



Health Information Exchange Coordinating Committee

May 8, 2024

This meeting is being recorded



Jason Weida, Secretary
Agency for Health Care
Administration

Members

Craig Dalton - Chair
Strategic Health Intelligence

Marie Ruddy - Vice Chair
Nemours Hospital

Kayvan Amini
Florida Osteopathic Medical
Association

Ankush Bansal
Florida Chapter of the
American College of
Physicians

Melanie Brown-Woofter
Florida Council for
Community Mental Health

Jarrold Fowler
Florida Medical Association

Tab Harris
Blue Cross & Blue Shield of
Florida

Dennis Hollingsworth
Clinical Informatics
Florida Department of
Health

Cindy Meredith
Florida Association of
Health Plans

Alejandro Romillo
Health Choice Network

Kim Streit
Florida Hospital Association

Kim Tendrich
Florida Department of
Health

Joe Velderman
Cypress Living
Vice President of Innovation

Melissa Vergeson
AHCA Medicaid

Vacant
Florida Pharmacy
Association

Vacant
Florida Association of
Accountable Care
Organizations



AGENDA

Health Information Exchange Coordinating Committee (HIECC)

Meeting Date: May 8th, 2024

Time: 1:00 PM to 3:00 PM

Location: <https://attendee.gotowebinar.com/register/3981151721214339676>

Dial-in Information: will be provided at registration

TIME	ITEM
1:00 PM	Call to Order - Welcome
	Roll Call
1:05 PM	Agency Updates
	Review & Approve Meeting Minutes
	Previous Action Item Review and Status Updates
1:15	Update on Federal Policies Impacting Data Sharing <ul style="list-style-type: none"> Trusted Exchange Framework & Common Agreement 42 CFR Part 2 Modifications
1:45	ITN Update
1:55	HIE Program Updates
2:15	Public Comments
2:30 PM	Meeting Summary
	Next Steps
3:00 PM	Adjournment



Call to Order & Welcome



Roll Call



Agency Updates



Review and Approve Meeting Minutes



**Health Information Exchange Coordinating Committee (HIECC)
Meeting Minutes**

Date: February 14, 2024
Time: 1:00 PM to 3:00 PM
Location: GoToWebinar

Members Present: Kayvan Amini, Ankush Bansal, Melanie Brown-Woofter, Craig Dalton, Tab Harris, Dennis Hollingsworth, Marie Ruddy, Michael Jackson, Kim Streit

Agency Staff Present: Pam King, Suzanne Kirayoglu, Crystal Ritter, Hanna Neustadter, Kim Allen-Davis, Dana Watson, Erika Pearce, Meredith Hayes,

Interested Parties Present: Alexis Bakofsky, Jennifer Gulick, Diane Godfrey, Joyce Case, Ashley Tait-Dinger, Lisa Rawlins, Mary Thomas, Linda McDonald, Angela McClellan, Chad Dunn, Karen van Caulil, Mary Kay Owens, Cynthia Henderson, Walt Culbertson

Meeting Materials: HIECC Meeting Packet. Copies of meeting materials are posted on: [Health Information Exchange Coordinating Committee \(myflorida.com\)](https://myflorida.com/Health-Information-Exchange-Coordinating-Committee)

Welcome:

Craig Dalton called the meeting to order at 1:03 pm. Mr. Dalton shared two members had submitted their resignations to the HIECC, Mr. Peter Kress & Dr. Hymin Zucker. Mr. Kress served the Committee from June 2010 to January 2024 representing Florida's Post-Acute care providers. Dr. Zucker served the Committee from December 2017 to February 2024. Appointments are currently under consideration by the Agency.

Roll Call and Call to Order: Pam King conducted roll call, a quorum was present.

Agency Updates: Pam King provided agency updates noting that legislative session was in session through March 8. She advised that the Living Healthy Bills (SB 7016/HB 1549) are continuing to move in both the Senate and House. There is a provision in these bills that would require, if passed, hospitals to share ENS data if they have electronic health record systems.

Review and Approval of Minutes and Previous Action Items: Mr. Dalton called for a vote to approve meeting minutes. Dr. Ankush Bansal moved to approve the minutes as presented. Melanie Brown-Woofter seconded the motion, which was carried unanimously.

Ms. King noted that the only action item from the prior meeting was for staff to refer the issues of consent to share back to the Legal Workgroup. After internal discussion, the Agency determined that the Legal Workgroup had provided their legal opinion that consent to share would meeting the legal obligations for consent, however, the Agency needs to determine if





changing to this model would be to the benefit of Floridians. This will be taken into consideration as the Agency moves through the ITN process. Mr. Dalton asked when the Legal Work Group would meet again, and Ms. King explained that the Legal Work Group likely will not meet until later in the year. If the vendor were to change, they would likely need to consult with the Legal Work Group more frequently.

2023 HIE Overview: Ms. King provided an overview of interoperability in the state using HIE. She noted that for Patient Record Exchange (Query Exchange) they continue to see an increase in connectivity to the national networks. In 2022 there were 182 hospitals connected to the national network and in 2023 there were 234 hospitals connected. The Agency anticipates this number to increase as the TEFCA agreement moves toward completion.

Ms. King noted that for the Encounter Notification Service (ENS), they are continuing to see success in utilization. The number of alerts in ENS increased from 2022 to 2023 by over 30 million. The HIE ENS had an addition of 37 subscriber agreements signed in 2023. Ms. King made the distinction that provider agreements may be signed for multiple facilities. The HIE ENS had an addition of 82 new data senders last year.

The Agency has continued to see more utilization of the ENS Smart Alerts by subscribers to narrow down the data they are receiving and making it more actionable. They also continue to support Public Health through their work with the Florida Department of Health. The Agency is working on improving the data that is being sent by the data sources. The County Health Departments now also have the ability to share information between each other. Dennis Hollingsworth emphasized the Department of Health's emphasis on the importance of education and outreach to grow these programs. The Department of Health recently sent their clinical team out to visit 33 of the 66 county health departments to do in-person trainings, which has led to an increase in the usage of these services.

Behavioral Health HIE Update: Craig Dalton and Pam King gave an update on 42 CFR. Changes to the federal 42 CFR rule regarding the sharing of substance use disorder (SUD) data, are scheduled to be out by February 17th. Many of the changes bring the exchange of SUD data in alignment with existing HIPAA regulations, including allowing for one treatment, payment, and operation consent instead of multiple consents for SUD data, and aligning the Part 2 record compliance with HIPAA. It applies the HIPAA Breach Notification rule to part 2 providers in the same way it does for HIPAA covered entities. It changed the definition of 'intermediary' in the documentation. HIEs were previously defined as intermediaries, but they are now defined as business associates as they are in HIPAA. This will make it easier to share SUD data. More education and information will need to be created to announce this change and reduce concerns. Mr. Dalton raised concerns as to whether this federal policy conflicted with Florida policy. Ms. King advised that the Agency would research this issue and report back at the next meeting.

Mr. Dalton provided an update on work being done in the Pensacola area to improve data sharing of patient health, social, and behavioral health needs through their HIE network. Mr. Dalton





asked the other members if they had input of efforts to integrate behavioral health and medical needs to improve the overall health care system.

Kim Streit discussed the potential for obtaining data on service utilization to help pregnant or postpartum women. Ms. Brown-Woofter explained that a limitation to this is that ENS alerts usually provides more data on emergency services.

Ms. Brown-Woofter asked questions about follow-up and utilization analytics for ENS. Ms. King explained that one of the Agency's goals is to work more with end-users to understand more about ENS utilization.

Mr. Dalton asked about concerns relating to gaps in data from the payer's perspective. Tab Harris explained there are many people running analytics on admissions and discharge data, but there are gaps in data outside of ENS notifications relating to medication adherence, pharmaceutical data, and non-ambulatory care data.

Mr. Dalton asked for a clinical perspective on the matter. Dr. Bansal expressed interest in data sharing analytics and explained it would be more efficient if data was shared timely. Ms. King explained that a common problem is that there is so much information being shared that providers cannot identify usable information. Dr. Bansal confirmed this problem, noted that Best Practice Advisories (BPA) alerts are too frequent, and expressed interest in ENS alerts. Marie shared that ENS alerts are integrated into Nemours system to alleviate data fatigue.

Mr. Dalton emphasized the diversity of behavioral health issues and the wide variety of people who work in collaboration to provide care to these patients. Dr. Bansal noted regulatory issues with getting behavioral health data in a hospital. It is currently very restricted. There was discussion on the restricted data with EHR systems when sharing both internally and externally. Noting the members' difficulties in behavioral health data exchange, Ms. King expressed interest in continuing efforts to reach out to providers on feedback for how to improve this data exchange.

ITN Update: Ms. King explained the ITN did not go out in January, and it will likely not go out until March. The Medicare/Managed Care ITNs are out right now so there is a lot of focus on those, which creates some delays within the Agency. The Agency will keep the committee updated as they continue to work on this.

2023 E-PLUS Overview: Suzanne Kirayoglu gave a presentation on E-PLUS that is available in the meeting slides. Ms. Kirayoglu provided background information on what led up to the need for E-PLUS, how it was created, and what features it has. E-PLUS collaborates with the eHealth Exchange, Surescripts, and the Encounter Notification Service to obtain data used for emergency response. The E-PLUS team is working on getting more pharmacies across the state to opt in to sharing data through Surescripts. There are also hospitals throughout Florida, Georgia, and Alabama that can be searched through their connection to ENS. E-PLUS collaborates with the





Department of Health to improve the sharing of information between local special need shelters and the E-PLUS system with a data use agreement.

Dr. Bansal asked if Walgreens was sharing data. Ms. Kirayoglu explained that Walgreens likely was not because even though they are part of the Surescripts, they still need to specifically opt in to share data with ENS. Dr. Bansal about testing E-PLUS. Ms. Kirayoglu explained they could not access any data unless there is a declared emergency, so it is hard to run many tests outside of an activation. Ms. King explained that E-PLUS was implemented during Ian and Idalia. The E-PLUS team is working with providers across the state to increase utilization and gain an understanding of what situations it should be used.

Suzanne led a demo of the E-PLUS system. Ms. Ruddy asked if the use of the E-PLUS system would be impacted if the HIE vendor in Florida is changed. Ms. King explained the program utilizes a separate contract so it will continue to function regardless of the results of the ITN. Mr. Dalton asked who uses the Missing Persons application. Ms. Kirayoglu shared information on utilization for Missing Persons by Renal Care teams, Home Health, and others. Ms. King explained another utilization was for pharmacists to give displaced individuals prescriptions during emergencies. Mr. Dalton asked how unique this system was and if other states were using it. Ms. King explained Texas, Oregon, U.S. Virgin Islands, and California have used the system. Ms. Kirayoglu explained this was originally a federal collaboration between Audacious Inquiry and the Department of Health and Human Services (HHS) that worked well in California, so it grew and was expanded to other states. She was not aware of any other comparable commercial systems like E-PLUS.

Public Comments: Ms. King asked for public comments and there were none.

Meeting Summary: Ms. King discussed the new action items from this meeting.

New Action Items	Owner
Review differences in SUD regulations between the federal and state level	Pam King

Next Steps:

The HIECC will meet again on May 8, 2024, from 1-3 p.m.

Additionally, Ms. King advised that the State Consumer Health Information and Policy Advisory Council was considering doing a workshop and would like members of the HIECC to attend. A date has not yet been solidified but members should be aware that staff will be reaching out to you on availability.

With no further business to discuss, Mr. Dalton asked for a call to adjourn the meeting. Ms. Brown-Woofter moved to adjourn the meeting at 2:45 p.m. Mr. Harris seconded the motion which was carried unanimously. The committee adjourned.





Previous Action Items and Status Updates

New Action Items	Owner
Review differences in SUD regulations between the federal and state level	Pam King





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

m | 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



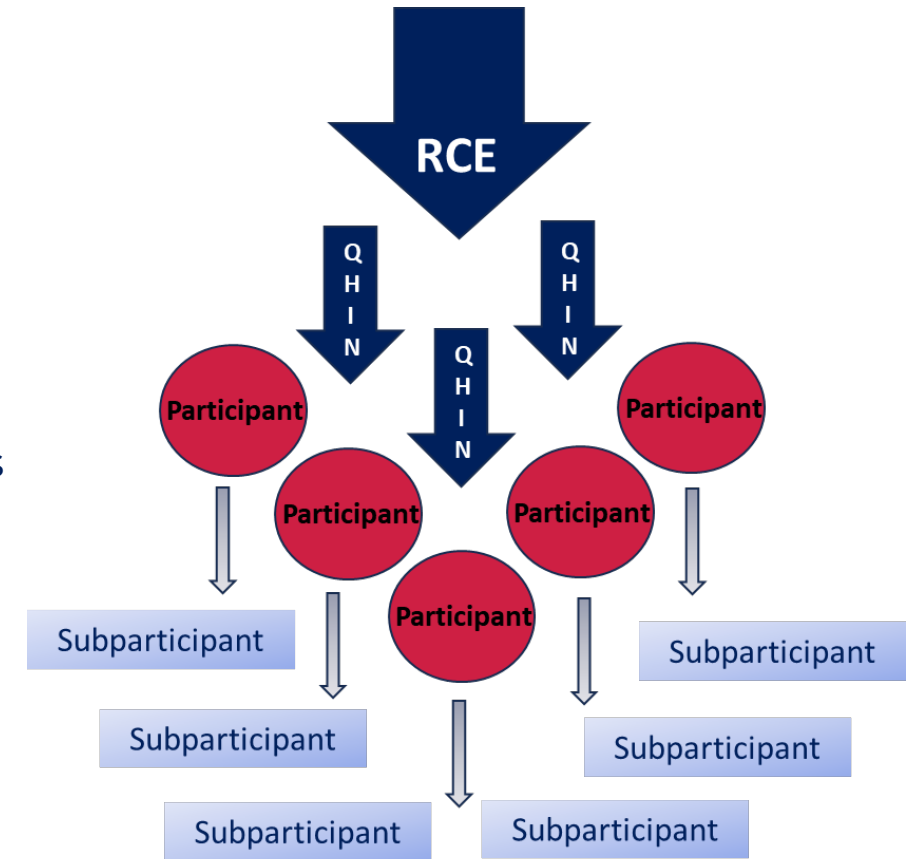
Governance

- **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.





ITN Update



HIE Program Updates

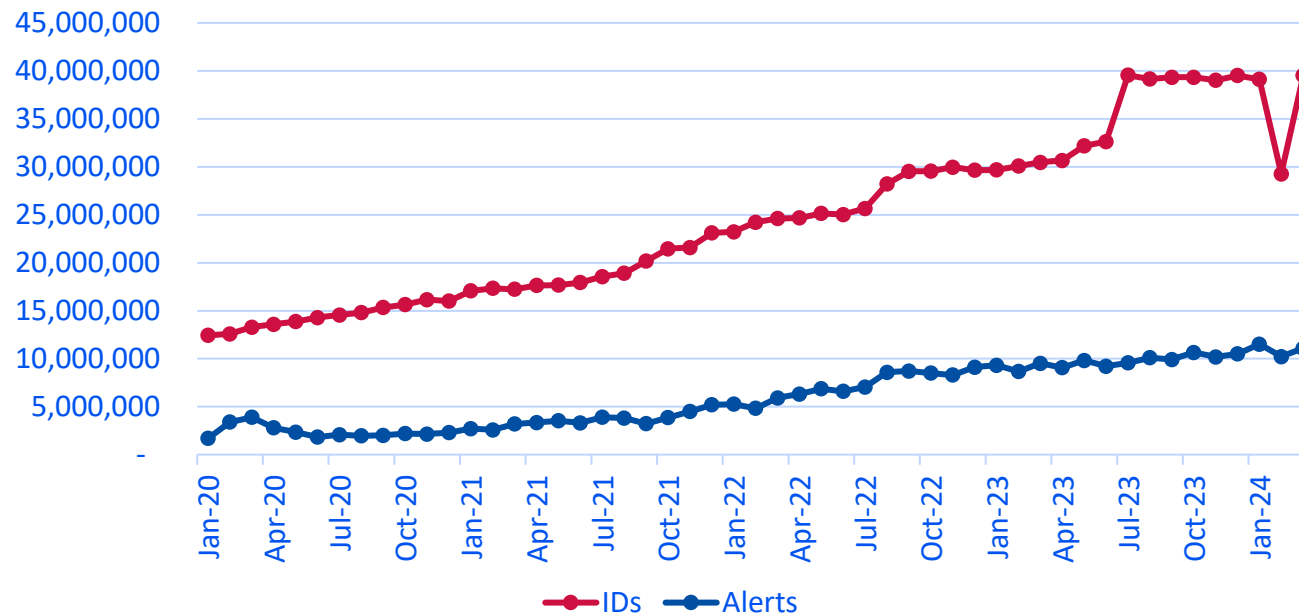


ENS Updates

Florida HIE ENS as of 1st Quarter 2024

- Total ENS Patient Identities Subscribed to Q1 2024: 107,931,800 thousand
- Total ENS Notifications Sent Q1 2024: 32,848,059 thousand

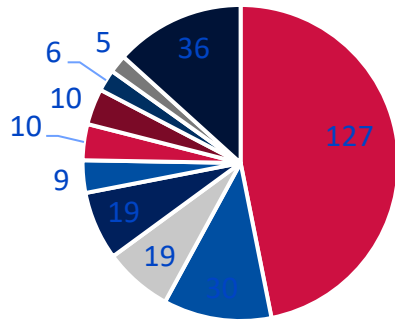
ENS Patient IDs and Number of Alerts
Jan 2020-Mar 2024



Florida HIE ENS Q1 2024

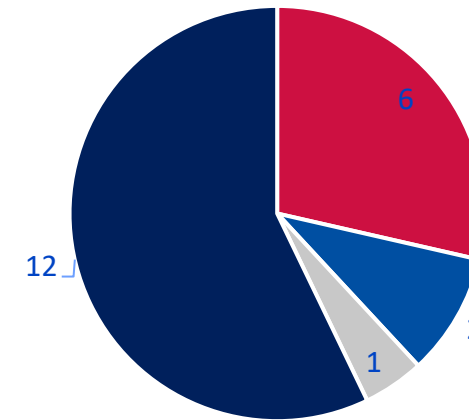
- Total New Subscriber Agreements in Q1 2024: **21**

Total Subscriber Agreements
as of 3/31/2024



- Provider
- ACO
- Hospital
- FQHC
- Hospice
- SNF
- BH
- Home Health
- State Agency
- Plan

New Subscriber Agreements in 2024



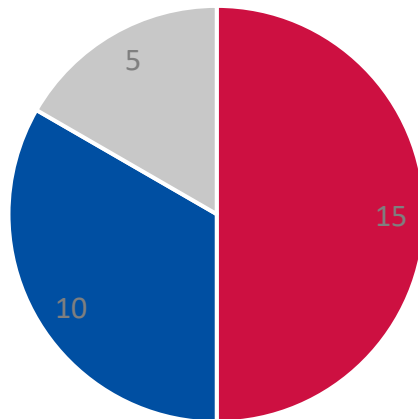
- Provider
- ACO
- Hospital
- Hospice



Florida HIE 2024

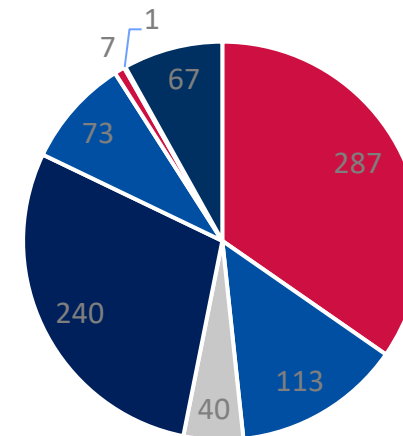
- Total Data Senders by End of Q1 2024: **833**
 - Added **30** net new Data Senders in Q1 **2024**

New Data Sources in 2024



■ Home Health ■ Hospice ■ Urgent Care

Total Data Sources as of 3/31/2024



■ Hospital ■ Home Health ■ Hospice
 ■ Skilled Nursing Facility ■ Urgent Care ■ Crisis Stabilization Unit
 ■ Emergency Medical Services ■ County Health Department



Florida HIE 2024 – Recent Activities

- **Conferences**

- EMS Resiliency and Innovation for Health Care Access Symposium
- Florida Alliance for Healthcare Values Conference
- Upcoming Webinars
 - May 9th 2024 at 2:00 pm: The HIE Umbrella with Ganesh Persad
 - May 23rd 2024 at 2:00 PM: The Florida HIE and Crisis Stabilization Units with Melanie Brown-Woofter

- Working with Florida Behavioral Health Association on ENS connections





Florida E-PLUS Readiness

Update

County Access (Forty-six Counties)

- Forty-three County Health Departments
 - Alachua, Baker, Bay, Brevard, Calhoun, Charlotte, Collier, Columbia, De Soto, Dixie, Duval, Escambia, Franklin, Gadsden, Gilchrist, Gulf, Hamilton, Hardee, Highlands, Hillsborough, Holmes, Indian River Jackson, Jefferson, Lafayette, Lake, Lee, Leon, Levy, Liberty, Madison, Miami-Dade, Monroe, Okaloosa, Palm Beach, Pinellas, Putnam, Santa Rosa, Sarasota, Sumter, Taylor, Wakulla, Washington
- Three County Sheriffs' Offices
 - St. Johns, Broward, Lee
- Three Emergency Management Agencies
 - Indian River, Seminole, Washington



Organizational Access

- Seven Home Health Agencies
 - Vital Care Home Health, Morse Life Home Care, Home Care Now, Atlantic Care Services, Activa Home Health, and Nightingale Private Care
- Seven Regional DOH
 - Regions 1-7



Statewide Organizations

- End-Stage Renal Disease Network 7
- Agency for Health Care Administration E-PLUS Unit
- Department of Health Special Needs Shelter Unit
- State Emergency Operation Coordinator ESF8 Desk
- Brain and Spinal Cord Inquiry Program (BSCIP)
- Florida Digital Services



Other Organizations

- Publix
- Humana
- Optum Behavioral Health





ePrescribing Update



Public Comments



Meeting Summary



Next Steps



Adjournment