2021 Health IT Environmental Scan Findings and Report

Submitted To:

Agency for Health Care Administration

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Version 3

HealthTech SOLUTIONS

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Revision History

Date	Ver-sion	Author(s)	Notes
10/28/2021	1.0	Project Team	Initial Draft

11/09/2021	1.1	Project Team	Incorporation of initial state comments
12/14/2021	2.0	Project Team	Incorporation of additional state comments
2/17/2022	3.0	Project Team	Final Version

Acronyms Used Within the Environmental Scan

ACA	Affordable Care Act
ACOs	Accountable Care Organizations
ADT	Admissions, Discharges, and Transfers
AHCA	Agency for Health Care Administration
AIU	Adopt Implement and Upgrade
ARCHER	Automated Retrieval of Clinical Health eRecords
Audacious	Audacious Inquiry
BH	Behavioral Health
CEHRT	Certified Electronic Health Record Technology
CHC	Community Health Centers
CMS	Centers for Medicaid and Medicare Services
CPOE	Computerized Provider Order Entry
CQMs	Clinical Quality Measures
CSU	Crisis Stabilization Unit
DCF	Department of Children and Families
DMS	Direct Messaging Service
DOH	Department of Health
E-FORCSE	Electronic-Florida Online Reporting of Controlled Substance Evaluation Program (The Florida Prescription Drug Monitoring Program)
EHR	Electronic Health Records
EH	Eligible Hospital
EMS	Emergency Medical Services
ENS	Encounter Notification Services
EP	Eligible Professional
E-PLUS	Emergency Patient Look-Up System
FDOH	Florida Department of Health
FFS	Fee for Service
FQHC	Federally Qualified Health Center
HHS	Health and Human Services
HIE	Health Information Exchange
HIECC	Health Information Exchange Coordinating Committee
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health Act
IoT	Internet of Things
HPSA	Health Professional Shortage Areas
LIP	Low-Income Pool
MES	Medicaid Enterprise System
MMIS	Medicaid Management Information System
MU	Meaningful Use

ONC	Office of the National Coordinator
PI	Promoting Interoperability Program
PPAs	Potentially Preventable Admissions
PPCs	Potentially Preventable Complications
PPEs	Potentially Preventable Events
PPP	Pay-Per-Performance
PPRs	Potentially Preventable Readmissions
PROMPT	Proactive Management of Patient Transitions
REC	Regional Extension Center
RHC	Rural Health Clinic
RHIO	Regional Health Information Exchanges
SDOH	Social Determinants of Health
SMHP	State Medicaid Health Information Technology Plan
SNF	Skilled Nursing Facilities
SLR	State-Level Repository
SUD	Substance Use Disorders
YMCA	Young Men's Christian Association

A. Executive Summary

The Florida Agency for Health Care Administration (AHCA or the Agency) conducted this Environmental Scan (2021 Scan) to fulfill federally required closeout activities for the Health Information Technology for Economic and Clinical Health Act (HITECH). The purpose of the 2021 Scan was to assess Health Information Technology (Health IT) adoption within the state. Work was collaboratively accomplished by HealthTech Solutions (HealthTech) and KPMG—contractors who have worked with the Agency since 2012 in supporting the Medicaid Promoting Interoperability (PI) Program (formerly known as the Electronic Health Record Incentive Program) through outreach and auditing activities. The Agency conducted a baseline scan in 2010 as part of planning for HITECH, and in 2018, a Health Information Exchange (HIE) As-Is Assessment and To-Be Roadmap (2018 Study) was undertaken to measure Health IT adoption progress.

As in past scans, the 2021 Scan gathered insight and information on the adoption and utilization of Electronic Health Record (EHR) systems in Florida, efficiency and utilization of Health IT activities including emergency preparedness services, telehealth and ePrescribing, impact and utilization of services offered through the Florida HIE Services (Florida HIE), and overall clinical data exchange and interoperability throughout the state. The 2021 Scan consisted of three key activities:

- Literature review including past assessments and environmental scans, federal guidance, and best practices
- Electronic surveys to:
    - Ambulatory providers, defined as any medical provider offering outpatient-based services including diagnosis, observation, consultation, treatment, intervention, and rehabilitation
    - Hospital facilities, defined as either an acute care, children's hospital, Critical Access Hospital (CAH), or a rehabilitation facility (defined as those providing an integrated multidisciplinary program designed to improve the physical function of individuals)[1]
    - Payers (Accountable Care Organizations [ACOs] and Medicaid health plans)
- Focused interviews with stakeholders including Agency staff, state agencies, HIE participants, and provider association representatives.

The information gathered through the 2021 Scan will be used to prepare the required final State Medicaid Health IT Plan (SMHP) and provide direction for future planning efforts for expansion and utilization of Health IT initiatives.

Through a combination of HITECH funding, Agency focus, and provider interest and adoption of Health IT, the state has seen an increased use of technology in supporting the exchange and availability of patient data to facilitate care delivery, health care operations, and quality programs. Within the scope of the 2021 Scan, the term Health IT is inclusive of the Florida HIE, adoption, and capabilities of EHR systems, the PI Program, the electronic transmission of prescriptions among providers and pharmacies (ePrescribing), telehealth, and other technology-driven systems and services supporting interoperability and exchange of clinical data.

[1] AHCA: Hospital & Outpatient Services Unit - Rehabilitation Agencies (myflorida.com)

EHR Adoption and Use of Health IT

In 2010, HITECH was enacted to promote and expand Health IT adoption, specifically, the use of EHRs by health care providers. Through HITECH, the Medicaid and Medicare PI Programs were implemented, allowing for incentive payments to eligible providers who adopted, implemented, or upgraded to Certified EHR Technology (CEHRT) and/or met federal Meaningful Use requirements. EHR certification requirements are established by standards, implementation specifications, and certification criteria adopted by the secretary of the Department of Health and Human Services (HHS), and the program is administered by the Office of the National Coordinator for Health Information Technology (ONC). ONC-certified systems support interoperability among systems and provide functionality that may not be available in noncertified systems.

Results from the 2021 Scan indicate a 35-percentage-point increase (from 36.0% to 71.0%) in the use of CEHRT to store patient data by hospital survey respondents and a 24-percentage-point increase (43.0% to 67.0%) by ambulatory respondents compared to the 2018 Study (based on presumed similar survey populations). Of ambulatory and hospital respondents who do not currently use an EHR (certified or not) system, 84.2% of ambulatory and 37.5% of hospital respondents indicated they plan to implement an EHR system in the next one to three years. These findings support the impact of the Agency's investment in outreach activities related to Health IT and how the Agency's efforts have played a role in the shift toward electronic exchange of health care data.

Even with the increased use of EHRs, there is room for growth in provider participation in Health IT programs overall. Ambulatory respondents (42.0%) reported "cost" as a barrier preventing their practice from participating in HIE platforms, followed by "need more information about health information exchange" (37.3%). This finding is not unique to Florida. According to the 2018 ONC Annual Report, while progress has been made in the adoption of Health IT across the U.S. health care industry, significant interoperability hurdles remain, including technical, financial, and trust barriers.

Florida HIE Services and Ongoing Focus

The Florida HIE offers a State Gateway to connect to national health information exchange organizations known as Query Solutions, Direct Messaging to support the secure transmission of health information, and Encounter Notification Services (ENS) to provide subscribers with timely notifications about their members' hospital admissions, discharges, and transfers (ADTs). There are both data sources and data subscribers for ENS. Interviewees agree ENS is the Florida HIE flagship service, with ENS having the highest utilization and acceptance among Florida HIE subscribers.

Key ENS survey findings include:

- Of the 21.3% ambulatory respondents participating in ENS, they use it for care coordination activities (93.7%), patient tracking (59.3%), population health (40.6%), and transition management (68.7%).

- The majority (60.0%) of hospital respondents participate in ENS only as a data source, and 22.8% participate as both a data source and subscriber, compared to 3.1% of ambulatory respondents who participate as data source and 34.3% that are participating as both a data source and a subscriber for ENS data.

- Even though ENS is the Florida HIE flagship service, 37.3% of the ambulatory respondents indicated that needing more information about the Florida HIE was a barrier to participating,

with 59.3% of respondents indicating they do not know where to find additional educational materials to obtain knowledge about service offerings.

- Of hospital respondents, 24.1% indicated they do not know where to find additional materials to obtain knowledge about the Florida HIE.

Although this covers a large portion of overall survey respondents, there is still a significant number of respondents throughout the state who are not participating in any Florida HIE services. These data points illustrate the need for the Agency to continue to expand outreach and education activities related to the Florida HIE and available services like ENS.

The technical cost of connecting to ENS as a subscriber is still an apparent barrier to smaller providers such as behavioral health practices; although, it was acknowledged that ongoing subscription cost is minimal to most subscribers. Overall, ENS should be considered a successful implementation within the Florida Health IT landscape, and the Agency should continue efforts to increase education regarding ENS utilization and its benefits to providers, such as enhancing communications, streamlining workflows, and supporting care and case management teams.

Relationships Within the Agency and with Other State Agencies

Focused interviews assessed the utilization of health information and highlighted potential barriers of data exchange within and between state agencies serving patients/clients. Interviewees stated that there is a lack of standardization in the systems used by agencies to exchange patient/client information; and that programs and services could be supported by health information exchange services. For example, the Florida Department of Health is currently leveraging the Florida HIE in all 67 county health departments to obtain useful data for COVID-19 prevention and control.

The Agency has taken initial steps to enable interoperability for the exchange of health information among health and human services agencies through the use of two foundational platforms designed for systems integration and data integrity. According to interviewed stakeholders, the Agency is also using these Medicaid enterprise platform integration processes to both engage and integrate with other agencies. Health information exchange encourages interagency collaboration, communication, and integration, which was noted during the stakeholder interviews. Additionally, supporting care co-ordination activities encourages increased collaboration among Florida's health and human services agencies (e.g., Department of Children and Families and Department of Health). A key activity in this area would be to initially quantify existing Health IT capabilities within each Agency and develop use cases to support individual and collective Agency needs.

Emergency Preparedness

Through the foundation provided by ENS, the Agency has embarked on implementing the Emergency Patient Look-Up Service (E-PLUS), an emergency preparedness tool. Within E-PLUS, the Emer-gency Census functionality can be used to track patient movement, assist in the location of missing individuals, and in authorized cases, identify and retrieve a patient's clinical record including medica-tion history. Of the 21.3% of ambulatory respondents using ENS, 12.5% were aware of E-PLUS, while only 17.1% of the 35 hospital respondents using ENS were aware of E-PLUS. All interviewed stake-holders indicated they are aware of the emergency preparedness tool and indicated interest in these services and the proposed benefits to patient care.

This is a key area for growth and development of use cases. The survey findings support that the program, while still in pilot stage, needs to be further expanded to include an education

campaign to increase awareness. In support of E-PLUS deployment, the Agency should continue to build partner-ships with supporting organizations such as the American Red Cross and Florida Division of Emer-gency Management to help strengthen the state's collective ability to respond to emergency and/or disaster situations.

Other Key Findings

2021 Scan key highlights are provided below:

- 90.2% of hospital respondents use some type of EHR system (CEHRT, non-CEHRT, and hybrid).
- 87.9% of ambulatory respondents use some type of EHR system (CEHRT, non-CEHRT, and hybrid).
- 100% of hospital respondents who do not currently have CEHRT and do not plan on implementing CEHRT indicated cost of implementation as the predominant barrier.
- 66.0% of ambulatory respondents indicated they do not participate in any of the Florida HIE services.
- 100% of payer respondents indicated they are aware of the services offered through the Florida HIE.
- 100% of payer respondents indicated they would like to see medical records added as an ENS data source.
- 86.0% of ambulatory respondents and 88.0% of hospital respondents use telehealth to provide patient care.
- 80.7% and 69.3% of hospital and ambulatory respondents, respectively, currently have ePrescribing capabilities as part of their EHR system.

B. Landscape Overview

The Agency is committed to fostering and furthering health information exchange of clinical data by building upon the strides made in provider adoption and use of EHRs, awareness of Health IT programs and services, and general use of technology to support and enhance patient care delivery and system operations. The purpose of the 2021 Scan is to assist the Agency in gaining a better understanding of the current state of Health IT within Florida. Within the scope of the 2021 Scan, the term Health IT is inclusive of the Florida HIE, adoption, and capabilities of EHR systems, the PI Program, the electronic transmission of prescriptions among providers and pharmacies (ePrescribing), telehealth and other technology-driven systems, and services supporting interoperability and exchange of clinical data.

In 2010, the HITECH Act provided funding to the state to create a statewide system of health information exchange. Through HITECH, the Medicare and Medicaid PI Programs were also established, allowing incentive payments to Eligible Professionals (EPs) and Eligible Hospitals (EHs) that adopted, implemented, or upgraded to CEHRT systems and/or met federal Meaningful Use requirements. EPs included physicians, dentists, advanced registered nurse practitioners, physician assistants leading rural health clinics, and certified nurse midwives. EHs included acute care facilities, critical access hospitals, and children's hospitals. In September 2011, the Agency launched the Florida Medicaid PI Program for those EPs and EHs having 30% Medicaid volume and utilizing ONC-certified EHR systems. EHR certification requirements are established by standards, implementation specifications, and certification criteria adopted by the secretary of HHS, and the certification program is administered by the ONC. Use of ONC-certified systems support interoperability among systems and provides functionality that may not be available in noncertified systems such as capturing data in a structured format.

In Florida, PI Program participation exceeded early projections with 9,060 unique EPs and 182 unique EHs receiving at least one program payment since 2011, and a total of 18,537 payments being made to EPs and 539 to EHs. The Agency has supported provider participation throughout the 10 years of the PI Program through extensive and continuous outreach efforts. Messaging has focused on adoption and use of EHRs coupled with other Health IT programs and, specifically, participation in the Florida HIE.

Throughout the years, the Health IT landscape has evolved in response to the needs of Florida's stakeholders. Agency efforts have been guided through the collective guidance of various advisory groups including the Health Information Exchange Coordinating Committee (HIECC). This committee was created to function as an issue-oriented technical work group of the State Consumer Health Information and Policy Advisory Council (Advisory Council). HIECC provides guidance to the Agency in its efforts toward creating statewide health information exchange, fostering EHR systems adoption, and ensuring the privacy and security of patients' health information.

In 2017, the Agency entered into a no-cost agreement with Audacious Inquiry for the technical infrastructure of Florida HIE with the Agency maintaining responsibility for governance, policy, and operational support. Ongoing services are supported through subscriber fees. HITECH funding was leveraged to support the Florida Department of Health (DOH) connectivity and programs, implement emergency preparedness tools, support subscriber connectivity fees, and support ongoing education and outreach activities. The products and capabilities currently offered by the Florida HIE, specifically emergency preparedness, are recommended to be rolled into and continued under future Medicaid Enterprise System (MES) Advanced Planning Document (APD) funding.

Current services offered through the Florida HIE are outlined below, and additional information can be found at www.florida-hie.net.

- Encounter Notification Services (ENS): Through ENS, subscribers are provided timely notifications about their members' hospital ADTs. Utilizing data feeds from hospitals, collectively covering 96% of Florida's licensed acute care hospital beds, the notification contains information about a patient's hospital event, including demographics, source facility, and primary complaint. Subscribers have the option of how often the information is received. ENS is providing over 3 million notifications a month, and in addition to acute care hospitals, data sources include skilled nursing facilities (SNFs), county health departments, home health agencies, rehabilitation hospitals, and behavioral health providers.

  ENS provides the foundation for additional services including:

  - Automated Retrieval of Clinical Health eRecords (ARCHER) – Subscribers are able to automatically retrieve comprehensive clinical records from other providers when triggered by an ENS encounter. This service combines the automated alert routing capabilities of ENS with the Consolidated Clinical Document Architecture (CCDA) querying capabilities of the State Gateway (Query Solutions).
  - SMART Alerts – Tailors notifications based on the type of encounter such as maternal care including diagnosis, risk status, and labor and delivery.
  - Bridge Alerts – Combines and pushes information that is sourced from ENS subscribers such as primary care provider identification to the point of care.
  - E-PLUS – An emergency preparedness tool with Emergency Census functionality that can be used to track patient movement, assist in the location of missing individuals, and, in authorized cases, identify and retrieve a patient's clinical record including medication history.
- Direct Messaging Service (DMS): Certified EHR systems are required to have Direct Messaging capabilities available to users utilizing the Direct Standard™, a technical standard for exchanging health information between health care entities. The Direct Standard™, utilizes identity-proofing to ensure messages are only accessible to the intended recipient, per the protection regulations of the Health Insurance Portability and Accountability Act (HIPAA). Agency outreach activities focus on use of Direct Messaging capabilities within a provider's CEHRT as the preferred method; however, the Florida HIE does offer Direct Messaging through a subcontract with Inpriva.
- Query Solutions: The Florida HIE State Gateway serves as an on-ramp for health care organizations to connect to national exchanges (eHealth Exchange, Commonwell, and Carequality) with the support of the Florida HIE technical infrastructure and team. Connection to national exchanges allows for patient records to be "queried" across in-state and out-of-state health care sites. The State Gateway infrastructure can be built upon for additional use cases such as emergency preparedness efforts. There are over 6,000 Florida provider organizations connected to the national exchanges.

The findings of the 2021 Scan are outlined in the following sections. Key findings from previous scans conducted during 2010 and 2018 help provide context and relevance. It should be noted that the concepts and terms reflected were contained in those reports, and it is presumed that survey respondents shared some similarities.

2010 Environmental Scan:

- Over 63.5% of the health care professionals sampled in the study planned to apply to either the Medicare or Medicaid PI Program, and 64.3% of those health care professionals eligible to participate in the PI Program were interested in receiving assistance from their local Health IT Regional Extension Center (REC). RECs were funded by HITECH to provide technical assistance in adopting EHRs and/or meeting Meaningful Use requirements.

- Only 35.0% of the EP respondents at the time had EHRs in their practice. A majority (63.1%) of the EHR systems in use at the time were self-contained systems operating on hardware housed within their organization.

- The top three concerns of hospitals in 2010 in meeting incentive program requirements were: (1) workflow management, (2) lack of interoperability between information systems currently in use and overall, and (3) user training costs.

2018 Environmental Scan:

- As of December 31, 2017, a total of 8,901 unique EPs and a total of 182 unique EHs had received Medicaid EHR incentive payments in Florida.

- The need for communication of a strong value proposition for the HIE was identified at the time of the 2018 Study. The value proposition will support promotion of HIE adoption, management of cultural concerns regarding data sharing, pursuit of additional education, and engagement regarding health information exchange concepts, capabilities, and benefits.

- There was a strong desire across the continuum of stakeholders for improved integration and communication among state agencies.

C. Project Approach

To effectively assess and reflect the Health IT landscape in Florida, evaluation focused on the current extent of EHR adoption by providers and hospitals and the utilization of other Health IT services with an emphasis on participation in the Florida HIE. In addition, the Agency has specific objectives for the next several years, including a Medicaid Management Information System (MMIS) transformation, which is currently underway. These Agency focal points were considered in the project research, data analysis, development of survey questions, focused interview discussions, and the overall 2021 Scan analysis. The following steps outline the survey process steps undertaken with findings summarized throughout Sections D through F.

1. Literature Review

Research was conducted on past Agency scans, federal funding documents, Florida HIE planning documents, environmental scan activities from other states, and federal guidance documents. Previous survey questions and corresponding answer choices were reviewed for relevance, validity and reliability and provided information on survey administration, data collection process, stakeholder listing, and sample size. This review was instrumental to drafting survey questions, approaching the focused interview process, and identifying key themes. Appendix A of this report provides a complete list of all public documents reviewed.

2. Identification of Stakeholders

Florida's unique health care landscape contains a wide variety of stakeholders that interact with and utilize Health IT. The 2021 Scan process included determining the appropriate stakeholders best suited to provide insight on Health IT efficiency and utilization. Survey stakeholders included health care providers, health insurance companies, health plans, and health care delivery organizations.

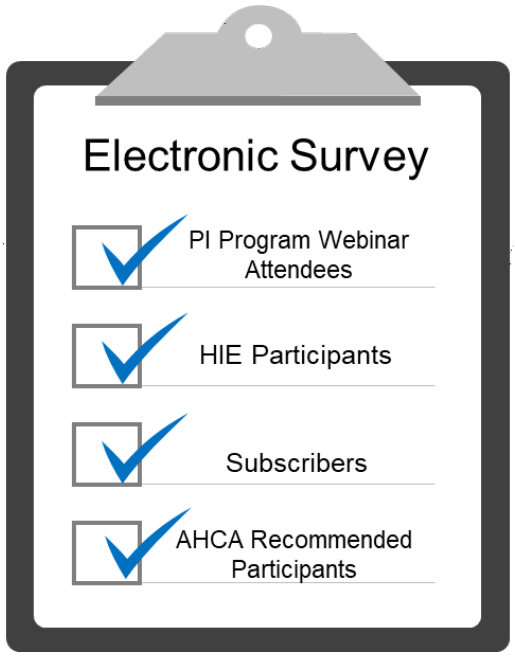
For 2021 Scan purposes, ambulatory health care providers were defined as any medical provider offering outpatient-based services including diagnosis, observation, consultation, treatment,

intervention, and rehabilitation. A hospital provider was defined as either an acute care (including children's hospitals), critical access, or a rehabilitation facility providing inpatient services. The payer survey included Accountable Care Organizations (ACOs) and Medicaid health plans. Overall, stakeholders were identified via PI Program participants, Florida HIE and PI webinar attendees, Florida HIE participants, Health IT webinar attendees, and others as recommended by the Agency.

3. Development of Survey Questions

Electronic surveys were the first data collection activity of the 2021 Scan. To provide a clear understanding of the Florida Health IT landscape and to support provider response, three separate surveys were developed and distributed respectively to ambulatory providers, hospitals, and payers. Appendix B contains each of the final surveys.

4. Electronic Survey Administration



Survey Monkey® was the tool used to collect responses with a link sent to identified stakeholders via the Agency's designated Medicaid HIT inbox. Ambulatory and hospital surveys were distributed from August 2021 through September 2021 with a single survey link that included differentiating questions routing respondents based on their status as either ambulatory providers or hospitals. Email correspondence was addressed to providers or the contact on file, but other members of office staff were able to complete the survey; the payer survey was distributed from August 2021 through October 2021.

Surveys contained a combination of multiple choice, text boxes, and open-ended questions. Survey Monkey® includes automatic limitation settings that can be applied to prevent duplication among respondents. Duplication analysis was also performed on the initial contact distribution list to confirm that no duplicates were included based on contact name. Additional survey rules include:

- Only surveys deemed as complete were included in the analysis. A survey response is considered complete when all relevant questions have been answered with a sufficient response, and it does not appear to be a duplicated response.
- The survey tool included a mandatory response for all relevant questions; therefore, the respondent was unable to skip questions.
- For the questions requiring free-text responses, system data validation settings were used to identify and reject entries that did not contain the expected number of characters.

A total of 1,817 ambulatory providers, 325 hospital facility representatives, and 181 payer contacts representing 64 organizations received the survey link via email. All respondents were contacted a minimum of two times during the survey period regarding participation and prompting a response.

5. Survey Tracking

Completed surveys were tracked through weekly review of Survey Monkey® statistics providing data on the number of started and completed surveys. Reminder emails were sent to encourage those that had started the survey to complete the survey, to prompt respondents of the survey deadlines, and to target areas where responses were not being received.

6. Focused Interviews

Stakeholders interviewed included Agency staff from the Division of Operations, Division of Medicaid, and the Office of HIE and Policy Analysis. Other interviewees included representation from Florida DOH, provider group associations, Florida HIE participants, and former staff involved with Agency Health IT activities.

Stakeholders and interview questions were approved in August 2021, and Agency staff sent introductory emails in August and September 2021 to facilitate interview scheduling. The complete list of stakeholders can be found in Appendix C and interview questions are contained in Appendix D.

Each interview session lasted an average of 45 minutes and covered the following five main knowledge and involvement domains:

- Health IT activities
- Care coordination activities
- Social Determinants of Health (SDOH) activities
- Emergency preparedness and other public health activities
- General operational activities related to health information exchange

7. Compiling Results

Data scrubbing was completed prior to analysis to help confirm validity of responses. Each respondent's IP address and National Provider Identifier (NPI) or hospital CMS Certification Number (CCN) were compared for duplication analysis. Each free-text response answer was reviewed for completeness, and an analysis was run to confirm logic was accurate and that respondents answered applicable questions and were not directed to skip questions they should have answered.

Results are reported from the compiled and scrubbed data set from each survey. Percentages reported in the findings may not add up to 100 percent because respondents could select multiple response options on a portion of the questions. The survey findings in Section II include results in nonsequential order (e.g., 1, 4, 5, 6…), based on the logic that was configured within the survey tool to allow prompted questions based on prior answers. Additionally, some question results may be reported in combination with other related results to provide full context.

8. Final Report

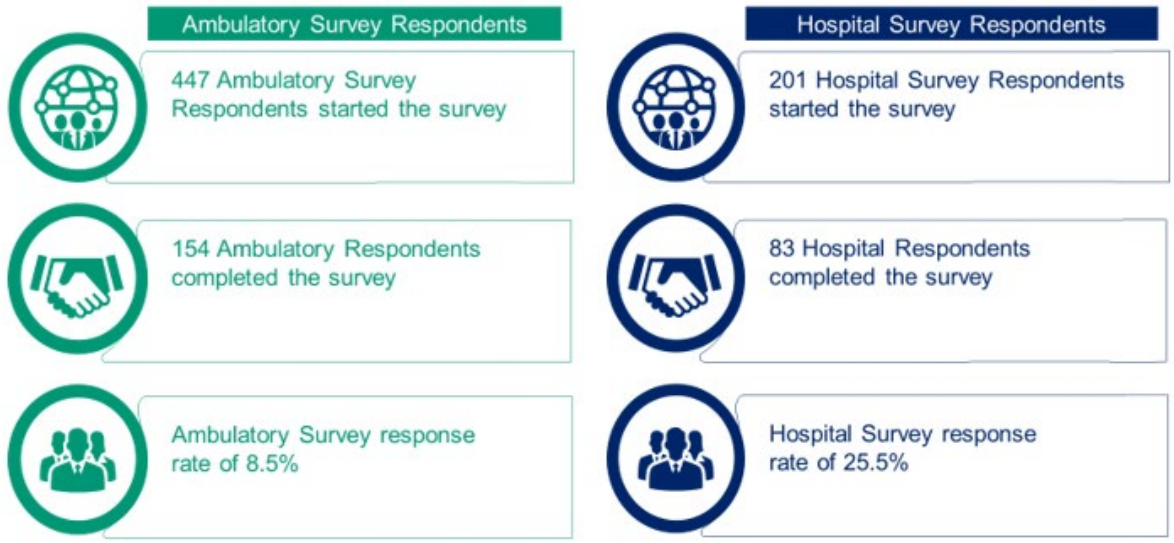
This report summarizes the results of electronic surveys and insight from the focused interviews, which present a current snapshot of Florida's Health IT infrastructure from the view of participating stakeholders. The report provides an understanding into the impact of HITECH on advancing Florida's Health IT landscape including provider adoption of EHR systems, expansion of health information exchange to support patient care delivery, as well as the perspectives of stakeholders on Health IT and health information systems' interoperability. The information presented highlights barriers to EHR adoption, and participation and utilization of available health information exchange programs and technologies. Recommendations for future Florida HIE expansion into new potential programs or services are also included as part of the report. This report will also serve to inform Florida's SMHP including future strategy development as required by the Centers for Medicare and Medicaid Services (CMS).

I. Ambulatory and Hospital Survey Responses and Analyses

Surveys were sent to 1,817 ambulatory providers and 325 hospital representatives via email. All of the respondents were contacted a minimum of two times during the survey period regarding participation and prompting a response.

Both the ambulatory survey and hospital survey contained questions on the following topics:

- General Demographics
- EHR Adoption and Utilization
- PI Program Participation
- Health Information Exchange
- Health IT including ePrescribing, Internet Connectivity, and Telehealth
- SDOH Activities



II. Payer Survey Responses and Analysis

The payer survey was distributed to ACOs and health plans based on a data extract identifying ACO and health plan organizations that currently participate in Florida HIE services. A total of 181 individuals received the survey link via email, representing 64 organizations, and were contacted a minimum of two times during the survey period regarding participation and prompting a response. The project team also worked with the ACO provider association to promote survey participation. The survey included the following topics:

- General Demographics
- Health Information Exchange
- SDOH Activities

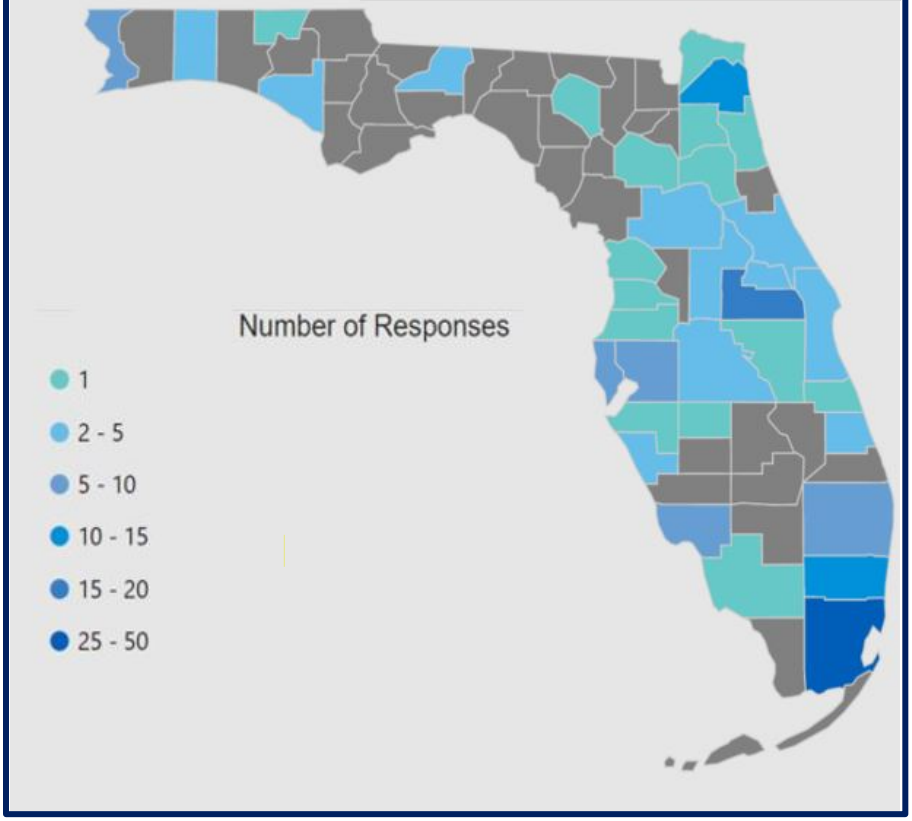
D. Ambulatory Survey Findings

I. Ambulatory Respondent Demographics

Of the 154 initially completed ambulatory survey responses, two of the respondents were no longer in practice; therefore, their surveys (by design) were completed after answering Q6. Additionally, two (2) respondents were rerouted to complete the hospital survey based on their answer to Q6. The analysis of question seven (Q7) and beyond are based on 150 complete ambulatory surveys (n=150). Below survey findings include results on nonsequential questions (e.g., 1, 4, 5, 6…) based on internal logic within the survey tool, and some survey results were combined for relevance.

Overall survey respondent demographic information is provided in this section. Figure 1 illustrates the number of survey responses received from each county and the overall geographic reach.

Figure 1. Ambulatory Respondents by County



Q1 – What is the position/title of the person who is completing the survey?

Of the ambulatory respondents, 39.6% were practice managers, 14.9% were office staff, 12.3% were physicians, 7.1% health care practitioners, 5.8% IT staff, and 20.1% selected “Other” as their answer. Responses for “other” included CEOs, head of clinical operations, and billing managers.

Q4 – Which county are you located in?

County	Percent	Number of Respondents
Miami-Dade	24.0%	37
Orange	11.0%	17
Duval	8.4%	13
Broward	7.1%	11
Palm Beach	5.8%	9
Hillsborough	3.9%	6
Lee	3.9%	6
Leon	3.3%	5
Escambia	3.3%	5
Pinellas	3.3%	5
St. Lucie	2.6%	4
Polk	2.0%	3
Brevard	2.0%	3
Marion	2.0%	3
Bay	1.3%	2
Collier	1.3%	2
Okaloosa	1.3%	2
Sarasota	1.3%	2
Seminole	1.3%	2
Volusia	1.3%	2
Alachua	0.7%	1
Citrus	0.7%	1
Clay	0.7%	1
Hardee	0.7%	1
Hernando	0.7%	1
Holmes	0.7%	1
Indian River	0.7%	1
Lake	0.7%	1
Manatee	0.7%	1
Nassau	0.7%	1
Osceola	0.7%	1
Pasco	0.7%	1
Putnam	0.7%	1
St. Johns	0.7%	1
Suwannee	0.7%	1

Table 1. Respondents by County (Ambulatory)

Ambulatory providers located in 35 out of Florida's 67 counties completed the survey. The majority were located in Miami-Dade County (24.0%), followed by Orange (11.0%), Duval (8.4%), Broward (7.1%), and Palm Beach (5.8%) counties. A breakdown of respondent location by county is provided in Table 1.

Survey respondent information was compared to the map of Florida's rural counties as per the 2010 Census,[2] and it was evident that counties within the rural classification, such as Washington, Jackson, Liberty, and Okeechobee, were the counties with the lowest or no representation of ambulatory providers in the 2021 Scan. Furthermore, many of these rural counties are listed as Health Professional Shortage Areas (HPSA),[3] making it difficult to find providers participating in health information exchange programs or using EHRs.

[2] http://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/health-professional-shortage-designations/Rural%20Counties%20Map%202016.pdf
[3] https://data.hrsa.gov/tools/shortage-area/hpsa-find

Q5 – Which best describes your provider type?

A majority (53.2%) of ambulatory respondents are medical doctors or Doctor of Osteopathic Medicine, with nurse practitioners (22.7%) as the second highest respondent population as illustrated in Figure 2.

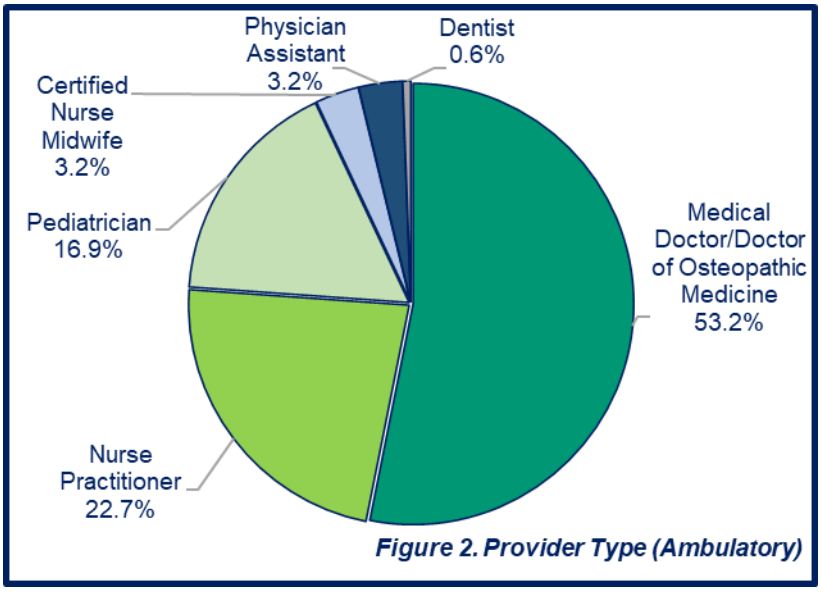


Figure 2. Provider Type (Ambulatory)

Q6 – Which of the following best describes your provider practice setting?

Within this question "Other" practice settings include a physician group practice at Florida State University (FSU), mental health, house call medicine, 501c3 health clinics, home health, and a multi-specialty group.

The 2018 ambulatory provider survey results showed the highest respondent pool was self-employed or group practice setting at 52.0%, with Community Health Centers (CHCs) as the second highest respondent pool at 15.0%. The 2021 Scan results show the highest ambulatory respondent pool was represented by private practice setting at 42.2%, followed by behavioral health practices at 30.5%. While the "self-employed" group from 2018 is comparable to the "private practice" group in 2021, there seems to be a particular uptake of the survey responses by behavioral health providers in 2021. This helps illustrates the potential effectiveness of the Agency's recent outreach efforts focused on behavioral health. Additionally, there is an emphasis on whole person care and an interest by behavioral health care providers to have access to more robust patient health care data.

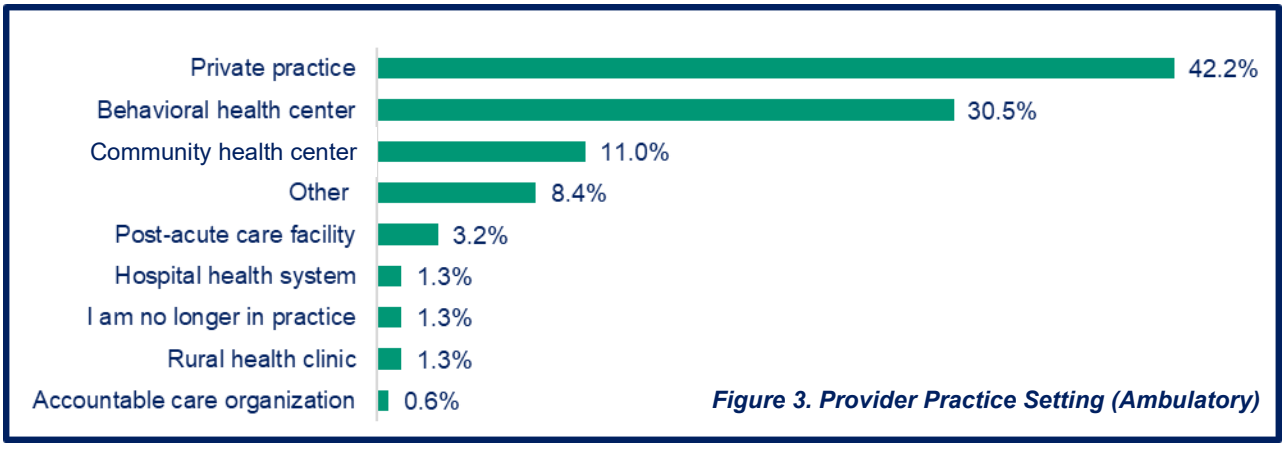


Figure 3. Provider Practice Setting (Ambulatory)

Q7 – Select the type of health care entity/office/clinic that best describes where you practice at least 50% of the time:

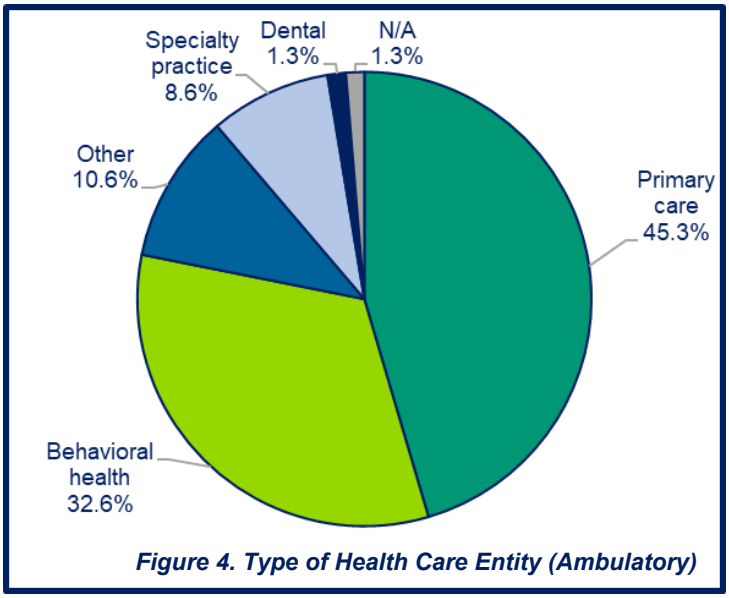


Figure 4. Type of Health Care Entity (Ambulatory)

"Other" entities in this question included offices such as urgent care, assisted living facilities, respiratory therapy centers, hospice, birth centers, post-acute care, and pediatric offices.

A majority (45.3%) of ambulatory respondents practice in a primary care setting, with 32.6% of the respondents representing behavioral health. This is in line with the answers in Q6 that showed behavioral health as the second largest pool of respondents.

Q8 – Is this location a single or group practice?

Of the ambulatory respondents, 63.3% practice in a group practice while 32.0% practice in a single provider setting, and for 4.6%, the question was not applicable. This data might indicate a possibility that more group practices entered the PI Program due to incentives and, as seen later in the EHR adoption section of the survey, might have access to allocate a dedicated IT or clinical staff to support the practice's EHR implementation efforts.

Q10 – Who owns the provider practice?

Figure 5 shows the types of entities that own the practices of the ambulatory respondents. Physician-owned practices and Community Health Centers (CHCs) make up a majority of the respondents. Interestingly, 55.0% of the behavioral health practices report being owned by a CHC.

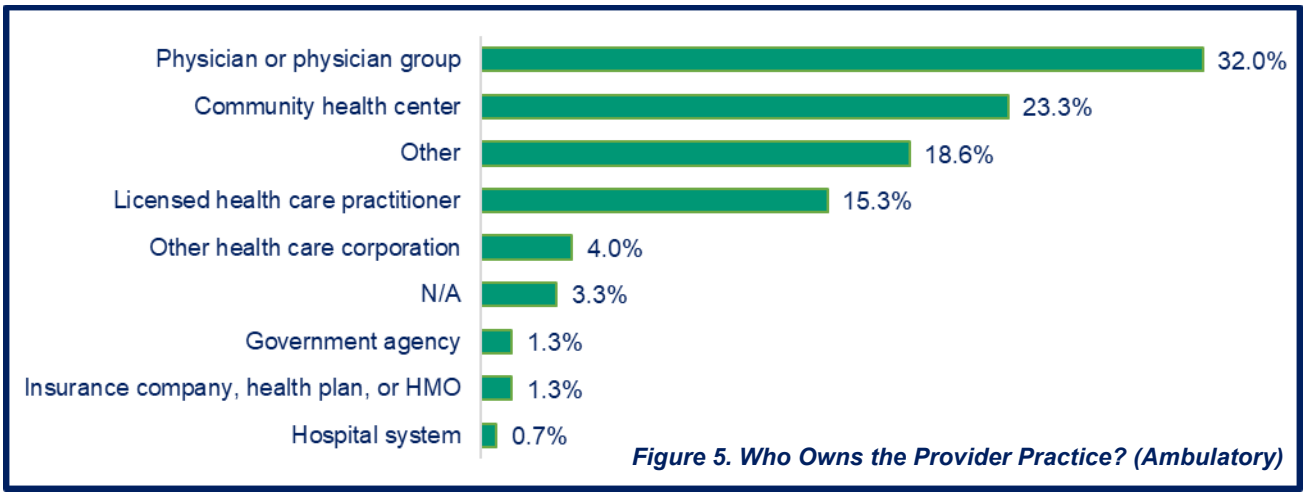


Figure 5. Who Owns the Provider Practice? (Ambulatory)

Q11 – Which of the following types of payment does your provider practice accept?

For ambulatory respondents that selected "Other," listed payment types included concierge medicine, HMO, Medicaid, VA, and Medicare Advantage plans.

There is an even distribution related to the type of payments accepted by ambulatory respondents. As illustrated in Figure 6, 85.3% of the respondents take private commercial insurance, 38.0% take sliding fee scale, 56.0% take marketplace health plans, and Medicaid reimbursements represent 87.3% of the payment taken by ambulatory respondents in this survey. The three major acts passed in 2009 (the Children's Health Insurance Program Reauthorization Act, the HITECH Act, and the Affordable Care Act) have helped expand, sustain coverage, and promote the use of Health IT to improve health care safety, quality, and efficiency of care. Medicaid in particular has been the vehicle for the states' role in promoting and advancing use of Health IT.

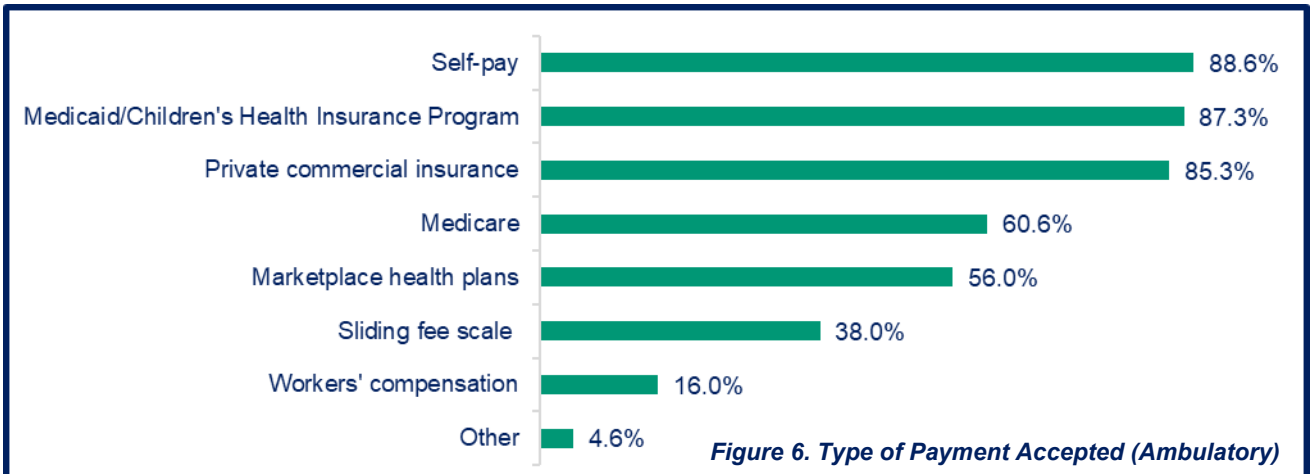


Figure 6. Type of Payment Accepted (Ambulatory)

II. EHR Adoption Survey Responses

The following EHR adoption responses section shows how ambulatory providers progressively increased the use of EHRs to improve patient coordination, independent of their participation or not in the PI Program. The survey analysis in this section takes a comprehensive look into EHR adoption within the State of Florida and the initiatives taken to increase utilization of Meaningful Use of CEHRT.

Q12 – Where does your practice patient data reside/how is it stored?

Overall, the majority (75.3%) of ambulatory respondents are fully using an EHR system. Of those using an EHR system, 67.3% use CEHRT systems to store patient data, while only 8.0% are using noncertified EHRs. In addition, 12.7% stated they use a hybrid method including both paper and electronic storage, while 12.0% are still using paper chart methods to store patient data.

Compared to the 2018 Study, there is an increase in the uptake/use of EHRs by ambulatory respondents (from 43.0% in 2018 to 75.3% in 2021 assuming similar survey populations). The use of hybrid and paper methods to store patient information seems to be in decline over the past three years.

These results support how the Agency's outreach program has played a role in the shift toward EHR adoption within Florida. Furthermore, when the question "If your practice is not using EHR, are you planning to implement any EHR system in the near future (1–3 years)?" (Q17) was asked to

ambulatory respondents currently using only paper charts, 84.2% of them answered “Yes,” and for those respondents not wanting to implement an EHR, 66.6% cited “Cost” as the main reason (Q18).

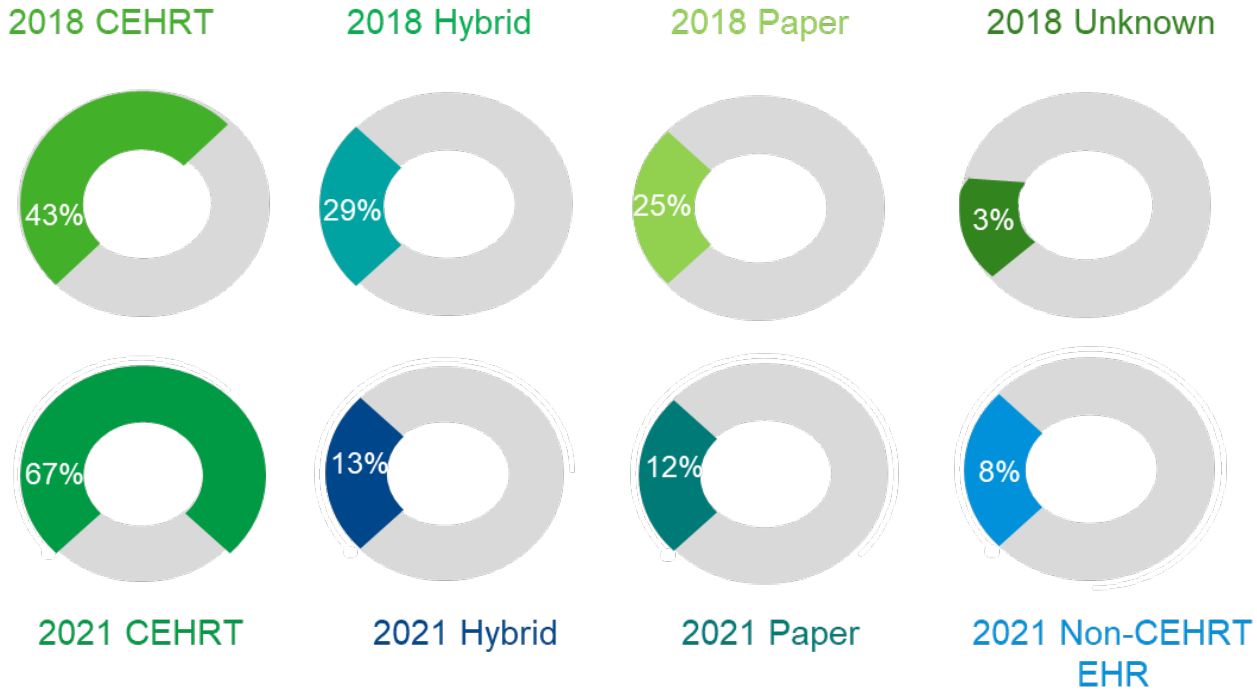


Figure 7. 2018 vs 2021 EHR Comparison (Ambulatory)

Q13 – Approximately when was your current EHR system installed?

Of the ambulatory respondents using CEHRT, 50.0% implemented their systems over five years ago and 15.9% were implemented within the last four to five years.

Q14 – What is the name of your primary EHR system?

The top five EHR systems used by ambulatory respondents are listed in Table 2. Less popular systems included Kareo and Netsmart.

EHR System	Percentage (%) of Respondent Market Share 2021	Percentage (%) of Respondent Market Share 2018
eClinicalWorks	21.9%	11.0%
Athenahealth	12.8%	10.0%
Greenway Health	6.0%	15.0%
Amazing Chart	3.0%	N/A
Lauris	3.0%	N/A

Table 2. Top Five EHR Systems (Ambulatory)

Q15 – Please indicate which of the following tasks you use your EHR to accomplish.

Overall, 87.9% of the ambulatory respondents are using some type of electronic health record system—CEHRT, non-CEHRT, or hybrid—as reflected in (Q12), and 95.4% of these ambulatory respondents are using EHRs to support clinical documentation tasks. Similarly, 90.1% of these providers use the systems to manage medical history tasks with other key uses including ePrescribing (79.5%) and medication reconciliation (71.2%).

Task	Utilization (%)
Clincial documentation	95.4%
Medical history	90.1%
Electronic prescribing (ePrescribing)	79.5%
Problem lists	75.0%
Medication reconciliation	71.2%
Identify patient for preventive or follow-up care	64.3%
Generate lists of patients with specific health conditions	62.1%
Medical testing result retrieval	60.6%
Aggregate data for clinical care measure or other quality reporting	59.0%
Identification of patient-specific education resources	55.3%
Communicating with patient through portal	52.2%
Discharge planning	52.2%
Computerized Provider Order Entry (CPOE)	49.2%
Exchange with other providers/facilities	45.4%
Collect Social Determinants of Health (SDOH) information	40.9%

Table 3. Percentage of EHR Task Utilization (Ambulatory)

Activities related to care coordination such as discharge planning, communicating with patients through a portal, and exchange with other provider facilities are only used via electronic health records at a rate of 52.2%, 52.2%, and 45.4%, respectively. Table 3 summarizes the tasks the EHRs help ambulatory providers to accomplish.

The lower utilization of care coordination tasks, via EHRs, reflects the results collected during the focused interviews. Stakeholders stated care coordination can be improved in the state through the use of Health IT services by standardizing information workflows.

Q16 – Does your practice have dedicated IT or clinical staff to support your EHR?

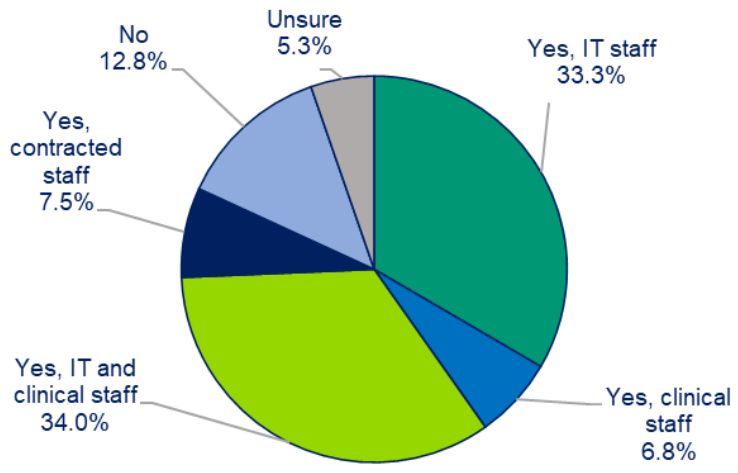


Figure 8. Availability of Dedicated IT or Clinical Staff to Support EHR (Ambulatory)

Overall, the majority (81.6%) of ambulatory respondents reported to have a dedicated resource to support EHR systems. Thirty-four percent (34.0%) of these resources are reported as a combination of IT and clinical staff, while 33.3% are reported to have just IT staff.

III. ePrescribing Survey Responses

Q19 – Does your practice have electronic prescribing (ePrescribing) capabilities?

Having ePrescribing functionality as part of the EHR system was reported by 69.3% of ambulatory respondents, 19.3% do not have this functionality, and 7.3% were "Unsure."

Additionally, 4.0% have ePrescribing capabilities as part of a standalone system. Listed standalone systems utilized were iPrescribe, DrFirst, Rcopia, EPrescribe, Guardian, and Practice Fusion.

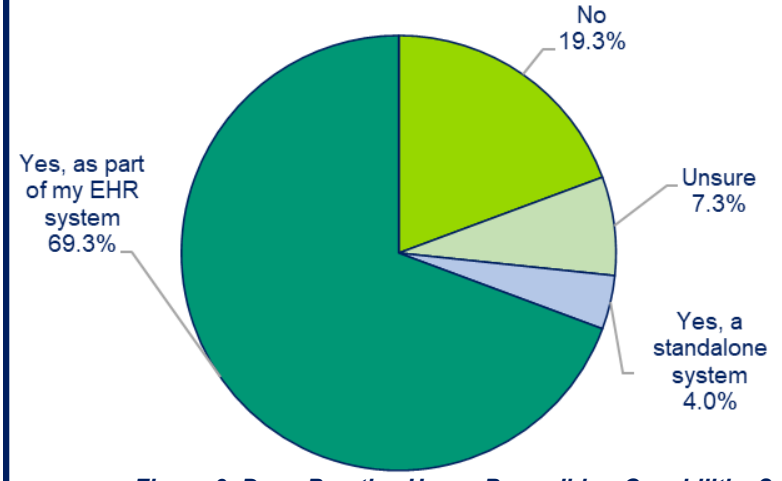


Figure 9. Does Practice Have ePrescribing Capabilities? (Ambulatory)

Q21 – Approximately what percentage of prescriptions are ePrescribed?

Overall, 84.5% of the ambulatory respondents using ePrescribing are using it 76–100% of the time, while 7.2% are using ePrescribing 51–75% of the time. These responses are in line with the efforts by the Agency to promote ePrescribing in response to the electronic prescribing law signed by Governor Ron DeSantis and effective on January 1, 2020.

Additionally, 70.9% of ambulatory respondents are ePrescribing controlled substances, while 24.5% do not use their EHR to ePrescribe controlled substances and 4.5% are "Unsure."

Even though ambulatory respondents indicated high adoption of ePrescribing, focused interviews revealed that a review and update of outdated ePrescribing policy language is needed to continue enhancing (and enforcing) use of ePrescribing among Florida providers. The current language allows no limit on the number of exclusions a provider can receive to meeting the requirement, which is contradictory to the intent of moving more providers closer to ePrescribing.

IV. PI Program Survey Responses

Florida launched its PI Program in September 2011, and as of December 3, 2021, the Agency has issued over $591,720,445 in incentive payments for Florida EPs and EHs. Over a third (34.0%) of the ambulatory respondents using electronic health records confirmed their participation in the PI Program, while 36.6% did not participate, and 29.33% were "Unsure" about their participation.

Of those participating, 45.1% reported to last attest to Stage 3 Meaningful Use, while 23.5% reported to be on Stage 2, and 7.8% reported to be on Stage 1. Meeting required Meaningful Use objectives and thresholds were required in later years of PI Program participation.[4] Remaining participating

[4] Promoting Interoperability Programs | CMS

providers (23.5%) were “Unsure” of their Meaningful Use stage. Of respondents who participated in the PI Program, 29.4% received six years of payments, 9.8% received five years of payments, 3.9% received four years of payments, 19.6% received three years of payments, 11.7% received two years of payments, and 25.4% received one year of payments.

Of ambulatory respondents who did not participate in certain program years (i.e., did not submit an application), 17.6% selected “Difficulty meeting objectives and measures” as the predominant reason. Other options selected for not participating in certain program years included: “Application process was not clear” (9.8%), “I knew about the opportunity but did not have time to apply” (7.8%), “Difficulty meeting Medicaid patient volume thresholds” (5.8%), and “Had received the maximum number of incentive payments (6 years of payments)” (5.8%).

Interestingly, in contrast to the Agency’s extensive outreach efforts, a large percentage (50.5%) of the ambulatory respondents that did not participate in any years of the PI Program with Florida stated that they were unaware of the opportunity to apply. Other selected reasons for lack of overall participation are listed in Table 4.

Reasons why provider did not participate in any years of the PI Program	Percentage of Respondents
I was unaware of the opportunity to apply	50.5%
Other (please specify – cost, unrealistic expectations, unknown)	15.1%
Application process was not clear	14.1%
Difficulty meeting objectives and measures	12.1%
I was not eligible to participate	7.0%
Did not have CEHRT at all	6.0%
Did not have qualified CEHRT	5.0%
Did not feel that payment was worth the cost of necessary CEHRT upgrades	5.0%
I chose to participate in the Medicare Incentive Payment program instead	4.0%
Difficulty meeting Medicaid patient volume thresholds	3.0%
I knew about the opportunity but did not have time to apply	3.0%
Participated in another state's Medicaid PI Program	3.0%

Table 4. Reasons Why Provider Did Not Participate in Any Years of PI Program (Ambulatory)

This lack of awareness about the PI Program as stated by the ambulatory respondents was also echoed during the focused interviews. Stakeholders recommended continuation of promotion, education, and training for current and future Health IT users. Awareness campaigns, sharing value propositions and documentation on return on investments (ROI), were recommended by several stakeholders to support ongoing provider use of Health IT and EHRs. Respondents who did not participate stated that they did not know about the opportunity; however, 34.0% of survey respondents did participate—meaning the outreach efforts are reaching a large portion of respondents.

V. Health Information Exchange Survey Responses

Ambulatory respondents (51.3%) receive electronic data from other health care providers, while 38.6% of the respondents do not and 10.0% are “Unsure.” Of those ambulatory respondents receiving electronic data, it is largely (85.7%) by using “electronic fax.” Other ways to exchange information included electronic health records (68.8%), secure messaging (54.5%), paper fax (45.4%), and through receipt of ADT data (37.6%). It is possible providers that are not exchanging data

electronically with other providers choose not to because they still feel comfortable using other ways to exchange data such as faxing.

Stakeholder interviews revealed the effectiveness of electronic data exchange and supporting systems is not solely dependent on the technical capability of the systems, but it is the utilization of the data exchanged by providers that could be better. Stakeholders agreed there is a disconnect between technical capability and exchange utilization, and to overcome this challenge, the Agency is taking advantage of the Medicaid Enterprise Platform integration process through the use of two founda-tional platforms designed for systems integration and data integrity. According to interviewed stakeholders, the Agency is also using these Medicaid Enterprise Platform integration processes to both engage and integrate more fully with other agencies.

Q30 – Do you participate in any of the following services offered through the Florida HIE? (Encounter Notification Services, Direct Messaging, Query Solution)

The survey found that the majority (66.0%) of the ambulatory respondents do not participate in any of the Florida HIE services. Of those that use Florida HIE services, 21.3% use ENS, 18.6% use Direct Messaging, and 5.3% use Query Solutions.

Q31 – How do you participate in Encounter Notification Service (ENS)?

Ambulatory respondents who participate in ENS (34.3%) are both a data source and a subscriber. There is a segment of respondents (28.1%) receiving ENS data from an affiliated hospital or health system (Athena Health, Availity, Care Optimize, Cerner, MD Flow, etc.).

Ambulatory respondents participating in ENS use it for care coordination activities (93.7%), patient tracking (59.3%), population health (40.6%), and transition management (68.7%). Other activities they use ENS for include data analytics for risk cost management (3.1%).

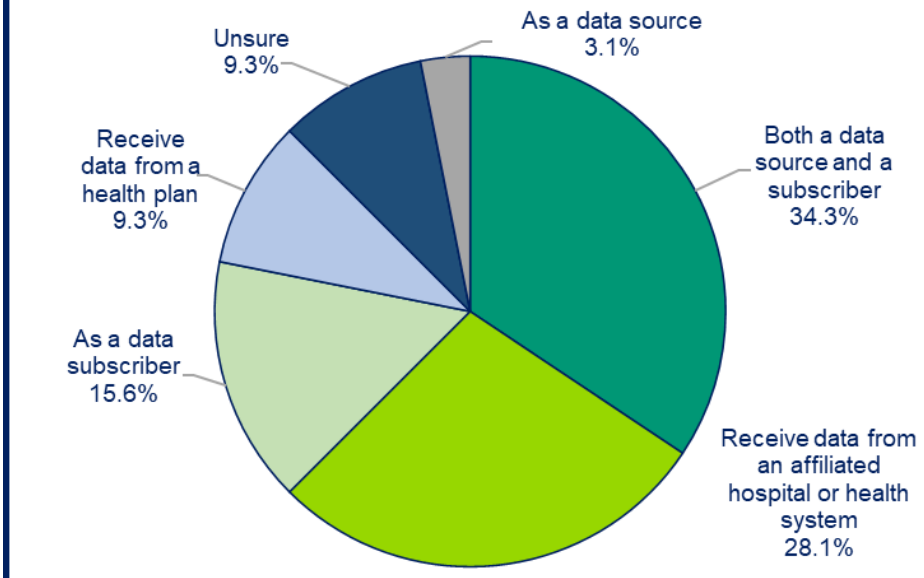


Figure 10. How do Providers Participate in ENS? (Ambulatory)

In general, 65.6% of ambulatory respondents using ENS are aware of PROMPT; however, only 43.7% of the ambulatory respondents using ENS are aware of SMART alerts, and a much less percentage (12.5%) are aware of E-PLUS or ARCHER (15.6%). These enhanced ENS services (SMART alerts, E-PLUS, and ARCHER) are in the pilot stage, but results support continued outreach and education efforts regarding HIE services to current and potential Florida HIE participants.

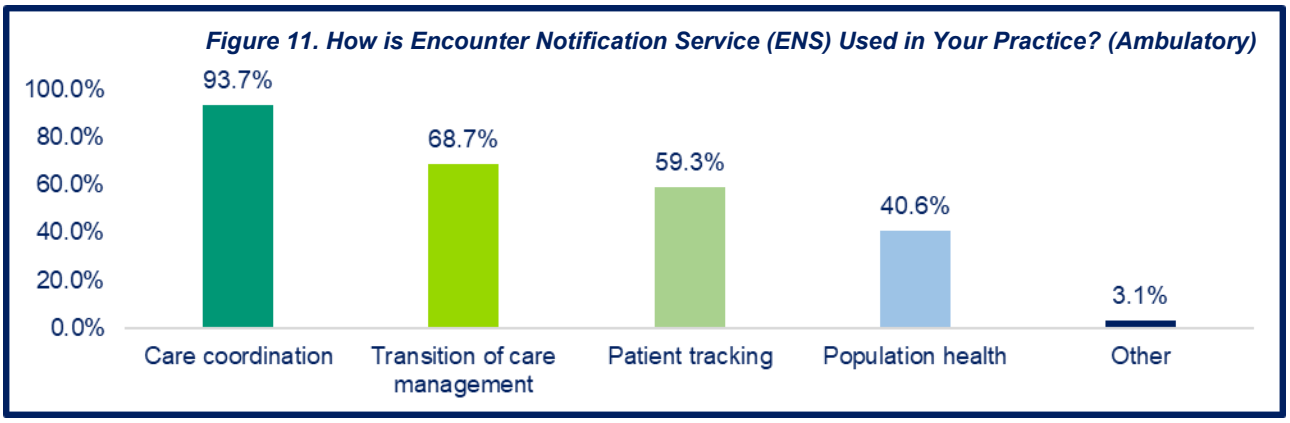


Figure 11. How is Encounter Notification Service (ENS) Used in Your Practice? (Ambulatory)

Q34 – How has Encounter Notification Service (ENS) benefited your practice?

Of the ambulatory respondents who are ENS subscribers, 65.6% indicated that ENS benefited their practice by supporting transitions of care management, 53.1% selected that ENS improved patient engagement and satisfaction, and 46.8% selected that ENS supported the ability to direct patients to the appropriate care settings. Other survey findings reflect that 46.8% selected that ENS improved medication reconciliation, 43.7% selected provider to provider coordination, 31.2% selected that ENS reduced medical cost, and 15.6% selected that ENS reduced duplicative testing.

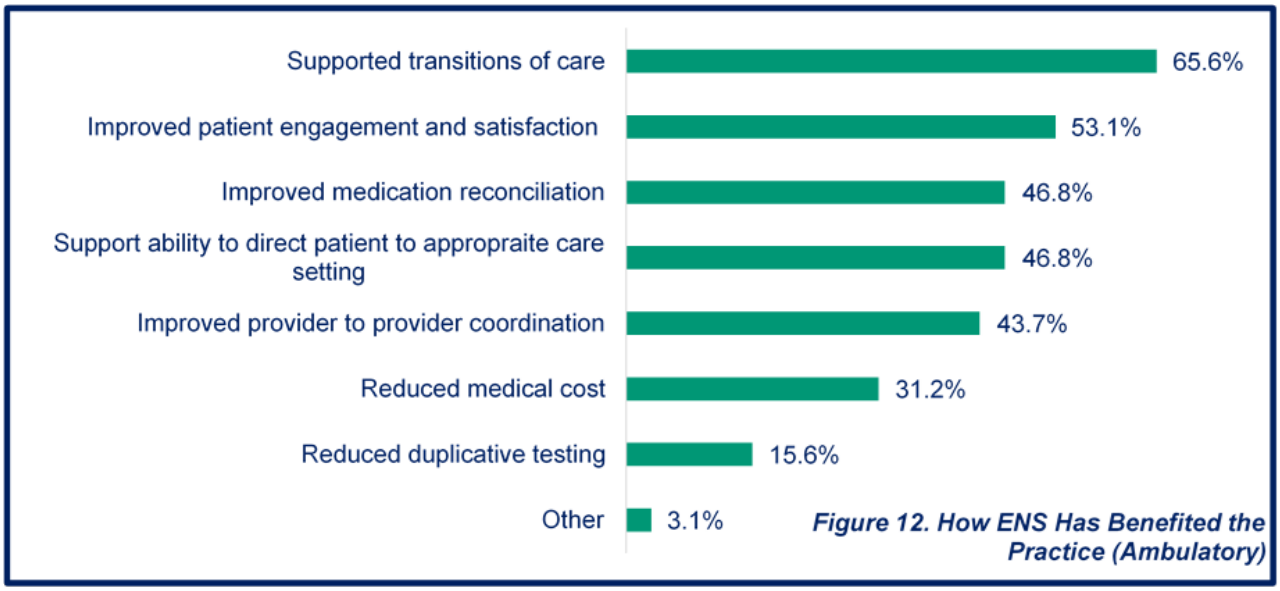


Figure 12. How ENS Has Benefited the Practice (Ambulatory)

Q35 – Where does your practice primarily receive HIE data from?

During the focused interviews, stakeholders shared that the Florida HIE prioritized engagement of health plans from the very beginning. Ambulatory respondents (33.3%) reported they are receiving HIE data from a health plan, while (22.6%) received data from an affiliated hospital or health system. Only 13.3% of the ambulatory respondents in this survey receive data from a national health information exchange (HIE) or regional health information exchange (RHIO), while 9.3% said they are receiving data from the state, and 1.3% receive data from an association.

Of the respondents who selected that they are receiving data from a national HIE or a RHIO, 25.0% are connected to Carequality, 15.0% are connected to Commonwell, 25.0% are connected to eHealth Exchange, and 20.0% are connected to a RHIO. However, results for Q36 (Which national health information exchanges (HIEs) or regional health information exchanges (RHIOs) do you participate in?) indicated confusion on part of the respondents because 25.0% of respondents answered that while they are receiving data from a national HIE or a RHIO (Q35), they do not participate in a regional exchange or a national exchange (Q36). Evidence of this confusion indicates the need for continued education and outreach on the types of exchange and data available.

Q37 – Are there plans to participate in a new or additional HIE platform within the next 18 months?

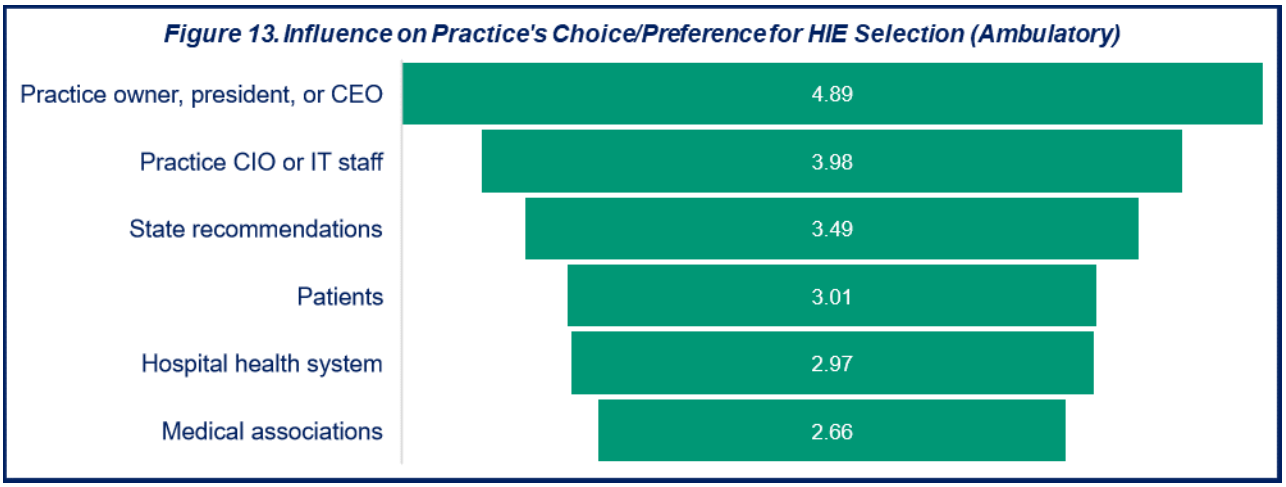
As illustrated in Table 5, 54.0% of ambulatory respondents did not know of any plans for their practice to participate in any new or additional HIE in the next 18 months, while 27.3% confirmed they have no plans to join any new or additional HIE platform. These findings support the need for continued education and awareness activities to promote services available through the Florida HIE and at a national level as well as the benefits of being connected for the exchange of clinical information.

Are there plans to participate in a new or additional HIE platform within the next 18 months?	Percentage of Respondents
Unknown	54.0%
No	27.3%
Yes, with a national Health Information Exchange (HIE)	15.3%
Yes, with a Regional Health Information Organization (RHIO)	4.6%
Other (please specify)	2.0%
Yes, switching to a new Regional Health Information Organization (RHIO)	0.6%

Table 5. Plans to Participate in a New or Additional HIE Platform Within the Next 18 Months? (Ambulatory)

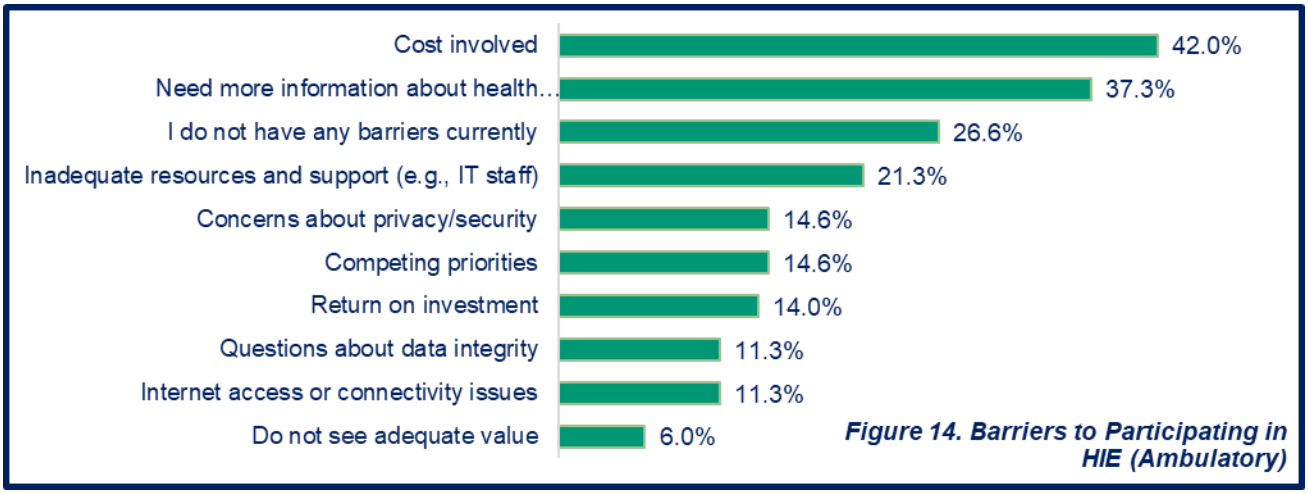
Q38 – Rank order the following choices in terms of which entity has the most influence on your practice's choice/preference for HIE selection or use? Order the choices from highest (the one with the most influence) to the lowest (the one with the least influence).

Overall, 56.6% of ambulatory respondents ranked the practice owner, president, or CEO as the most influential entity for decisions related to HIE preference, followed by the practice CIO or IT staff (39.3%) and state recommendations (22.0%). Figure 13 shows an overall score to each of the categories based on the rank given by the providers. This data highlights which stakeholder grouping holds more influence in deciding a preference for HIE selection, however, others should not be ignored during the outreach activities for the HIE.



Q39 – Please select the items that are barriers for your practice as it relates to participating in HIE platforms?

Although 26.6% of the ambulatory respondents in this survey reported not having any barriers, a majority (42.0%) reported "cost" as a barrier for their practice to participate in HIE platforms, followed by "Need more information about health information exchange" (37.3%) and "Inadequate resources and support (e.g., IT staff)" (21.3%). These results are in line with information gathered during the focused interviews, where stakeholders confirmed cost and lack of awareness about the HIE services as some of the major barriers providers have regarding participation in HIE and/or use of HIE data.



Furthermore, when ambulatory respondents were asked if they knew where to find additional educational materials to further obtain knowledge about Florida HIE Services, 59.3% answered "No," while only 40.6% answered "Yes". This again, emphasizes the lack of awareness about information related with HIE services in Florida, as mentioned in various sections within the 2021 Scan.

VI. Social Determinants of Health (SDOH) Survey Responses

SDOH are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. In 2019, the Florida Department of Health studied the effect of SDOH on of Floridian's heart health (age adjusted) and found out that those counties with poor outcomes on the measures associated with the social determinants (poverty, food insecurity, access to health care, education, and history of incarceration) also experience an increased number of deaths associated with heart disease.[5] The Agency is currently exploring opportunities and avenues to incorporate SDOH data into Health IT programs and overall Agency operations.

Within the ambulatory survey, respondents were asked if their organization assesses patients for issues related to SDOH (Q41). The majority (42.6%) were "Unsure," while 34.0% answered "Yes," and 23.3% answered "No."

Of the providers that answered "Yes" to assessing patients for issues related to SDOH, 62.7% currently utilize a standard screening tool for assessing SDOH that can be used to support billing and exchange of patient information, while 15.6% don't have a standardized tool for SDOH but will be working on this in the next one to three years, and 17.6% were "Unsure" about using a standard screening tool.

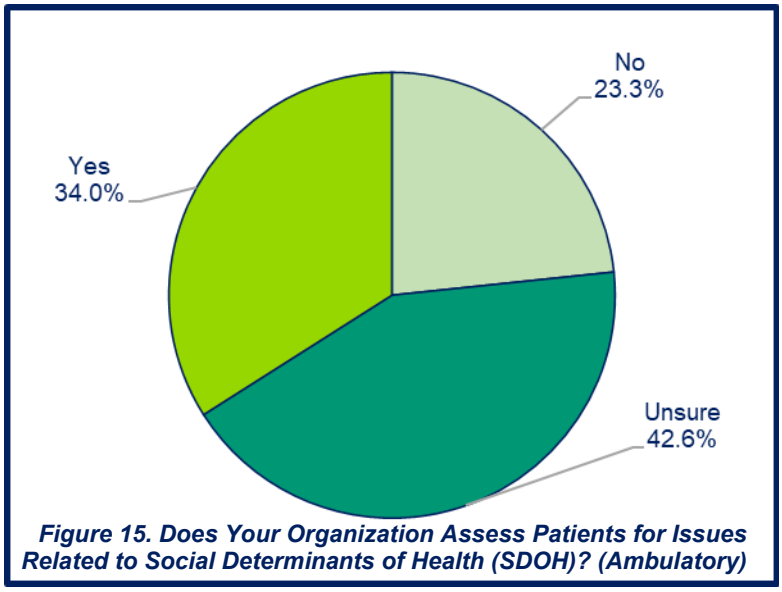


Figure 15. Does Your Organization Assess Patients for Issues Related to Social Determinants of Health (SDOH)? (Ambulatory)

Q43 – Are the SDOH assessments paper based or electronic?

Of the 32 ambulatory respondents who are using standardized SDOH assessment tools, 53.1% are using electronic assessments, 12.5% are using paper assessments, and 34.3% are using a combination of paper and electronic assessment tools.

[5] Desiree Jonas, Florida Department of Health. Accessed from the Centers for Disease Control and Prevention's Chronic Disease GIS Exchange https://www.cdc.gov/dhdsp/maps/gisx/mapgallery/fl-social-determinants.html

In addition, 47.3% of respondents who are assessing patients for SDOH, but are not using or were "Unsure" about using standardized tools selected "Staffing needs" as the main barrier. Some of the other identified barriers are listed in Figure 16.

Figure 16. Perceived Barriers to Implement Standard SDOH Assessment Tools (Ambulatory)

VII. Telehealth Survey Responses

Telehealth is defined as the use of synchronous (real-time information sharing) or asynchronous (re-lay of information with lag time) telecommunications technology by a telehealth provider to provide health care services. This includes, but is not limited to, the assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-re-lated education; public health services; and health administration. Telehealth does not include audio-only telephone calls, email messages, or fax transmissions.[6]

During the 2019 legislative session, Florida passed Chapter 2019-137, Laws of Florida, which establishes standards of practice for telehealth services, including patient evaluations, recordkeeping, and controlled substances prescribing. The law also authorizes out-of-state health care practitioners to perform telehealth services for patients in Florida. Signed by the governor on June 25, 2019, this law became effective on July 1, 2019.[7]

Q45 – Does your practice site use telehealth to provide patient care?

Of the ambulatory respondents, 86.0% use telehealth to provide patient care, 10.6% do not, and 3.3% are "Unsure." Interestingly, 43.4**%** of the providers who are using telehealth services were doing so prior to the COVID-19 pandemic, compared to the 55.8% did not offer telehealth prior to COVID-19, and 0.7% are "Unsure."

[6] https://www.flhealthsource.gov/telehealth/faqs
[7] https://www.flhealthsource.gov/telehealth/

Other results of the survey showed that, of the providers who **are not** currently using telehealth in their practice, 40.0% did not have any significant barriers preventing implementation. Other providers referenced the following reasons as barriers to implement telehealth. For respondents who selected "Other," the free responses include quality of care is better in person, it is not needed for small facilities, and dependable staff.

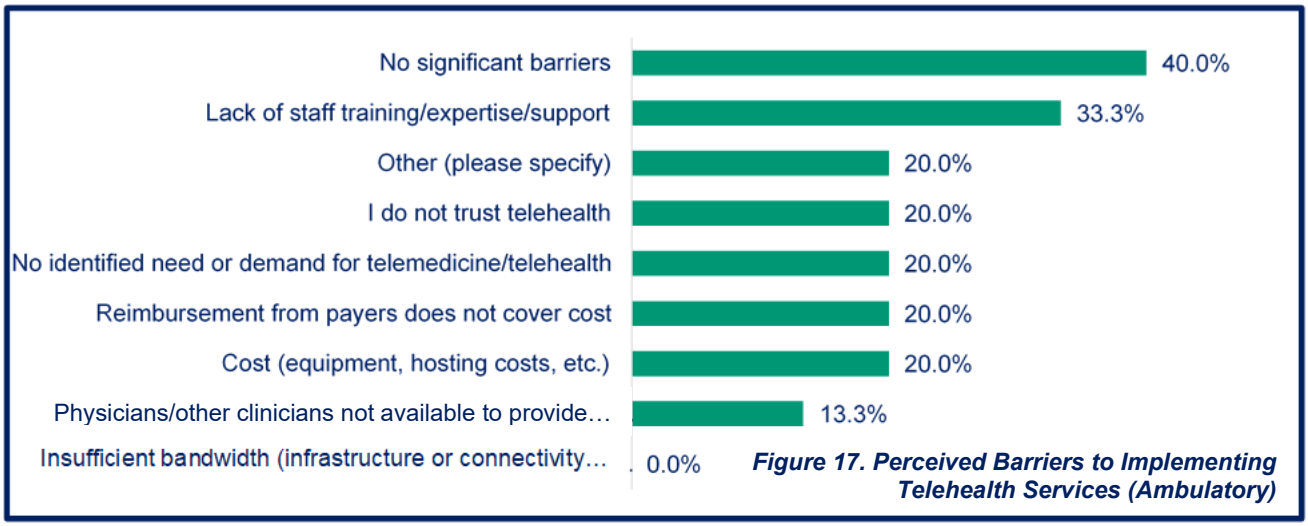


Figure 17. Perceived Barriers to Implementing Telehealth Services (Ambulatory)

VIII. General Insight Survey Responses

Q49 – Has the use of EHR benefited your practice's pandemic response?

More than half (66.6**%**) of ambulatory respondents agreed that the use of EHR has benefited their practice's pandemic response, while 21.3% were "Unsure," and 12% did not think that the use of EHR benefited their pandemic response.

Ambulatory respondents who answered that EHRs had benefited their practice's pandemic response were asked which EHR tasks have helped their practice improve their response (Q50), with 67.0**%** reporting "Rapid access to telehealth tools via the EHR" being the main reason. This widespread use of telehealth services, as reflected in this survey, could be associated with the Florida's telehealth emergency waivers and Executive Order 20-002.[8] The telehealth emergency waivers and Executive Order 20-002 provisioned (among some other benefits not listed here) that MDs, DOs, PAs, and APRNs who are designated as a controlled substance prescribing practitioner may issue a renewal of a controlled substance (including medical marijuana) without having to conduct a physical examination of the patient, using telehealth tools, for an existing patient for the purpose of treating chronic nonmalignant pain. It is yet to be seen if this widespread use of telehealth will be maintained now that waivers ended on June 26, 2021. Furthermore, patient education and clinical decision support systems as components of the PI Program have supported the uptake of telehealth services during the pandemic response.

[8] https://www.flmedical.org/florida/Florida_Public/Docs/Coronavirus/Surgeon-General-EO-20-002-Summary.pdf

Other reasons chosen for how EHR benefited their practice's pandemic response were as follows:

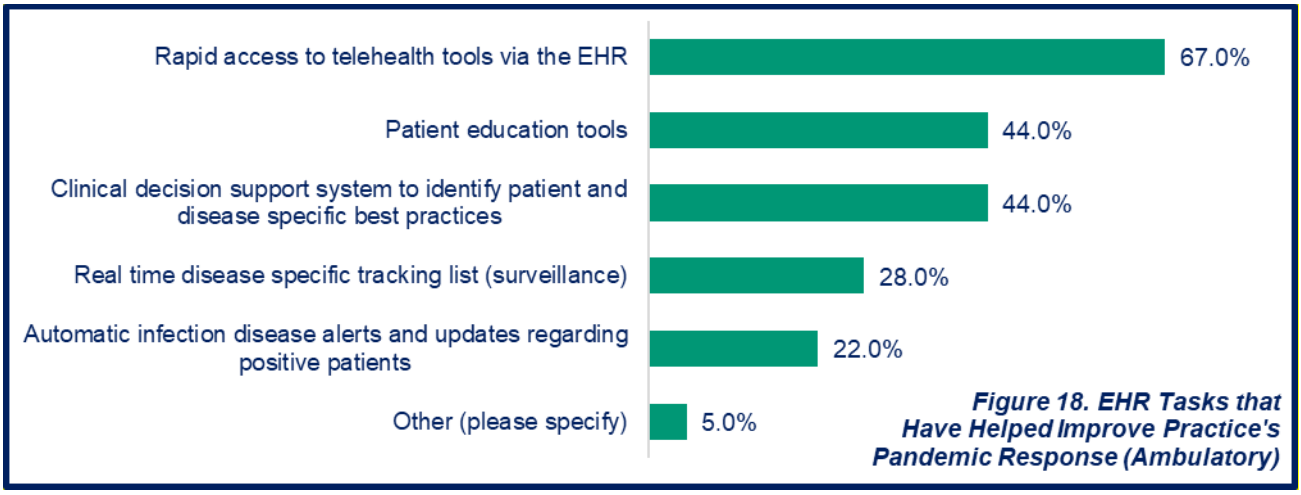


Figure 18. EHR Tasks that Have Helped Improve Practice's Pandemic Response (Ambulatory)

E. Hospital Survey Findings

I. Hospital Demographic Survey Responses

Overall, 83 hospitals completed the survey; therefore, analysis results use n=83 responses. Participating hospitals included Mount Sinai Medical Center of Florida, South Miami Hospital, South Florida State Hospital, and Bethesda Hospital, among others. The survey findings section includes results on nonsequential questions (e.g., 1, 4, 5, 6…), based on internal logic within the survey tool. Please note that some survey results were combined for relevance.

Q4 – Which of the following best describes your organization?

Hospital respondents were allowed to choose more than one response, choosing an array of options to describe their organizations. Acute care hospital (54.2%) was the primary selection followed by general hospital (32.5%). Children's and addictions treatment hospitals were the least chosen among the options at 8.4% and 6.0%, respectively. Figure 19 illustrates the array of organization types included in this survey.

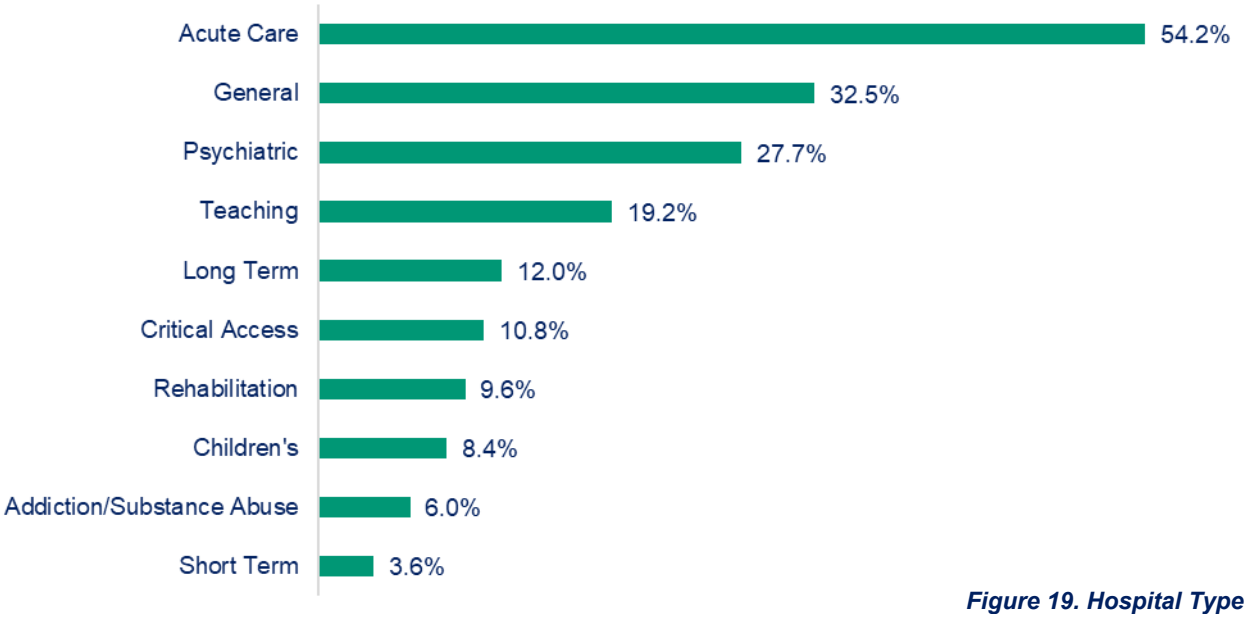


Figure 19. Hospital Type

Q5 – What is the position/title of the person who is completing the survey?

Almost one-third (31.3%) of the hospital respondents are IT staff and IT-related staff, followed by hospital administrators or administrative staff (24.1%). The rest of the respondents varied in designations such as vice president of information technology, risk and corporate compliance manager, manager of case management and quality, privacy officer, division director of informatics, director of nursing, director of quality and risk management, director of clinical informatics, chief financial officer, and the chief clinical officer.

County location

Figure 20 illustrates the number of survey responses received from each county and the overall geographic reach. There was a concentration of respondents in the Miami-Dade County area which is similar to those observed in both the ambulatory and payer surveys as well.

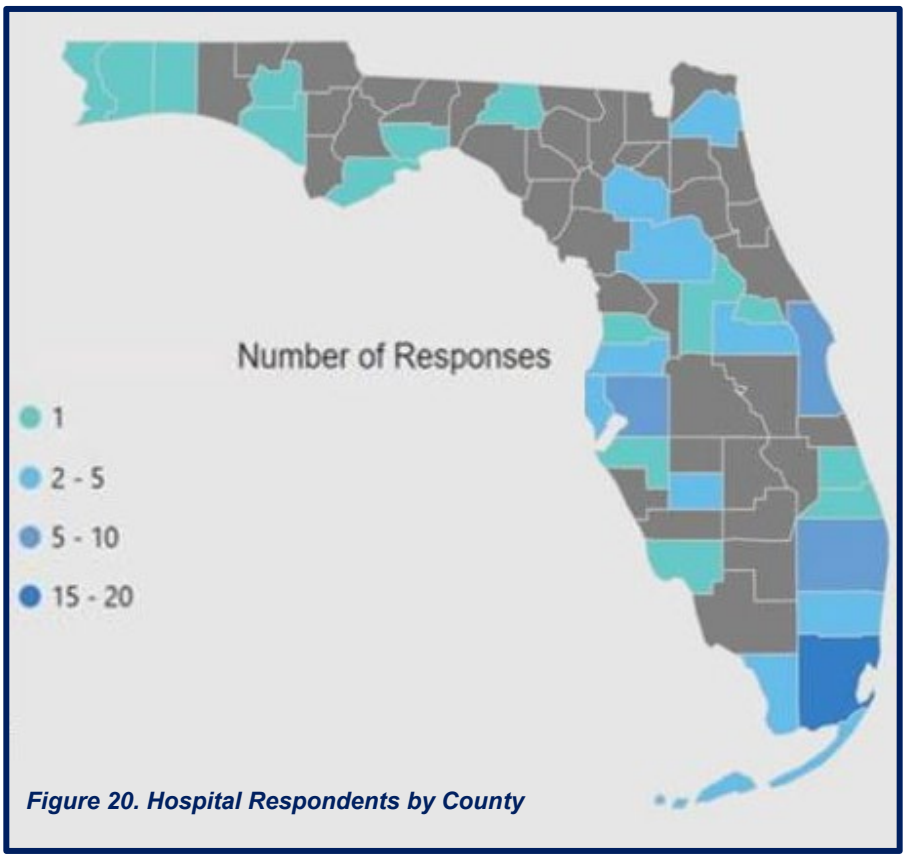


Figure 20. Hospital Respondents by County

II. EHR Adoption Survey Responses

Q6 – Where does your hospital's patient data currently reside/how is it stored?

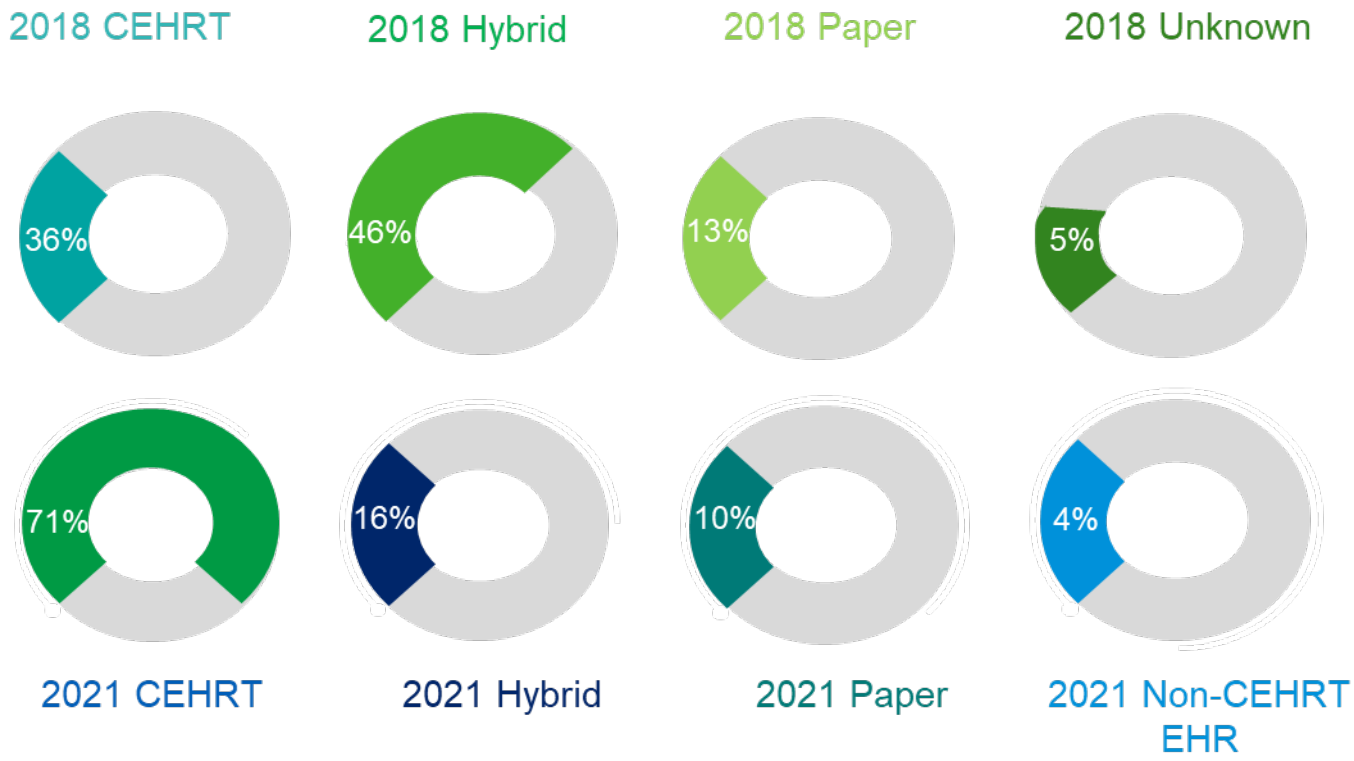


Figure 21. 2018 vs 2021 EHR Comparison (Hospital)

According to the survey, 71.0% of respondents in Florida store their patient data using CEHRT, 15.6% use a combination of paper and CEHRT, and 9.6% still store records only on paper. Approximately 3.6% of the hospital respondents use non-CEHRT to store their patient data, this signifies a major improvement from results gathered during the 2018 Scan. When the two results are compared (based on presumed similar survey populations) it supports a 35-percentage point increase (from 36.0% in 2018 to 71.0% in 2021) in the number of hospitals who store their patient data using CEHRT. These results are similar to what was reported by ambulatory providers.

Of hospital respondents who currently use paper records or a hybrid of paper and electronic methods for storing patient data, 37.5% indicated they are planning to implement an electronic health record system in the next one to three years, while 62.5% are still not planning to implement EHR technology. Furthermore, 100% of the hospital respondents who do not currently have CEHRT and expressed no interest in implementing CEHRT in the next one to three years cited cost as the predominant reason. Other reasons included "lack of broadband access" (60.0%), "staffing limitations" (40.0%), and "security concerns" (20.0%).

Q9 – What is the name of your primary EHR system?

Cerner Corporation is the most common primary EHR system among hospital respondents, representing 38.6%. This statistic is reflective of a gain in market share when compared with 21.0% in 2018 (presuming similar survey populations). Refer to Table 6 for all survey responses.

Vendor	Market Share 2021	Market Share 2018
Cerner Corporation	38.6%	21.0%
EPIC	13.3%	10.0%
Medical Information Technology, Inc. (MEDITECH)	10.6%	6.0%
Netsmart – Tier	10.6%	15.0%
Other	8.0%	N/A
MEDHOST	5.3%	N/A
Allscripts	5.3%	N/A
HCA Information Technology & Services, Inc.	1.3%	Meditech and HCA were combined
McKesson	1.3%	N/A

Table 6. EHR Systems Used by Hospitals 2021 vs 2018 (Hospital)

Q10 – Please indicate which of the following tasks you use your EHR to accomplish.

Overall, 90.2% of hospital respondents are using some type of EHR system (CEHRT, non-CEHRT, or hybrid). Of these, 98.6% confirmed they are using the EHRs for tasks related to medical history, 96.0% for clinical documentation, 94.6% for medication reconciliation, and 92.0% for medical testing result retrieval. Other tasks for which hospitals are using EHRs are listed in Table 7.

Task	Utilization (%)
Medical history	98.6%
Clinical documentation	96.0%
Medication reconciliation	94.6%
Medical testing result retrieval	92.0%
Discharge planning	86.6%
Problem lists	85.3%
Aggregate data for clinical care measure or other quality reporting	85.3%
Identification of patient with specific conditions to provide specific education resources	78.6%
Exchange with other providers/facilities	77.3%
Generate lists of patients with specific health conditions	77.3%
Identify patients for preventive or follow-up care	70.6%
Communicating with patient through portal	65.3%
Collect Social Determinants of Health (SDOH)	52.0%

Table 7. Percentage of EHR Task Utilization (Hospital)

III. ePrescribing Survey Responses

The following questions sought to assess the extent to which Florida hospitals have adopted ePrescribing and the extent to which hospitals utilize ePrescribing for all prescriptions including controlled substances.

Q11 – Does your hospital currently have electronic prescribing (ePrescribing) capabilities?

Of the 84.3% hospital respondents reporting ePrescribing capabilities, 80.7% responded that they are able to provide ePrescribing capabilities through their EHR system, while 3.6% provide ePrescribing through a standalone system. Hospitals using a standalone system for ePrescribing named Athena as their solution.

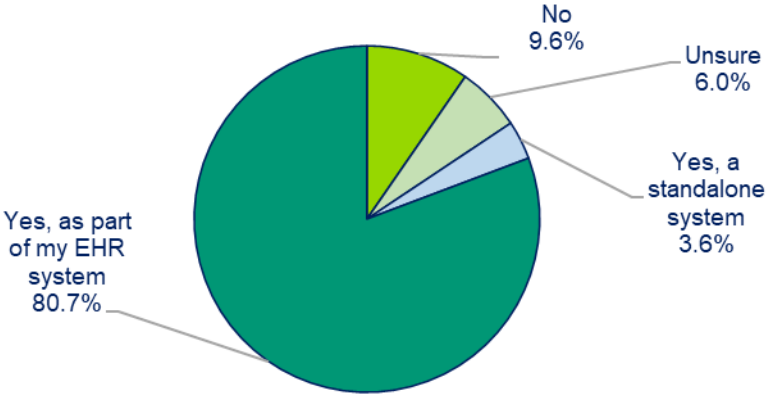


Figure 22. Does the Hospital have ePrescribing Capabilities? (Hospital)

Q13 – Approximately what percentage of hospital prescriptions are written via ePrescribing?

This question allowed each hospital respondent to choose a percentage range that best represents the number of prescriptions sent via an ePrescribing system. Overall, 54.2% of the hospital respondents use ePrescribing for prescriptions 76–100% of the time, while 22.8% of the respondents use ePrescribing 51–75% of the time, and 12.8% of the respondents were "Unsure."

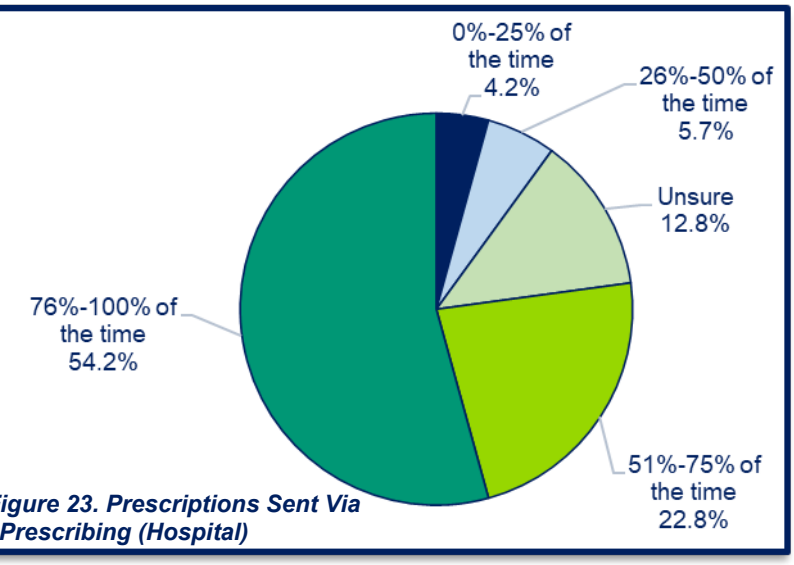


Figure 23. Prescriptions Sent Via ePrescribing (Hospital)

Q14 – Do you use your system to ePrescribe controlled substances?

Of the 70 hospitals responding to this question, 82.8% use an ePrescribing system to prescribe controlled substances, while 8.5% were "Unsure," and 8.5% do not use a system. Overall, both ambulatory and hospital providers have high adoption of ePrescribing in Florida.

IV. PI Program Survey Responses

This section assesses the extent to which Florida hospitals participated in the PI Program. As of December 3, 2021, the Agency has issued 539 PI payments, representing 182 unique providers.

The majority of hospital respondents (84.2%) reported they had attained full utilization of their CEHRT, 8.5% are still in the planning phase, and 7.1% are currently implementing CEHRT. Of hospital respondents, 67.1**%** participated in the PI Program, 25.7% were "Unsure," and 7.1% did not participate.

Although data from 2011 suggested that 79.6% of the hospital respondents planned to participate in the PI Program, only 16.0% out of the 79.6% felt they would qualify for it. In 2021, majority of the hospitals surveyed were able to qualify for and received incentive payments.

Since the 2010 Scan (based on similar survey populations), there has been an improvement in adoption, utilization, and participation in the PI Program. Of the hospital respondents that did not participate in the PI Program, two hospitals selected that they did not have qualified CEHRT as the primary reason, one selected that they did not feel the payment was worth the cost of the necessary CEHRT updates, and two selected "Other" with free responses of "alternate reimbursement process" and "Unsure" if they qualified.

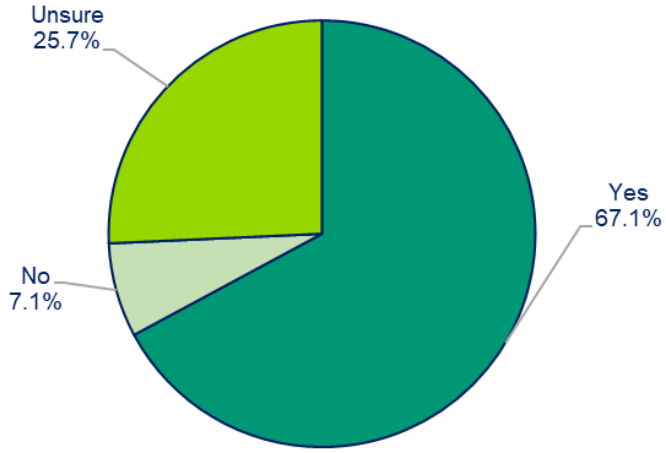


Figure 24. Participation in the Promoting Interoperability Program (Hospital)

V. Health Information Exchange Survey Responses

Q19 – Does your hospital participate in any of the following services offered through the Florida HIE?

As shown in Figure 25, over 42.1% of hospital respondents confirmed that they participate in ENS through the Florida HIE, with 40.9% of hospital respondents not participating in any Florida HIE service. This result supports the need for continued outreach, as 96% of acute care hospitals (as reported through Agency statistics) are Florida HIE data sources.

Comparing the HIE participation data between ambulatory and hospital providers, it seems that a number of both inpatient and outpatient providers are still reluctant to participate in the Florida HIE despite the widespread adoption of electronic health records in both survey populations.

According to stakeholders interviewed, the Agency has used policy levers since 2010 (e.g., low-income pool [LIP] lever) to create, implement, and grow HIE services such as ENS with hospital providers. Additionally, the Agency has leveraged HITECH funding for incentive payments and the development of complementary Health IT programs. However, there is still a significant percentage of hospital providers that are not interested in participating in HIE services despite the fact that a majority of Florida hospital providers have an EHR system, and those that receive supplemental payments

through the LIP program are required to subscribe to ENS. Assumptions could be made that this may be linked to a lack of understanding in regard to the Florida HIE value proposition.

A major issue emanating from the focused interviews relatable to this finding is that providers were skeptical to take part in the Florida HIE due to mistrust in government data control. Providers expressed concerns about creating a state-level data repository and government data control.

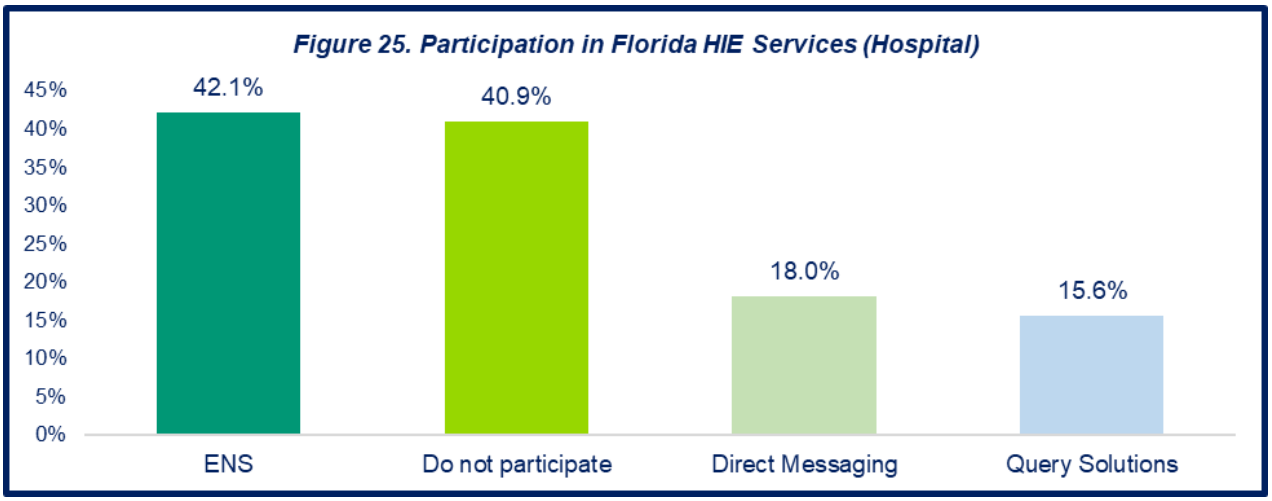


Figure 25. Participation in Florida HIE Services (Hospital)

Q20 – If applicable, how does your hospital participate in Encounter Notification Service (ENS)?

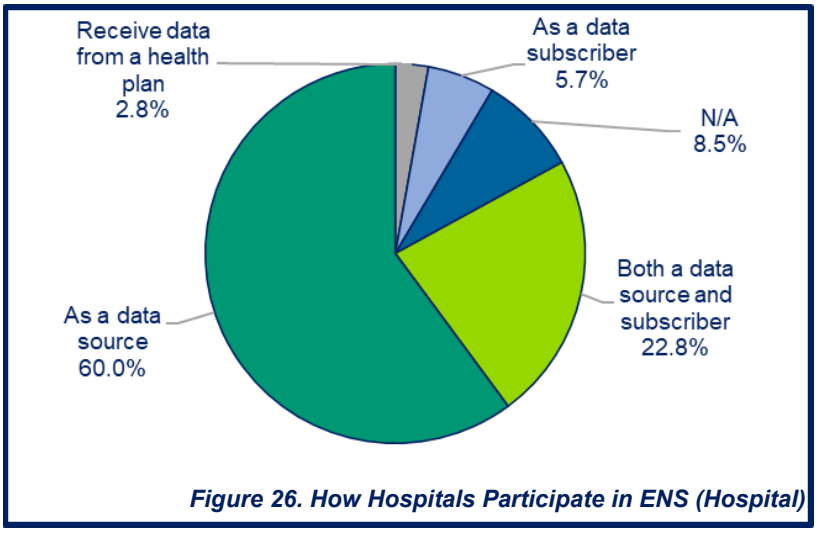


Figure 26. How Hospitals Participate in ENS (Hospital)

A majority (60.0%) of hospital respondents that participate in ENS reported that they participate as a data source, 22.8% participate as both data source and data subscriber, 5.7% participate as data subscribers only, and the remaining 2.8% receive data from health plans only.

Q21 – How is Encounter Notification Service (ENS) used within your hospital?

Of hospital respondents who do participate in ENS, 34.2% use it for care coordination activities and 31.4% for transitions of care management, while 20.0% of hospital respondents use it for tracking patients, and 14.2% for conducting population health activities.

Of hospital respondents who were ENS subscribers, 80.0% were aware of PROMPT, 34.2% were aware of SMART alerts, while 17.1% were aware of E-PLUS and 14.2% were aware of ARCHER.

Q23 – Which national health information exchanges (HIEs) or Regional Health Information Exchange (RHIOs) do you participate in?

Of hospital respondents, 26.5% participate in Carequality, 24.1% participate in Commonwell, 13.2% participate in eHealth Exchange, and 14.4% said they participate in a RHIO.

Q24 – Are there plans to participate in a new or additional HIE platforms within the next 18 months?

Similar to results from the ambulatory survey, 56.6% of the hospital respondents do not know if their organizations have plans to participate in a new or additional HIE platform within the next 18 months, 21.6% had no plans to participate, 13.2% are planning to participate with a national HIE, 6.0% plan to participate in a regional exchange, and 2.4% will be switching to a new HIE platform.

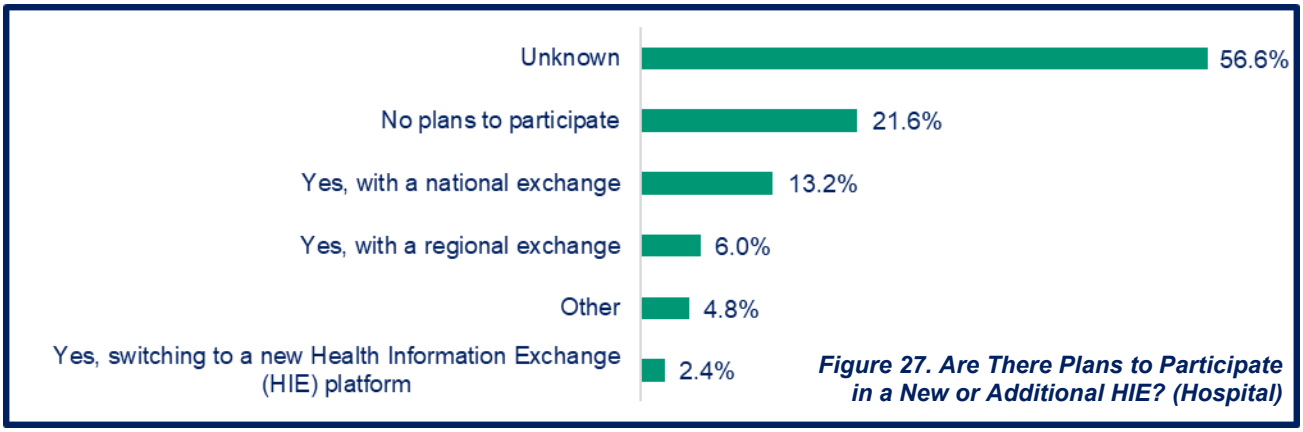


Figure 27. Are There Plans to Participate in a New or Additional HIE? (Hospital)

Using this data, the Agency could create targeted outreach to understand why respondents do not plan to participate in new or additional health information exchange platforms and increase hospital outreach, emphasizing the benefits of deploying such platforms and explaining how the Florida HIE can assist with connecting entities to national exchanges.

Q25 – Which additional functionality or information would help your hospital support patient care delivery? (Select multiple answers)

Of hospital respondents, 43.3% indicated a need to receive ADT data from other entities, 40.9% expressed interest in SDOH data by routing inbound and outbound referrals to and from community resources, 38.5% selected data analytics/quality measure reporting, and the ability to customize additional data points within ADTs such as primary care provider (PCP), a case manager, health plan, etc. Respondents also indicated an ability to get encounter data from non-acute care entities would help support patient care delivery.

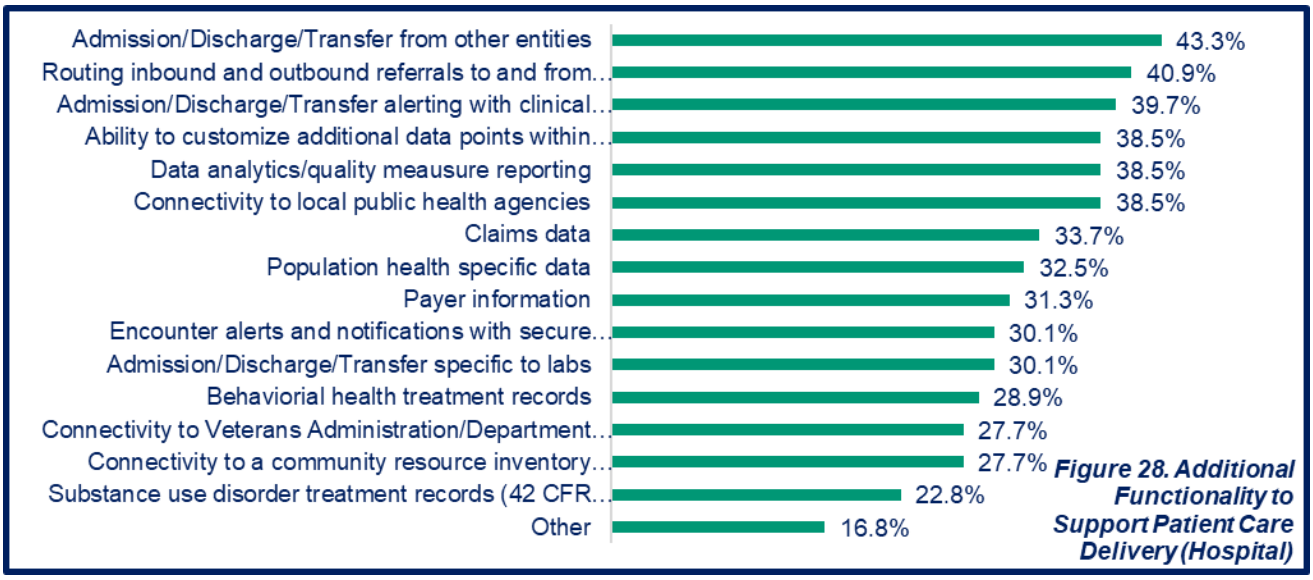


Figure 28. Additional Functionality to Support Patient Care Delivery (Hospital)

Q26 – What are some of the barriers for your hospital as it relates to electronically sharing patient information?

In assessing barriers, 33.7% of hospital respondents indicated that practitioners are resistant to engaging in health information exchange, followed by limited staff resources (30.1%). Some hospital respondents (26.5%) also confirmed to have data security and privacy concerns, while 20.4% perceived lack of value in terms of operational administrative efficiency, and 13.2% see clinical quality and outcomes as a barrier for their hospital, as it relates to electronically sharing patient information.

Other important barriers stated were:

- Not sure of the FL HIE contact (also identified during the focused interviews)
- Difficulty integrating the current HIE system with the hospital EHRs
- Acquiring reliable direct addresses for outside providers and locations to share patient information
- Cumbersome workflow

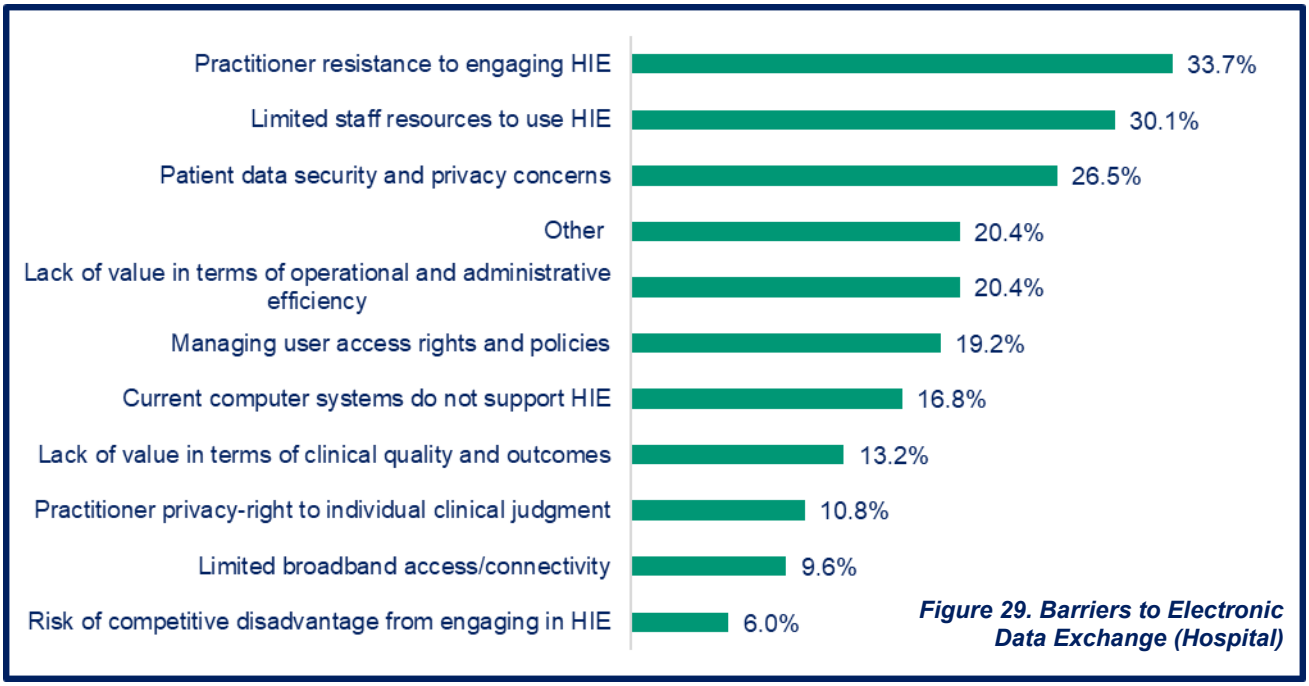


Figure 29. Barriers to Electronic Data Exchange (Hospital)

Q27 – Do you know where to find educational materials about the Florida HIE Services?

Of hospital respondents, 75.9% said they know where to find educational materials about the Florida HIE, while 24.1% were not aware of available materials. These findings support the need for ongoing education and outreach on available services.

VI. SDOH Survey Responses

As mentioned in the ambulatory section, SDOH can influence an individual's health status with these conditions having a greater impact on health outcomes than the actual delivery of health services.[9] Recent trends in the health care sector have increased interest (particularly from hospital systems) in SDOH. Trends include: (1) increased understanding of the impact that social determinants have on health outcomes (e.g., hospital readmissions); (2) rapidly growing uptake of value-based payment to reimburse health care providers; and (3) mounting evidence on the impact that specific interventions around housing, food security, home remediation issues (such as for asthma triggers), and other nonclinical interventions have on health quality, outcomes, and costs.[10] Hospitals, particularly those with integrated care coordination models, are particularly prompt to assess and address SDOH as a key component of their integrated whole person care, especially for those individuals enrolled in both Medicare and Medicaid (dually eligible beneficiaries).[11]

The following questions were used to assess the current Health IT landscape and the information exchange capabilities of hospitals in Florida to collect and share SDOH data.

[9] https://www.cms.gov/newsroom/press-releases/cms-issues-new-roadmap-states-address-social-determinants-health-improve-outcomes-lower-costs
[10] https://academyhealth.org/sites/default/files/implementing_sdoh_medicaid_managed_care_may2018.pdf
[11] https://www.macpac.gov/wp-content/uploads/2019/03/Care-Coordination-in-Integrated-Care-Programs-Serving-Dually-Eligible-Beneficiaries.pdf

Q28 – Does your hospital assess patients for issues related to Social Determinants of Health (SDOH)?

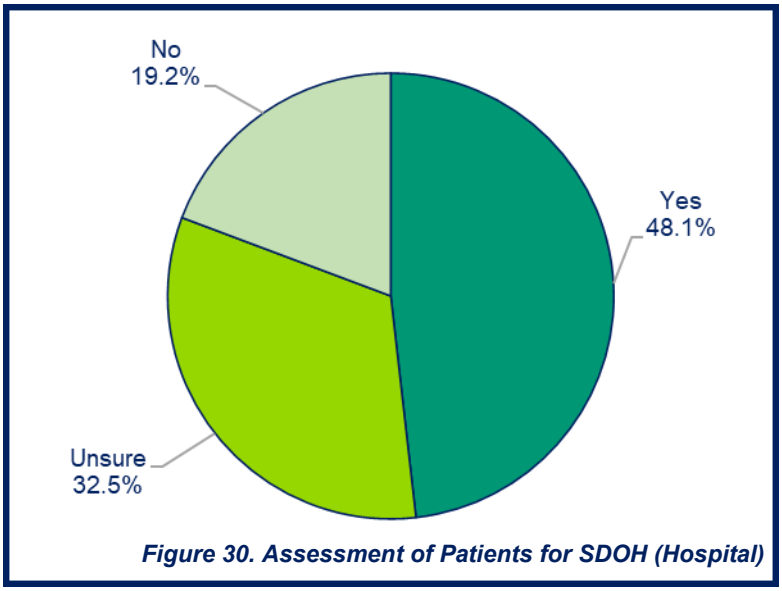


Figure 30. Assessment of Patients for SDOH (Hospital)

Of hospital respondents, 48.1% currently assess patients for issues related to SDOH, 32.5% were "Unsure," and 19.2% do not. When comparing this data with that obtained in the ambulatory survey, 48.1% of the hospital providers versus 34.0% of the ambulatory providers confirmed that their organizations are assessing patients for SDOH. This difference may be attributable to the growing focus on integrated whole person care—a care coordination model many hospitals are adopting to transition to value-based payment models.

Q29 – Does your hospital utilize a standard screening tool for assessing SDOH that can be used to support billing and exchange of patient information?

Of the hospitals respondents currently assessing SDOH, 43.9% have a standard screening tool, 41.4% were "Unsure," and 14.6% do not have a standard screening tool but will be working on this in the next one to three years. Furthermore, of the hospitals already using a standard assessment tool (18 hospitals), 77.7% are using SDOH assessment tools electronically, 5.6% use paper assessments, and 16.6% use a combination of electronic and paper tools.

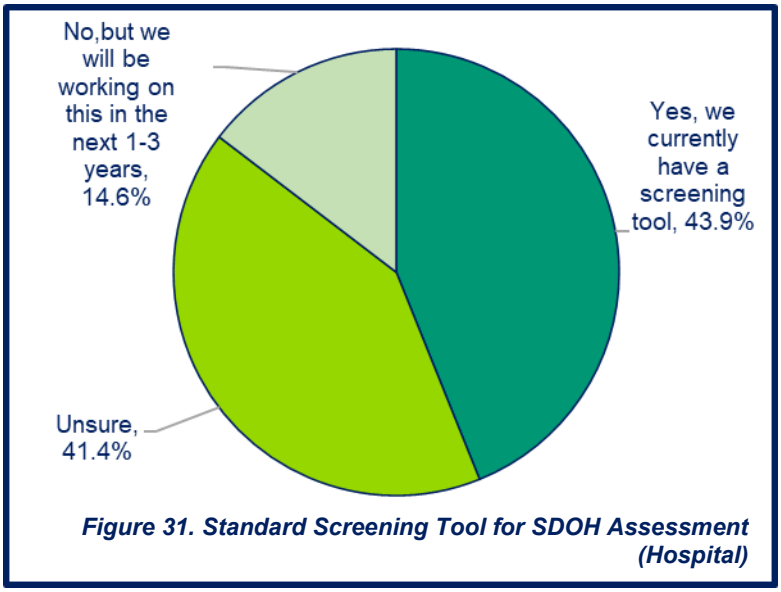


Figure 31. Standard Screening Tool for SDOH Assessment (Hospital)

Some of the barriers to implementing SDOH assessments mentioned by hospital respondents included level of training necessary, developing a workflow, limited resources in the local community, and lack of insurance coverage for supplemental benefits.

There is stakeholder agreement that a patient's SDOH have a major impact on patient health and being adequately informed about patients' SDOH can lead to better, more coordinated wellness care.[12] However, only 48.1 % of hospital respondents currently screen for SDOH (48.1%), and 51.7% of hospitals are "Unsure" or do not screen for SDOH. This signals the need for

[12] https://patientengagementhit.com/news/physician-practices-hospitals-need-support-for-sdoh-screenings

continued emphasis on SDOH information, communications, or understanding of the importance within the hospital setting.

The results from this section align with the information from the focused interviews that hospitals are interested in collecting and assessing SDOH data and are in need of a system(s) to collect and share SDOH data. This information supports the state's focus to explore procuring or accessing an SDOH platform and/or providing standard screening tools/platforms. SDOH screening questions that have been externally validated and written at an accessible reading level have the potential to improve the effectiveness of identifying SDOH needs.

VII. Telehealth Survey Responses

The Agency recognizes the importance of adoption and use of telehealth as one of the strategies to address health care workforce deficiencies experienced in Florida and the United States in general.[13] Questions were included in the 2021 Scan to gain knowledge about the current Health IT landscape regarding telehealth and to identify the barriers faced by providers.

Based on applied logic, of the hospital respondents who were asked if their site uses telehealth to provide patient care (Q32), 88.0% responded "Yes," 4.0% were "Unsure" about the use of telehealth, and 8.0% do not use telehealth. Similarly, we asked hospitals if they offered telehealth services prior to the COVID-19 pandemic (Q33) and 55.5% of them indicated they did, 33.3% did not offer telehealth prior to COVID-19 pandemic, and 11.1% were "Unsure."

Barriers identified by hospital respondents included "reimbursement from payers does not cover cost of telehealth services" (32.1%), followed by "the cost of telehealth equipment and hosting of the equipment" (28.5%), and "lack of training or expertise to provide the telehealth services" (28.5%). Other barriers hospitals pointed out ranged from insufficient bandwidth or connectivity issues to no identified need or demand for telehealth, which is reflected in Figure 32. These findings support the need for telehealth to continue to be part of the state's Health IT focus.

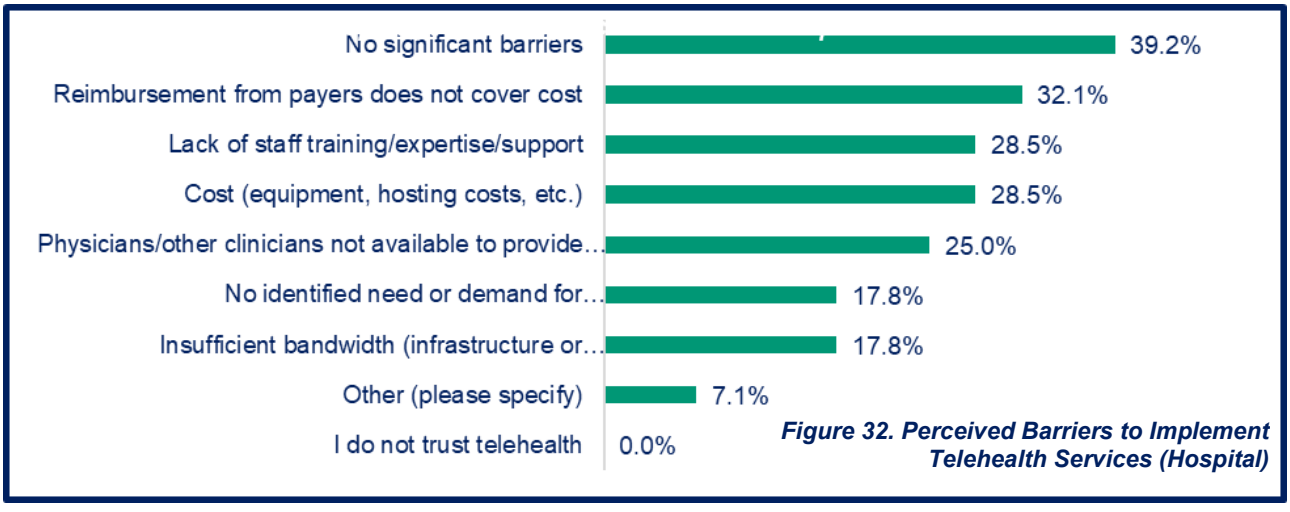


Figure 32. Perceived Barriers to Implement Telehealth Services (Hospital)

[13] https://ahca.myflorida.com/SCHS/telehealth/docs/TAC_Report.pdf

VIII. General Insight Survey Responses

Q35 – How has the exchange and/or availability to share patient clinical information benefited your hospital?

Overall, 42.2% of hospital respondents answering this question said that the exchange and/or availability to share patient clinical information has benefited them by decreasing repetitive testing, 33.3% indicated that increased workflow efficiency was supported, 28.8% (respectively) indicated that exchange increased patient satisfaction, provided better health care outcomes, and that the exchange and availability of clinical information has lowered the incidence of medication errors. Hospital respondents who entered answers outside of the options provided indicated that the availability of patient clinical information has improved transitions of care for their patients.

Likewise, when the hospital respondents were asked which potentially preventable event (PPE) has been influenced by the exchange of electronic patient information (Q36), potentially preventable admissions (PPAs) and readmissions (PPRs) were selected (28.8% each), followed by potentially preventable complications (PPCs) (26.6%).

Q37 – Has the use of EHR benefited your hospital's pandemic response? (For example, during the COVID-19 pandemic)

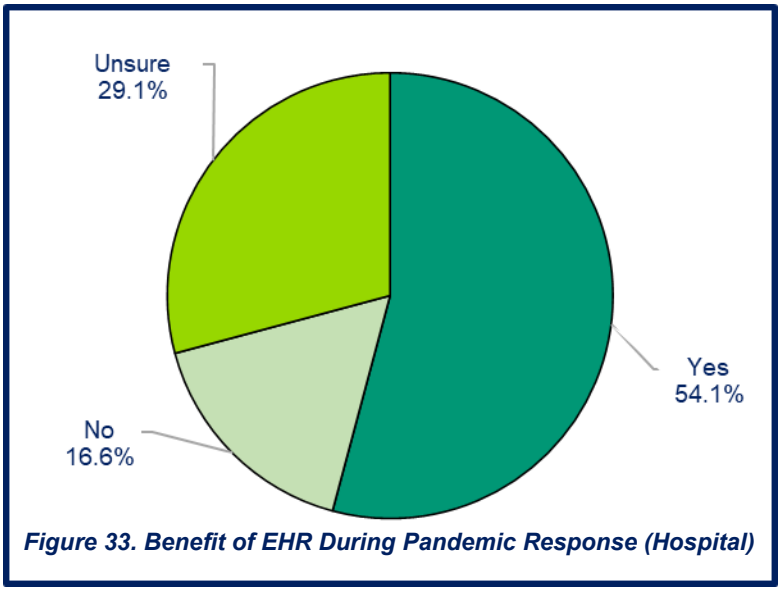


Figure 33. Benefit of EHR During Pandemic Response (Hospital)

More than half (54.1%) of the hospital respondents answering this question found the use of EHRs beneficial during the COVID-19 pandemic, 29.1% indicated that there were "Unsure," and 16.6% did not find it beneficial.

Q38 – Which of the following EHR tasks has helped your hospital improve its pandemic response?

When asked which of the EHR tasks helped their hospitals improve its pandemic response, the most predominant answer choice (57.3%) was the ability of the EHR to perform tasks such as automatic infection disease alerts and updates regarding positive patients followed by clinical decision support systems to identify patient and disease-specific best practices (55.7%). Additionally, nearly half of the hospital respondents (49.1%) indicated that real-time disease-specific tracking lists (e.g., surveillance) as well as rapid access to telehealth tools through EHR, helped their hospitals improve its pandemic response. Other options for EHR-supported tasks that were mentioned include prevented

disruption of services, improved communication, and helped maintain social distancing to keep hospital patients safe from the spread of the COVID-19 virus.

This data presents use case material that is significant to the Agency because it demonstrates the benefit of leveraging EHR tasks in the future as a mitigation measure against potential pandemics. It also demonstrates that the increase in clinical information during the pandemic has been beneficial.

F. Payer Survey Findings

I. Payer Demographic Survey Responses

A total of 14 payer representatives completed this survey, representing 10 different independent organizations including Florida Blue, Molina Health, HealthSun Health Plans, and Aetna, among others. The payer survey findings section includes results on nonsequential questions (e.g., 1, 4, 5, 6…). Please note that some survey results were combined for relevance.

Q3 – Which of the following best describes your organization?

The majority (42.8%) of respondents to the payer survey identified as Medicare Advantage Plans, 35.7% identified as an ACO, and 28.5% as a Medicaid Managed Care health plan. Other choices are listed in Figure 34.

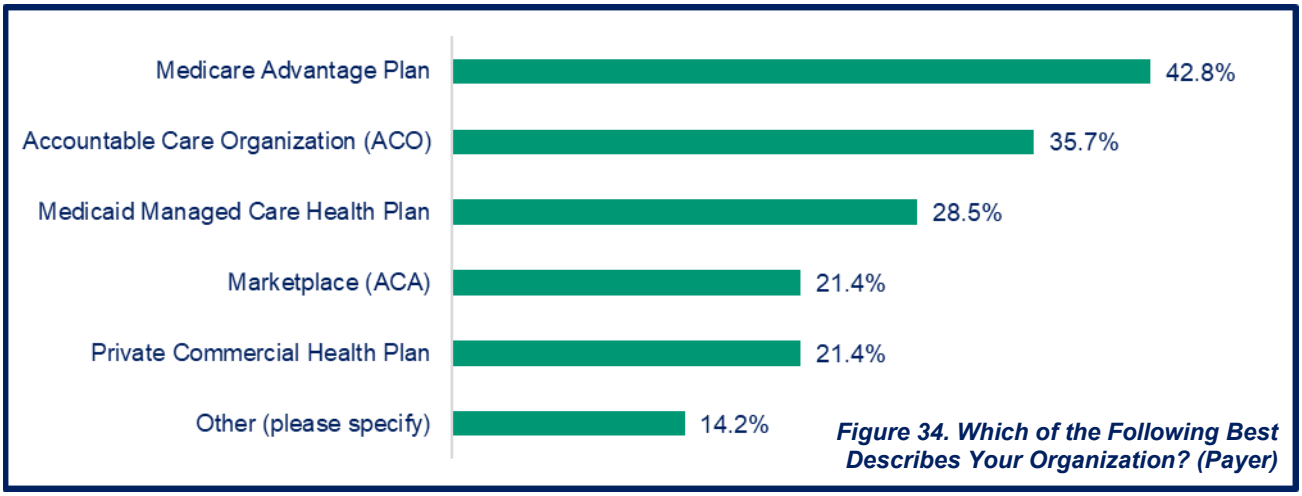


Figure 34. Which of the Following Best Describes Your Organization? (Payer)

Q4 – Which Florida counties or Florida Medicaid Managed Care Region does your organization cover?

Although 26.6% of the payer survey respondents did not identify themselves as belonging to a Medicaid Managed Care Region, 38.4% of the respondents confirmed to cover Medicaid Region 5 (Pasco and Pinellas), 30.7% cover Region 11 (Miami-Dade and Monroe), followed closely by 23.0% covering Region 4 (Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia) and Region 9 (Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie).

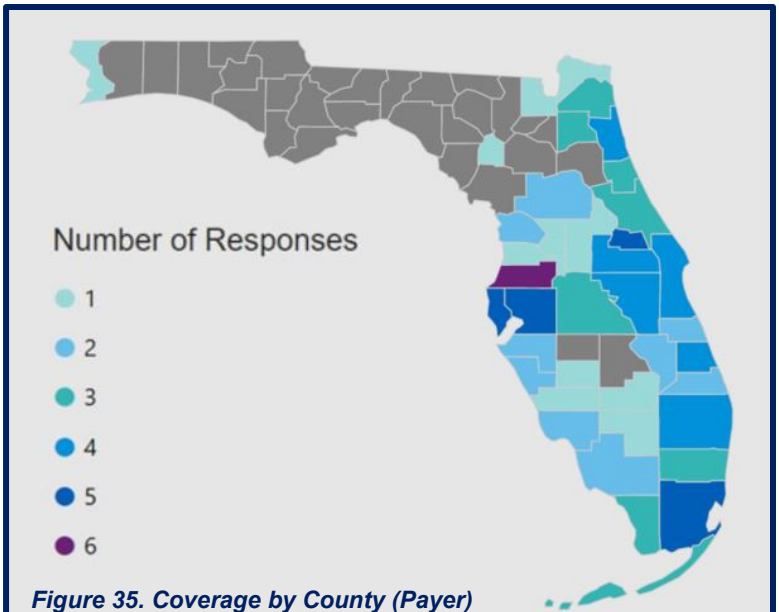


Figure 35. Coverage by County (Payer)

Payer respondents that selected individual counties instead of Medicaid regions show that they predominately cover the counties of Pasco (42.8%), Hillsborough, Miami-Dade, Pinellas, and Seminole (all 35.7%), followed by Brevard, Orange, Osceola, Palm Beach, St. Lucie, and St. Johns (all 28.5%). Payer respondent county distribution can be seen in Figure 35. Payer distribution aligns with the same demographic pattern observed in both the ambulatory and hospital surveys, which located providers in predominantly urban areas.

Q5 – What is your role in the organization for which you are completing the survey?

A wide variety of executive and administrative roles responded with the breakdown illustrated below.

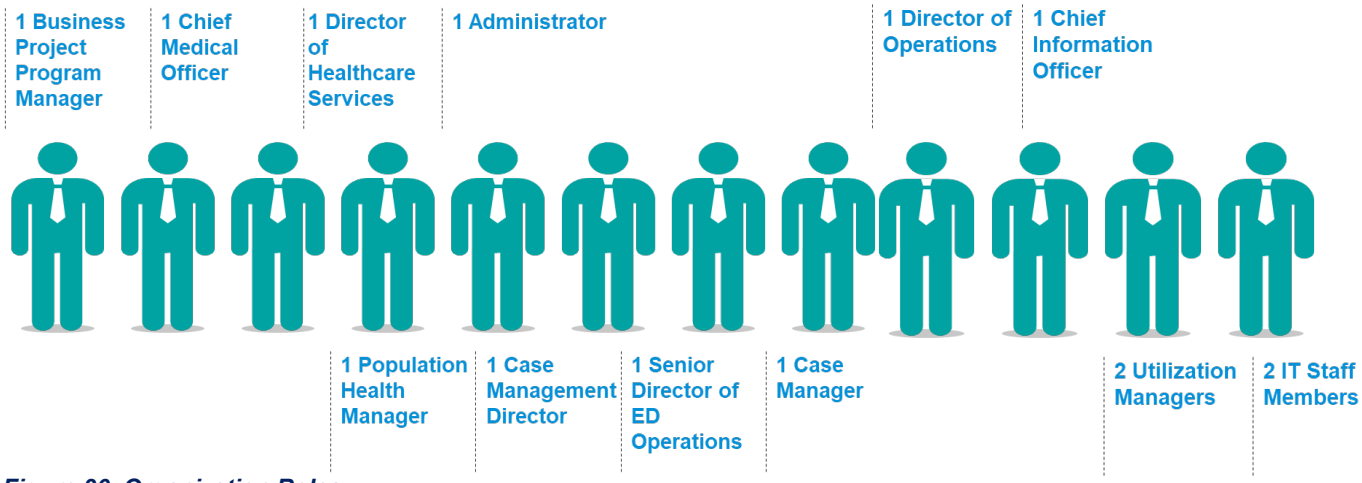


Figure 36. Organization Roles

II. Health Information Exchange Survey Responses

Given that the Florida HIE has prioritized engagement of health plans from the beginning, 100% of payer respondents are aware of the services offered through the Florida HIE (Q6). Furthermore, 100% of the payers participate in ENS, and 14.2% participate in Direct Messaging (Q7). The following information provides insight on how payers are using Florida HIE services.

Q8 – Describe your role in regard to participation with Florida HIE Services?

The different roles of the payer survey respondents are shown in the graph. Of those who selected "Other," the free responses entered include business process owner, support D-SNP program for behavioral health, and end user for care coordination.

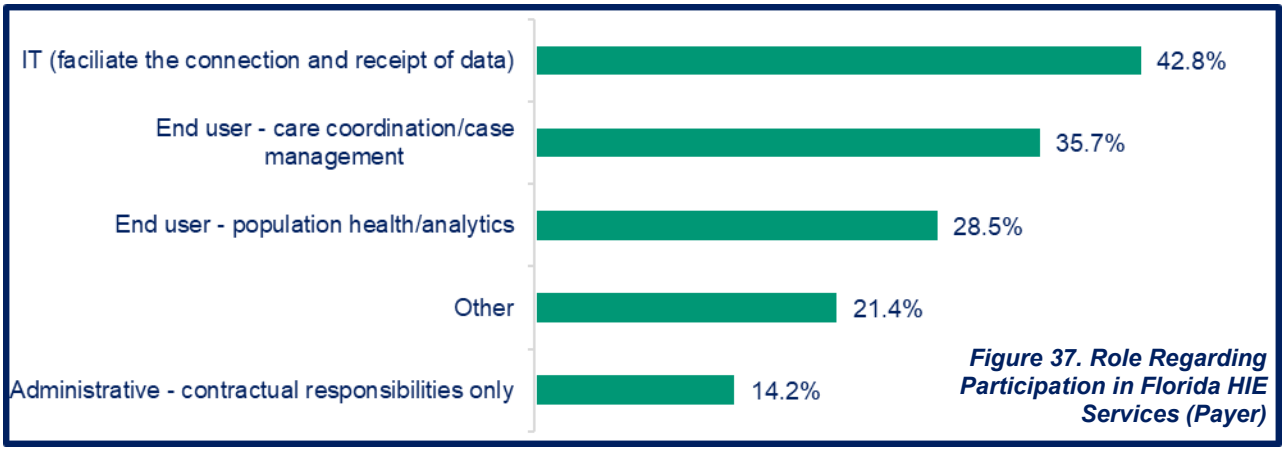


Figure 37. Role Regarding Participation in Florida HIE Services (Payer)

Q10 – If applicable, how does your organization determine which patient subset(s) to subscribe to through ENS?

The majority of health plans (57.1%) subscribe on behalf of all patients, while 42.8% determine patient subsets that will subscribe to ENS based on insurance class or status. One health plan in particular determines ENS subscription based on population risk (high risk), and another health plan determines ENS subscription based on covered areas.

Q11 – If applicable, does your ENS subscription cover all of your patient population?

Majority (64.2%) of the payers surveyed said that their ENS subscription covers their entire patient population, while for 35.7% their ENS subscription only covers a subset of their patient population.

Q13 – If applicable, how is ENS used within your organization?

As shown in Figure 38, an overwhelming majority (92.8%) of the health plan survey respondents confirmed they are using ENS for care coordination and transition of care management, 71.4% are using it for population health, while 57.1% use ENS for patient tracking and 42.8% for patient education. Through information obtained within the focused interviews, multiple interviewees agreed that care coordination can be improved in Florida via the HIE. Due to the high utilization of ENS for care coordination and transition of care management, the Agency could focus efforts on the current compatibility challenges among different Health IT and EHR systems—in addition to increasing the amount of relevant data and data standardization.

Given that all payers surveyed are participating in ENS, we asked them if they were aware of the other Florida HIE services (Q14). We found out that 71.4% of the payers are aware of the free PROMPT web-based dashboard to maximize usage of ENS notifications, while 64.2% confirmed to be aware of the SMART alerts to tailor the type of notifications received. Only 21.4% are aware of ARCHER, which uses ENS alerts to auto query for more comprehensive clinical documentation.

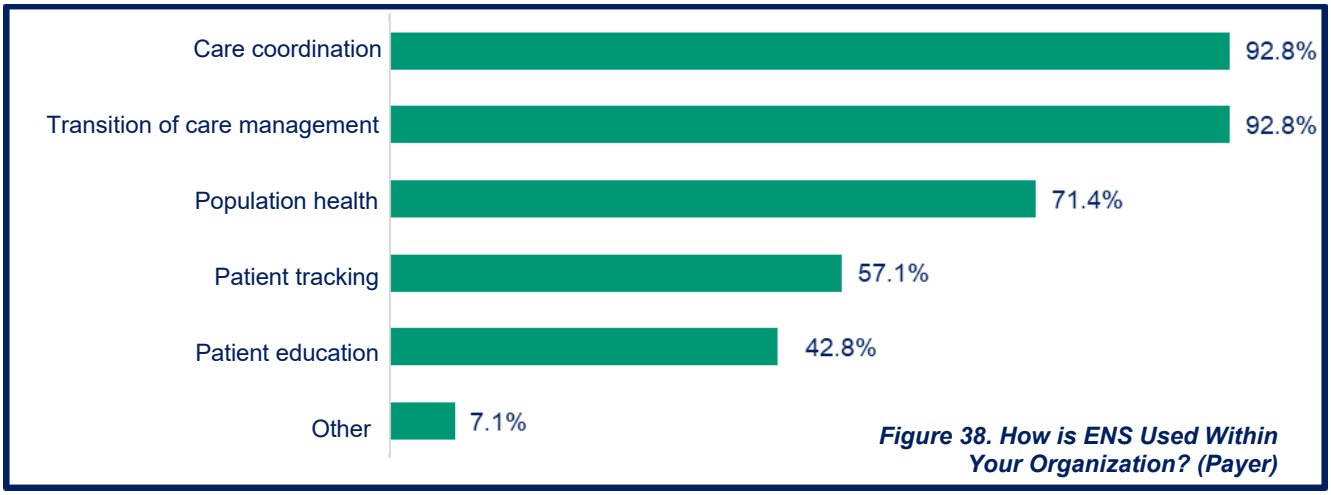


Figure 38. How is ENS Used Within Your Organization? (Payer)

Q15 – If applicable, do you share ENS data with network providers?

The majority (64.2%) of the payers answering this survey confirmed that they share ENS data with their network providers, 28.5% do not, and 7.1% were "Unsure" about this question. Furthermore, payers were asked if their organization had the capability to electronically exchange patient health information with providers and facilities within their network (Q18); the majority (85.7%) of respondents confirmed to have the capability to electronically exchange patient health information, while 14.2% were "Unsure."

Q16 – If applicable, what technology systems and/or products do you currently use to enable the electronic exchange of patient health information with providers and facilities in your network?

Most (64.2%) of the payer respondents use a portal (pull) as the technology system to enable the electronic exchange of patient health information with providers and facilities in their network, 57.1% of payer respondents use secure email (push) to enable the exchange, and 42.8% use a third-party vendor (push/pull). Some (14.2%) of the payer respondents selected "this was not applicable," and 21% selected "Other." Of the payer respondents who selected other, free responses included automation to distribute ENS to the primary care physician and Secure File Transfer Protocol (SFTP) use.

Furthermore, we asked payers if the process for sharing information with providers and facilities in their network was an automated or a manual process (Q17), and we saw that 42.8% of respondents use an automated process, 42.8% use a combination of an automated and manual process, and 7.1% were "Unsure" about the type of process they use. This is an opportunity for the Agency to work on communicating with HIE subscribers the benefits of automated processes to increase overall efficiency of the exchange.

Q18 – What additional data types would you most likely want to see added as ENS data sources?

All (100%) of payer respondents would like to see medical records added as an ENS data source; 71.4% would like to see care coordination data, 64.2% would like to see transition of care data, and 42.8% confirmed they would like to see disease registries added as ENS data sources. Figure 39 lists all the options selected by payers; multiple options could be selected.

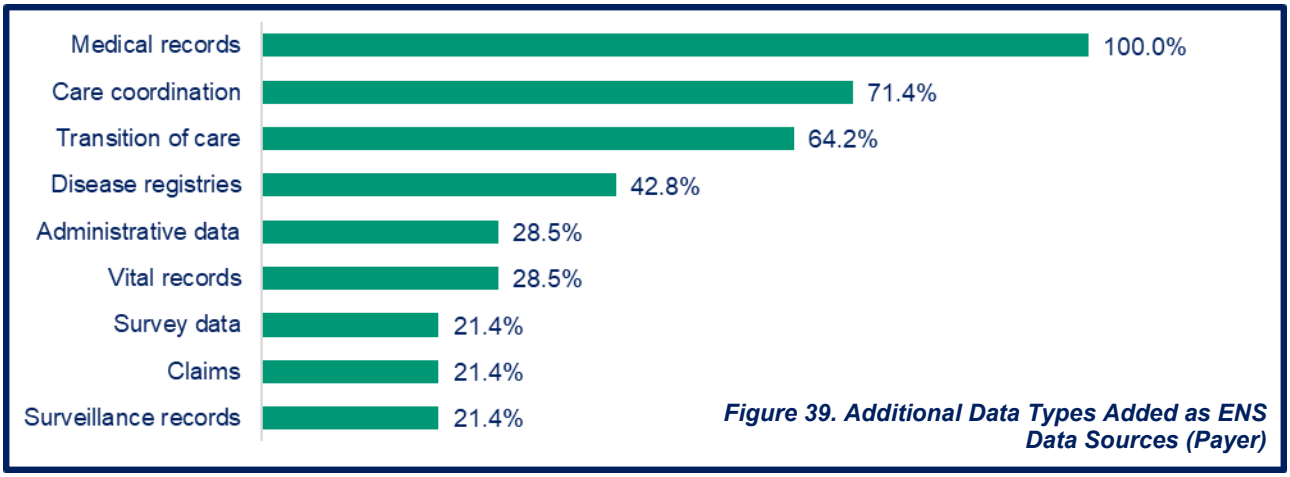


Figure 39. Additional Data Types Added as ENS Data Sources (Payer)

Q19 – Does your organization have the capability to electronically exchange patient health information with providers and facilities within your network?

The majority (85.7%) of the payer respondents have the capability to electronically exchange health information with providers and facilities in their network, while 14.2% of the respondents are "Unsure" about having such capability.

Q20 – Outside of claims, what types of clinical information do you currently receive from your providers/facilities electronically?

Fifty percent (50.0%) of respondents do not receive medication allergy lists, imaging reports, emergency department notifications, or summary of care records. A lack of emergency department notifications was also prevalent within the focused interviews.

Overall, payers currently do not receive enough electronic clinical information from providers to effectively create and maintain a longitudinal record that can help them address care coordination workflows issues without having to manually (e.g., calling, faxing) obtain the data.

In order to increase the effectiveness of health information exchange in Florida, the Agency could work to increase information exchange and communication surrounding emergency visits and the exchange of data related to those events. This lack of information exchange for emergency department encounters was also identified several times throughout the focused interviews. Patients are often relied upon to remember their medical history including recent medications and labs, and this information is not widely available for a patient going to an emergency department compared to other settings.

Clinical Information Type	Receive Electronically More Often Than Not	Receive Electronically but Not Often	Receive but Not Electronically	Do Not Receive
Medication lists	21.4%	28.5%	7.1%	42.8%
Patient problem lists	21.4%	28.5%	7.1%	42.8%
Medication allergy lists	21.4%	21.4%	7.1%	50.0%
Imaging reports	21.4%	21.4%	7.1%	50.0%
Laboratory results	42.8%	14.2%	7.1%	35.7%
Discharge summaries	21.4%	21.4%	21.4%	42.8%
Emergency department notifications	28.5%	7.1%	14.2%	50.0%
Summary of care records	14.2%	21.4%	14.2%	50.0%

Table 8. Clinical Information Currently Received (Payer)

Q21 – In your opinion, what barriers currently exist for electronically exchanging health information with providers?

As shown in Figure 40, the majority (64.2%) of payers answered that privacy and security concerns were barriers to electronically exchanging health information with providers. This poses an interesting contrast with the information collected in the focused interviews, because even though stakeholders in the interviews agreed that government oversight/intervention of the data is a potential barrier to the exchange of information, they had no specific concerns about privacy and security. Furthermore, stakeholders interviewed agreed that the Florida HIE is effectively addressing both the privacy and security of the health data.

Another major barrier referenced by payers answering the survey was the incompatibility of health information/technology systems. This aligns with information collected from both the ambulatory providers and the hospital surveys, as well as the focus interviews, where all stakeholders agreed that lack of interoperable systems among different entities makes the exchange of information inefficient and, on some occasions, creates unnecessary delays.
Of those payers who responded “Other” in this question, the free response options included varying EMR cost models, different systems and capabilities by provider, funding, and resources.

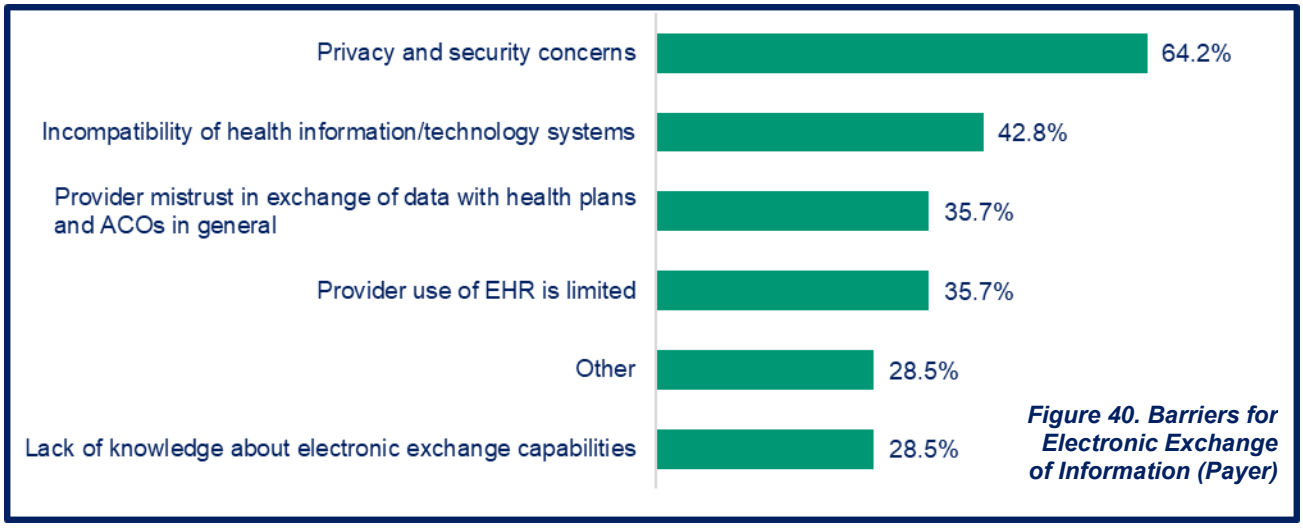


Figure 40. Barriers for Electronic Exchange of Information (Payer)

Q22 – What challenges or barriers does your organization face related to the electronic exchange of health information overall?

Related to the overall challenges payers face when exchanging electronic health information, 50.0% selected Health IT system design and usability issues including clinical workflows and lack of standardization across different systems as one of the major challenges. Similarly, 42.8% selected lack of standards, data quality, and data matching, and 42.8% also selected financial barriers such as cost associated with development, implementation, and optimization of Health IT. Additionally, 35.7% selected administrative burdens, 28.5% selected data access, 28.5% selected data aggregation, 14.2% selected data availability, and 14.2% selected "Other." Of the respondents who selected "Other," free responses include the organization is large and some stated that they cannot identify any barriers.

Q23 – Based on question 21 regarding barriers and challenges, which do you view as being unique to the Florida landscape?

The majority of payers (85.7%) in the survey agreed that the challenges related to the electronic exchange of health information are not unique for Florida, while 7.1% selected administrative burdens as well as lack of standards as barriers unique to Florida.

Challenges related to interoperability between systems seem to be at the top of the list for not only payers, but other stakeholders surveyed and interviewed. These challenges are not only affecting electronic exchange in Florida, but throughout the entire country. In a 2019 report to Congress, the ONC listed six challenges inhibiting electronic data exchange in health care:[1]

1. Technical barriers: lack of standards development, data quality, and patient and health care provider data matching.
2. Financial barriers: related to costs of developing, implementing, and optimizing Health IT.
3. Trust barriers: Health information networks and their participants often treat individuals' electronic health information as an asset that can be restricted to obtain or maintain competitive advantage.
4. Administrative requirements: outdated guidelines in federal documentation and administrative requirements.
5. Reporting requirements: added burden to providers by requiring them to report on quality measures that are not relevant or meaningful.
6. IT usability: variations in the design interfaces that make day-to-day use complicated.

Q24 – What are your future data needs?

An overwhelming percentage (85.7%) of the survey respondents agreed that SDOH data will need to be incorporated in the future. Similarly, 64.2% of the respondents think behavioral health data, as well as patient experience data, are needed as well. Furthermore, 50.0% of the payers list pharmaceutical and prescription data as part of the data that needs to be considered in the future. Of the respondents who selected "Other," the free response includes case management notes from facilities and dispositions.

[1] https://www.healthit.gov/sites/default/files/page/2018-12/2018-HITECH-report-to-congress.pdf

As mentioned in the ambulatory and hospital survey results, data related to SDOH is becoming a priority for not just payers and providers in Florida, but all over the country as this data can be used to help mitigate potential health concerns or identify underlying risks. Throughout the focused interview sessions, multiple interviewees stressed how interested their organizations are in utilizing this data type to provide better health outcomes for their patients.

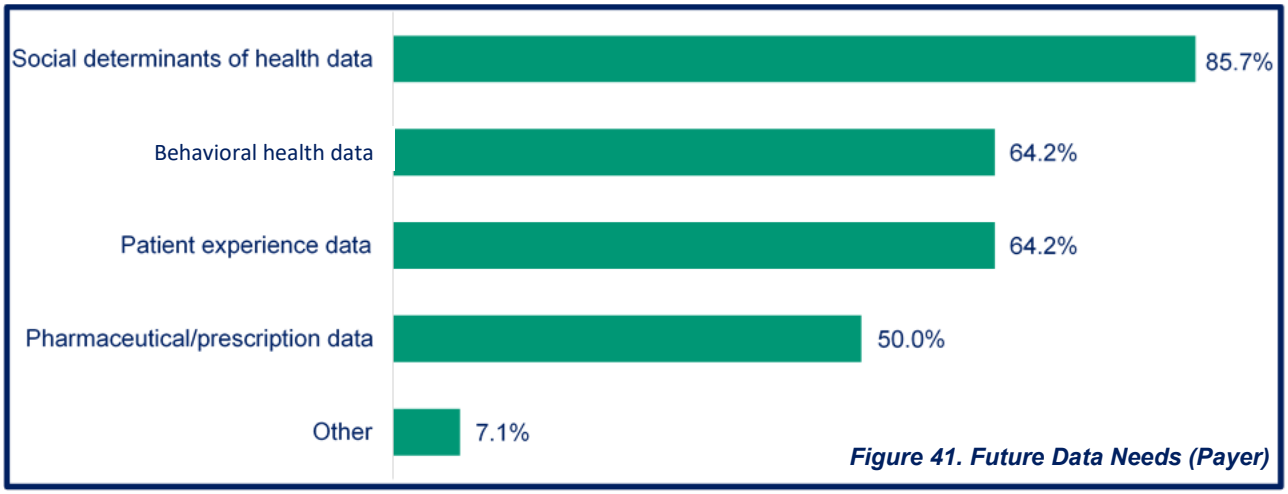


Figure 41. Future Data Needs (Payer)

Q25 – Is the Florida HIE responsive to your IT requests/needs?

All (100%) respondents agreed that the Florida HIE is responsive to their IT requests or needs.

Q26 – In your opinion, what additional features or items do you wish ENS could have/do?

Six (6) of the fourteen (14) payer respondents indicated N/A for this question. Two (2) reiterated the items indicated earlier in the survey as part of the future data needs question (Q24). Other answers are listed in Table 9.

What additional features or items do you wish ENS could have/do?
I want more information about the clinical data exchange feature ARCHER?
Automating more workflow with the initial admit/ER notification. Example: An A01 is received and an automated HIPAA-compliant 278-auth request is packaged up and sent to the payer.
Discharge paperwork
Those that have been previously checked
Community statistics to address or place additional resources to help those communities. I am envisioning a service like Amazon.com... we go where the patient needs care
Nothing additional needed from our perspective
Bidirectional access

Table 9. Additional Features Related to Data Exchange (Payer)

Q27 – Do you know where to find additional materials or obtain knowledge about Florida HIE services?

Of hospital respondents, 71.4% know where to find additional materials or obtain knowledge about Florida HIE services, and 28.5% do not.

Although a large portion of respondents are aware of additional materials or know where to find them, the Agency should continue to communicate information related to Florida HIE services, as a significant number of respondents are unaware of where to find this information.

III. SDOH Survey Responses

As health care still operates in silos, addressing social factors (even though recognized as a major need) is still regarded as a big task. The good news is that innovative partnerships, particularly among health plans and providers, are starting to happen and show progress in addressing SDOH to support improved health care outcomes.

Some examples at the national level include:

- Anthem launched a partnership program—Take Action for Health—with the National Urban League, City of Hope, and Pfizer to improve breast cancer and heart disease care in African American communities nationwide.
- Humana launched an initiative to build community trust, establish behavior change, lower costs, and improve health in seven communities.
- Kaiser Permanente is advancing a "Total Health" framework to address SDOH in neighborhood and school settings that focus on health-promoting policy, system, and environmental changes.

We asked payers in Florida if they are addressing SDOH and if so, how. The results are summarized in the following section.

Q28 – Does your organization assess patients for issues related to Social Determinants of Health (SDOH)?

The majority of payer respondents (85.7%) confirmed to be already assessing patients for issues related to SDOH, while 7.1% are not or were "Unsure," It seems, at this time, payers are more in tune with assessing their members for SDOH as a way to mitigate risk in value-based contracting and increase quality outcomes. This differed from the results seen in both the ambulatory and hospitals surveys, where only 34.0% of the ambulatory providers and 48.1% of the hospitals are assessing SDOH.

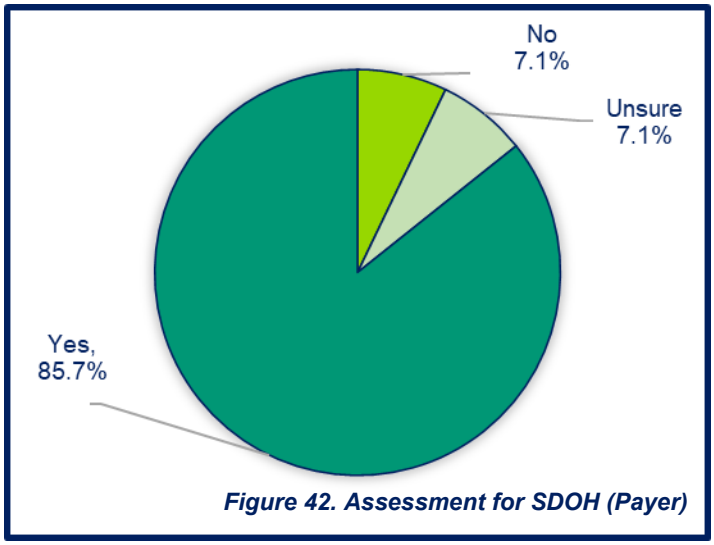


Figure 42. Assessment for SDOH (Payer)

Even though majority of payers said they were screening for SDOH, when asked if their organization utilizes or promotes use of a standard screening tool for assessing SDOH (Q29), most respondents indicated they do not or are "Unsure" (21.4% and 71.4%, respectively) if their organization utilizes or promotes the use of standard screening tools. Some payer respondents (7.1%) use a standard tool named Coreo (by Navvis).

Q30 – Does your organization provide or participate in an SDOH platform?

The majority (57.1%) of payer respondents were “Unsure” if their organization provides or participates in an SDOH platform, while 21.4% said “Yes,” and an equal 21.4% confirmed “No.” Based on this result and the results from Q28 (85.7% of the payers assess SDOH), further identification of the type of data tools they are using to collect and assess SDOH could be beneficial for the Agency.

Q31 – If you are not currently assessing SDOH within your organization or within your provider network, what are the barriers to implementing an SDOH assessment?

Only 2 out of 14 respondents (numbers used to reflect low response rate) confirmed in Q28 that they were not assessing SDOH within their organization. One of the respondents indicated that developing a workflow is a barrier. The other respondent indicated staff not being comfortable asking these questions as a barrier.

G. Focused Interviews

Focused interviews were conducted to help gather specific and subjective information in support of the 2021 Scan. The stakeholders interviewed include Agency staff from different divisions, including: Division of Operations, Division of Medicaid, Office of HIE, and Policy Analysis. Other interviewees include representation from the Florida DOH, provider group associations, Florida HIE participants, and former staff involved with Agency Health IT activities. The interviewees were selected based on their insight into the Health IT landscape and knowledge on Health IT efficiency, implementation, and other key considerations.

The following domains guided the interview process:

- Health IT activities
- Care coordination activities
- SDOH activities
- Emergency preparedness and other public health activities
- General operational activities related to health information exchange.

The approved questions were tailored to each interviewee's unique role and perspective, and depending on the stakeholder responses, the project team also asked tailored follow-up questions. *It should be noted that the information provided by the interviewees has been summarized "as is" and the ideas and claims expressed during the interview session were not independently verified.* Where noted by parentheses and italics, the project team has added comments for clarification.

As interview findings are considered, the perception of each interviewee comes with a different perspective of the "what" and "how" of Health IT and should be considered within the overall findings. Regardless, these responses provide insight on the operation of the Florida HIE and potential areas for continued focus and improvement. One apparent need is for consistent, ongoing communication about the services offered through the Florida HIE and how those services can support other activities. Even though participation rates are steady, the Florida HIE continues to expand functionalities, and end users need to understand how to maximize the benefits available. Another identified need is for ongoing development of use cases for the ENS to support ongoing efforts. Additionally, communication and integration, both within the Agency and among stakeholders, are needed to support patient care. Another interviewee focus area was assessing SDOH as a way of getting a return on investment. Finally, the recurring theme among interviewees for centralized data access as the basis for having robust clinical information, in addition to enabling overall population health analysis (*it is noted that a data warehouse is not holistically supported by all Florida stakeholders*).

I. Interview Highlights by Domain

Interview highlights and collective statements are reflected by domain. These sections reflect key points featured in the collective statements of interviewees.

1. Knowledge of HIT/HIE Activities in Florida

Information elicited from the interviews point to the fact that the Health IT landscape within Florida has broadly expanded over the years, including implementation of EHR systems. The landscape now includes remote monitoring, telehealth, and even the Internet of Things (IoT). It has also expanded to using technology to access information at the most critical point of care, including admission and point of treatment

What makes the Florida HIE unique is the nature of the public/private partnerships, including the contractual arrangement with the Florida HIE technology vendor Audacious Inquiry. HITECH funding was used to build the original infrastructure including supporting original development and implementation of the ENS. The Florida HIE flagship service (ENS) provides a foundation for providing ADT notifications, which is further enhanced with other services leveraging that infrastructure. The Florida HIE State Gateway provides a connection to national exchanges; however, providers are strongly encouraged to connect to national exchanges through their EHR system or through a regional or local HIE. As progressive as this public/private partnership is, there seems to be confusion among HIE subscribers about how the vendor (Audacious Inquiry) works with the Agency, who within the Agency is working as part of the Florida HIE, and who is the "face" of the Florida HIE for the subscribers. It seems the subscribers only deal with Audacious Inquiry personnel for Florida HIE inquiries and not Agency personnel.

Stakeholders acknowledged that the Florida HIE has prioritized engagement of health plans from the very beginning. Florida also has agreements with a variety of entities including health departments and other facilities, creating a decentralized system for data collection among the different agencies. (*it was not intended to "create" a decentralized system, but the lack of a centralized system resulted in disparate systems*). However, consensus among interviewees shows that for better understanding and a more effective use of the data within and among subscribers, data should ideally be collected, stored, and disbursed under a central data governance system.

Interviewees agreed ENS has seen the biggest usage and acceptance among subscribers and is now a self-sustained service. In support of the Florida HIE, the Agency started using LIP program policy lever to require hospitals to send ADT data. Florida, through legislation effective in 2018, established a requirement for primary care physicians to be notified within 24 hours of a patient hospital admission (*though not strongly enforced*). On a national level, CMS is beginning to prioritize this process, so Florida can be viewed as a model for other states to follow in this regard.

Through ENS, subscribers are able to receive additional data elements, creating cases for "Smart Alerts," which is the tailoring of the ADT alert to recognize key words or services such as behavioral health and early pregnancy detection.

For behavioral health (BH) providers, the Florida HIE is an information highway allowing them to communicate electronic health records or information around health practitioner services such as admissions, visits to the emergency departments, Baker Act[1] admissions, and other types of in/outpatient services. However, it is minimally used in the BH space currently, because providers have their own EHR, and they are not interoperable among each other (*use of an EHR is not required to access Florida HIE ENS data*). BH providers typically submit claims information to

[1] The Florida Baker Act law allows doctors, mental health professionals, judges, and law enforcement to commit a person to a mental health treatment center for up to 72 hours if they display certain violent or suicidal signs of mental illness. http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0300-0399/0394/0394.html

only Medicaid or the Medicaid Managed Health Plans. They also submit information to the Department of Children and Families (DCF) through managing entities, not necessarily in the claims format, but in the form of Financial and Services Accountability Management System (FASAMS) (the new data management tool from DCF). These different data submission systems make the use of health information exchange in BH care settings siloed and isolated to each individual provider rather than having them connected across the entire system of care (*the current structure of the Florida HIE does not support claims but does support service delivery, which impacts claims*).

Finally, government agencies and departments, such as the Florida DOH, have several programs and offices that benefit (even if in a fragmented matter) from HIE services. Though there is more to be done, the steps to allow interoperability, innovation, and collaboration to exchange health information among agencies to facilitate patient care has been initiated.

2. General Operational Activities

Interviewed stakeholders agreed the Florida HIE has contributed to reducing the fragmentation that existed within the health systems in Florida. The PI Program made it possible to connect larger systems to the national exchange infrastructure on their own (via provider adoption of EHRs) or by using services offered through the Florida HIE. The Florida HIE has been instrumental in helping subscribers meet and comply with CMS' interoperability requirements by enabling providers and hospitals to exchange data and provide network connectivity. Many interviewees agreed that use of contract/policy/funding levers are the most beneficial means for promoting the electronic exchange of information programs, including the PI Program.

Additionally, the Florida HIE has encouraged interagency collaboration especially between the Agency and DOH where both agencies have partnered in syndromic surveillance, electronic case reporting, ENS, and connectivity through the eHealth Exchange in the last six months. DOH is leveraging the Florida HIE in their 67 county health departments to obtain useful data for COVID-19 prevention and control.

There was a consensus among the interviewees that the Florida HIE effectively addresses privacy and security concerns for provider/subscribers by requiring patient's consent in order to share data. In addition, to protect and safely share patient data, covered entities must enter into a business associate agreement (BAA) with selected vendors. Similarly, Audacious Inquiry (the HIE technical vendor) has the capability to allow providers subscribed to the FL HIE to customize how data is provided for different use cases.

Though the majority of interviewees were supportive of the Florida HIE services, there were identified barriers and areas for improvement. Many interviewees agreed that a centralized data repository could be technically easier to maintain and may provide a more comprehensive exchange of information. However, they expressed concerns about a state-level data repository and government data control. This ambivalence limits the kind of services the HIE can provide (*such as analytics and population health*). The stakeholders raised a very pertinent issue with regard to state policies and programs in Health IT or Florida HIE, as some of these policies need to be updated to meet current standards in data sharing, public entities, patient authorizations, and ePrescribing.

The restrictions of 42 CFR Part 2[2] (sharing of protected records including those related to substance use disorders [SUD]) was a barrier to exchange of data until recently,[3] as it imposes more stringent standards than HIPAA for BH and psychiatric services. With some of the new changes in the federal regulation related to integration and data that went into effect in August 2020,[4] BH providers are now encouraged to subscribe to ENS to receive the data. However, even though the cost of ENS is minimal, the technical cost of connectivity to receive data is still a barrier to the smaller BH providers.

Another barrier mentioned was related to timely availability of data. Many interviewees mentioned the lack of up-to-date information to facilitate providers' care decision processes, instead, data is mostly available in "batches" (*subscribers have the ability to dictate when alerts are received*). For example, in the case of the health plans, the ideal situation for emergency room encounters or readmissions would be an immediate notification instead of batching the alerts. Therefore, if a Medicaid plan member frequents a care setting, he/she is identified immediately, and the health plan can start intervention and case management.

Many interviewed stakeholders agree that in the technical realm, the lack of process workflow standardization between agencies and outdated systems, has posed a challenge to the exchange of health care data. In addition, there is the current need for more Agency funding for Health IT implementation and technical resources to connect to the Florida HIE. And finally, due to the small teams allocated to foster Health IT related work, it is challenging to pursue all the avenues of innovation and progress needed to keep up with a demanding and evolving Health IT field. Interviewees agreed that new resource allocation is needed to effectively grow Health IT efforts in the next five (5) years.

Lastly, some of the interviewed stakeholders who are not directly related with the Agency expressed some confusion regarding the general role of the Agency in relation with the Florida HIE and the vendor providing technical service (Audacious). Particularly, they want to understand who their best point of contact is within the Agency versus Audacious Inquiry.

3. Activities Related to Care Coordination

Currently, Florida HIE ENS notifications are a trigger for health system subscribers to know when their patients have a specific event, and then, they use other connections (outside the HIE) to obtain the needed additional clinical information. This is a two-step process that care coordinators need to do. In some cases, the other facilities, outside a given health system where the patient was discharged, might push the documentation to the other providers through Direct Messaging.

These findings, along with information collected from the stakeholder interviews, revealed that the effectiveness of data exchange (current and future) is not just dependent on technical capability; rather, it is more meaningful when technology is combined with robust utilization of the data being exchanged by a variety of providers.

[2] 42 CFR Part 2's general rule places privacy and confidentiality restrictions upon substance use disorder treatment records.
[3] On July 15, 2020, a final rule revising the federal regulations governing the Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2 (Part 2), was released by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. The rule went into effect on August 14, 2020. https://www.psychiatry.org/psychiatrists/practice/practice-management/hipaa/42-cfr-part-2
[4] https://www.samhsa.gov/newsroom/press-announcements/202007131330

In collaboration with other programs, the Agency can leverage successes in care coordination as described by the chief medical officer for Florida Medicaid, which include:

- **Follow up on FFS cohorts** – Medicaid Managed Care plans, as well as fee-for-service (FFS) programs, have a contractual agreement with the Agency; therefore, the Agency can receive data from the plan and follow up with identified patients.

- **Administration of PPP metrics** – Medicaid is heavily dependent on data. There are financial policy levers (50+) that are based on the pay-per-performance (PPP) measures, and these performance measures are dependent on data that is collected within (HIE and Medicaid) data repositories. This data could be claims-based data, encounter data, or data provided in paper audits.

The interviewed stakeholders agreed that care coordination can be improved in the state via the Florida HIE by standardizing information workflows. For example, with secure messaging, some systems require the sender to include an attachment, and if there is no attachment, the receiving EHR will not "receive" the message. Moreover, there is a need to add key information such as discharge summaries, chief complaints, lab tests, medication lists, images (radiology), and other data points to present a more complete patient picture. These key data points can also help increase the use of data for population health analytics. Although stakeholders recognize that the type of information exchanged through the Florida HIE is limited by the type of information that the health systems and EHRs make available, they also recognize that more data (and data standardization) is needed to advance care coordination *(this could be relevant to both local and national exchanges).* It should be noted that some data used in patient care is not necessarily through the Florida HIE—it is through other independent connections such as Florida SHOTS[5] or other integrations with DOH.

4. Social Determinants of Health (SDOH)

In general, interviewees believe that subscribers of the HIE are interested in collecting and accessing the SDOH data. The Agency is researching SDOH platform vendors (Aunt Bertha and Unite Us) to assess the best method to collecting and using such information.

Audacious Inquiry has worked to pull SDOH-related diagnosis and tracking codes (e.g., for food insecurity) to collaborate with health plans to enhance data and data availability for subscribers to improve their data feeds. However, there is still more work to be done. Other stakeholders mentioned that ENS data can currently be used to identify housing situations (e.g., homelessness), while DOH has initiated a program to refer patients who are in treatment centers for chronic conditions (e.g., diabetes) to available community resources such as the Young Men's Christian Association (YMCA).

Additionally, Medicaid, through federal approval, is operating a housing/navigation/support program for people with mental illness and substance abuse disorders to 500 individuals in two Florida counties. Through this program, Medicaid is studying the impact of providing housing support interventions and health care resources to determine if there is a decrease in health care utilization and improvement of clinical outcomes. Similarly, hospitals in Florida are interested in

[5] Home | Florida SHOTS (flshotsusers.com)

furthering SDOH data, which will complement the work that the Centers for Medicare & Medicaid Services (CMS) is initiating around creating an equity index or equity score.

5. Emergency Preparedness and Other Public Health Activities

All interviewees for the 2021 Scan were aware of the general aspects of the HIE's emergency preparedness programs and agree that the Agency has the tools and functionality to support disaster situations. There is still a need, however, to fully test the services in response mode to support ongoing identification and development of use cases. In support of E-PLUS[6] deployment, the Agency should continue to build partnerships with supporting organizations such as the American Red Cross and Florida Division of Emergency Management in order to help strengthen the state's collective ability to respond to emergency and/or disaster situations.

II. Interviewee Recommendations

As evidenced by the findings summarized above, there are varying levels of knowledge, understanding, and participation in Health IT initiatives including the Florida HIE Services. The following are representative of collective interviewee recommendations and are not limited to just the Florida HIE infrastructure. These recommendations should be considered in future planning for Agency and Health IT initiatives.

A. Awareness and Understanding

- Continue promoting education and training of Health IT, including current and future Florida HIE users. Focus areas should include general awareness, understanding how to best utilize offered services, value propositions, and ROI. This will be critical for adoption of new services such as E-PLUS, which will expand the scope of current use cases.
    - With the end of the PI Program, continue messaging that promotes ongoing use and expansion of EHR investments.
- Improve the value proposition of Florida HIE data to inform and support utilization management of chronic disease conditions and Behavioral Health.
- Promote utilization of Florida HIE data as a way to manage value-based care delivery.
- Promote more initiatives to assist subscribers in connecting to the national organizations that would provide clinical documents and medication history, which is key to advance patient longitudinal record.

B. Capabilities

- Consolidate collection and storage of health information data (*patient clinical data*) into one repository with central governance of the data as well as a centralized method of disseminating the data. This could help the Florida HIE and its subscribers leverage the value of the data across different agencies and departments.

[6] http://www.fhin.net/eplus/index.shtml

Based on a centralized repository:

- Consider providing population health and analytic tools.
- Create and maintain a list of vetted and approved population health, SDOH, and analytic vendors that can work directly with subscribers to use the centralized data in a more meaningful way according to their needs.
- Consider adding artificial intelligence (AI) algorithms that can help improve access to patient historical data and that can assist in adding specific flags (meaningful to providers) such as medication reconciliation.
- Consider using AI algorithms to support workflow efficiency to reduce the manual work that goes into reporting and claim submission.

- This item is specific to nursing homes/SNFs. When possible, the inclusion of forms such as the 3008 (to transfer patients from hospitals to nursing homes and long-term care facilities) in a way that the information is pulled directly from the EHR (or the Florida HIE) to populate the required form (automatically). This way information is centralized and standardized, which in turn, facilitates continuation of care. For example, a nursing home is prepared for arriving patients by being aware of specific key health and treatment plan items such as an infection status that requires isolation (*Currently, the Florida HIE only transmits data without the capability to "populate", although the use of Direct Messaging could be a consideration for the transfer of forms among health care providers*).

- Develop specific use cases by data domain (problem list, lab data, imaging reports, etc.) to facilitate workflow standardization among Florida HIE subscribers. In addition, ADT fields should be updated to have more information such as ICD-10 codes, continuity of care document (CCD), immunization (VXU), and other information valuable for providers and other subscribers to run population health (and other public health) analysis and/or make clinical decisions (*additional information that can be added to ADTs is available, but that requires an enhancement to a provider's existing HIE subscription).*

- Areas within the HIE that may be of interest/need to work on sharing of data are:
  - State psychiatric facilities – currently all paper based
  - Crisis stabilization units
  - SNFs
  - Department of Elder Affairs
  - Department of Children and Families
  - Agency for Persons with Disabilities

- Design and schedule emergency preparedness services testing to evaluate system capabilities and develop additional use cases.

C. Operational Infrastructure/Policy

- Consider using a Medicaid payment program to further drive subscribers to use the Florida HIE data to adopt and report on clinical quality metrics (CQMs).

- Review and update outdated policy language. For instance, current ePrescribing legislative requirements allow providers to claim a compliance exclusion; however, there is no limit on the number of exclusions a provider can claim. Allowing ongoing exclusions is contradictory to the intent of that requirement to move more providers closer to ePrescribing.

- Find middle ground for BH data exchange. Currently, privacy laws around mental health and/or SUD have stringent state requirements, limiting the collection/use and exchange of such data to help streamline patient care.

- There is a need to bridge mental health and physical health—perhaps by requiring BH providers to subscribe to the Florida HIE ENS so they can expand the exchange of data between the mental and physical health facilities/providers.

- State needs to allocate more resources to Health IT initiatives to help grow and maintain the current and future needs of Medicaid programs among Florida HIE subscribers.

- Integration of Medicaid related and other patient data among specific agencies and providers will be needed to streamline and further operationalize the Medicaid program in the state.

- Share findings of the 2021 Scan with stakeholders that are trying to support Health IT initiatives to solicit buy-in and help stakeholders understand and look at ways to address identified gaps and future enhancements *(this could be done through the HIE alliance)*.

- Revamp the composition and meeting frequency of the Health Information Exchange Coordinating Committee (HIECC).

- Sign AHCA as a HIE subscriber; that way the Agency will have access to all the data. Thus, replacing use of outdated claims data (the Agency recently became a subscriber).

- Consider use of local (municipalities) executive orders to activate and use the emergency preparedness tool. This improvement will be beneficial to the health information exchange during disasters.

- Due to the different types of data sources available, and the lack of standardization among providers on how they input the patient health data into their EHRs, there are many facilities that do not complete all data fields needed to create a comprehensive patient record. Many times, basic data fields such as reason for admission, or reason for encounter, are empty and read as “null.” One interviewee recommended that to improve the health data being exchanged via the Florida HIE, consider a quality audit program to identify facilities and providers that are not filling all the variables on the “encounter” (*referring to the Managed Care encounter claims/data)* data and to improve accurate collection of data fields, such as race/ethnicity, encounter reason, etc.

- Facilitate training and standardization of education programs that can inform providers what type of information to update into their EHRs, as well as how and when to do it, especially related to information that will be used and exchanged as part of the HIE. This would improve the overall completeness of available patient health data.

Appendix A – List of Literature Reviewed

In addition to these specific public documents listed, other resources, websites, and shared knowledge was utilized in conducting and compiling the 2021 Environmental Scan.

	Name of Document
1	Florida Agency for Health Care Administration State Medicaid Health Information Technology Plan Inclusive of Updates Through November 30, 2012
2	Agency for Health Care Administration State of Florida As Is Assessment Health Information Exchange (HIE) Study, February 9, 2018
3	Agency for Health Care Administration State of Florida Ideal To Be State Recommendations & Roadmap Health Information Exchange (HIE) Study, March 12, 2018
4	Florida Health Information Technology Implementation Advanced Planning Document Updated FFY 2020-2021
5	Florida Agency for Health Care Administration State Medicaid Health Information Technology Plan Update, June 6, 2012
6	Florida Agency for Health Care Administration Florida State Medicaid Health Information Technology Plan v 6.0
7	Agency Office of HIE Advisory Council Presentation, March 30, 2021
8	Agency Health Information Exchange Initiatives April 2021
9	Florida HIE Services 18-Month Plan June 18, 2021
10	State of Wyoming Department of Health (WDH) HIE Strategy Assessment & Implementation Plan Environmental Scan Findings May 18, 2016
11	Assessing Connecticut's Health Information Technology & Health Information Exchange Services May 23, 2017
12	2021 Illinois Health IT Survey Report
13	2021 Environmental Scan Illinois Health IT Survey
14	Updated State Medicaid Health Information Technology Plan (SMHP) July 22, 2019, State of Mississippi Division of Medicaid
15	Health Information Exchange Environmental Scan: Key Findings Prepared for Oklahoma State Department of Health Center for Health Innovation and Effectiveness July 27, 2015
16	Office of National Coordinator for Health Information Technology A 10-Year Vision to Achieve an Interoperable Health IT Infrastructure
17	Federal Health IT Strategic Plan 2020-2025
18	State of Wyoming, Department of Health (WDH) HIE Strategy Assessment & Implementation Plan Environmental Scan Findings FINAL May 2016
19	New Jersey Health Information Technology Environmental Scan Final Report September 2017
20	Oregon Community Information Exchange: Environmental Scan Report to HIT Commons Governance August 31, 2019

Appendix B – Approved Surveys

Ambulatory Electronic Survey

Category	Question	Responses
Demographics - Logic	Please select the category that best fits your description.	Select one: a. Ambulatory Provider – Any medical provider offering outpatient-based services including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services b. Hospital Provider – Either an acute care (including Children's Hospitals), Critical Access, or a Rehab facility providing inpatient services
1. Demographics	What is the position/title of the person who is completing the survey?	Drop down choices; only one selection: a. Physician b. Practice manager c. Health care practitioner d. Office Staff e. IT Staff f. Other: (free text field)
2. Demographics	Enter the Provider's 10-digit NPI.	Prompted Text Fields for NPI
3. Demographics	Enter the zip code of the Provider prac tice location:	Prompted Text Fields for Zip
4. Demographics	Which county are you located in?	Drop down choices; only one selection: <county list>
5. Demographics	Which best describes your provider type?	Drop down choices; only one selection: a. Certified Nurse Midwife b. Dentist c. Medical Doctor/Doctor of Osteopathic Medicine d. Nurse Practitioner e. Pediatrician f. Physician Assistant
6. Demographics	Which of the following best describes your provider practice setting?	Drop down choices; only one selection: a. Private practice b. Hospital Health System c. Accountable Care Organization d. Community Health Centers (e.g., Federally Qualified Health Center) e. Rural Health Clinic f. Post-Acute Care Facility (e.g., senior living, independent, assisted, and skilled) g. Behavioral Health Center (e.g., mental health, substance abuse) h. County Health Department i. I am no longer in practice. j. Other: (free text field)
7. Demographics	Select the type of health care entity/office/clinic that best	Drop down choices; only one selection: a. Primary Care b. Specialty Practice c. Dental

Category	Question	Responses
	describes where you practice at least 50% of the time:	d. Behavioral Health e. Radiology f. County Health Department g. Other: (free text field) _____
8. Demographics	Is this location a single or group practice?	Drop down choices; only one selection: a. Single b. Group c. Not applicable
9. Demographics	How many full-time providers work at the location where you practice?	Drop down choices; only one selection: a. 1 - 5 b. 6 - 10 c. 11 - 15 d. 16 - 20 e. More than 20
10. Demographics	Who owns the provider practice ?	Drop down choices; only one selection: a. Physician or physician group b. Licensed health care practitioner c. Insurance company, health plan, or Health Maintenance Organization d. Community health center e. Medical/academic health center f. Hospital system g. Other health care corporation h. Government agency (Florida Department of Health (FDOH, etc.) i. Other: (free text field)
11. Demographics	Which of the following types of payment does your provider pra ctice accept?	Drop down choices; check all that apply: a. Private commercial insurance b. Medicare c. Medicaid/Children's Health Insurance Program d. Marketplace health plans e. Workers' compensation f. Self-pay g. Sliding fee scale Other: (free text field)

Category	Question	Responses
12. EHR Adoption	Where does your practice patient data reside/how is it stored? Note: *Note: Certified Electronic Health Record Technology (CEHRT) is EHR that has demonstrated technical capacity, functionality, and security requirements required by the Secretary of Health and Human Services and has received certification by the ONC.*	Drop Down Choice; only one selection: a. Paper charts b. Certified Electronic Health Record Technology (CEHRT) c. Non-certified Electronic Health Record (EHR) d. Hybrid (paper and electronic storage)
13. EHR Adoption	Approximately when was your current EHR system installed?	Drop Down Choice; only one selection: a. Less than 1 year ago b. 1–3 years ago c. 4–5 years ago d. Unknown
14. EHR Adoption	What is the name of your primary EHR system?	Drop down choices, select all that apply: <obtain most recent list from state> a. eClinicalWorks b. Epic Systems c. athenahealth d. Allscripts e. Greenway Health f. Other: (free field text)
15. EHR Adoption	Please indicate which of the following tasks you use your EHR to accomplish.	Drop down choices, check all that apply: a. Medical history b. Medical testing result retrieval c. Medication reconciliation d. Clinical documentation e. Communicating with patient through portal f. Computerized Provider Order Entry (CPOE) g. Discharge planning h. Problem lists i. Electronic Prescribing (ePrescribing) j. Exchange with other providers/facilities k. Identify patients for preventive or follow-up care l. Generate lists of patients with specific health conditions m. Aggregate data for clinical care measure or other quality reporting n. Identification of patient-specific education resources o. Collect Social Determinants of Health (SDOH) information

Category	Question	Responses
16. EHR Adoption	Does your practice have dedicated IT or clinical staff to support your EHR?	Drop down choices, only one selection: a. Yes, IT staff b. Yes, clinical staff c. Yes, IT and clinical staff d. Yes, contracted IT staff e. No f. Unsure
17. EHR Adoption	If your practice is not using EHR, are you planning to implement any EHR system in the near future (1–3 years)?	Drop down choices, only one selection: a. Yes b. No c. Unsure
18. EHR Adoption	If no, what is the primary reason for not getting an EHR system?	Drop down choices, select all that apply: a. Cost b. Lack of broadband access c. Staffing limitations d. Security concerns e. Perceived little or no value to providers f. Perceived little or no value to patients g. Other: (free text field)
19. ePrescribing	Does your practice have electronic prescribing (ePrescribing) capabilities?	Drop down choices, only one selection: a. Yes, a standalone system. b. Yes, as part of my EHR system c. No d. Unsure
20. ePrescribing	Enter the name of the standalone ePrescribing system you use at your practice:	Prompted Text Fields for name of ePrescribing system: _____
21. ePrescribing	Approximately what percentage of prescriptions are ePrescribed?	Drop down choices, only one selection: a. 0%-25% b. 26%-50% c. 51%-75% d. 76%-100% e. Unsure
22. ePrescribing	Do you use your system to ePrescribe controlled substances?	Drop down choices, only one selection: a. Yes b. No c. Unsure
23. Promoting Interoperability Program (PI)	Did you participate in the Promoting Interoperability (EHR Incentive) Program?	Drop down choices, only one selection: a. Yes b. No c. Unsure

Category	Question	Responses
24. Promoting Interoperability Program (PI)	What is the highest stage of Meaningful Use (MU) you have achieved?	Drop down choices, only one selection: a. AIU (Adopt, Implement, or Upgrade) only b. Stage 1 Meaningful Use c. Stage 2 Meaningful Use d. Stage 3 Meaningful Use e. Unsure
25. Promoting Interoperability Program (PI)	How many payment years have you received?	Drop down choices, only one selection: a. One b. Two c. Three d. Four e. Five f. Six
26. Promoting Interoperability Program (PI)	If you did not participate in certain program years (did not submit an application), what caused you to not participate with the State of Florida?	Drop down choices; check all that apply: a. Difficulty meeting Medicaid patient volume thresholds b. Difficulty meeting objectives and measures c. Did not have qualified CEHRT d. Did not feel that payment was worth the cost of necessary CEHRT upgrades e. Did not have CEHRT at all f. Application process was not clear g. I chose to participate in the Medicare Incentive Payment Program instead h. I knew about the opportunity but did not have time to apply i. I was unaware of the opportunity to apply j. Had received the maximum number of incentive payments (6 years of payments) k. Participated in another state's Medicaid EHR Incentive Payment program l. I have participated in all years m. Other: (free text field)
27. Promoting Interoperability Program (PI)	Why did you not participate in any years of the Promoting Interoperability program with the State of Florida?	Drop down choices; check all that apply: a. Difficulty meeting Medicaid patient volume thresholds b. Difficulty meeting objectives and measures c. Did not have qualified CEHRT d. Did not feel that payment was worth the cost of necessary CEHRT upgrades e. Did not have CEHRT at all f. Application process was not clear g. I chose to participate in the Medicare Incentive Payment Program instead h. I knew about the opportunity but did not have time to apply i. I was unaware of the opportunity to apply j. I was not eligible to participate k. Participated in another state's Medicaid EHR Incentive Payment program l. Other: (free text field)

Category	Question	Responses
28. Health Information Exchange	Do you receive electronic data from other health care providers?	Drop down choices; only one selection: a. Yes b. No c. Unsure
29. Health Information Exchange	How do you receive data from other health care providers?	Drop down choices; check all that apply: a. Electronic Clinical records b. Admit, discharge and transfer (ADT) information. c. Paper Fax d. Electronic Fax e. Secure Messaging f. Unsure, data is just readily available within my system g. Other: (free text field)
30. Health Information Exchange	Do you participate in any of the following services offered through the Florida HIE?	Drop down choices, select all that apply: a. Encounter Notification Service (ENS) b. Direct Messaging c. Query Solutions (Facilitated connection to national exchanges) d. Do not participate in any of the Florida HIE services
31. Health Information Exchange	How do you participate in Event Notification Service (ENS)?	Drop down choices, only one selection. a. As a data source b. As a data subscriber c. Both a data source and subscriber d. Receive data from a health plan. e. Receive data from an affiliated hospital or health system f. Third-party vendor (e.g., Athena Health, Availity, Care Optimize, Cerner, MD Flow, PatientPing, etc.) g. Unsure h. Other: _____
32. Health Information Exchange	How is Event Notification Service (ENS) us ed in your practice?	Drop down choices, select all that apply: a. Care Coordination b. Patient Tracking c. Population Health d. Transition of Care Management e. Other: (free text field)
33. Health Information Exchange	As an Event Notification Service (ENS) su bscriber, are you aware of these features?	Drop down choices, select all that apply: a. PROMPT (A simple free web-based dashboard to maximize usage of ENS Notifications.) b. SMART alerts (allows you to tailor the type of notifications received) c. E-PLUS (allows ENS to be used in times of emergencies to find displaced patients based on service utilization via the Emergency Census feature) d. ARCHER (Automated Retrieval of Clinical Health e-Records)

Category	Question	Responses
34. Health Information Exchange	How has Event Notification Service (ENS) b enefited your practice?	Drop down choices, select all that apply: a. Supported transitions of care (TOC) management b. Improved patient engagement and satisfaction c. Supported ability to direct patient to appropriate care setting d. Improved provider to provider coordination e. Improved medication reconciliation f. Reduced duplicative testing g. Reduced medical cost h. Other: (free text field)
35. Health Information Exchange	Where does your practice primarily receive HIE data from?	Drop down choices, only one selection. a. Receive data from a national health information exchanges (HIEs) or regional health information exchanges (RHIOs) b. Receive data from a health plan. c. Receive data from an affiliated hospital or health system d. Receive data from the state e. Receive data from an association f. Other: _____
36. Health Information Exchange	Which national health information exchanges (HIEs) or regional health information exchanges (RHIOs) do you participate in?	Drop down choices, select all that apply: a. National – Carequality b. National – Commonwell c. National – eHealth Exchange d. Regional: (free text field) e. I do not participate in a national Health Information Exchange platform f. I do not participate in a regional exchange g. Other: _____
37. Health Information Exchange	Are there plans to participate in a new or additional HIE pl atform within the next 18 months?	Drop down choices, select all that apply: a. Yes, with a national Health Information Exchange (HIE) b. Yes, with a Regional Health Information Organization (RHIO) c. Yes, switching to a new Health Information Exchange (HIE) platform d. Yes, switching to a new Regional Health Information Organization (RHIO) e. No f. Unknown g. Other: _____

Category	Question	Responses
38. Health Information Exchange	Rank order the following choices in terms of which entity has the most influence on your practice's choice/preference for HIE selection or use? Order the choices from highest (the one with the most influence) to the lowest (the one with the least influence)	Drop down choices, rank order scale 1–7: a. Practice owner, president, or CEO b. Practice CIO or IT staff c. Hospital health system d. State recommendations e. Medical associations f. Patients g. Other: _____
39. Health Information Exchange	Please select the items that are barriers for your practice as it relates to participating in HIE platforms?	Drop down choices, select all that apply: a. Cost Involved b. Internet access or connectivity issues c. Concerns about privacy/security d. Competing priorities e. Questions about data integrity f. Return on investment g. Inadequate resources and support (e.g., IT staff) h. Need more information about health information exchange (HIE) i. Do not see adequate value j. I do not have any barriers currently
40. Health Information Exchange	Do you know where to find additional educational materials to further obtain knowledge about Florida HIE services? www.florida-hie.net	Drop down choices, only one selection: a. Yes b. No
41. Social Determinants of Health (SDOH)	Does your organization assess patients for issues related to Social Determinants of Health (SDOH)?	Drop-down choices, only one selection: a. Yes b. No c. Unsure

Category	Question	Responses
42. SDOH	Does your organization utilize a standard screening tool for assessing SDOH that can be used to support billing and exchange of patient information?	Drop-down choices, only one selection: a. Yes, we currently have a screening tool b. No, but we will be working on this in the next one to three years. c. No, we have no plans to implement this. d. Unsure
43. SDOH	Are the SDOH assessments paper based or electronic?	Drop-down choices, only one selection: a. Paper b. Electronic c. Combination of both
44. SDOH	Do you see any barriers to implementing a SDOH assessment?	Drop-down choices, select all that apply: a. Staff are not comfortable asking these questions b. Level of training necessary to implement an SDOH tool c. Developing a workflow d. Knowing where and how to make referrals once a need is identified e. Little to no capacity to address needed services within the practice f. Limited resources in the local community to address needs identified g. Data collection process h. Staffing needs i. Lack of insurance coverage for supplemental benefits j. Other (free text field)
45. Telehealth	Does your practice site use telehealth to provide patient care?	Drop-down choices, only one selection: a. Yes b. No c. Unsure
46. Telehealth	Did your organization offer telehealth services prior to the COVID-19 Pandemic?	Drop-down choices, only one selection: a. Yes b. No c. Unsure
47. Telehealth	What are the barriers to offering telehealth through your practice?	Drop-down choices, select all that apply: a. Cost (equipment, hosting costs, etc.) b. Insufficient bandwidth (infrastructure or connectivity issues) c. Lack of staff training/expertise/support d. Physicians/other clinicians not available to provide services e. Reimbursement from payers does not cover cost f. No identified need or demand for telemedicine/telehealth g. I do not trust telehealth h. No significant barriers i. Other: (free text field)

Category	Question	Responses
48. General	How has the electronic exchange and/or availability to share patient clinical information benefited your practice?	Drop-down choices, select all that apply: a. Lowered incidence of medication errors b. Support accuracy of diagnoses c. Decrease repetitive testing d. Increase workflow efficiency e. Decrease hospital readmissions f. Better health care outcomes g. Decreased medical cost h. Increase patient satisfaction i. Other (free text field)
49. General	Has the use of EHR benefited your practice's pande mic response? (For example, during the COVID-19 pandemic)	Drop-down choices, only one selection: a. Yes b. No c. Unsure
50. General	Which of the following EHR tasks has helped your practice improve its pandemic response?	Drop-down choices, select all that apply: a. Real-time disease-specific tracking list (surveillance) b. Clinical decision support system to identify patient and disease-specific best practices c. Automatic infection disease alerts and updates regarding positive patients d. Rapid access to telehealth tools via the EHR e. Patient education tools f. Other: _____

HOSPITAL ELECTRONIC SURVEY

Category	Question	Responses
Demographics - Logic	Please select the category that best fits your description.	Select one: a. Ambulatory Provider – Any medical provider offering outpatient-based services including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services b. Hospital Provider – Either an acute care (including Children's Hospitals), Critical Access, or a Rehab facility providing inpatient services
Demographics - Hospital Tracking	Enter the following information: Hospital Name CCN.	Prompted Text Fields for Hospital Name (DBA) Prompted Text Fields for Hospital CCN (CMS Certification Number)

Category	Question	Responses
4. Demographics	Which of the following best describes your organization?	Drop-down choices, check all that apply: a. Hospital – General b. Hospital – Acute Care c. Hospital – Children's d. Hospital – Long-Term e. Hospital – Psychiatric f. Hospital – Addiction/Substance Abuse Treatment g. Hospital – Rehabilitation h. Hospital – Short-Term i. Hospital – Critical Access j. Hospital – Teaching k. VA Hospital (Department of Veterans Affairs facility)
5. Demographics	What is the position/title of the person who is completing the survey	Drop-down choices; only one selection: a. Physician b. IT Staff c. Facility manager d. Administrator e. Health care practitioner f. Chief Medical Officer (CMO) g. Chief Medical Information Officer (CMIO) h. Chief Information Officer (CIO) i. Other (please specify)

Category	Question	Responses
6. EHR Adoption	Where does your hospital's patient data currently reside/how is it stored? Note: *Certified Electronic Health Record Technology (CEHRT) is EHR that has demonstrated technical capacity, functionality, and security requirements required by the Secretary of Health and Human Services and has received certification by the ONC.*	Drop-down choices; only one selection: a. Paper charts b. Certified Electronic Health Record Technology (CEHRT) c. Non-certified Electronic Health Record (EHR) d. Hybrid (paper and electronic storage)
7. EHR Adoption	Does your hospital plan to implement an Electronic Health Record (EHR) system any time in the near future (1–3 years)?	Drop-down choices; only one selection: a. Yes b. No
8. EHR Adoption	What is the reason your organization does not plan to implement EHR?	Drop-down choices, select all that apply: a. Cost b. Lack of broadband access c. Staffing limitations d. Security concerns e. Perceived little or no value to providers f. Perceived little or no value to patients g. Other: (free text field) _____
9. EHR Adoption	What is the name of your primary EHR system? *Note: Please select the vendor that represents the EHR you use to access patient health information.* (Select ONE)	Drop-down choices; only one selection: a. Cerner Corporation b. Medical Information Technology, Inc. (MEDITECH) c. HCA Information Technology & Services, Inc. d. McKesson e. MEDHOST f. EPIC g. Other: (free text field)

Category	Question	Responses
10. EHR Adoption	Please indicate which of the following tasks you use your EHR to accomplish.	Drop-down choices, check all that apply: a. Medical history b. Medical testing result retrieval c. Medication reconciliation d. Communicating with patient through portal e. Clinical documentation f. Discharge planning g. Problem lists h. Exchange with other providers/facilities i. Identify patients for preventive or follow-up care j. Generate lists of patients with specific health conditions k. Aggregate data for clinical care measure or other quality reporting l. Identification of patient with specific conditions to provide specific education resources m. Collect Social Determinants of Health (SDOH) data
11. ePrescribing	Does your hospital currently have electronic prescribing (ePrescribing) capabilities?	Drop-down choices, only one selection: a. Yes, through my EHR system b. Yes, through a standalone system c. No d. Unsure
12. ePrescribing	Enter the name of the standalone ePrescribing system you use at your practice:	Prompted Text Fields for name of ePrescribing system: _____
13. ePrescribing	Approximately what percentage of hospital prescriptions are written via ePrescribing?	Drop-down choices, only one selection: a. 0%–25% b. 26%–50% c. 51%–75% d. 76%–100% e. Unsure
14. ePrescribing	Do you use your system to ePrescribe controlled substances?	Drop-down choices, only one selection: a. Yes b. No c. Unsure

Category	Question	Responses
15. Promoting Interoperability Program (PI)	What stage of CEHRT adoption is the hospital in? *Note: Certified Electronic Health Record Technology (CEHRT) is EHR that has demonstrated technical capacity, functionality, and security requirements required by the Secretary of Health and Human Services and has received certification by the ONC.*	Drop-down choices, only one selection: a. Full utilization b. Currently implementing CEHRT c. In the planning phase
16. Promoting Interoperability Program (PI)	Did your hospital participate in the Promoting Interoperability (EHR Incentive Program)?	Drop-down choices, only one selection: a. Yes b. No c. Unsure
17. Promoting Interoperability Program (PI)	If your hospital did not participate, what is the primary reason for not participating?	Drop-down choices, only one selection: a. Difficulty meeting Medicaid patient volume thresholds b. Difficulty meeting objectives and measures c. Did not have qualified CEHRT d. Did not feel that payment was worth the cost of necessary CEHRT upgrades e. Application process was not clear f. The hospital knew about the opportunity but did not have time to apply g. The hospital was unaware of the opportunity to apply. h. Had received the maximum number of incentives payments i. Other: (free text field) _____
18. Health Information Exchange	Do you know where to find educational materials about the Florida HIE?	Drop-down choices: only one selection: a. Yes b. No
19. Health Information Exchange	Does your hospital participate in any of the following services offered through the Florida HIE?	Drop-down choices, select all that apply: a. Encounter Notification Service (ENS) b. Direct Messaging c. Query Solutions (Facilitated connection to national exchanges) d. Do not participate in any of the Florida HIE services

Category	Question	Responses
20. Health Information Exchange	If applicable, how does your hospital participate in Event Notification Service (ENS)?	Drop-down choices, only one selection. a. As a data source b. As a data subscriber c. Both a data source and subscriber d. Receive data from a health plan. e. Receive data from an affiliated hospital or health system f. N/A
21. Health Information Exchange	How is Event Notification Service (ENS) used within your hospital?	Drop-down choices, select all that apply: a. Care Coordination b. Patient Tracking c. Population Health d. Transition of Care Management e. Other: (free text field) _____ f. N/A
22. Health Information Exchange	As an Event Notification Service (ENS) subscriber, are you aware of these features?	Drop-down choices, select all that apply: a. PROMPT (A simple free web-based dashboard to maximize usage of ENS Notifications.) b. SMART alerts (allows you to tailor the type of notifications received) c. E-PLUS (allows ENS to be used in times of emergencies to find displaced patients based on service utilization via the Emergency Census feature) d. ARCHER (Automated Retrieval of Clinical Health e-Records)
23. Health Information Exchange	Which national health information exchanges (HIEs) or Regional Health Information Exchange (RHIOs) do you participate in?	Drop-down choices, select all that apply: a. National – Carequality b. National – Commonwell c. National – eHealth Exchange d. Regional: (free text field) e. I do not participate in a national exchange platform f. I do not participate in a regional exchange platform g. Other: _____
24. Health Information Exchange	Are there plans to participate in a new or additional HIE platforms within the next 18 months?	Drop-down choices, select all that apply: a. Yes, with a national Exchange (HIE) b. Yes, with a Regional Exchange (RHIO) c. Yes, switching to a new Health Information Exchange (HIE) platform d. Yes, switching to a new Regional Exchange (RHIO) e. No plans to participate f. Unknown g. Other: _____

Category	Question	Responses
25. Health Information Exchange	Which additional functionality or information would help your hospital support patient care delivery?	Drop-down choices, select all that apply: a. Admission/Discharge/Transfer (ADT) from other entities b. Admission/Discharge/Transfer (ADT) specific to labs c. Behavioral Health Treatment Records d. Claims data – (Medicaid and Commercial Payers) e. Connectivity to a community resource inventory (Social Determinants of Health) f. Connectivity to Local Public Health Agencies g. Connectivity to Veterans Administration/Department of Defense h. Data analytics/quality measure reporting i. Encounter Alerts and Notifications with secure texting function j. Payer information k. Population health specific data l. Routing inbound and outbound referrals to and from community resources (Social Determinants of Health) m. Substance Use Disorder Treatment Records (42 CFR Part II) n. Other: (free text field) _____
26. Health Information Exchange	What are some of the barriers for your hospital as it relates to electronically sharing patient information?	Drop-down choices, select all that apply: a. Current computer systems do not support HIE b. Limited staff resources to use HIE c. Limited broadband access/connectivity d. Patient data security and privacy concerns e. Practitioner privacy-right to individual clinical judgment f. Practitioner resistance to engaging in HIE g. Risk of competitive disadvantage from engaging in HIE h. Lack of value in terms of clinical quality and outcomes i. Lack of value in terms of operational and administrative efficiency j. Managing user access rights and policies k. Other: _____
27. Health Information Exchange	Do you know where to find additional material about the Florida HIE services?	Drop-down choices, only one selection: a. Yes b. No
28. Social Determinants of Health (SDOH)	Does your hospital assess patients for issues related to Social Determinants of Health (SDOH)?	Drop-down choices, only one selection: a. Yes b. No c. Unsure

Category	Question	Responses
29. SDOH	Does your hospital utilize a standard screening tool for assessing SDOH that can be used to support billing and exchange of patient information?	Drop-down choices, only one selection: a. Yes, we currently have a screening tool b. No, but we will be working on this in the next one to three years c. No, we have no plans to implement this d. Unsure
30. SDOH	Are the SDOH assessments paper based or electronic?	Drop-down choices, only one selection: a. Paper b. Electronic c. Combination of both
31. SDOH	What are the barriers to implementing a SDOH assessment?	Drop-down choices, select all that apply: a. Staff are not comfortable asking these questions b. Level of training necessary to implement an SDOH tool c. Developing a workflow d. Knowing where and how to make referrals once a need is identified e. Little to no capacity to address needed services within the practice f. Limited resources in the local community to address needs identified g. Data collection process h. Staffing needs i. Lack of insurance coverage for supplemental benefits. j. Other (free text field)
32. Telehealth	Does your hospital site use telehealth to provide patient care?	Drop-down choices, only one selection: a. Yes b. No c. Unsure
33. Telehealth	Did your hospital offer telehealth services prior to the COVID-19 Pandemic?	Drop-down choices, only one selection: a. Yes b. No c. Unsure
34. Telehealth	What are the barriers to offering telehealth through your practice?	Drop-down choices, select all that apply: a. Cost (equipment, hosting costs, etc.) b. Insufficient bandwidth (infrastructure or connectivity issues) c. Lack of staff training/expertise/support d. Physicians/other clinicians not available to provide services e. Reimbursement from payers does not cover cost f. No identified need or demand for telemedicine/telehealth g. I do not trust telehealth h. No significant barriers i. Other: (free text field)

Category	Question	Responses
35. General	How has the exchange and/or availability to share patient clinical information benefited your hospital?	Drop-down choices, select all that apply: a. Lowered incidence of medication errors b. Support accuracy of diagnoses c. Decrease repetitive testing d. Increase workflow efficiency e. Decrease hospital readmissions f. Better health care outcomes g. Decreased medical cost h. Increase patient satisfaction i. Other (free text field)
36. General	Which of the following Potentially Preventable Ancillary Services (PPESs) has been influenced by the exchange of electronic patient clinical information?	Drop-down choices, select all that apply: a. Potentially Preventable Complications (PPCs) b. Potentially Preventable Readmissions (PPRs) c. Potentially Preventable Admissions (PPAs) d. Potentially Preventable Emergency Department Visits (PPVs) e. Other: _____
37. General	Has the use of EHR benefited your hospital's pandemic response? (For example, during the COVID-19 pandemic)	Select one: a. Yes b. No c. Unsure
38. General	Which of the following EHR tasks has helped your hospital improve its pandemic response?	Drop-down choices, select all that apply: a. Real-time disease-specific tracking list (surveillance) b. Clinical decision support system to identify patient and disease-specific best practices c. Automatic infection disease alerts and updates regarding positive patients d. Rapid access to telehealth tools via the EHR e. Patient education tools f. Other: _____

PAYER ELECTRONIC SURVEY

Category	Question	Responses
1. Demographics	Enter the following information: Organization Name	Prompted Text Fields for Organization

Category	Question	Responses
2. Demographics	OPTIONAL: Enter the name and email of the person completing the survey. NOTE: This information will only be used if follow-up is needed.	Text field for name Text field (edited for email) for email address
3. Demographics	Which of the following best describes your organization?	Select all that apply: a. Medicaid Managed Care Health Plan b. Accountable Care Organization c. Private Commercial Health Plan d. Medicare Advantage Plan e. Marketplace (ACA) f. Other: <free text field>
4. Demographics	Which Florida Medicaid Managed Care Region does your organization cover?	Select all that apply: Medicaid Managed Care Region a. Region 1: Escambia, Okaloosa, Santa Rosa, and Walton b. Region 2: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington c. Region 3: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union d. Region 4: Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia e. Region 5: Pasco and Pinellas f. Region 6: Hardee, Highlands, Hillsborough, Manatee and Polk g. Region 7: Brevard, Orange, Osceola, and Seminole h. Region 8: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota i. Region 9: Indian River, Martin, Okeechobee, Palm Beach and St. Lucie j. Region 10: Broward k. Region 11: Miami-Dade and Monroe l. I am not categorized as a Managed Care Medicaid Region

5. Demographics	Which Florida counties does your organization cover?	Select all that apply: a. All counties – Statewide b. Alachua c. Baker d. Bay e. Bradford f. Brevard g. Broward h. Calhoun i. Charlotte j. Citrus k. Clay l. Collier m. Columbia n. DeSoto o. Dixie p. Duval q. Escambia r. Flagler s. Franklin t. Gadsden u. Gilchrist v. Glades w. Gulf x. Hamilton y. Hardee z. Hendry aa. Hernando bb. Highlands cc. Hillsborough dd. Holmes ee. Indian River ff. Jackson gg. Jefferson hh. Lafayette ii. Lake jj. Lee kk. Leon ll. Levy mm. Liberty nn. Madison oo. Manatee pp. Marion qq. Martin rr. Miami-Dade ss. Monroe tt. Nassau uu. Okaloosa vv. Okeechobee ww. Orange xx. Osceola yy. Palm Beach zz. Pasco aaa. Pinellas bbb. Polk ccc. Putnam ddd. St. Johns eee. St. Lucie fff. Santa Rosa ggg. Sarasota hhh. Seminole iii. Sumter

Category	Question	Responses
		jjj. Suwannee kkk. Taylor lll. Union mmm. Volusia nnn. Wakulla ooo. Walton ppp. Washington
6. Demographics	What is your role in the organization for which you are completing the survey?	Select one: a. Clinical (Physician, nurse, etc.) b. Administrator c. Population Health Manager/Director d. Chief Medical Officer (CMO)/Medical Director e. Chief Medical Information Officer (CMIO) f. Chief Information Officer (CIO) g. Chief Innovation Officer h. IT staff i. Utilization Manager/Director j. Claims Manager/Director k. Other <free text field>
7. Health Information Exchange	Are you aware of the services offered through the Florida HIE?	Select one: a. Yes b. No
8. Health Information Exchange	Does your organization participate in any of the following services offered or supported by the Florida HIE?	Select all that apply: a. Encounter Notification Service (ENS) b. Direct Messaging (Secure email) c. Do not participate in any of the Florida HIE services <statement if they answer c, should not select other choices>
9. Demographics	Describe your role in regard to participation with Florida HIE Services?	Select one: a. IT (facilitate the connection and receipt of data) b. End user – population health/analytics c. End user – care coordination/case management d. Administrative – contractual responsibility only e. Other <free text field>
10. Health Information Exchange	If applicable, how does your organization determine which patient subset(s) to subscribe to through ENS?	Select all that apply: a. Subscribe on behalf of all patients b. Insurance class or status c. Disease state d. Age e. Other: <free text field>
11. Health Information Exchange	If applicable, does your ENS subscription cover all of your patient population?	Select one: a. Yes, it covers my entire patient population b. No, only a subset of my patient population c. N/A
12. Health Information Exchange	If applicable, based on your total subscription, please estimate the percentage breakdown of payor mix:	Select all that apply: a. Medicaid: b. Medicare: c. Commercial: d. Private Pay: e. Other:

Category	Question	Responses
13. Health Information Exchange	If applicable, how is ENS used within your organization?	Select all that apply: a. Care Coordination b. Patient Tracking c. Population Health d. Transition of Care Management e. Claims Processing f. Patient Education g. N/A h. Other (please specify):
14. Health Information Exchange	If applicable, as an ENS subscriber, select the following features you are aware of.	Select all that apply: a. PROMPT b. SMART Alerts c. ARCHER d. None – not aware of any of these e. N/a
15. Health Information Exchange	If applicable, do you share ENS data with network providers?	Select one: a. Yes b. No c. Unsure d. N/A
16. Health Information Exchange	If applicable, what technology systems and/or products do you currently use to enable the electronic exchange of patient health information with providers and facilities in your network?	Select all that apply: a. Portal (pull) b. Secure email (push) c. Third-party vendor (push/pull) d. N/A e. Other: (please specify)
17. Health Information Exchange	If applicable, is the process for sharing information with providers and facilities within your network automated or a manual process?	Select one: a. Automated b. Manual c. Combination d. Unsure e. N/A
18. Health Information Exchange	What additional data types would you most likely want to see added as ENS data sources?	Select all that apply: a. Survey data b. Administrative data c. Medical records d. Claims e. Vital records f. Surveillance records g. Disease registries h. Transition of care i. Care coordination j. Other: <free text field>

Category	Question	Responses
19. Health Information Exchange	Does your organization have the capability to electronically exchange patient health information with providers and facilities within your network? 'Exchange' refers to electronically sending, receiving, or finding patient health information. 'Electronic exchange' does not include transmission by email, eFax, or billing record systems.	Select one: a. Yes b. No c. Unsure
20. Health Information Exchange	Outside of claims, what types of clinical information do you currently receive from your providers/facilities electronically? 'Electronically' does not include transmission by email, eFax or billing record systems.	Select all that apply: a. Medication lists b. Patient problem lists c. Medication allergy lists d. Imaging reports e. Laboratory reports f. Discharge summaries g. Emergency department notifications h. Summary of care records
21. Health Information Exchange	In your opinion, what barriers currently exist for electronically exchanging health information with providers?	Select all that apply: a. Provider use of EHR is limited b. Provider mistrust in exchange of data with health plans and ACOs in general c. Incompatibility of health information/technology systems d. Lack of knowledge about electronic exchange capabilities e. Privacy and security concerns f. Other: <free text field>
22. Health Information Exchange	What challenges or barriers does your organization face related to the electronic exchange of health information overall?	Select all that apply: a. Lack of standards, data quality and data matching b. Financial barriers: costs associated with development, implementation, and optimization of health IT to comply with health care program requirements that change frequently c. Health IT system design and usability issues, including clinical workflows and lack of standardization across different systems. d. Administrative burdens e. Data availability f. Data access g. Data aggregation h. Other <free text field>

Category	Question	Responses
23. Health Information Exchange	Based on question 21 regarding barriers and challenges, which do you view as being unique to the Florida landscape?	Select all that apply: a. Lack of standards, data quality and data matching b. Financial barriers: costs associated with development, implementation, and optimization of health IT to comply with health care program requirements that change frequently c. Health IT system design and usability issues, including clinical workflows and lack of standardization across different systems. d. Administrative burdens e. Data availability f. Data access g. Data aggregation h. Other <free text field> i. Not unique to Florida
24. Health Information Exchange	What are your future data needs?	Select all that apply: a. Social determinant of health data b. Behavioral Health data c. Pharmaceutical/Prescription data d. Patient experience data e. Other <free text field>
25. Health Information Exchange	Is the Florida HIE responsive to your IT request/needs?	Select one: a. Yes b. No – please provide an explanation c. Maybe – please provide an explanation d. Unsure – please provide an explanation
26. Health Information Exchange	In your opinion, what additional features or items do you wish ENS could have/do?	<Free text field>
27. Health Information Exchange	Do you know where to find additional materials or obtain knowledge about Florida HIE services? www.florida-hie.net	Select one: a. Yes b. No
28. Social Determinants of Health (SDOH)	Does your organization assess patients for issues related to Social Determinants of Health (SDOH)?	Select one: a. Yes b. No c. Unsure
29. SDOH	Does your organization utilize or promote use of a standard screening tool for assessing SDOH that can be used to support billing and exchange of patient information?	Select one: a. Yes, we currently have a screening tool b. No, but we will be working on this in the next one to three years c. No, we have no plans to implement this d. Unsure
30. SDOH	Does your organization provide or participate in a SDOH platform?	Select one: a. Yes b. No c. Unsure

Category	Question	Responses
31. SDOH	If you are not currently assessing for SDOH within your organization or within your provider network, what are the barriers to implementing a SDOH assessment?	Select one: a. Staff are not comfortable asking these questions b. Level of training necessary to implement an SDOH tool c. Developing a workflow d. Knowing where and how to make referrals once a need is identified e. Little to no capacity to address needed services within the practice f. Limited resources in the local community to address needs identified g. Data collection process h. Staffing needs i. Lack of insurance coverage for supplemental benefits. j. Other <free text field>

Appendix C – Interviewed Stakeholders

Name	Organization	Role
Pamela King	Agency for Health Care Administration	Former Florida HIE Outreach Coordinator
Evan Carter	Audacious Inquiry (Audacious)	Senior Director
Jaime Bustos	Agency for Health Care Administration	Administrator for Office of HIE & Policy Analysis
Bruce Culpepper	Florida Department of Health	DOH EHR Incentive Program Manager
Heidi Fox	Agency for Health Care Administration (Former)	Former Director of HIE Policy and Analysis
Dylan Dunlap	Agency for Health Care Administration	Promoting Interoperability Program Coordinator
Nikole Helvey	Agency for Health Care Administration	Bureau Chief, Florida Center for Health Information and Transparency
Ben Browning	Florida Association of Community Health Centers	Vice President
Kimberly Smoak	Agency for Health Care Administration	Deputy Secretary, Health Quality Assurance
Rachel La Croix and Melissa Vergeson	Agency for Health Care Administration	AHC Administrator, Performance Measurement and Quality Review Unit
Christopher Cogle, MD	Agency for Health Care Administration	Chief Medical Officer, Florida Medicaid
Kim Streit	Florida Hospital Association	Senior Vice President over Quality, Data, and Research
Melanie Brown-Woofter	Florida Behavioral Health Association	President and CEO
Marie Ruddy	Nemour's Children's Hospital	HIE Program Manager

Appendix D – Focused Interview Questions

Thank you for agreeing to participate in AHCA's Environmental Scan focused interview. Below are the general questions that we will be asking. Please keep in mind that the questions will be tailored to your organization type and the role they play. We will also have the opportunity for you to share any additional information.

Interview Introduction:

1. Tell me who you are and your role in your organization.
2. What services does your organization provide?

Knowledge of HIT/HIE Activities in Florida:

3. Explain your understanding of what HIT means and/or what it includes in the State of Florida?
4. Is your organization currently connected or using any of the Florida HIE services? If so, which services are you currently using?
5. In your opinion, what is the gap (if any) that the HIE is currently filling for providers in your organization?
6. Is your organization currently using any tool or conducting any type of population health analysis? If so, what type of population health tool and data analysis is your organization currently conducting? (Reporting, decision support, patient registries, disease registries, population ID, etc.)
7. To what extent has the HIE assisted in meeting your quality metrics reporting (decision support, patient registries, disease registries, population ID, etc.) needs?
    a. If HIE is not currently being used to meet your quality metrics reporting needs, would you be interested in learning more about HIE use cases (i.e., how HIE can help)? Potential follow-up question: Is there a specific set of quality metrics that you are interested in reporting using HIE?
8. Are there any concerns with using FL HIE services?
9. In your opinion, what is the ideal future state of Florida HIT/HIE? What does Florida need to do in the future to reach this state?
10. Does the FL HIE currently address privacy and security issues or consent policies?
11. Are there specific State of Florida policies or programs (other than the Florida HIE services) that you see supporting and promoting electronic health information exchange?

Activities Related to Care Coordination:

12. How would you describe the effectiveness of the electronic data exchange and the technology systems for supporting and improving health care needs such as social services, care coordination, medication reconciliation, ePrescribing etc.?
13. Please describe your experience as it relates with the systems within your organizations as well as how they relate to connecting with other provider, health care administrative offices (e.g., health plans, associations, etc.) and state agencies.
14. In relation to patient care, how are health inequities being identified in your organization and how are they addressed? (e.g., SDOH assessment tools, SDOH referral platforms, etc.).
15. Is your organization currently using any tool, or conducting any type of SDOH analysis? If so, what type of SDOH tool and data analysis is your organization currently conducting?).
16. Are you currently integrating social risk data with health care data within your organization? If so, how?

17. Would you be interested in learning about potential SDOH solutions?
18. In what ways can the Florida HIE help collect and/or address SDOH in the future?

Emergency response and other public health activities:

19. In emergency or disaster situations, do you believe health information sharing within your organization is efficient? What works, what can be improved?
20. In emergency or disaster situations, do you believe health information sharing throughout the state is efficient? What works, what can be improved?
21. Are you aware of the Agency's initiative, Emergency Patient Look-Up System (E-PLUS), and its Emergency Census feature?

General operational activities:

22. What have been some of the barriers that your organization has faced with implementing programs for electronic health information exchange?
23. Are there current barriers or obstacles keeping your organization from implementing additional programs or expanding the activities currently in place?
24. What gaps are there in your internal and contracted HIT/HIE systems, if any?