



State Consumer Health Information and Policy Advisory Council

March 7, 2024

This meeting is being recorded



Jason Weida, Secretary,
Agency for Health Care
Administration

Council Members

Chair
Karen van Caulil, Ph.D.,
President, and CEO,
Florida Alliance for
Healthcare Value

Vice Chair
David Shapiro, MD,
Administrator, Red Hills
Surgical Center

Alexis Bakofsky,
Chief of Staff, Office of
Insurance Regulation

Joyce Case,
HPC Program Director,
Health Planning Council of
Northeast Florida

Jarrold Fowler
Director of Health Care
Policy and Innovation,
Florida Medical Association

Diane Godfrey,
Vice President,
AdventHealth

Dennis Hollingsworth
Chief of Clinic Management
and Informatics, Florida
Department of Health

Lindy Kennedy,
Executive Vice President,
Safety Net Hospital Alliance
of Florida

Molly McKinstry
Chief of Staff, Florida
Department of Children and
Families

Cindy Meredith
Director of Client Affairs
Florida Association of
Health Plans

Sal Nuzzo,
Vice President of Policy and
Director of The Center for
Economic Prosperity, The
James Madison Institute

Andrew Weatherill, Ph. D.,
Student Support Services
Senior Director, Department
of Education

Vacant
Executive Office of The
Governor



AGENDA

State Consumer Health Information and Policy (SCHIP) Advisory Council

Meeting Date: Thursday March 7, 2024

Time: 10:00 AM to 2:00 PM

Location: Florida Center
2727 Mahan Drive Tallahassee, FL 32308

Virtual: <https://attendee.gotowebinar.com/register/7208719726038585183>

Dial-in Information: Will be provided upon registration.

TIME	ITEM
10:00 AM	Welcome & Roll Call
	Agency Update
	Review & Approve Meeting Minutes (Action Item)
	Previous Action Item Review and Status Updates
10:15	Pathway to Prosperity Overview Dept of Children and Family
11:00	HIECC Report <ul style="list-style-type: none"> Approval of New HIECC Member (Action Items)
12:00	Lunch
12:30	Unit Updates <ul style="list-style-type: none"> Data Collection Unit Data Dissemination Unit HIE & Policy Unit
1:00	Update on Federal Policies Impacting Data Sharing <ul style="list-style-type: none"> Trusted Exchange Framework & Common Agreement 42 CFR Part 2 Modifications
1:30	Public Comments
1:45	Meeting Summary & Next Steps
	Adjournment



Welcome & Roll Call



Agency Updates



Review and Approve Previous Meeting Minutes

(action item)



**State Consumer Health Information and Policy (SCHIP) Advisory Council
Meeting Minutes**

DRAFT MINUTES

Data Standards and Transparency Committee Meeting

Date: Thursday, December 7, 2023

Time: 10:00 AM to 2:00 PM

Location: Florida Center 2727 Mahan Drive Building 3, Tallahassee, FL 32308

Members Present: Diane Godfrey, Lindy Kennedy, Sal Nuzzo, David Shapiro, M.D., Karen L. van Caulil, Ph.D., Jarrod Fowler, Molly McKinstry

Members Not Present: Joyce Case, Dennis Hollingsworth, Alexis Bakofsky

Presenters: Bruce Culpepper, Peggy Wright, Jill Parker, Craig Dalton

Agency Staff Present: Pam King, Jaime Bustos, Kim Davis-Allen, Suzanne Kirayoglu, Erika Pearce, Crystal Ritter, Corinne Slautterback, Hanna Neustadter, ABM Uddin

Interested Parties Present: Christopher Struk, Aaron Parsons, Ashley Tait-Dinger, Brian Smart, Mary Thomas, Patricia Vidal, Michael Cragg, Ana Rivas, Michelle Garmizo, Kim Streit, Sarah Sheppard, Krystal Middlebrook, Shelley Mannino, 4 other external phone numbers

Meeting Materials: [State Consumer Health Information and Policy Advisory Council \(myflorida.com\)](#)

Welcome: Dr. Karen van Caulil called the meeting to order at 10:02 a.m. She asked Agency staff to call the roll.

Roll Call: Ms. Pam King called roll. It was noted that Mr. Christopher Struk was present in place of Ms. Alexis Bakofsky. She advised that a quorum was present.

Review & Approve Previous Meeting Minutes: Dr. van Caulil asked for a motion to approve the meeting minutes as presented. Ms. Godfrey moved to approve the minutes. Dr. Shapiro seconded the motion, which carried unanimously.

Ms. King advised all attending that the meeting was being recorded.

Review & Approve Previous Actions Items: Ms. King provided an update on action items from the previous meeting.

- Continue planning an all-day retreat with Council members.





The staff will be working with the Chair and other interested members to plan an all-day retreat. This topic will be discussed during the meeting dates for 2024 agenda item.

- **Fill vacant Council member positions.**
Agency leadership is still working on filling vacant Council member positions.
- **Reword the E-PLUS Missing Persons slide to reflect that end users can edit panels to add new persons for better clarity.**
This item was completed and fixed online.
- **Lunch and Learn calendar - invite the Council members to learn about the new Florida Transparency website.**
This item is pending the identification of a date for these sessions and will be revisited by Mr. Jaime Bustos during this meeting.
- **Provide members with a chart that shows already provided suggested changes of the transparency website.**
This item has been completed and was sent out to all the Council members shortly after the previous meeting.
- **Share HIE Legal Workgroup and HIECC meetings invites the Council members to listen in.**
This item has been completed.
- **Request Department of Health to provide a presentation on their use of ENS data.**
Agency staff reached out to the Department of Health, and they will be doing a presentation during this meeting.
- **Reach out to stakeholders for thoughts on HIE transition.**
The Agency reached out to stakeholders and will be sharing this information during the meeting.
- **Update the prior Action Items in the meeting materials to include corrections noted by the Council.**
This item was completed.

Agency Updates: Mr. Jaime Bustos provided the Agency updates. Agency leadership is continuing to work with the legislature on bills and funding requests. There is a focus on health care for the 2024 legislative session. The Agency will keep working on enhancing their transparency projects and encourages everyone to watch out for upcoming bills. Ms. Kennedy asked if there were any bills in particular, they should look into. Mr. Bustos noted Senate Bill 668, filed this week by Senator Anna Maria Rodriguez, was being watched closely. Mr. Bustos said he would work on compiling a list of bills that may be of interest to the Council. Ms. Kennedy asked if the Council was allowed to view the Agency's internal bill analyses for each bill. Mr. Bustos said he would investigate and send the analyses, if permissible.

Election of Officers: It was noted that Dr. van Caulil was nominated for Chair and Dr. Shapiro was nominated for Vice Chair. Both accepted the nominations. After a brief discussion, Ms. Godfrey moved to approve the slate of officers. Ms. Kennedy seconded the motion, which carried unanimously. Dr. van Caulil thanked the Council members for the honor of serving as Chair again.





Unit Updates: Mr. Bustos provided the following Unit updates:

The Office of Data Dissemination and Transparency went live with the updated FloridaHealthFinder (FHF) website on November 9th and offers a new look and feel in addition to providing consumers with new navigation options. Additionally, it offers an updated home page that includes new mega-menu tabs, new flip cards listing the many FHF tools, a central location for all FHF dashboards, and a consumer “How to use FHF” video. They received additional funds to continue to enhance the website.

With regard to the FloridaHealthPriceFinder website, the care bundle reformulation is complete and will refresh during summer of 2024. This refresh will increase the number of the published care bundles to approximately 390. On November 16th, Deputy Secretary Kim Smoak went to the House Health Care Appropriations Subcommittee for a presentation on the FLHealthFinder website and other transparency projects. The marketing and outreach content for all transparency websites was published in coordination with the “go-live” of FHF. There are currently commercials advertising these transparency projects being aired on multiple platforms including Meta, Google, Spotify, iHeartMedia, YouTube, and Amazon. There has been an uptick in utilization as a result.

From the Office of Data Collection and Quality Assurance, the Q2 2023 Data Collection certification is 99% complete.

The Office of Health Information Exchange is currently working on the development of the invitation to negotiate that is anticipated to be released in January. They recently held several listening sessions to obtain feedback from stakeholders and have also been working with the HIE Legal Work Group and HIECC. For Patient Record Exchange (query), there are over 3500 Florida health care entities connected through the eHealth Exchange and/or Carequality framework. There are approximately 240 Florida hospitals connected to a national exchange or national trust framework. Of those, approximately 56 are connected to the Commonwell platform only, but close to sharing data through Carequality to eHealth Exchange participants in the near future. For the Encounter Notification System (ENS), as of the end of October there were 801 data senders, with 551 data senders tied to a data subscription. There are 245 data recipient agreements, over 39 million lives covered, and over 10 million notifications sent monthly. The Emergency Patient Look-Up System (E-PLUS) team is continuing education and credentialing activities. For 2024, efforts will continue on stakeholder identification, use case development and system enhancements based on user feedback. Outreach efforts to Regional and County Emergency Management staff on E-PLUS is focusing on Missing Persons and planned enhancements will include the shelter name within ENS notifications. As of December 1st, 41 counties and 67 organizations have access to E-PLUS. There are 6 credentialed Home Health Agencies, and the team is continuing to work with this provider types to support their required emergency response plans. Department of Health staff have access to E-PLUS in all 7 regions.





For the Patient Safety Culture Survey Program (PSCS), the Agency continues to work in close coordination with the Florida Hospital Association, the Florida Society for Ambulatory Surgical Centers, providers, and stakeholders to ensure that all the surveying facilities have access to the PSCS information material, tools, and education sessions. The Agency will close out this year by sending the final notice of 2023 to the surveying facilities in December. They will be advised to finalize the decision on who will administer, and to begin conducting the survey if they have not done so already. The Agency has prepared the 2024 guidance and notices for the facilities and continually updated their education sessions and FAQs with helpful information derived from questions they receive from the PSCS inbox. Ms. King explained that the roughly 55 hospitals not connected to the eHealth Exchange are mostly HCA hospitals and they have begun to make that transition.

Ms. Kennedy asked if the vendor contract for FHF has run out. Mr. Bustos explained that they renewed the master agreement and the only thing that was amended was the new funding allocation they recently received. Ms. Kennedy asked what the time frame was for the master contract. Mr. Bustos explained that it is due to end in 2026 with Cloud Navigator. The amendment currently being processed gives them funding through June 30, 2024. Ms. Kennedy asked further questions about the differences in the vendors between all of the different services. Mr. Bustos explained the main vendors for the transparency websites are Cloud Navigator for FLHealthFinder and MYFLRX and Health Care Cost Institute (HCCI) for Florida Health Price Finder. They also have a contract with CoImagine for a data tool that will go-live soon on FLHealthFinder. PointClickCare is the vendor for the Encounter Notification Services. Ms. Kennedy asked if health care facilities were only able to connect to one national HIE framework. Ms. King explained that there are multiple national exchanges and vendors can choose which one they want to work with.

Department of Health (DOH) HIE Utilization Presentation: Mr. Bruce Culpepper, Ms. Peggy Wright, and Ms. Jill Parker introduced themselves and discussed their roles at the Department of Health. Mr. Culpepper went over their DOH HIE presentation included within the meeting slides.

During the discussion of the FDOH HIE Timeline, Ms. Godfrey asked if all the county health departments (CHD) are on the same electronic health record (EHR). DOH Staff explained they are all on the same EHR, which is HMS. They have 67 different instances of HMS that they are in the process of consolidating into one database. The new in context patient query functionality has recently allowed the different counties to communicate with each other within the EHR. Ms. Godfrey also asked for clarity on how DOH is connected to the national eHealth Exchange. DOH staff explained they were connected through their vendor, PointClickCare, which was previously Audacious Inquiry.

During the discussion on ENS Utilization, Ms. Godfrey asked for clarification on what kind of patients ENS was sending alerts about. Ms. King clarified that treat and release notifications were sent out. There was a discussion on the sometimes-duplicative nature of the ENS





notifications, but there are currently efforts underway to reduce duplicate notifications. Mr. Culpepper explained that their patient matching rate is not where they want it to be, but they are currently working on improving it with PointClickCare.

When discussing the Patient Query with Clinical Data Exchange Service, Mr. Culpepper explained that Continuity of Care Documents (CCDs), visit summaries, lab results, and more can be shared with the national networks but the environment is hosted by a different, HITRUST certified cloud infrastructure instead of their EHR system. This helps reduce vulnerabilities in their EHR. In the event of a potential disease outbreak, improvements have also been made to allow CHD Epidemiologists to access clinical records and investigate the patients or organizations involved in the outbreaks.

For the charts displaying Carequality and eHealth Exchange Participation, Mr. Culpepper explained that the bolded numbers indicate totals and non-bolded numbers indicate subtotals. Ms. Godfrey asked how the query process would work when utilizing the national eHealth Exchange. DOH staff explained it would be dependent on the individual practitioner to query an individual on the national exchange if they have a patient from another state. Ms. Godfrey also asked about future uses of ENS in cases of opioid overdoses. Mr. Culpepper explained they are looking into possibilities like that, and they are currently connected to the Prescription Drug Monitoring Program (PDMP). They would like to create flexibility in their framework to account for new possibilities without having to wait long periods of time to create formal changes that require additional funding. Further questions were asked to clarify that DOH data was for DOH patients and that DOH is sharing data with FQHCs. They have a few counties still providing primary care. There is a localized method of connecting infectious disease patients to medical homes, with Pinellas County being a good model. Many larger counties have the IT staff download ENS notifications every day and then ensure the information gets to the right program office. This helps ensure that the patients are being followed up on and have continuity of care. If a patient is tested and then added to one of the infectious disease registries but not connected through technology, each program has their own method of tracking down and monitoring the patient to ensure they receive care. Mr. Brian Smart commented that PointClickCare is working on a state dashboard that would provide the Agency with a report on opioid emergency department encounters and provide that data at the county level.

Ms. Wright gave a presentation on Tools to Use in the HIE, including Proactive Management of Patient Transitions (ProMPT), HIE InContext (HMS), and Protenus. Ms. Wright then demonstrated these tools. The presentation and demos are included in the meeting slides. Agency and DOH staff clarified that data exchanged through the national networks is not limited to Medicaid patients and will include anyone seen by a hospital. Mr. Culpepper then gave a presentation on improvement plans and strategies that are available in the meeting slides. There was a question about their timeline with UniteUs, to which Mr. Culpepper explained they are still exploring this resource and the possibilities associated with it.





FloridaHealthFinder Website Update: Mr. Bustos provided this update by walking Council members through the updated website. He explained this was the first time they have had funding to improve marketing for the website. They focused on discoverability and looked at how they could better measure website traffic. They added a survey on the website to get more information on whether people were saving money when making these decisions. They worked with the vendor Strategic Digital Services to conduct the marketing campaign and improve mobile experience.

Mr. Bustos walked the Council members through how they can search for providers on the website. Ms. Godfrey expressed concerns that the new website was not as consumer friendly as the previous version. Mr. Bustos mentioned the tutorial videos provided on the website. Dr. van Caulil suggested moving the tutorial videos closer to the top, so they are easier for users to access. Council members expressed the need for more webinars to demo the website to organizations like the Florida Alliance for Healthcare Value and other groups across the state who need to use these resources. Mr. Bustos explained they are working on rescheduling the webinars after they finish conducting walkthroughs with the House Health Care Subcommittee. The Agency is working on adding a button to the website where users can request a webinar. Ms. Godfrey discussed further usability concerns when searching for a provider and suggested adding a 'Name' or 'City' search option. She encouraged focusing on a general consumer audience instead of a professional audience. Mr. Bustos explained the Agency is open to feedback and planning more opportunities with the Council or other constituents in the future to continue working on website updates. Mr. Bustos reviewed the AHCA Dashboard and various Council members had questions on the adverse incident report. Dr. Shapiro asked if the parties involved are named in the liability claims, to which Agency staff explained that the parties are not named in the report.

Mr. Bustos explained that there is not yet an app for the website, but it is available for mobile view. Previously the website had about 1/6 million visitors per year, but the 2023 numbers are not out yet. The top cities using FHF were Tallahassee, Miami, Lake Mary, Tampa, Orlando, Fort Lauderdale, Jacksonville, Hollywood, Gainesville, and West Palm Beach. MyFloridaRX went live March 1st and has had 133,000 total visitors, averaging about 544 visitors per day. That website also has about 25% mobile view and access. The marketing campaign ran from May 15th to September 30th. Mr. Bustos provided a multitude of metrics explaining the impressions and clicks the ads received over multiple platforms during that time period. They are planning on doing more marketing in the Spring after the holidays are over. Dr. van Caulil asked if there was a way to add FHF to their email e-signatures to help with advertising. Mr. Bustos explained the logo would be easy to share. He also offered to provide a QR code they could share that would bring people to the website. Committee members also asked about the website's surveys and how many people have responded to these. Mr. Bustos explained that these are still relatively new. They are further looking into new types of data to add to the website, creating animated infographics to explain how to use the website, and adding a virtual assistant. The Council also suggested having the survey responses sent to the Agency even if the user does not answer all 8 questions, which Mr. Bustos explained is already the case. Ms. Kennedy also suggested adding





features that incorporate the health plan. The Council suggested collaborating with health plans to get lists of their providers on the website. Dr. van Caulil asked Mr. Bustos for a printable pdf that they could use to share with others about the website.

Lunch: A 15-minute recess was taken.

HIE Coordinating Committee Meeting Report: Craig Dalton, Chair of the HIECC, provided an overview of their last meeting on November 15, 2023. He reviewed the results of their 2024 officer elections and explained their main objective was to assist the Agency in the procurement of a new vendor for ENS services, discussing data retention, interstate data exchange, and patient consent. He reviewed the meeting summary document provided in the meeting materials and elaborated on the importance of not monetizing patient data. The HIECC was interested in interstate data exchange but was deemed not a requirement as the logistics of matching up consent models between states might be difficult to manage. Ms. King explained the current ENS consent model and how ENS's ability to share mental health-related encounter data might make it difficult to work with other states. When discussing changing the consent model, some members of the Council suggested this change might reduce the amount of data, and they agreed with the HIECC to defer this issue to the HIE Legal Work Group. Ms. Godfrey asked about how long the data was retained, to which Ms. King clarified that there was a minimum of one year of data retention, but hospitals could opt out after that.

HIE Legal Work Group Meeting Report: Ms. King gave an overview of the last two HIE Legal Work Group meetings on October 10, 2023, and November 17, 2023. She reviewed the meeting summary documents provided in the meeting materials. The Legal Work Group recommended making sure any potential vendor was HITRUST certified and that moving to a national model was acceptable as long as it could be done securely. They brought up concerns about who owns the data and the potential for patients to be denied access to care. Given the Agency's interests in interstate exchange, they advised that legally they should either switch to the opt in model or filter out mental health data. The Legal Work Group also made edits to the ENS Agreement in anticipation of the procurement. After receiving feedback from the HIECC, Legal Work Group, and stakeholders, the Agency is working on preparing an invitation to negotiate. The Council asked questions about whether changing the consent model would be up to the Agency or the state legislature and the potential for a reduction in the amount of ENS data as a result of this change. Ms. King explained that the consent model would be up to the Agency and that they are currently taking multiple things into consideration when discussing the consent model.

HIE Vendor Transition – Stakeholder/User Feedback: Ms. King gave an overview of the feedback provided to them by ENS stakeholders using a presentation provided in the meeting slides. Mr. Smart asked if obtaining Continuity of Care Documents (CCDs) was a point customers brought up as being important. Ms. King explained that some individual practitioners thought getting discharge summaries with their encounter notifications would be beneficial.





2024 SCHIP Meeting Dates:

Dr. van Caulil shared the proposed SCHIP meeting dates for 2024. She asked if anyone would like to volunteer to help plan the agenda and logistics for their potential retreat in March. Someone asked if it would be better to have a retreat farther after the legislative session ends to discuss changes made during session and updates with the ITN. Dr. van Caulil asked when Agency staff thought a decision might be made after the ITN and Agency staff explained it would be towards the second half of the year. Committee members suggested keeping these dates as regular meetings and having another day be the retreat. They also suggested inviting members from the HIECC and Legal Work Group to the Retreat. The committee members decided to finalize the dates after this meeting by having each member email AHCA staff with their availability on these meeting dates. Dr. van Caulil asked if any other members wanted to help plan the retreat, but the committee agreed to follow the discretion of the Chair and Agency staff.

Public Comments:

Shelly Mannino from the Velatura Public Benefit Corporation discussed developments being made by the group in collaboration with other groups, such as the Broward Data Collaborative and the Children’s Services Council. She expressed support for the work of the Council and was excited to learn more about future plans.

Meeting Summary and Next Steps: Ms. King reviewed the new action items:

New Action Items	Owner
Provide list of bills that would be of interest to the Advisory Council by email	Pam King
Check on Advisory Council receiving staff bill analyses	Jaime Bustos
Agency staff look at Senate Bill 668 language to ensure intent is clear	Jaime Bustos
Move training video on transparency page to the top	Trish Vidal
Add city and provider name to the search on FloridaHealthFinder	Trish Vidal
Schedule Advisory Council walkthrough of FloridaHealthFinder so they can work on getting feedback from their constituents	Trish Vidal
Provide QR code and email signature for FloridaHealthFinder	Trish Vidal/ Pam King
Add reminder to FloridaHealthFinder for consumers to see if their insurance plans participate with certain providers or organizations	Trish Vidal
Send printable pdf about FloridaHealthFinder to Advisory Council members	Trish Vidal/Pam King
Survey Advisory Council members for meeting dates in 2024	Pam King/Crystal Ritter





Schedule retreat workgroup meeting	Pam King
Invite HIECC and Legal Work Group to Retreat	Pam King

Public Comment/Adjourn:

With no further business to discuss, Dr. van Caulil asked for a motion to adjourn and thanked the staff for their meeting preparation. Ms. Kennedy made the motion and Ms. Godfrey seconded the motion, which passed unanimously. The meeting adjourned at 1:48 pm.

DRAFT





Previous Action Items and Status Updates

New Action Items	Owner
Provide list of Bills that may be of interest to the committee by email	Pam King
Check on counsel getting bill analyses	Jaime Bustos
Agency staff look at Senate bill 668 language to ensure intent is clear	Jaime Bustos
Move training video on transparency page to the top	Trish Vidal/Jaime Bustos
Add city and provider name to the search on FloridaHealthFinder	Trish Vidal/Jaime Bustos
Schedule Advisory Council walkthrough of FloridaHealthFinder so they can work on getting feedback from their constituents	Trish Vidal/Jaime Bustos
Provide QR code and email signature for FloridaHealthFinder	Trish Vidal/Jaime Bustos
Add reminder to FloridaHealthFinder for consumers to see if their insurance plans participate with certain providers or organizations	Trish Vidal/Jaime Bustos
Send printable pdf about FloridaHealthFinder to Council members	Trish Vidal/Pam King
Survey Advisory Council meetings for 2024	Pam King
Schedule retreat workgroup meeting	Pam King
Invite HIECC and Legal Work Group to Retreat	Pam King





HIECC Report

- Approval of new HIECC Member (action item)



Joe Velderman

Experience

December 2019 - Current

Vice President of Innovation • Cypress Living (Fort Myers, FL)
As VP of Innovation Mr. Velderman has an external focus, leading IT-powered digital innovation, while building and supporting the innovation capabilities of the organization. In addition to the innovation efforts, Joe is responsible for all technology operations within the Cypress brand, guiding strategy and direction for all infrastructure, enterprise applications, and data initiatives.

Mr. Velderman has always had an affinity for seniors and is passionate about developing and leveraging technology tools as a means for helping seniors age in a healthy and graceful way. He is a gifted, forward-thinker and strategist with a keen sense for how technology can and will be used in the future.

March 2006 – November 2019

Director of Consulting Services • ProviNET Solutions (Tinley Park, IL)

October 2008 – October 2017

Director of Computer Services (Contract) • Trinity Christian College (Palos Heights, IL)


Education

Trinity Christian College - Palos Heights, IL

- B.A. – Business Administration
- B.S. – Information Technology

Achievements

- 2023 Gulf Shore Business “Healthcare Hero”
- 2021 LeadingAge Florida “Innovator of the Year”
- LeadingAge Centers for Aging Services Technology (CAST) Commissioner
- 2020 Ziegler Link-Age Closing Keynote Speaker – “Advancing Innovation & Technology Adoption”

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Leadership

Joe is very passionate about technology, viewing technical tools as a means of increasing efficiency and improving intelligence. He understands that technology needs to be effective while continuing to promote the personal attentiveness and care that makes aging services special. As a consultant Joe worked with many organizations to establish technology strategies, assist in IT governance, and mentor other technology leaders.

Joe regularly contributes thought leadership, speaking at state and national trade associations, contributing to white papers, and leading educational webinars.

References

Troy Churchill – President & CEO, Cypress Living
tchurchill@cypressliving.org

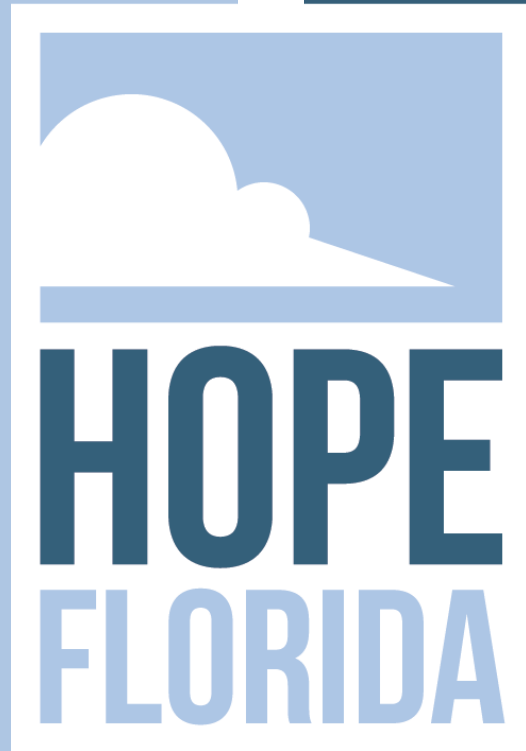
Majd Alwan – SVP of Technology & Business Strategy, Executive Director for Aging Services Technologies, LeadingAge
malwan@leadingage.org

Dan Hermann – President & CEO, Head of Investment Banking, Ziegler
dhermann@ziegler.com





Pathway to Prosperity Overview



HOPE FLORIDA

TAYLOR PECK, STAFF DIRECTOR
OFFICE OF COMMUNITY SERVICES
DEPARTMENT OF CHILDREN AND FAMILIES



What is Hope Florida?

Hope Florida is an initiative spearheaded by First Lady Casey DeSantis, which utilizes Hope Navigators to guide Floridians on an individualized path to prosperity, economic self-sufficiency, and hope by focusing on community collaboration between the private sector, faith-based community, nonprofits, and government entities.

The program helps to break down traditional community silos, maximize support, and uncover opportunities.



What are Hope Navigators?

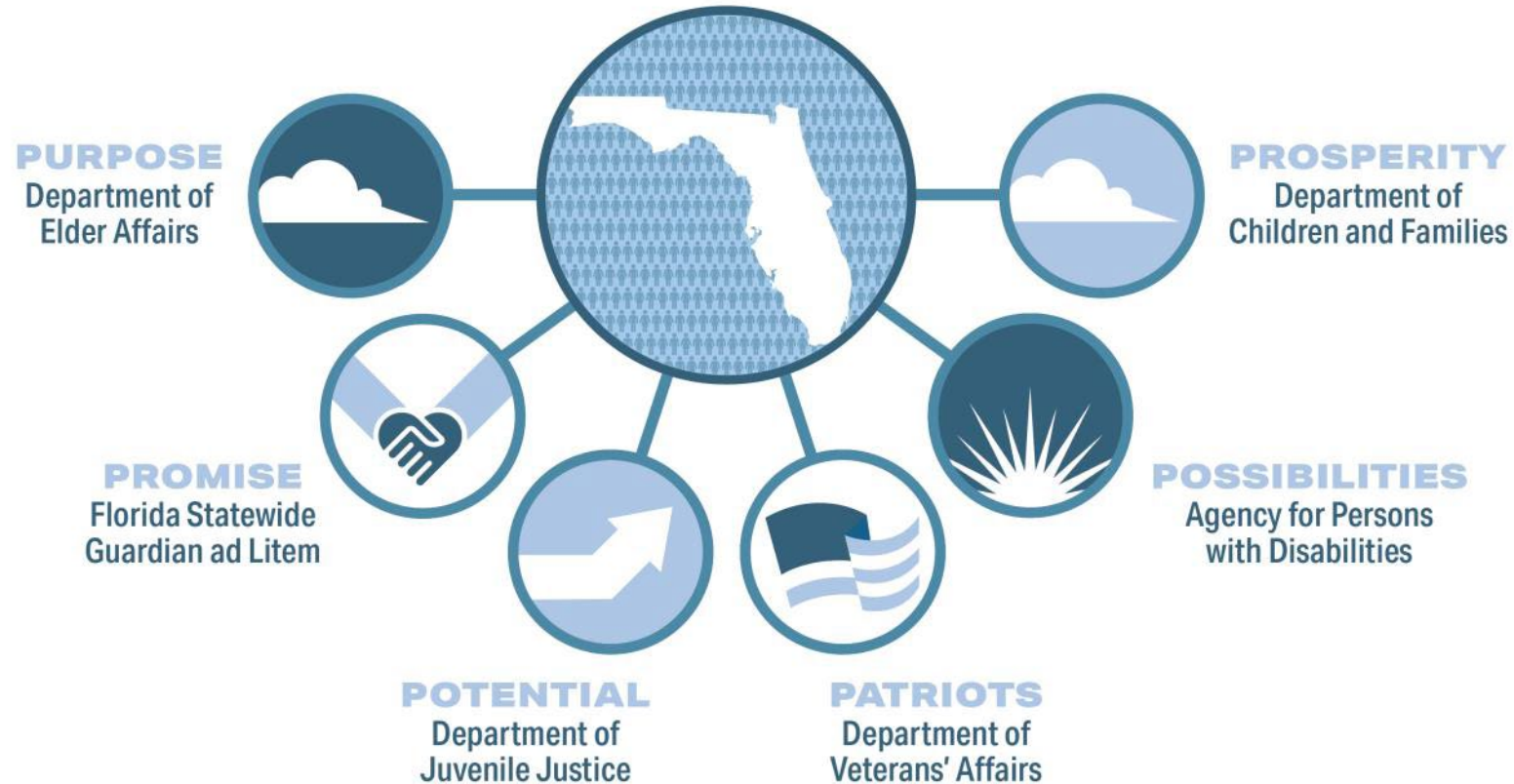
Hope Navigators work hand-in-hand with individuals to identify their unique barriers to prosperity and engage all sectors of the community to be a crucial part of the solution.

Hope Navigators help to identify long-term goals and develop a strategic plan to make success a reality.

Additionally, Hope Navigators help identify and organize opportunities for Floridians who wish to help their neighbors by connecting them with volunteer opportunities.

Hope Florida Participating Agencies

*Connecting individuals to resources
through community collaboration*



Partnerships

- Hope Florida has nearly 6,000 community partners, including faith institutions, nonprofit organizations, and private sector partners.
- Career Source Florida
 - Local workforce boards working with individuals in need of employment and training support
- Technology platform that allows individuals and organizations to receive real-time alerts of individualized needs in the community
- Closed-loop referral system that enables end to end tracking of needs being met

Common Needs

- Employment
- Housing
- Education
- Job Skills Training
- Bill Payment
- Finance and Budgeting
- Childcare
- Medical Treatment
- Legal Assistance
- Food/Clothing
- Transportation
- Mental Health Treatment
- Substance Abuse Treatment



GET HELP



STEP 1: Call the Hope Line for assistance.
850-300-HOPE



STEP 2: Hope Navigator provides one-on-one support to identify immediate and long-term needs.



STEP 3: Hope Navigator utilizes extensive rolodex of community partners – including state government, non-profits, faith groups and the private sector, to meet immediate needs.



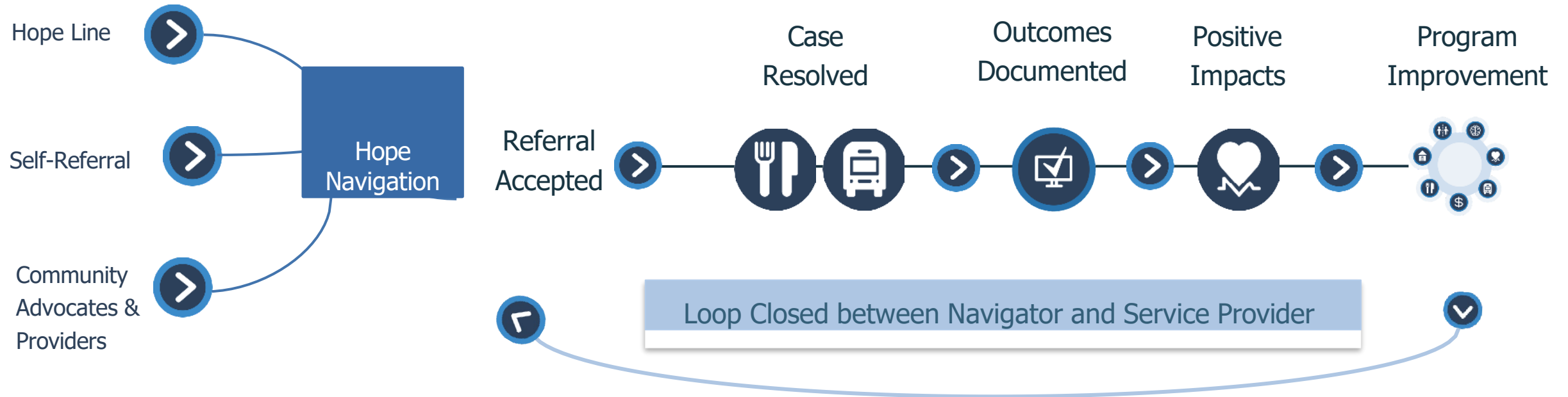
STEP 4: Hope Navigator inputs any outstanding needs into CarePortal, alerting all participating organizations on the help needed.



STEP 5: After your immediate needs are met, your Hope Navigator helps you map out and implement a strategic plan to achieve long-term goals of prosperity, economic self-sufficiency, and hope.



No Wrong Door to Access Services



Jessica's Journey



HOMELESS

Jessica was residing in hotels along with her 2-year-old son. After exhausting all available funds, she had to leave the hotel and transitioned to living in her car.

REFERRAL TO HOPE FLORIDA MADE

TEMPORARY HOUSING

The Hope Navigator reached out to different shelters. Jessica was accepted into a program for temporary housing with the condition that she obtain employment within 90 days.



EMPLOYMENT

With housing temporarily stabilized, the next focus was employment. Jessica was already working with CareerSource Florida. In addition, her Hope Navigator sent job leads to her, including vacancies within the Department. A few weeks later, she secured employment.



With a new job, Jessica's last barrier was childcare for her son, which was soon resolved due to having stable employment.

CHILD CARE

PERMANENT HOUSING

Recently, Jessica was able to move into a studio apartment on her own. Even with the many challenges presented, Jessica stayed committed to achieving her goals by successfully graduating from Hope Florida.



HOPEFLORIDA

Impact of Hope Florida – A Pathway to Prosperity

Individuals Receiving Government Assistance:

- **57%** of participants on public assistance had a reduction or eliminated their reliance for assistance.
- **7,877** participants on public assistance had a reduced reliance for assistance.
- **17,140** participants on public assistance are no longer relying on assistance.

Individuals With Employment Barriers:

- **64%** of participants with an employment barrier were able to find employment.

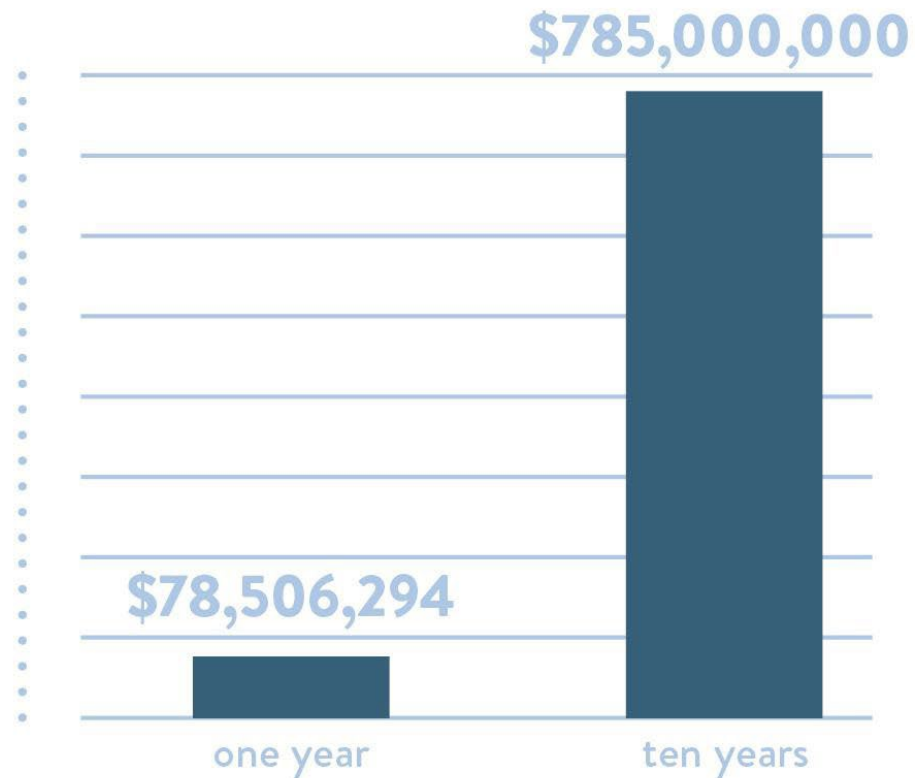
Private Sector Engagement

- The private sector can participate in the program in several ways, including offering employment and training opportunities, responding to needs in the community, and making donations to the Hope Florida Fund.
- This partnership is mutually beneficial, helping employers fill job openings while also helping individuals achieve economic self-sufficiency.
 - Examples include offering flexible scheduling/work hours, remote work opportunities, and on-the-job training and apprenticeships.
- Through the charitable contributions from the private sector, the program has been able to award funds to non-profits that:
 - Support foster and adoptive families
 - Serve children with unique abilities
 - Promote mentorship opportunities for youth
 - Help families in crisis

Impact to Taxpayers

ESTIMATED SAVINGS TO TAXPAYERS

Over a 10-year period, participant reduction of public assistance would save taxpayers almost \$800 million.



Ashlee's Journey



AGING OUT OF FOSTER CARE

Ashlee is a 21 year old college student that moved to Florida after aging out of foster care.

REFERRAL TO HOPE FLORIDA MADE

ASSISTANCE

The Hope Navigator was able to meet with Ashlee and give her help on completing applications for government assistance.



FINANCE EDUCATION

Knowing that she would need help with budgeting and finances her Hope Navigator was able to enroll her in a class where she could learn more about setting a budget and vital financial information.



Ashlee, is working towards her Bachelor's degree in psychology, but needed employment while in school. Her Hope Navigator was able to provide coaching on interview skills, revise her resume, and connect her with CareerSource who provided a few options for interviews.

EMPLOYMENT OPPORTUNITY

STABLE EMPLOYMENT

Ashlee received and accepted a job offer as a Behavioral Analysis Technician. With stable employment, and financial assistance Ashlee is committed to completing her degree and continuing on her pathway to economic self-sufficiency.



HOPEFLORIDA



Hope Line 850-300-HOPE

Need help or know someone who does?



LUNCH



Unit Updates

- Data Collection Unit
- Data Dissemination Unit
- HIE & Policy Unit



Update on Federal Policies Impacting Data Sharing

- Trusted Exchange Framework & Common Agreement
- 42 CFR Part 2 Modifications

TEFCA

Trusted Exchange Framework and Common Agreement



What is TEFCA?

- **Components**

- The **Trusted Exchange Framework** describes high-level principles that networks adhere to for trusted exchange of health information.
 - Standardization; Openness and Transparency; Cooperation and Non-Discrimination; Privacy, Security, and Safety; Access; Equity; and Public Health.
 - QHIN Technical Framework (QTF) outlines technical requirements.
- The **Common Agreement** refers to the legal agreement that will enable network-network sharing (version 2.0 coming end of 1st quarter 2024)
 - Establishes baseline technical and legal requirements for health information networks to securely share electronic health information
 - Incorporates the QTF and Standard Operating Procedures (SOPs).



ROLES

- The Office of the National Coordinator for Health IT (**ONC**) designates the **Recognized Coordinating Entity (RCE)**, defines overall policy and certain government requirements, provides oversight, has right of review, addresses complaints
- The **RCE** is responsible for developing, implementing, and maintaining the QTF and the Common Agreement.
 - **The Sequoia Project** was selected as **RCE** by the ONC in August 2019
 - Identify, designate, and monitor QHINs.
 - Maintain the **RCE Directory Service**.
- **Qualified Health Information Network (QHIN)**
 - Entity with technical capabilities and organizations attributes to connect health information networks on a national scale. Network of organizations.
 - Enters into Common Agreement with RCE.
 - Connects Participants/Subparticipants for secure exchange with other QHINs.
 - Serve as central connection point responsible for routing queries, responses, and messages.



ROLES

- **Participants** and **Subparticipants** are entities entitled to request information under one or more of the exchange purposes, **and** are one or more of the following:
 - Covered Entity (or Business Associate acting on its behalf)
 - Government Health Care Entity
 - Health Care Provider
 - A federal, state, local, or tribal agency that determines an individual's eligibility for government benefits other than health care
 - Public Health Authority
 - Individual Access Service (IAS) Provider
 - Entities that contract with and enables connectivity for the above list
 - Examples:
 - A HIN, a health system, a health IT developer, a payer, federal agency



Designated QHINs

eHealth Exchange™

Epic Nexus

 **HEALTH**[®]
GORILLA

KONZA
NATIONAL NETWORK

i | MedAllies

 **Kno2**[®]

 **commonwell**[®]
HEALTH ALLIANCE



Exchange Purposes

- The reasons for which information could be requested/shared via QHIN-to-QHIN exchange
- Responses are currently required **only** for Treatment or Individual Access Services.
- Other 4 reasons will require responses eventually, SOPs in development.
- Additional Exchange Purposes may be added over time.

Treatment

Payment

Operations

Public Health

**Government Benefit
Determinations**

Individual Access Services



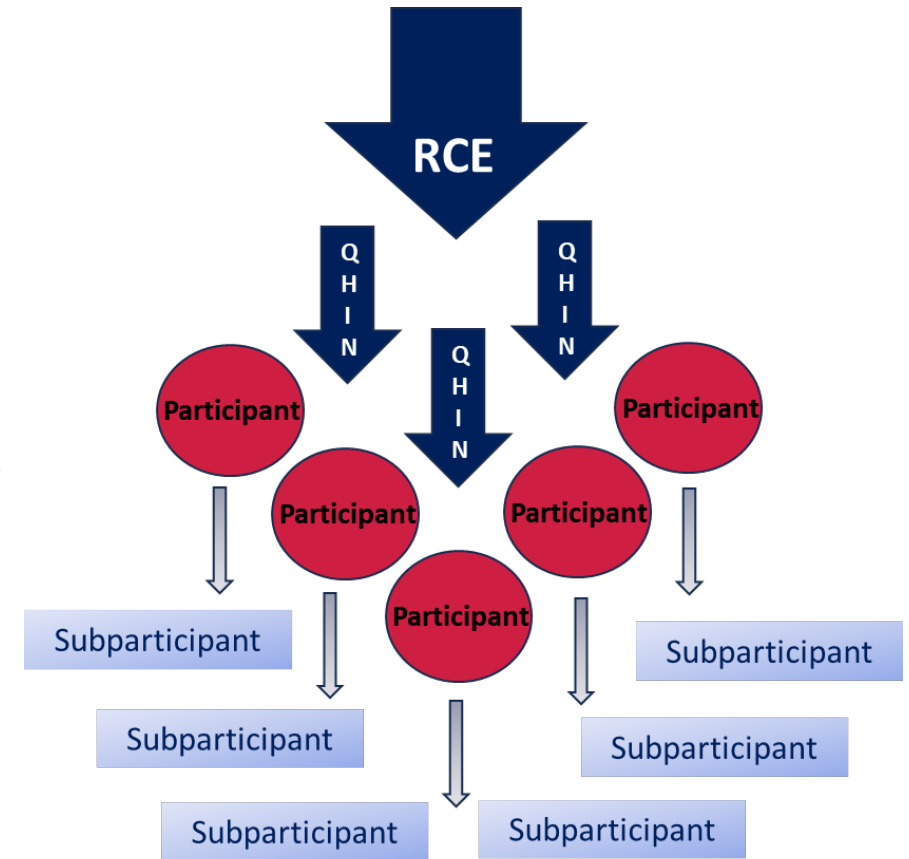
Governance

- **RCE** establishes a **Transitional Council** (year 1) and then a **Governing Council**.
 - **QHIN Caucus** elects up to 10 individuals affiliated with QHINs.
 - **Participant/Subparticipant Caucus** elects up to 10 individuals affiliated with a Participant or Subparticipant.
 - RCE appoints one representative.
 - No compensation for serving on the Governing Council.
- **QHIN Caucus, Participant/Subparticipant Caucus, Advisory Groups, Cybersecurity Council**.
 - Composed of stakeholders from each group.
 - Serve as resource and forum for discussion.
 - Provide dispute resolution oversight.



Governance Cont.

- **Advisory Groups**
 - Established for purposes of seeking input from distinct groups of stakeholders to inform the governance process, provide input, and promote inclusivity.
- **SOPs** developed by **RCE** with proposed changes/amendments made with input from the **Governing Council**.
 - Advisory Groups, Conflicts of Interest, Dispute Resolution Process, Exchange Properties, Governing Council, IAS Provider Privacy and Security, Cybersecurity Insurance, QHIN Application, QHIN Onboarding and Designation etc.
 - Proposes changes amendments to the **Common Agreement** and **SOPs** are reviewed by the **ONC**.



Technical Framework

Supported Information Flows

Patient Query
Document Query
Document Retrieve

Message Delivery

Data exchanged:
Available health
information in C-
CDA 2.1 including
US Core data for
interoperability

- Entities within a QHIN's network must respond to queries for Exchange Purposes, but do not have to be able to receive data sent using Message Delivery.
- Participants and Subparticipants must:
 - Share their facility details with their QHIN for publication in the RCE Directory Service.
 - Maintain secure connections
 - Maintain Audit Logs
 - Properly handle and follow Access Consent Policies



Privacy and Security

- Most connected entities will be HIPAA Covered Entities or BAs of Covered Entities.
- Any non-HIPAA Entity (certain health care providers, IAS providers) must protect individually identifiable information similarly to the ways Covered Entities protect PHI.
- The RCE will facilitate security activities with support of a Cybersecurity Council drawn from participating QHINs
- QHINs are expected to:
 - Have third-party certification to industry recognized cybersecurity standards (in addition to complying with HIPAA Security Rule.
 - Annual security assessments
 - A Chief Information Security Officer
 - Cyber risk coverage
 - Provide notice of security incidents





FLORIDA

HIE SERVICES



42 CFR part 2

Final Rule Changes



Major Changes

- **Effective April 16th 2024**
- **Compliance required by February 16, 2026**
- **Patient Consent**
 - Single consent for all future uses and disclosures for TPO.
 - HIPAA covered entities and BAs receiving records under this consent allowed to redisclose in accordance with HIPAA.
- **Other Uses and Disclosures**
 - Permits disclosure of records without patient consent to public health authorities, provided records are de-identified according to the standards established in the HIPAA Privacy Rule.
 - Restricts the use of records and testimony in civil, criminal, administrative, and legislative proceedings against patients, absent patient consent or a court order.



Major Changes

- **Penalties**

- Aligns Part 2 penalties with HIPAA by replacing criminal penalties currently in Part 2 with civil and criminal enforcement authorities that also apply to HIPAA violations

- **Breach Notification**

- Applies the same requirements of the HIPAA Breach Notification Rule to breaches of records under Part 2.

- **Patient Notice**

- Aligns Part 2 Patient Notice requirements with the requirements of the HIPAA Notice of Privacy Practices.

- **Safe Harbor**

- Places limits on civil or criminal liability for investigative agencies to determine if a provider is subject to Part 2 before demanding records.



Unchanged

- Substance Use Disorder treatment records still cannot be used to investigate or prosecute without written patient consent or court order.
- Records obtained in an audit or evaluation of a Part 2 program cannot be used to investigate or prosecute patients, absent consent or court order.



What does this mean?

- Part 2 programs will want to update the patient workflow to capture this consent from patients,
- Each disclosure must be accompanied by a copy of the consent or a clear explanation of the scope of the consent.
- Part 2 programs will need to update their patient notice to include the new required heading, amended uses and disclosures permitted under the Part 2 Final Rule, and patient rights available under the Part 2 Final Rule, among other requirements.
- Part 2 programs that experiences an acquisition, access, use, or disclosure of unsecured records in violation of Part 2 will need to assess if notification to affected individuals, HHS, and the media is required.





Public Comments



Meeting Summary & Next Steps



Adjournment