

**Health Information Exchange
Coordinating Committee
Meeting Minutes**

Date: December 5, 2017
Time: 10:00 a.m. – 12:00 p.m.
Location: GoToWebinar/Conference Call only

Members Present: Nikole Helvey for Secretary Senior; Ricky Gomez for Alex Romillo; Elizabeth Templeton for Tab Harris; Peter Kress, Alex Koster; Kathy Reep for Kim Striet; Susan Rinaldi, for Gay Munyon; Dennis Saver, M.D.; Kimberly Tendrich; and Mary Pat Moore for Wences Troncoso.

Staff Present: Kim Davis Allen, Heidi Fox, Pamela King, Aaron Parsons, Haley Priest, and Dana Watson.

Interested Parties Present: Chris Brandt, Evan Carter and Bill Howard, Audacious Inquiry; Diane Godfrey, Florida Hospital; Jan Gorrie, Bethesda Health; Michelle Massey, The Centers; Robert Newell, Robert Newell, P.A.; and Katie Weissert, North Highland.

Meeting Materials: Agenda; Previous Minutes (05/12/17); Ai Report; Health Information Exchange metrics; EDIE & PreManage Overview, CollectiveMedical report.

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

Call to Order, Agency Updates, and Roll Call:

Ms. Nikole Helvey called the meeting of the Health Information Exchange Coordinating Committee (HIECC) to order at 10:00 a.m. and welcomed members.

Review and Approval of Minutes

Ms. Fox told the committee that the Health Information Exchange Advisory Council met and voted to change the composition of the HIECC. The changes are to the Affiliations represented on the committee. The committee will include a representative from Florida Osteopathic Medical Association to replace the University Family Medicine. She explained that Dr. Burns is an Osteopathic provider and William Hightower has been attending in his place. There will be a representative from the long-term post-acute care, eliminating LeadingAge. HIECC will also be adding a representative from the Florida Association of Accountable Care Organizations.

Ms. Helvey gave the committee a brief update on the major Agency activities. She reported that the Agency is planning for the procurement of a modular Medicaid Enterprise System. She reported that the Statewide Medicaid Managed Care procurement is ongoing and the Agency is in a blackout period.

Ms. Helvey reported that the Health Quality Assurance bureau has been working on activities around emergency planning and response, post-hurricane. They are tracking compliance with the emergency rules, and are drafting permanent rules. She reported that the Agency is busy with pre-session planning and noted bills the Agency was following:

- **HB 655 / SB 896** - Nursing Homes and Related Health Care Facilities
- **HB 327 / SB 372** - Emergency Power for Health Care Facilities/ *Post-hurricane relief for residents of health care facilities
- **SB 558** - Emergency Power for Health Care Facilities
- **SB 284 / HB 479** - Nursing Home and Assisted Living Facilities/ Health Care Facility Inspections
- **HB 443** – Nursing Home and Assisted Living Facilities Resident Rights
- **SB 622/HB 597** - Health Care Facility Regulation / Agency bill
- **HB 35** - Patient Safety Culture Surveys and **SB 474** – POLST

Ms. Helvey reported that during the 2017 legislative session, a bill passed requiring the Agency to establish a Pediatric Cardiology Technical Advisory Panel for Florida. The Panel is charged with develop procedures and standards for measuring outcomes of pediatric cardiac catheterization and surgery programs; and to make recommendations to the Agency about regulatory guidelines to govern pediatric cardiac catheterization programs and pediatric open-heart surgery programs in the state.

The Panel members will be cardiac specialists and surgeons from the state's ten currently licensed hospital-based pediatric cardiac surgery programs, along with three "at-large" cardiac specialists/surgeons who are not affiliated with any of the currently licensed programs. The Chief Executive Officers of their respective hospitals will appoint the ten members and the Secretary of the Agency will appoint the at-large members to the Panel.

Ms. Helvey reported that the Agency had recently launched a new Florida Health Finder website with is much more user friendly. The Agency also launched the new Florida Health Price Finder, which allows patients to compare pricing on conditions and service bundles.

Ms. Fox asked the committee to review the minutes from the May 12, 2017, meeting. There were no corrections. Dr. Saver made a motioned to approve the minutes, which the committee approved unanimously.

Florida HIE Service Update

Mr. Evan Carter of Audacious Inquiry gave a report on the Florida HIE's Quarter 4 activities. The Encounter Notification Service (ENS), which utilizes Emergency Department and Inpatient hospital data to alert subscribers in real-time of patient hospital encounters, now has widespread

participation throughout the state. ENS promotes care coordination and can reduce unnecessary hospital readmissions by providing subscribers with notifications of patients' hospital encounters, inclusive of patient demographic information, event type, facility information, diagnosis code, attending physician, and primary complaint. Mr. Carter reported that as of December 1st, the ENS has 39 organizations subscribed covering 4.3 million patients, a 9% increase since Quarter 2 of 2017. The number of notifications to subscribers per month has increased to 402,837, a 30% increase since Quarter 2 of 2017.

Mr. Carter reported that Ai is working with the more than 200 ENS data source hospitals to enhance the data sent to subscribers. New data fields have been added in response to customer feedback and will result in higher notification volumes for all subscribers. There is ongoing work with subscribers to route notifications directly to their affiliated providers, as well as the exploration of vendor partnerships to expand bi-directional connectivity into the skilled nursing/post-acute care space.

Mr. Carter reviewed the Quarter 4 activities regarding the ongoing support for the legacy Aurion Gateway to the eHealth Exchange. Development and certification efforts are underway for a new CONNECT State Gateway to eHealth Exchange. Ai is exploring potential transition strategies to migrate current Aurion Gateway users to the CONNECT Gateway. Conversations are underway with other potential CONNECT State Gateway participants.

Mr. Carter showed the committee a screen shot of the PROMPT interface with enhanced features. The current PROMPT deployment offers ENS subscribers a patient management interface for care coordination and data reporting. The enhanced PROMPT provides subscribers with an efficient way to load their panels into the ENS, includes tabs for a Census view allowing the subscriber to review the disposition of all of their patients in one place, a task view, and a patient view showing individual patient information.

The future roadmap for the Florida HIE project includes a focus on ENS adoption among hospital systems' clinically integrated networks and delivery of notifications to hospital emergency departments based on subscriber panel data. Ai is working to incorporate post-acute care data into notifications. Delivery of overdose alerts to regional rapid response teams and other applicable public health officials is being considered. Ai will continue to explore county health department connectivity to the eHealth Exchange/State Gateway, and deploy new services according to stakeholder feedback and demand. In addition, Ai will continue to monitor policies and statutes on HIE data aggregation and the Prescription Drug Monitoring Program, and identify changes in these which would allow for deployment of other available features.

Mr. Alex Koster suggested Ai speak with Urgent Care providers and include them in the roadmap, and Mr. Carter agreed. Mr. Koster also brought up the education of new providers as being necessary. Mr. Carter agreed and shared Ai's intent to continue be a trusted partner in the industry as they educate the participants on available solutions.

Outreach Update

Ms. Pam King reported that the 2018 HIE Outreach Plan Draft was nearly complete. The HIE outreach team attended and/or produced 62 events during 2017. The team held multiple events, including webinars, conferences, and workshops, with multiple stakeholders in attendance. The team participated in National Health Information Technology week during the first week of October. Event listings can be viewed on the Florida Health Information Exchange website, on the “News and Events” page.

Ms. King reported that there are Centers for Medicaid and Medicare Services (CMS) funding opportunities available for organizations to expand or connect to the eHX. The Agency will issue a Request for Proposal for organizations to respond to with their request for funding.

Program Metrics

Ms. Fox gave the committee a brief review of the Florida Medicaid Electronic Health Records Incentive Program payment information as of November 30, 2017. There were 15,211 payments made to 8,859 eligible professions, and 530 payments to 182 eligible hospitals. The program has made total payments of \$238M to eligible professionals and \$319M to eligible hospitals.

Ms. Fox reviewed the Encounter Notification Service (ENS) metrics. She reported that ENS delivers real-time hospital encounter alerts to subscribing organizations with appropriate consent from 216 hospital data sources. Eleven health plans, twenty-three Accountable Care Organizations, and three provider groups have subscribed to ENS and are receiving alerts. The subscribing participants currently have approximately 4.2M individuals covered by ENS.

Legal Work Group Report

Ms. Fox reported that the Health Information Exchange Legal Work Group (LWG) met on December 1, 2017. The LWG heard reports regarding the Florida HIE Transition, the Health Information Exchange Study with North Highland, the CMS Funding Opportunities for eligible providers, and the HIPAA Crosswalk tool maintained by the Florida Center staff.

The LWG members were interested in the type of Consent model required Florida. Ms. Fox clarified to the work group that although HIPAA allows the exchange of health information for treating purposes with an opt-out provision. Florida’s statutory restrictions on the release of mental health information requires an “opt-in” process for release of electronic Health Information. “Opt in”, in a broad sense, provides explicit consent for a record to be queried or released. There are two ways to comply with opt in, consent to query and consent to release. We used consent to query in our PLU service where a treating provider at the point of care had to acquire patient consent to query for records from other providers.

Ms. Fox explained that consent requirements for the e-Health Exchange are governed by the DURSA (Data Use Reciprocal Support Agreement), which stipulates that participants be required to obtain appropriate consents for exchange. The Florida HIE has therefore determined

to leave consent management in the hands of participants, guided by the requirements of HIPAA and Florida law.

The LWG reviewed and discussed an addendum to the Encounter Notification Service (ENS) to allow Ai to retain data for specified enhanced services. Ms. Fox reported that members of the LWG inquired about participants' feedback regarding retention of data. She responded that there is interest in the additional services which data retention would allow. Dr. Saver remarked that retention of the data was not part of the originally planned service. Ms. Fox responded that data retention and analysis, would lead to better care coordination, and the addendum is voluntary so the only data retained would be for organizations who elect to do so.

North Highland

Ms. Katie Weissert reported that the Health Information Exchange Study is moving forward. She noted that the Agency repurposed the last HIECC meeting for a Visioning Session with the committee members as well as other stakeholders. Using the information gathered, North Highland developed a survey for the stakeholders to determine the use of, and barriers to Health Information Exchange. As of December 5, 2017, North Highland had received approximately 100 survey responses.

Ms. Leda Kelly reported that North Highland will conduct one-on-one interviews with stakeholders throughout the state. She reported that they are developing a Request for Information (RFI) to gather information from Vendors to include in the Health Information Exchange Study. Dr. Saver asked to see the November 17, 2017 meeting minutes. Ms. Fox responded that the Agency would post the minutes on the HIECC website.

Collective Medical Technologies

Mr. Andrew Reeve shared a presentation on Collective Medical Technologies' care coordination tool, PreManage. After giving a brief history of the organization, he noted that a small number of patients generate a disproportionate volume of visits. These patients tend to change facilities and care settings, which makes it difficult to coordinate care appropriately. Mr. Reeve spoke about the benefits of using the Emergency Department as a bridge to connect the entire healthcare enterprise to help prevent readmissions, avoid preventable admissions, and promote care coordination.

Mr. Reeve described the PreManage workflow, and shared a snapshot of the alerting tool. Alerts include point of care, patient-specific guidelines, as well as recent summarized visits, which may eliminate duplicative case management. If Florida law permitted, the alerts also could include data from the prescription drug-monitoring program. He briefly shared CMT's achievements in other states, and comments from providers using PreManage.

Dr. Saver asked what the path forward looks like for CMT. Mr. Reeve responded that CMT wants to be a value added service to the Florida HIE. He added that they would like to collaborate with the Agency to do so.

Mr. Koster inquired whom would CMT interact with directly, as Emergency Departments (ED) would need data feeds coming in from multiple registries and organizations, to make the service work.

Mr. Reeve responded that the question speaks to why he wants to collaborate with the Agency. He stated that the infrastructure is already in place. He went on to say that where the infrastructure is not currently built-out, CMT would complete it. Mr. Reeve stated that CMT is hoping to be an add-on service to subscribing hospitals, EDs and a few health plans.

Mr. Koster asked where the medical home fits as a customer. Mr. Reeve said that the medical home would upload a panel, which CMT would develop risk analytic criteria to develop a care plan, which would stay with the patient. The provider and health plan receive alerts on the patient when necessary.

Mr. Reeve finished with the suggestion CMT would start in EDs to install add-on services to assist in the detection opioid of seekers.

Next steps

Ms. Fox told the HIECC members and attendees that the committee will meet again in March 2018.

There being no further business to discuss, Mr. Peter Kress moved to adjourn, with no objections. The committee adjourned at 11:35 a.m.