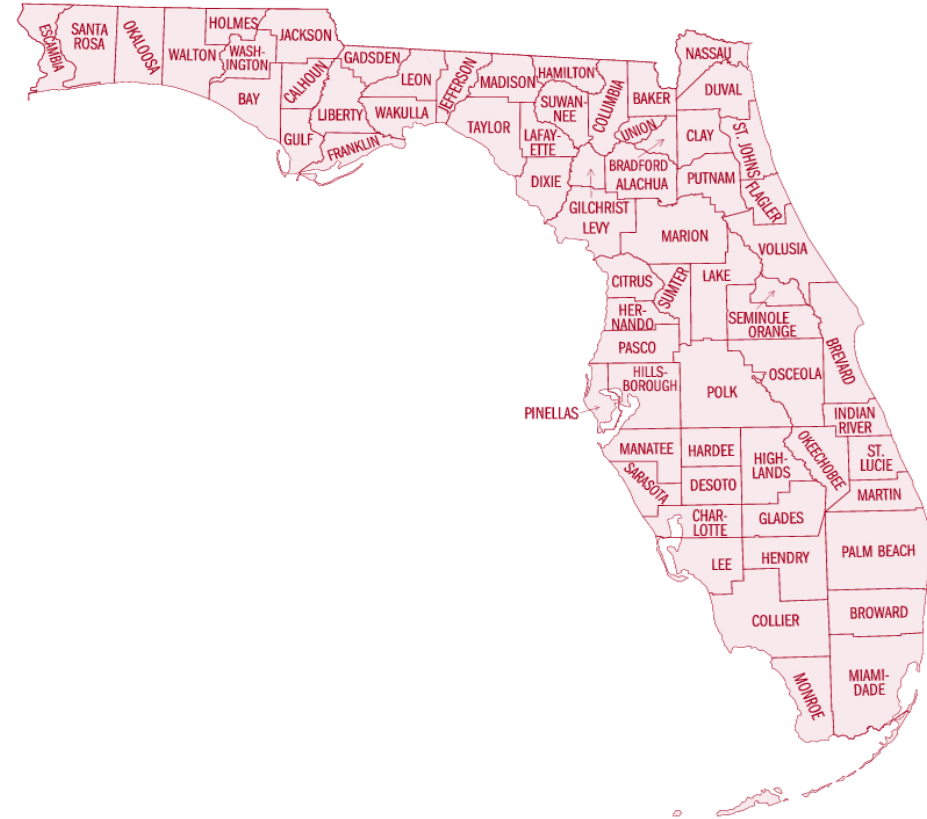
- Patient Search:
 - Access electronic patient clinical records and medication fill histories from across national health information exchange networks
- Emergency Census:
 - Register individuals in a facility to track shelter census during an emergency. Registration data is used as a data source to search for missing persons
- Missing Persons:
 - Search ENS connected data sources for missing persons who may have had encounters in connected facilities



Patient Search Data Connectivity

- Surescripts and eHealth Exchange

- Surescripts pharmacies across the United States
- eHealth Exchange: Over 2,700 locations across the state
- Large health systems in Florida including Advent Health, Memorial Healthcare, UF Health, Cleveland Clinic, Mayo Clinic, CVS Health, and more
- Federal agencies - DoD and VA
- National dialysis centers – DaVita and Fresenius
- Carequality and Commonwell



Patient Search Examples

BAXTER DALLESANDRO
Continuity of Care Document Generated on May 20, 2022, 10:46:00 -0400

[Demographics](#)
[Care Teams](#)
[Health Concerns](#)
[Allergies, Adverse Reactions, Alerts](#)
[Social History](#)
[Problems](#)
[Medications](#)
[Immunizations](#)
[Medical Equipment](#)
[Procedures](#)
[Relevant Diagnostic Tests and/or Laboratory Data](#)
[Vital Signs](#)
[Advance Directives](#)
[Insurance Providers](#)
[Encounters](#)
[Functional Status](#)
[Mental Status](#)
[Assessments](#)
[Plan of Treatment](#)
[Goals](#)
[History & Physical Note](#)
[Document Information](#)

[^ Demographics](#) [Return to top](#)

[v Care Teams](#) [Return to top](#)

Patient Care Team

Team Status: Active

Member	Role	Status	Dates
PCM Demo , MD	Admitting Physician	Active	Start: September 28th, 2021
PCM Demo , MD	Attending Physician	Active	Start: September 28th, 2021
PCM Demo , MD	Primary Care/Family Physician	Active	Start: September 28th, 2021
MOM DALLESANDRO	Next of Kin	Active	Start: September 28th, 2021

[Return to top](#)

MEDICATIONS | DOCUMENTS

Data from Surescripts received on - 2022-11-09 09:39
Certain medications may be missing from the list below. You should independently verify medication history with the patient.

Medication	Fill Date	Written Date	Qty	Days	Refills	Prescriber	Pharmacy
LORazepam 2 mg tablet	11/07/2022	11/07/2022	60	30	0	Dolores Waterford-Fielding	Bannockburn Pharmacy
Vimpat 50 mg tablet Take 1 tablet by mouth twice daily	10/23/2022	10/23/2022	100	35	0	Dolores Waterford-Fielding	Bannockburn Pharmacy
Vimpat 50 mg tablet	10/23/2022	10/23/2022	100	35	0	Dolores Waterford-Fielding	Bannockburn Pharmacy
Cotempla XR-ODT 17.3 mg tablet	10/04/2022	10/04/2022	30	30	0	Dolores Waterford-Fielding	Bannockburn Pharmacy
buspirone HCL 10 mg tablet	09/19/2022	09/19/2022	60	30	1	Dolores Waterford-Fielding	Bannockburn Pharmacy
buspirone HCL 10 mg tablet Take 1 tablet by mouth twice daily with food or 1/2 glass of milk	09/19/2022	09/19/2022	60	30	1	Dolores Waterford-Fielding	Bannockburn Pharmacy



Missing Persons Data Foundation

- E-PLUS is connected to the Agency's Encounter Notification Service (ENS)
 - ENS is a care coordination tool that alerts providers and health plans when their patients or members have a health care encounter at a connected facility (Ex: admit or discharge from the ED)
 - ENS data is used during times of disaster to locate missing persons



ENS Data Sources

Over 750 health care facilities contribute data

- 285 hospitals
- 234 skilled nursing facilities
- 84 home health agencies
- 73 urgent care centers
- 22 hospice providers
- 6 crisis stabilization units
- Statewide EMS (treat and release data)
- All 67 county health departments
- E-PLUS enabled alternative care sites



Missing Persons Report

- On the Missing Persons Report, there are 3 possible statuses that an individual can be found in:
 - Uploaded:** this status indicates that the system has not had enough time to process the request.
 - NOT FOUND:** this status indicates that there was no record found for the individual.
 - FOUND:** The report will display the information for the most recent record.
- Missing Persons systematically searches for all individuals located on the most recent panel every hour.

User Name	skirayoglu																
Organization	BrowardSheriffsOffice																
Report Created Date	1/11/2023 9:05																
Missing Persons Panel	[BrowardSheriffsOffice] Missing Persons V70																
Missing Persons File	Missing Persons Broward County																
Missing Persons Panel	1/11/2023 9:00																
First Name	Middle Name	Last Name	DOB	Gender	Address Line 1	Address Line 2	City	State	Zip	County	Phone	Reported On	Status	Last Seen Facility	Last Seen Address	Last Seen	Last Seen Date
ZZFAKEErin	Bathsheba	ZZFAKEElvic	6/18/2010	Female	1 Anniversary Park		Daytona	BFL	32123	1	4E+09	1/11/2023 9:00	FOUND	BROWARD HEALTH	1600 S Andrews Ave, Fort Lauderdale, FL 33316		1/9/2023 8:12
ZZFAKEDietrich	Kylie	ZZFAKEMa	1/9/1975	Male	42 Stephen Terrace		Jacksonvil	FL	32209	1	9E+09	1/11/2023 9:00	FOUND	Westglades Midc	11000 Holmberg Rd Parkland, FL 33026		1/10/2023 22:46
ZZFAKEGifford	Lurlene	ZZFAKERo	5/9/1992	Female	1 Bayside Alley		Tampa	FL	33610	1	8E+09	1/11/2023 9:00	NOT FOUND				
ZZFAKECandra	Amy	ZZFAKECa	1/27/2003	Female	63 Namekagon Drive		Boca Rato	FL	33487	1	6E+09	1/11/2023 9:00	NOT FOUND				



Emergency Census

- Registration tool for Alternative Care Sites, such as Special Needs Shelters
- Adds encounter data from Special Needs Shelters to the Encounter Notification Service
- AHCA-DOH-DEM agreement in place to share shelter registration data
- Work with individual counties that use custom shelter registration systems



Impact During Hurricane Ian

E-PLUS Enabled Counties

- Lee County
 - Patient Search (2), Missing Persons (3)
- Charlotte County
 - Patient Search and Missing Persons (2 users each)
- Collier County
 - Patient Search (14), Missing Persons (2), Emergency Census (1), organization administrator (1)
- Sarasota County
 - Missing Persons (1)
- Region 6 Regional Planner – organization administrator
 - Credentialed access to Lee and Sarasota counties during Ian



Impact During Hurricane Ian

- Performed over 500 patient clinical record and medication searches
- Located 47% of missing dialysis persons for ESRD Network 7
- Successfully assisted Lee and Charlotte counties and the Red Cross locate missing persons
- Provided 1400 +/- alerts to ENS subscribers of patients in alternate care sites,

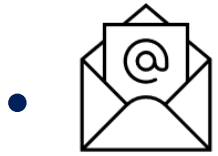


Lessons Learned from Hurricane Ian

- Training
 - Focus on data quality
 - Required Demographics
- Surescripts Data
 - Must opt-in to share data with E-PLUS
 - Blackbox
 - Priority to get more pharmacies and PBMs to opt-in



Contact Us



- E-PLUS@ahca.myflorida.com



- <http://www.fhin.net/eplus/index.shtml>



HIE Outreach Update



Outreach Update

Outreach Update

- Outreach Activity Status
- Untangling HIE in Florida Series
- Florida HIE Outreach
- 2023 Florida HIE Summit



Outreach Activity Status

- **5 Education Sessions held**
- **800+ registered**
- **Upcoming Events**
 - Hazards & Healthcare Conference (March)
 - Governor's Hurricane Conference (May)
 - Florida Health Care Association Annual Conference & Trade Show (July)
- **Patient Record Exchange (PRE)**
 - Promotion and education of connecting organizations to national networks (eHealth Exchange, Carequality, Commonwell)
- **Case Studies**
 - Goal: 2 Annually



Untangling HIE in Florida

- **What is it?** A bi-weekly educational series aiming to educate and address complexities in Health Information Exchange (HIE)
- **Q1 Outcomes**
 - Infographics
 - Goal: 2 sessions per month
 - 5 sessions held (as of 3/2023)
 - 800+ registrants
 - Webpage Pending
 - Follow up – interest expressed in HIE



Infographic

UNTANGLING HIE IN FLORIDA

What is HIE and Why is it Important to you?

Health Information Exchange or HIE is the electronic mobilization of health care information across organizations. Some confusion has come up throughout its inception and we are here to untangle it for you!

1

Who can Participate in HIE?



POST-ACUTE CARE



PHYSICIAN PRACTICE



HOSPITALS

2

Methods of HIE

ENCOUNTER NOTIFICATION SERVICE (ENS)

ENS, offered by the Florida HIE, provides subscribers with timely notifications about their patients' health care encounters. ENS receives admit, discharge, or transfer notifications from over 600 hospitals and other health care facilities in Florida matching the information to patient lists provided by subscribers.

PATIENT RECORD EXCHANGE (PRE)

Patient Record Exchange (PRE) is a method of health information exchange (HIE) that searches for a patient's health information across one or many clinical data sources, and can be done locally, statewide, and nationally.

3

Why Participate?

There are many reasons to get involved in HIE. Organizations are better able to track and securely share patients' complete medical histories. HIE helps facilitate coordinated patient care, reduces duplicative treatments and avoid mistakes. More and more health care providers are participating in HIE.

MIPS Regulatory Compliance

HEDIS Measures Care Coordination

IPPS Information Blocking Health Plans



4

What are the Benefits?



HIGHER REVENUES



MEETING PATIENT EXPECTATIONS



FASTER REFERRALS

DON'T GET IT TWISTED

State Health Reporting is **NOT** Health Information Exchange.



Florida HIE Outreach

- **Goal:** Behavioral Health Organizations Sharing and Receiving Data
 - Working with Florida Behavioral Health Association
 - BHA Admin Forum
 - BHCon
 - Focused Education Sessions in Q2
- **Goal:** Onboard Skilled Nursing Facilities
 - Working with PointClickCare partners
 - Education Sessions in Q3



2023 Florida HIE User Summit

- **Theme:** *Florida HIE: The Measure of Tomorrow*
 - Working with PointClickCare partners on planning
 - Promotion through news articles, social media posts
- **When:** April 13th
- **Where:** Guidewell Innovation Center, Orlando, Florida



Meeting Summary