Health Information Exchange Coordinating Committee

- August 8, 2024
- This meeting is being recorded

AHCA
AGENCY FOR HEALTH CARE ADMINISTRATION

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

Jarrod 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

Andrew Chang
Florida Association of Accountable Care Organizations

Vacant
Florida Pharmacy Association

AGENDA

Health Information Exchange Coordinating Committee (HIECC)

Meeting Date: August 8, 2024

Time: 1:00 PM to 3:00 PM

Location: https://attendee.gotowebinar.com/register/2652159922093982303

Dial-in Information: Will be provided upon registration.

TIME	ITEM
1:00 pm	Call to Order - Welcome
	Roll Call
1:05 pm	Review & Approve Meeting Minutes
	Previous Action Item Review and Status Updates
1:10 pm	Para-medicine Program
1:55 pm	Encounter Data for Research Discussion
2:30 pm	HIE Update
2:40 pm	Public Comments
2:45 pm	Meeting Summary
2:50 pm	Next Steps
	Adjournment

Call to Order
Welcome

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Roll Call

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Review and Approve Previous Meeting Minutes

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Health Information Exchange Coordinating Committee (HIECC)
Meeting Minutes

Date: Wednesday May 8th, 2024
Time: 1:00 PM to 3:00 PM
Location: GoToWebinar

Members Present:
Craig Dalton (Chair), Kayvan Amini, D.O., M.D., Melanie Brown-Woofter, Tab Harris, Cindy Meredith, Kimberly Tendrich, Joe Velderman, Melissa Vergeson

Agency Staff Present:
Pamela King, Crystal Ritter, Milly Hardin, Jaime Bustos, Meredith Hayes, Kim Davis-Allen, Suzanne Kirayoglu, Nicole Seferlis, Dana Watson, Alecia Collins, Erika Pearce

Interested Parties Present:
Bruce Culpepper (attending for Dennis Hollingsworth), Michael Cragg (attending for Dennis Hollingsworth), The Florida Channel, Cynthia Henderson, Christina Samper, Cindy Kynoch, Javier Jimenez, Jennifer Gulick, Laura McCrary, Linda Macdonald, Joyce Case, Stephanie Clarke, Mary Thomas, Angel McClellan, Mary Kay Owens, Awilda Gunderson, Jennifer Gulick, Diane Godfrey, Noah Biel (attending for Kim Streit), Brian Smart

Meeting Materials:
HIECC Meeting Packet. Copies of meeting materials are posted on: Health Information Exchange Coordinating Committee (myflorida.com)

Call to Order and Welcome:
Craig Dalton called the meeting to order at 1:00 p.m. and requested Pamela King to call the roll.

Roll Call:
Ms. King called the roll; a quorum was present.

Agency Updates:
Jaime Bustos noted that the Florida Health Information Exchange's (Florida HIE) Invitation to Negotiate (ITN) has been released and that a blackout period is currently in effect. He also noted that the Agency has a new Communications Director, Alecia Collins. Additionally, the Agency hosted a preparedness event to discuss opportunities to provide support for emergency preparedness.

Review and Approval of Minutes:
Tab Harris moved to approve the previous meeting's Minutes as presented. The motion was seconded by Melaine Brown-Woofter and carried unanimously.

Previous Action Items:
Ms. King shared that staff had reviewed state laws related to substance use disorder in relation to the changes made to 42 CFR Part 2 at the federal level. There are no conflicts with the state and federal provision.

Update on Federal Policies Impacting Data Sharing:
Ms. Hardin provided an update on the Trusted Exchange Framework & Common Agreement (TEFCA) and changes to 42 CFR Part 2.

Cindy Meredith asked for clarification on the area that 42 CFR Part 2 covers. Ms. Hardin clarified that the rule relates to substance use treatment programs.

Mr. Dalton requested clarification on the types of facilities and patient record (components from non-treatment facility would be included) that are impacted by this change.

ITN Update:
Mr. Dalton noted, as was mentioned at the beginning of the meeting, the HIE ITN has been released and the blackout period is currently in effect. The ITN and issues pertaining to the procurement cannot be discussed.

HIE Program Updates:
Ms. King provided an update on the Florida HIE programs. She shared information about the continued growth and utilization of the Florida HIE's Event Notification Service (ENS). She also shared information about the recent events staff have attended relating to the Florida HIE. Ms. King noted that they would be bringing information about paramedicine programs and the potential for research from encounter data to the committee at a future meeting.

She also provided an update on the growth of the Emergency Patient Look-Up System (E-PLUS), noting that a drill is being planned with a few hospitals in the near future. Staff will bring back information on the results of the drill at a future meeting.

Finally, Ms. King noted that staff was working with Surescripts to obtain 2023 data around eprescribing for the annual eprescribing report.

There was conversation around multiple topics to include paramedicine, E PLUS, and if there is any potential for sharing data with University of Florida for research, and the blackout periods. (Recording is available online)

Public Comments:
Mary Thomas with the Florida Medical Association shared that the Board of Medicine no longer had a telehealth rule due to a statutory modification around telehealth.

Meeting Summary:
Mr. Dalton thanked Ms. Hardin for her research to keep the Committee abreast of national changes that are occurring that could impact Florida. Ms. Brown-Woofter thanked the staff for attending the Behavioral Health Exposition and encouraging providers to participate in HIE.

Ms. King reviewed the action items from the meeting which included:

Next Steps:
The HIECC will meet again on August 8th, 2024.

New Action Items	Owner
Arrange for a speaker on paramedicine for future HIECC meeting	Pam King
Update the Committee when the Medicaid and HIE procurements are out of their respective blackout periods	Pam King
Live Healthy implications to HIE	Milly Hardin
Define facility types and patient record components covered by the 42 CFR Part 2 changes	Milly Hardin

Adjournment:
With no further business to discuss, Mr. Dalton asked for a motion to adjourn the meeting. Joe Velderman moved to adjourn the meeting at 1:03 p.m. Ms. Brown-Woofter seconded the motion which was carried unanimously.

Previous Action Items Status Updates

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Previous Action Item Review and Status Updates

New Action Items	Owner
Arrange for a speaker on paramedicine for a future HIECC meeting. *This has been scheduled for the August 8, 2024, meeting.*	Pam King
Update the Committee when the Medicaid and HIE procurements are out of their respective blackout periods. *Still pending.*	Pam King
Live Healthy implications to HIE. *There is one provision in section … that requires hospitals to share data with the Florida HIE.*	Milly Hardin
Define facility types and patient record components covered by the 42 CFR Part 2 changes. *Organizations that treat for substance use disorder.*	Milly Hardin

Para-medicine Program

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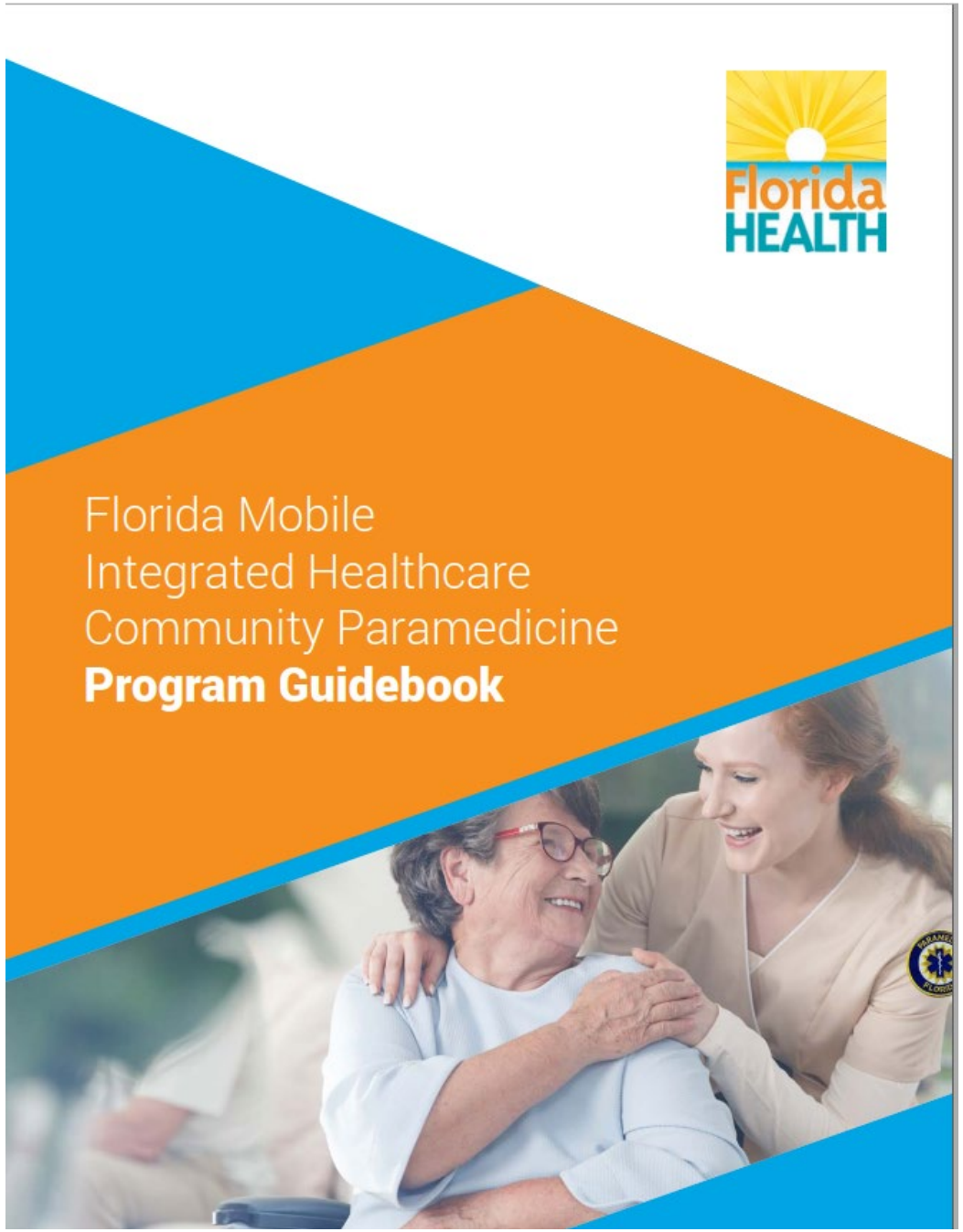


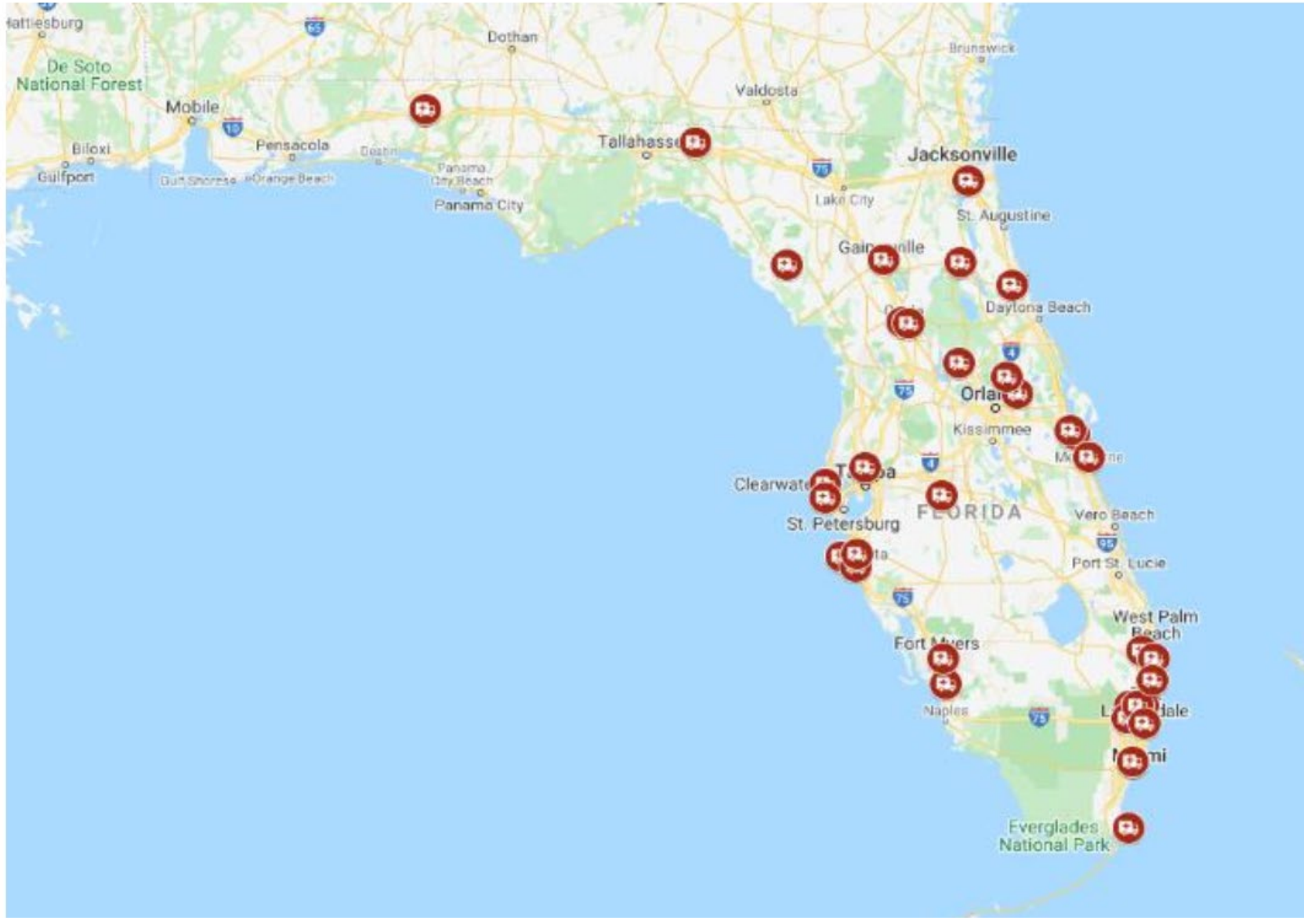
Published in 2019

11 Florida Programs interviewed

The purpose of this Guidebook is to guide agencies through the research, analysis, planning, development, and successful launch of a Florida Mobile Integrated Healthcare – Community Paramedicine (MIH-CP) Program. This resource is straight-forward and easy to read. In addition to guidance, it provides recommendations and lessons learned from MIH-CP programs in Florida, advice from experts across the country, with expanded resources and templates.

florida-mihcp-guidebook.pdf (floridahealth.gov)

Community Paramedic Programs in Florida



Community Paramedicine: Connecting Patients to Care

About 5% of patients account for 25% of emergency department visits.

Community paramedicine programs can decrease emergency department visits by extending the reach of health care providers, especially in rural and underserved communities.

- In Dixie County “10 of the patients that were enrolled in the CP Program we saw an 85% decrease in those patients call volume (911). This resulted in a savings of approximately $23,000 over a one-month period.”
- In Gilchrist County, “Monthly savings was $4,230.20 and 911 responses were reduced by 65% for the 8 enrollees surveyed. The impact was an amazing awareness that this program can be useful in reducing agency cost and the opportunity to mitigate unnecessary expenses while providing a stop gap for vulnerable citizens.”

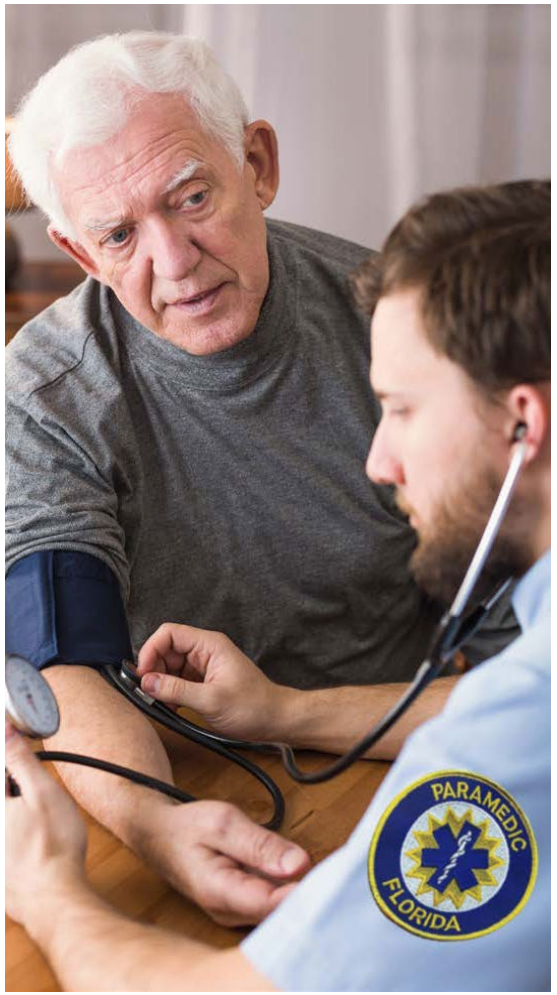
Community Paramedicine: Connecting Patients to Care and Reducing Costs - National Conference of State Legislatures (ncsl.org)

Florida DOH HELPs Project Data

CP/MIH: Public Health Tool

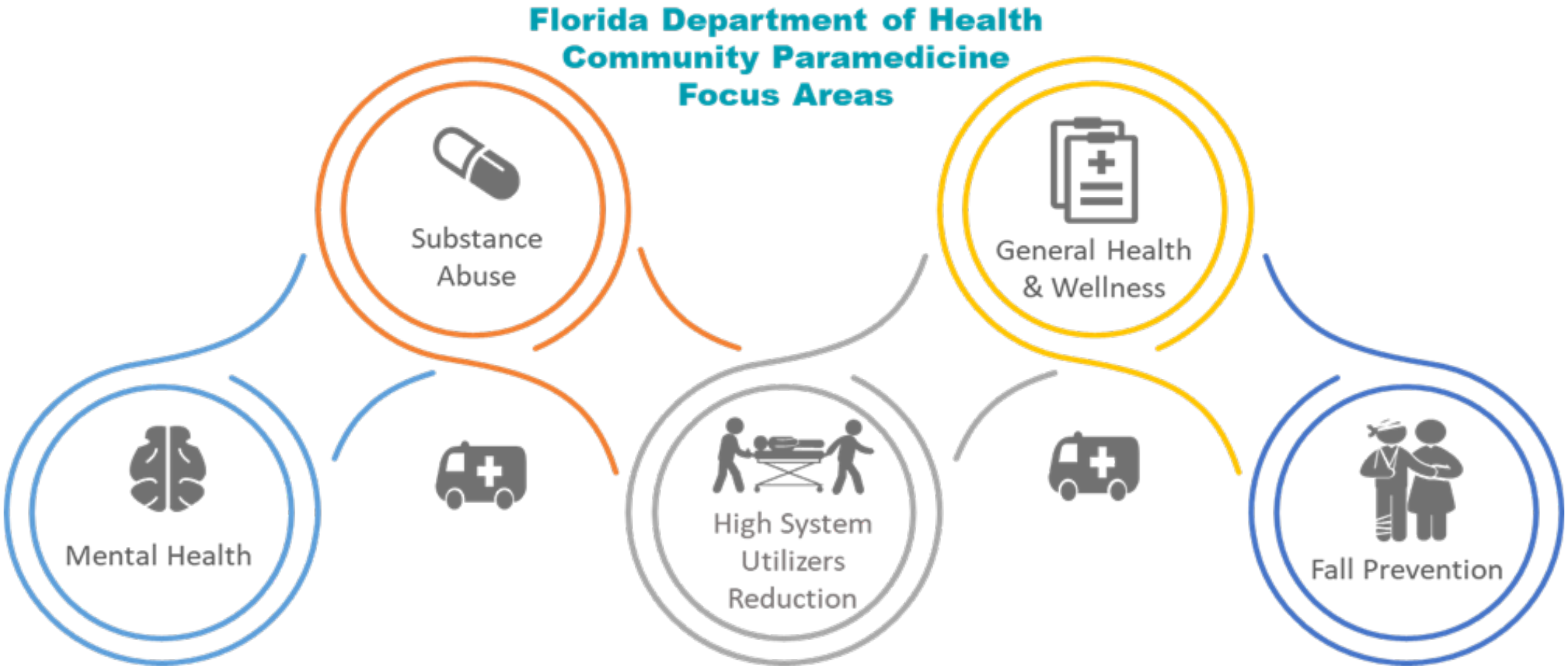
- Community Paramedicine/MIH is a powerful public health tool:
- Addresses Social Determents of Health.
- Ability to reach rural, minority, elderly and other vulnerable target populations and bridge the care gaps.
- Emphasis on prevention, mitigation and education.
- Focus on link to primary care and social services.
- Fulfills systematic resources gaps

CP/MIH: Concepts Benefits



- Provides EMS providers a proven solution to reducing 911 call volume.
- Patients benefit from an improved patient experience, access to care, and the avoidance of the significant economic impacts caused by unnecessary hospitalization.
- Health systems and public/private insurance payers benefit from cost avoidances and improved quality of care.
- Communities benefit from having a deployable resource to address service gaps and emerging population health needs.

CP/MIH: Focus Areas



"EMS of the future will be community-based health management which is fully integrated with the overall healthcare system"

EMS Agenda for the Future (NHTSA, 1996)

Health Care

Public Safety

Community Paramedicine Models for Prevention and Health Education

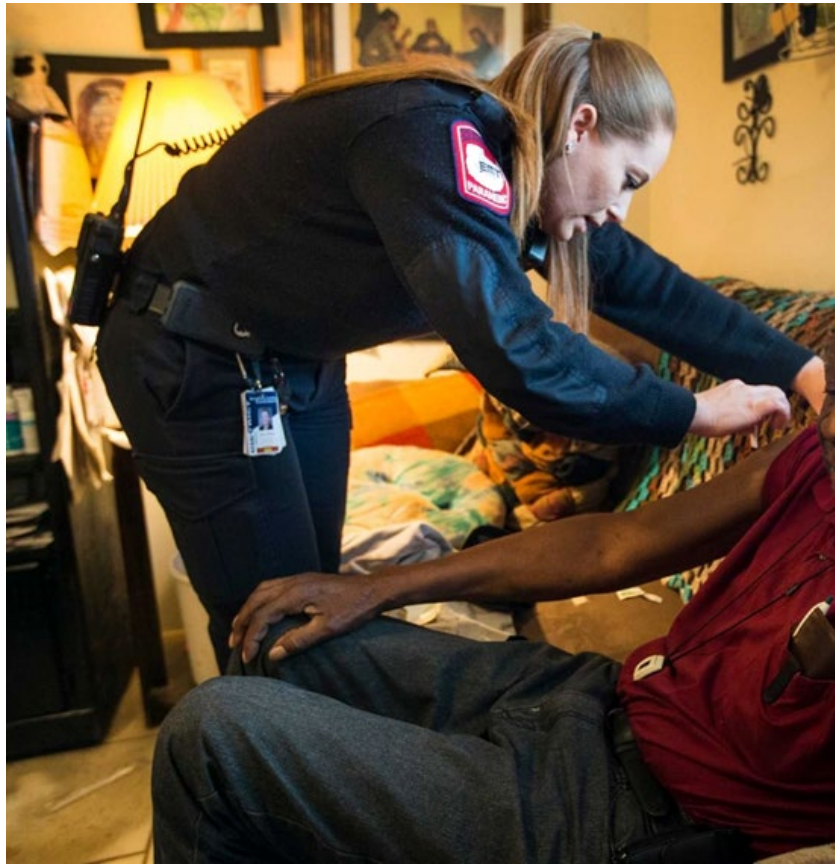
Prevention and health education represent one significant role for community paramedics in the healthcare system. Through home visits, telehealth appointments, and telephone check-ins, community paramedics can identify medication errors, environmental risks, or problems with durable medical equipment that are not often identified in a traditional clinical or healthcare setting.

Community Paramedicine Models for Prevention and Health Education - RHIhub Toolkit (ruralhealthinfo.org)

MIH Model Communities Pilot

- Strategy: A1 Workforce
- Period of Performance: July 1,2024 –June 30, 2027
- Contractor: The Department will select ~15 county municipal EMS agencies
- Scope: Each vendor will be expected to demonstrate the impact of EMS Based MIH/CP programs on community health.
  - Workforce
  - Improve access to care by addressing Systemic healthcare gaps
  - Address Health/Social disparities

This project aligns with existing FDOH initiatives to fortify local public health workforces through integration with EMS



Florida MIH/CP Programs Stroke Prevention and Treatment

- Monitor Blood pressure in patients at risk for Stroke and post Stroke, provide book to record and track BP and ensure compliance with HTN medications
- Provide education on nutrition, medication, Stroke recognition and prevention, fall prevention and Smoking cessation just to name a few
- MIH/CP programs work with the local health department to deliver BP cuffs, diabetes supplies, ect.
- Manage referrals on hypertension and diabetes patient from community partners
- Provide fall prevention screenings and prevention initiatives including classes, installing ramps, grab bars
- Work with patients with dementia to ensure medication compliance and placement if necessary
- Marion County CP Program partners with their Health Department with *Food is Medicine Classes* and utilizes a Physician's assistant in their program.

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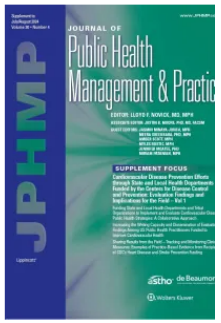
Exploring Community Paramedicine for Chronic Disease Control and Stroke Prevention in Rural Georgia

Brandon Calvert, MS; Rana Bayakly, MPH; Teri Newsome, RN, BBLSS

This post explores the effectiveness of Community Paramedicine in addressing stroke prevention and chronic disease management in rural Georgia, highlighting the urgency for intervention in the face of persistent health disparities.

In Georgia, stroke remains a significant public health challenge, particularly in rural areas, where communities face socioeconomic disparities. A 2019 study by the Georgia Coverdell Acute Stroke Registry (GCASR) underscored the urgency for intervention, as stroke mortality rates continue to exceed the national average. Notably, Georgians exhibited high prevalence rates of stroke-related risk factors, including smoking, uncontrolled hypertension, diabetes, and high cholesterol. Individuals who have previously had a stroke experience these risk factors at a higher rate. Stroke patients in Georgia face an increased risk of mental health issues, complicating their treatment and potentially leading to poor adherence and elevated suicide risk post-stroke.

While state and local health departments have started various initiatives to



"The Community Paramedicine model shows promise in addressing chronic disease management and stroke prevention in rural Georgia"

[Exploring Community Paramedicine for Chronic Disease Control and Stroke Prevention in Rural Georgia - JPHMP Direct]

Community paramedicine's impact on stroke care

Community paramedicine plays a crucial role in stroke prevention and care.

1.Smoking Cessation: Community paramedics help ensure stroke patients have access to effective smoking cessation programs.

1.Discharge Instruction Compliance: Community paramedicine follow-up and care after hospital discharge can help address factors like poverty and limited access to medical care. By improving patient and family education and ensuring compliance with discharge instructions, community paramedics contribute to preventing negative economic impacts following a stroke.

2.Reinforcing Secondary Prevention: Paramedics can reinforce self-management of stroke risk factors and lifestyle changes. This includes educating patients on healthy habits, medication adherence, and recognizing warning signs of recurring strokes.

[3 ways community paramedics can assist with after-stroke care (ems1.com)]

Community Paramedicine – STROKE Best Practices

- Community paramedicine has its origins in providing services to people with multiple chronic conditions who face several challenging social determinants of health such as living in rural areas or having trouble getting to a provider's office.
- Designed to fill gaps in primary care delivery, including post-hospital discharge
- Provide nonurgent home visits to assist patients with chronic disease management; and conduct general risk assessment.
- Ideally, integrated within the health care system and collaborate with organizations or practitioners who facilitate community–clinical linkages, and who have a shared commitment to enhance access to health care, reduce health disparities, improve health outcomes, and reduce health care costs

- Community Paramedicine - HEART DISEASE AND STROKE BEST PRACTICES CLEARINGHOUSE (cdc.gov)

Journal Article

An examination of the emerging field of community paramedicine: a national cross-sectional survey of community paramedics

Chinyere Mma Okoh,[✉1] Leticia R. Moczygemba,[1] Whitney Thurman,[2] Carolyn Brown,[1] Christopher Hanson,[3] and James O. Baffoe[1]

An examination of the emerging field of community paramedicine: a national cross-sectional survey of community paramedics - PMC (nih.gov)

State CP/MIH Contact

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Encounter Data for Research Discussion

AHCA

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OneFlorida+ Clinical Research Network

CommHIT at Kennedy Space Center
CommHIT.org

HIECC Meeting

Encounter Data for Research Discussion: Bios

August 8, 2024

Kendra Siler, PhD

CEO, CommHIT

Dr. Siler co-founded CommHIT with practicing physician David Willis, MD. CommHIT is a 501(c)(6) at Kennedy Space Center that focuses on community-inclusive and remote care of people in rural, underserved, and other remote areas. Highlights of CommHIT's work includes:

- First rural-based HIE in Nation (federal grant)
- HIE Environmental Scans for FL and USVI
- U.S. Department of Health and Human Services Wave 1 Lead
- PH-ISAC (in Public Law 116-321, a HITECH Act amendment)
- FDOH-funded to assist CAHs with telehealth & digital security
- $8M in federal grants for health, tech, and public safety sector workforce development
- OneFlorida+ Clinical Research Consortium member

Dr. Siler received her PhD from UF where she specialized in Immunology and Biochemistry. During her NIH National Research Service Award post-doctoral fellowship at the McKnight Brain Institute, Dr. Siler started working on the best ways to protect the privacy and security of centralized health data.

Elizabeth Shenkman, PhD

Chair, UF Health Outcomes and Biomedical Informatics
Co-Director, Clinical and Translational Science Institute

Dr. Shenkman leads the Learning Health System initiative, which comprises interfacing with clinicians, health system leaders, researchers, and patients to align research and clinical operations to systematically improve health outcomes and equity using real world data.

Dr. Shenkman also leads the OneFlorida+ Clinical Research Consortium. OneFlorida+'s network includes 14 academic institutions and health systems provide care for 20M patients, creating a dynamic regional resource to facilitate healthcare research, delivery, and outcomes. OneFlorida+'s centralized Data Trust contains linked healthcare claims, EHR, tumor registry, vital statistics, and census data from its partners for purposes of cohort discovery, study feasibility determination, and to augment primary data collection activities.

Mei Liu, PhD

Tenured Associate Professor, UF Health Outcomes and Biomedical Informatics

Dr. Liu received her PhD in Computer Science from the University of Kansas and completed her National Library of Medicine postdoctoral fellowship in biomedical informatics at Vanderbilt University. Dr. Liu's expertise includes advanced machine learning and artificial intelligence techniques for disease risk prediction and risk factor discovery through analyses of EHRs. Her other research interests include the secondary use of EHR data to model patient risks and disease trajectory and discover underlying risk factors.

She serves as the Director of Predictive Analytics and Associate Director of Graduate Education in HOBI. Dr. Liu is intimately involved in the advancement of the OneFlorida+ Data Trust. She understands it from the perspective of receiving data sets, technical specifications, privacy and security, and the data's use from a research perspective.

OneFlorida+

Clinical Research Consortium

Using Innovative Approaches,
Addressing Real-world Problems

Elizabeth Shenkman, PhD; Mei Liu, PhD

Health Outcomes and Biomedical Informatics

College of Medicine, University of Florida

Health Information Exchange Coordinating Committee (HIECC)

OneFlorida+ Clinical Research Consortium:

Using Innovative Approaches, Addressing Real-world Problems

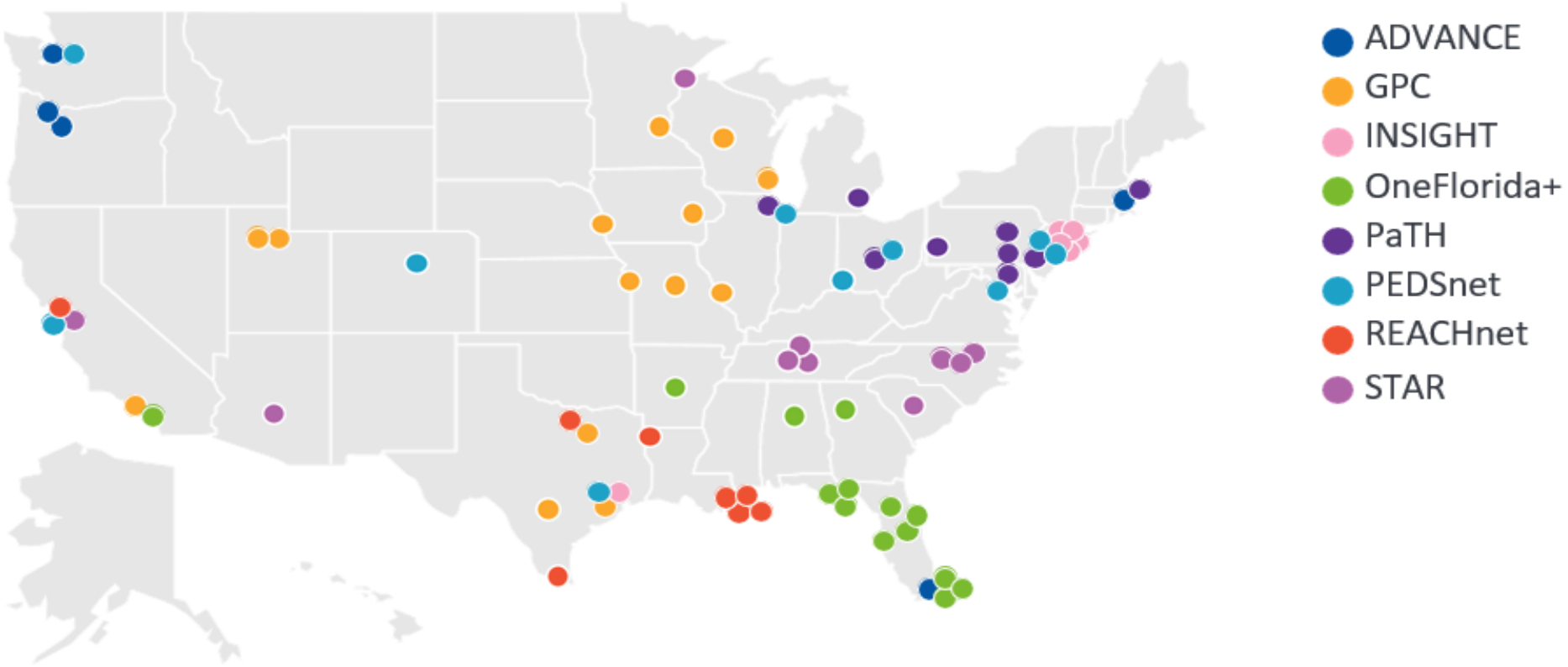
- **Overview of PCORnet**
  Setup and structure
- **Overview of OneFlorida**
  Partnerships, infrastructure and purpose.
- **HIECC Partnership**
  Opportunities for HIE/OneFlorida+ Partnership.
- **Examples of OneFlorida+ Studies**
  Using OneFlorida+ for Cohort Discovery and Clinical Trial Implementation
- **Funders**

PCORnet Research
Overview

https://pcornet.org/

PCORnet® Clinical Research Network locations

PCORnet infrastructure offers access to real-world data through partnerships with Clinical Research Networks (CRNs)



Select PCORnet® Studies

PCORnet is a national resource where high-quality health data, patient partnership, and research expertise delivers fast, trustworthy answers that advance health outcomes.

Adaptable
The Aspirin Study

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Morbidity and Mortality Weekly Report (*MMWR*)

Cardiac Complications After SARS-CoV-2 Infection and mRNA COVID-19 Vaccination — PCORnet, United States, January 2021–January 2022

Abstracts, and Final Research Report Posted

Has Results

Comparing Three Types of Weight Loss Surgery -- The PCORnet® Bariatric Study

PREVENTABLE
PRagmatic EValuation of evENTs And Benefits of Lipid-lowering in oldEr adults

COVID-19 DIABETES ASSESSMENT

PRECIDENTD
Prevention of Cardiovascular and Diabetic Kidney Disease in Type 2 Diabetes

HERO
Healthcare Worker Exposure Response & Outcomes

RECOVER
Researching COVID to Enhance Recovery

ACTIV-6

ONEFLORIDA+

OneFlorida+

Using Real-world Clinical Practices & Data to Generate Discovery and Improve Health

Pragmatic:
Solving problems
in a sensible way

-Oxford

- What is the best dose of aspirin for heart health?
- What type of antibiotics should my child take for ear, nose, and throat infections?
- How do we best identify and treat hypertension?
- How can we more accurately screen for lung cancer and not get so many false positives?
- How do we best use artificial intelligence to unlock electronic health record data to link patients with the right cancer clinical trials?
- Florida Medicaid has extended postpartum health care coverage from 60 to 365 days. Are women getting care? Is their health improving?

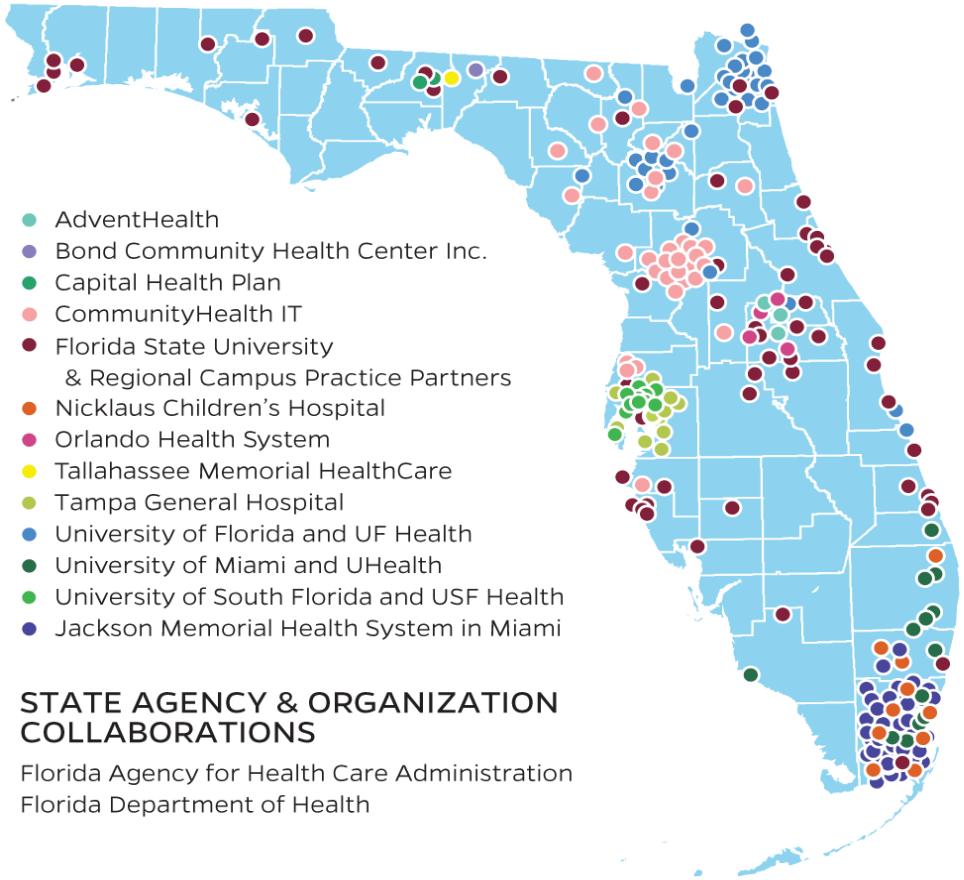
An Enduring Infrastructure & Capacity for:

OneFlorida+

Partners | Health Care Systems & Affiliated Practices

**Partnership with the University of Minnesota Pending*

Florida 18M



- AdventHealth
- Bond Community Health Center Inc.
- Capital Health Plan
- CommunityHealth IT
- Florida State University & Regional Campus Practice Partners
- Nicklaus Children's Hospital
- Orlando Health System
- Tallahassee Memorial HealthCare
- Tampa General Hospital
- University of Florida and UF Health
- University of Miami and UHealth
- University of South Florida and USF Health
- Jackson Memorial Health System in Miami

STATE AGENCY & ORGANIZATION COLLABORATIONS

Florida Agency for Health Care Administration
Florida Department of Health

Alabama 2.1M

- University of Alabama at Birmingham

Georgia 1M

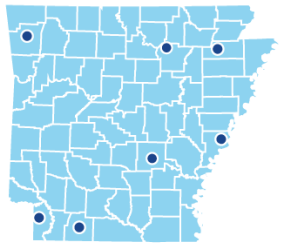
- Emory University

California 1.5M

- UC-Irvine Regional Campuses

Arkansas 1M

- University of Arkansas for Medical Sciences



OneFlorida+

A Central Data Repository to Facilitate Research

Clinical Data Repository

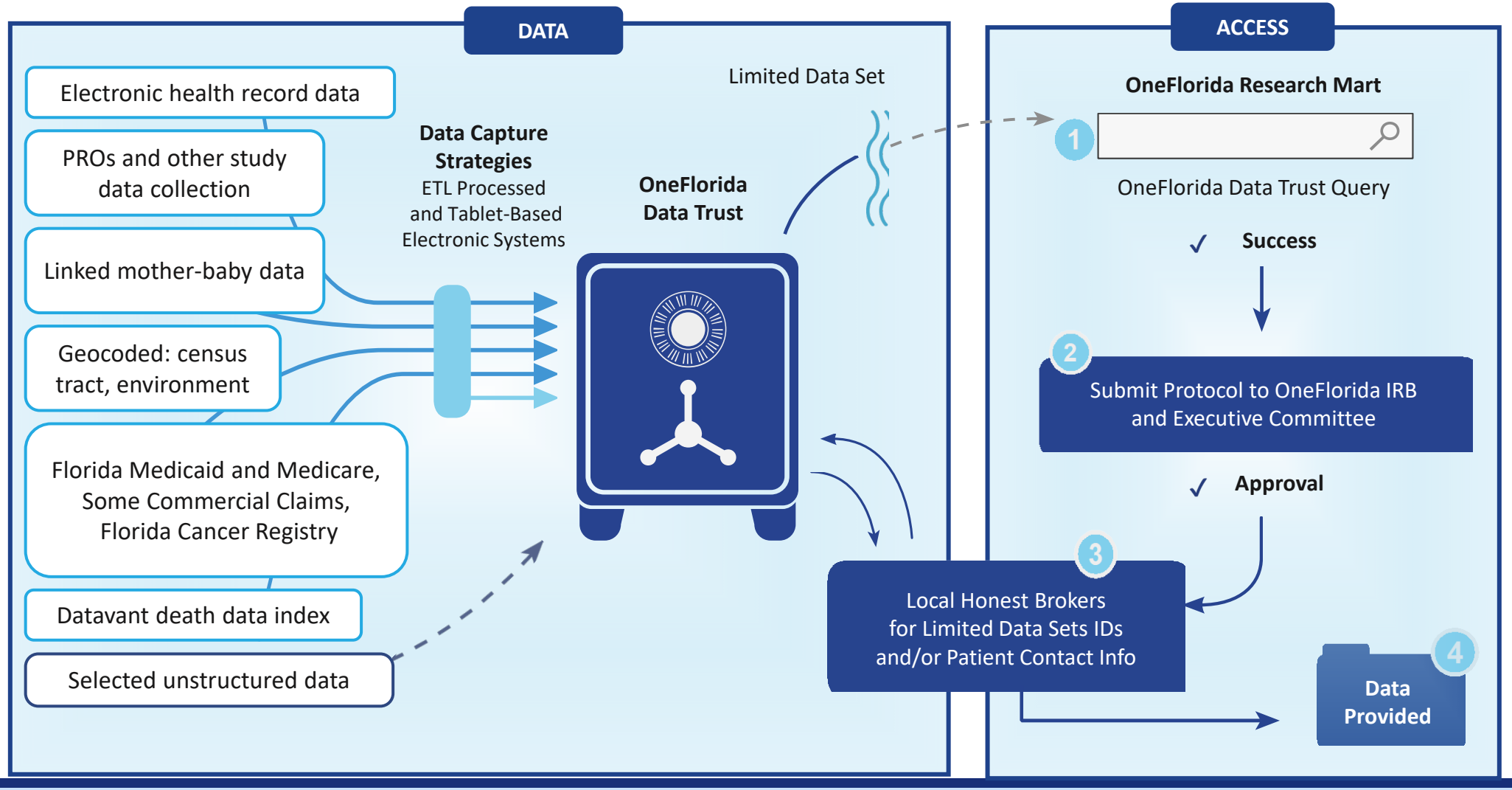
State	*Electronic Health Records* Clinical Data
Florida	18 Million
Georgia	2.1 Million
California	1.5 Million
Alabama	1 Million
Arkansas	1 Million

23.6 Million Patients

- Linked to census tract
- Linked to exposome database
- Health care claims
- Sites with linked tumor registry data
- All patients can be reidentified with IRB approval
- Linked mother-baby data: prenatal, birth, death, early childhood

OneFlorida+

Data Trust | A Central Data Repository to Facilitate Research



PCORI Common Data Model v6.1

Demographic
- PATID

Enrollment
- PATID
- ENR_START_DATE
- ENR_BASIS

Encounter
- PATID
- ENCOUNTERID
- ADMIT_DATE
- ENC_TYPE

Diagnosis
- PATID
- DIAGNOSISID
- DX
- DX_TYPE
- DX_SOURCE

Procedures
- PATID
- PROCEDURESID
- PX
- PX_TYPE

Vital
- PATID
- VITALID
- MEASURE_DATE
- VITAL_SOURCE

Dispensing
- PATID
- DISPENSINGID
- DISPENSE_DATE
- NDC

Lab_Result_CM
- PATID
- LAB_RESULT_CM_ID
- RESULT_DATE

Condition
- PATID
- CONDITIONID
- CONDITION
- CONDITION_TYPE
- CONDITION_SOURCE

PRO_CM
- PATID
- PRO_CM_ID
- PRO_DATE

Prescribing
- PATID
- PRESCRIBING_ID

PCORNET_Trial
- PATID
- TRIALID
- PARTICIPANTID

Death
- PATID
- DEATH_SOURCE

Death_Cause
- PATID
- DEATH_CAUSE
- DEATH_CAUSE_CODE
- DEATH_CAUSE_TYPE
- DEATH_CAUSE_SOURCE

MED_ADMIN
- PATID
- MEDADMINID
- MEDADMIN_START_DATE

PROVIDER
- PROVIDERID

OBS_CLIN
- PATID
- OBSCLINID
- OBSCLIN_START_DATE

OBS_GEN
- PATID
- OBSGENID
- OBSGENID_START_DATE

HASH_TOKEN
- PATID
- TOKEN_ENCRYPTION_KEY

LDS_ADDRESS_HISTORY
- PATID
- ADDRESSID
- ADDRESS_USE
- ADDRESS_TYPE
- ADDRESS_PREFERRED

IMMUNIZATION
- PATID
- IMMUNIZATIONID
- VX_CODE
- VS_CODE_TYPE
- VX_STATUS

HARVEST
- NETWORKID
- DATAMARTID

LAB_HISTORY
- LABHISTORYID
- LAB_LOINC

https://pcornet.org/wp-content/uploads/2023/04/PCORnet-Common-Data-Model-v61-2023_04_031.pdf

HIECC PARTNERSHIP

Health Information Exchange and OneFlorida+

- **HIE can provide coverage of data gaps experienced through partners for a more holistic view of the patient**
- **Regular updates from Florida HIE can be controlled by the HIECC and placed into CDM/OMOP for ease of use**
- **HIE data would be made available for research purposes linked with OneFlorida+ Data**
- **If requested, additional data approvals/controls can be put in place for HIE data**

EXAMPLES OF ONEFLORIDA+ STUDIES

What is the best dose of aspirin
to reduce death, heart attack, and stroke?

Heart disease is the leading cause of death in the US

- 15,076 patients were randomly assigned to 81 mg or 325 mg of aspirin daily
- Followed for 24 months

Results

- No differences in the two groups:
  - in death
  - hospitalization for heart attack or stroke
  - occurrence of interventional cardiology procedures or heart bypass (CABG)
- No difference in patient safety
- Fewer side effects with 81 mg

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Comparative Effectiveness of Aspirin Dosing in Cardiovascular Disease

W. Schuyler Jones, M.D., Hillary Mulder, M.S., Lisa M. Wruck, Ph.D., Michael J. Pencina, Ph.D., Sunil Kripalani, M.D., Daniel Muñoz, M.D., David L. Crenshaw, L.M.S.W., Mark B. Effron, M.D., Richard N. Re, M.D., Kamal Gupta, M.D., R. David Anderson, M.D., Carl J. Pepine, M.D., et al., for the ADAPTABLE Team*

What type of antibiotic is best
for my child's bacterial upper respiratory infections?

5 out of 6 children will have an ear infection before their 3rd birthday

- Broad spectrum like a Z-Pak or narrow spectrum like amoxicillin?
- 30,000 children: 6 months to 12 years old

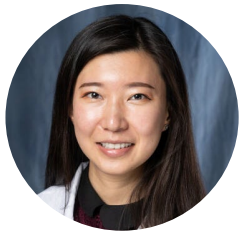
Results

- Broad spectrum antibiotics can contribute more often to antibiotic resistance and cause more vomiting and diarrhea
- Narrow spectrum worked just as well with fewer side effects

JAMA
The Journal of the American Medical Association

in Children With Acute Respiratory Tract Infections

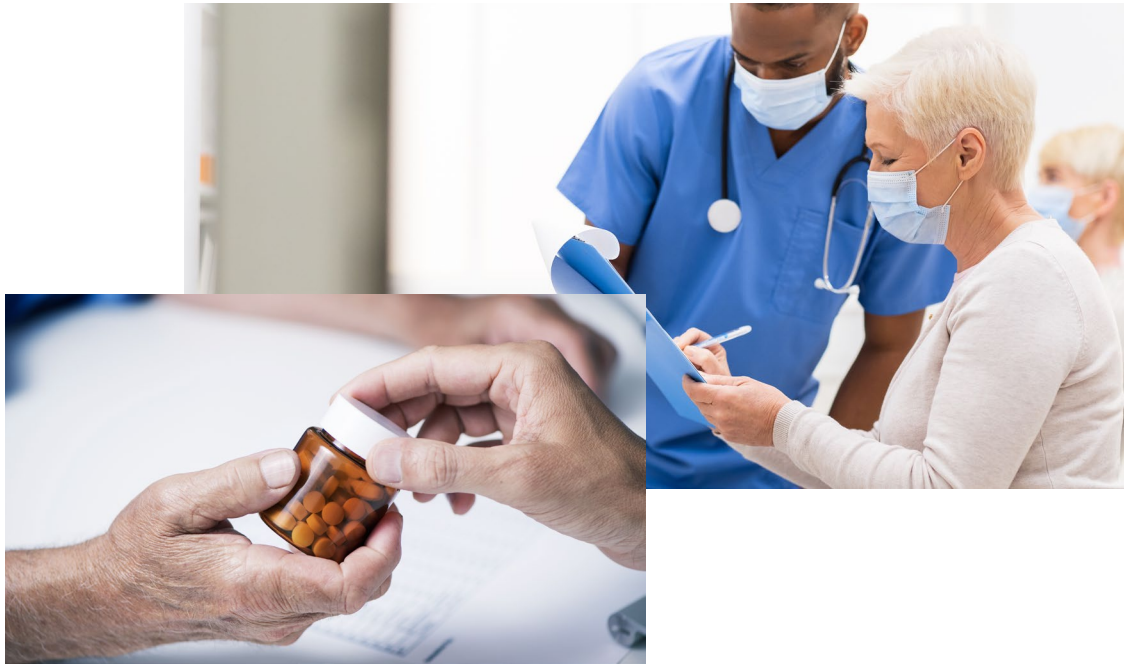
Jeffrey S. Gerber, MD, PhD; Rachael K. Ross, MPH; Matthew Bryan, PhD; A. Russell Localio, PhD; Julia E. Szymczak, PhD; Richard Wasserman, MD; Darlene Barkman, MA; Folasade Odeniyi, MPH; Kathryn Conaboy, BA; Louis Bell, MD; Theoklis E. Zaoutis, MD, MSCE; Alexander G. Fiks, MD, MSCE

ACTIV-6: Drug Repurposing to Reduce COVID-19 Symptoms

Betsy Shenkman, PhD (Site PI) and Christina Li, MD (MD Site PI)
Adrian Hernandez, MD, MHS, Susanna Naggie, MD, MHS (MPIs) – Duke University

- A platform trial to evaluate the effectiveness of repurposed medications to prevent worsening of COVID-19 infection
- 5-8 arms determined by existing ACTIV medication prioritization committee



- Stewart TG et al.; Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV)-6 Study Group and Investigators. Higher-Dose Fluvoxamine and Time to Sustained Recovery in Outpatients With COVID-19: The ACTIV-6 Randomized Clinical Trial. JAMA. 2023 Dec 26;330(24):2354-2363. doi: 10.1001/jama.2023.23363. PMID: 37976072; PMCID: PMC10656670.

pcornet®

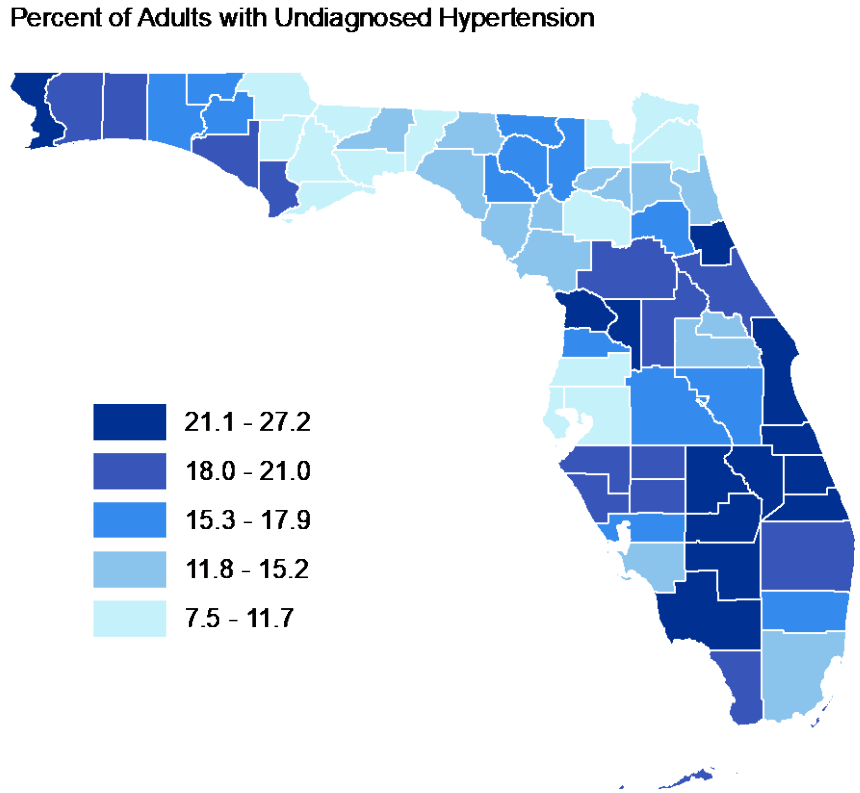
FDA U.S. FOOD & DRUG ADMINISTRATION

NIH National Center for Advancing Translational Sciences

How do we best identify and treat *hypertension?*

Hypertension is a modifiable risk-factor for cardiovascular disease, stroke and death.

- Affects ~48% of adults in US
- Target interventions to people and places with greatest need
- Used blood pressure information from OneFlorida+ Data Trust
  - No hypertension diagnosis
  - No identified antihypertensive medications
  - Large segments of potentially undiagnosed hypertension



Smith SM, McAuliffe K, Hall JM, et al. Hypertension in Florida: Data From the OneFlorida Clinical Data Research Network. Prev Chronic Dis. 2018;15:E27. doi:10.5888/pcd15.170332

Unsupervised Learning Using EHR Data to Detect Distinct Subphenotypes of Hypertension


Stephanie A.S. Staras, PhD &
Steven M. Smith, PharmD

7 distinct subpopulations of hypertensive patients were identified and can be targeted for intervention

- Traditional co-morbidities and demographics distinguished groups.
- Social determinants of health (SDOH) including health insurance and area level risk (income, rent, mobile homes) were also important.

ZCTA-level Social Determinants of Health	Subphenotype 1 (N = 14,051)	Subphenotype 2 (N = 4,130)	Subphenotype 5 (N = 13,714)
% of persons below poverty line	15.6% ± 8.8%	23.4% ± 9.1%	11.5% ± 5.4%
Unemployment Rate	5.8% ± 2.6%	8.4% ± 3.3%	5.1% ± 2%
% of persons aged ≤17	20.2% ± 4.7%	22.3% ± 4.4%	19.7% ± 5.4%
% of civilian noninstitutionalized population with a disability	14.4% ± 4.9%	15.6% ± 5.2%	11.8% ± 4%
% of single parent households with children under 18	36.4% ± 13.5%	52.8% ± 17.1%	32.2% ± 12.4%
% of households with no vehicle available	6.3% ± 4.4%	13.2% ± 8.3%	6.3% ± 5%
% of persons with no high school diploma (age 25+)	11% ± 6.2%	19.1% ± 7.2%	10.1% ± 6.3%
% minority (all persons except white, non-Hispanic)	38.8% ± 22.1%	70.2% ± 25.5%	51.6% ± 26%
% of persons (age 5+) who speak English "less than well"	5.8% ± 8.2%	12.9% ± 15.4%	14.2% ± 12%
% of occupied housing units with more people than rooms	2.4% ± 1.7%	4.2% ± 2.8%	3.3% ± 2.5%
% of housing in structures with 10 or more units	12.9% ± 14.1%	15.4% ± 17.9%	25.1% ± 23.4%
% of persons aged 65 and older	17.9% ± 8.9%	16% ± 4.9%	20% ± 12%
% of mobile homes	15.3% ± 16.7%	11.6% ± 15.2%	5.3% ± 9.8%
% of Employed population aged ≥16 in white-collar occupations	7.1% ± 3.3%	4.9% ± 2.4%	6.4% ± 2.1%
Median family income, USD	$54,844 ± $16,600	$41,647 ± $14,597	$67,224 ± $23,218
Per capita income estimate, USD	$29,243 ± $9,244	$21,890 ± $7,713	$38,242 ± $17,543
Median gross rent, USD	$1,039 ± $272	$979 ± $282	$1,403 ± $391

Smith SM, Xu J, Hall JM, Walsh MG, Cho HD, Harrell G, Staras SAS. Oral Presentation. Unsupervised Learning Using EHR Data to Detect Distinct Subphenotypes of Hypertension. Hypertension 2023. Boston, MA. September 7-10, 2023.

OneFlorida+ & GatorTronGPT

The World's Largest Clinical Transformer

~80% of important clinical information is locked in notes (adverse events, symptoms, family history)

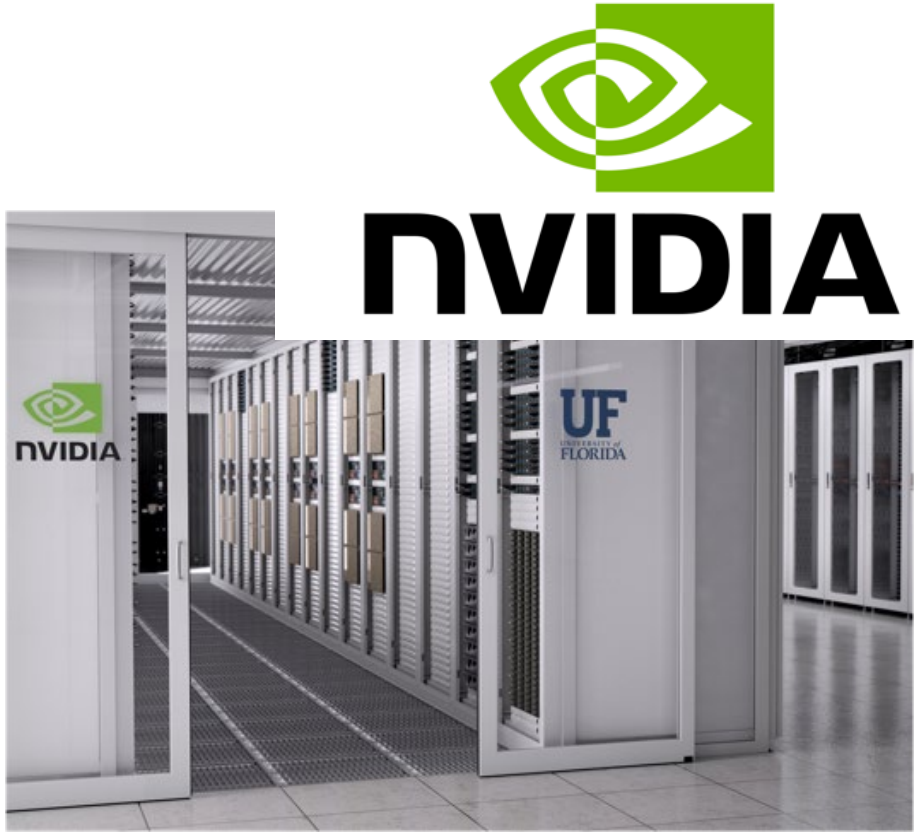
All UF Health notes (>600G, 82 Billion words)

GatorTron (2021)

- 9 Million parameters
- Trained using >1000 GPUs

GatorTronGPT (2022-2023)

- Uses GPT-3 (like ChatGPT and GPT-4) model
- 5 Billon parameters and 20 Billion parameters



Yang, X., Chen, A., PourNejatian, N…Flores, M…Shenkman, E…Bian J…Wu, Y et al. A large language model for electronic health records. npj Nature Digit. Med. 5, 194 (2022)

Wu, Y..Flores, M. A Study of Generative Large Language Model for Medical Research and Healthcare, npj Nature Digit. Med, In Press

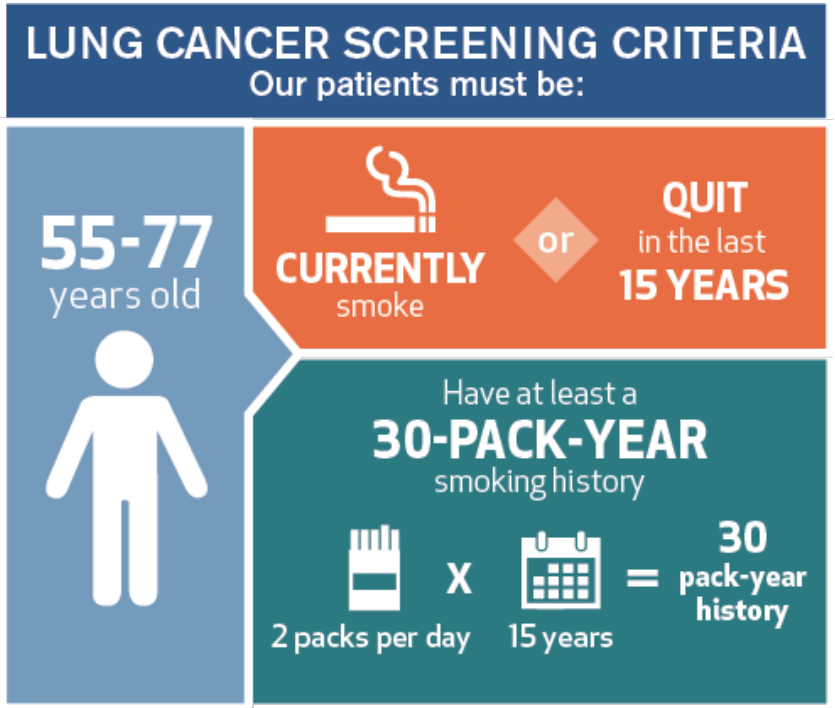
How can we more accurately screen for lung cancer
and avoid false positives?

Lung Cancer Screening

- Produces high false positive rates (>40% in some studies)
- Follow-up requires invasive diagnostic procedures
- Post-procedure complications (17% in Florida)
- Creates downstream health care costs

Using OneFlorida+ Data and AI to:

- Generate real-world evidence
- Identify the benefits and harms in current practice
- Help physicians and patients make informed decisions



Jiang Bian, PhD; Yi Guo, PhD (PIs)
R01 CA246418 (**2020** – 2024)

UFHealth CANCER CENTER

NIH NATIONAL CANCER INSTITUTE

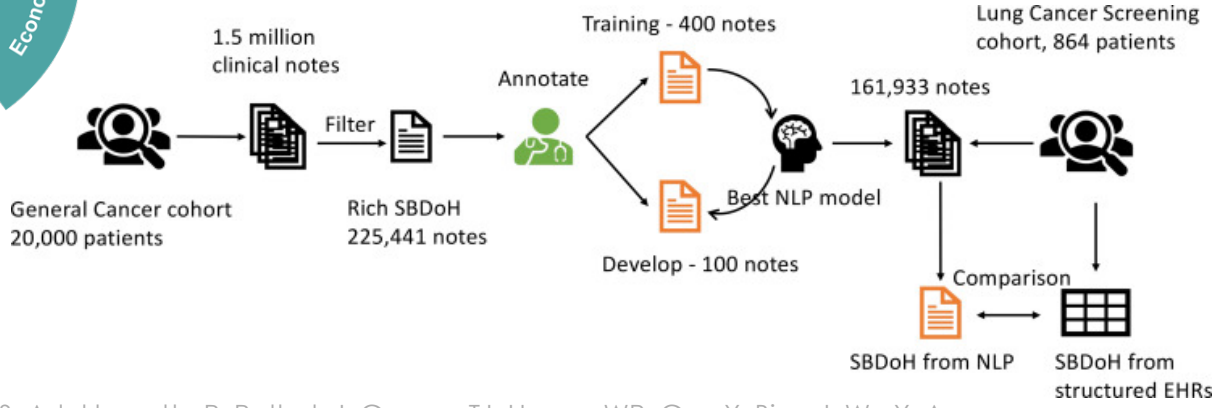
Yang S, Shih YT, Huo J, Mehta HJ, Wu Y, Salloum RG, Alvarado M, Zhang D, Braithwaite D, Guo Y, Bian J. Procedural complications associated with invasive diagnostic procedures after lung cancer screening with low-dose computed tomography. Lung Cancer. 2022 Jan 4;165:141-144. doi: 10.1016/j.lungcan.2021.12.020.

Using NLP to Improve Healthcare

Yonghui Wu, PhD; Jiang Bian, PhD (PIs)
PCORI ME-2018C3-14754 (**2020** – 2023)

pcori

UFHealth CANCER CENTER



- Yu Z, Yang X, Dang C, Wu S, Adekkanattu P, Pathak J, George TJ, Hogan WR, Guo Y, Bian J, Wu Y. A Study of Social and Behavioral Determinants of Health in Lung Cancer Patients Using Transformers-based Natural Language Processing Models. ***AMIA Annu Symp Proc***. 2022 Feb 21;2021:1225-1233. PMID: 35309014; PMCID: PMC8861705.
- Yu Z, Yang X, Guo Y, Bian J, Wu Y. Assessing the Documentation of Social Determinants of Health for Lung Cancer Patients in Clinical Narratives. ***Front Public Health***. 2022 Mar 28;10:778463. doi: 10.3389/fpubh.2022.778463. PMID: 35419333; PMCID: PMC8995779.

Table. Prevalence of SDoH in a lung cancer patient cohort

SDoH category	Total number of concepts detected by NLP	Total number of patients has at least one SDoH	Percentage of patients has at least one SDoH for current category (%)
Gender	843,066	9,552	98.7
Alcohol use	223,214	9,195	95.0
Drug use	180,309	8,756	90.5
Marital status	167,457	8,655	89.5
Education	167,018	8,463	87.5
Occupation	142,306	8,345	86.3
Smoking	132,833	7,639	79.0
Race	144,980	7,376	76.2
Ethnicity	86,789	5,231	54.1
Language	83,539	5,173	53.5
Physical activity	55,842	3,092	32.0
Transportation	24,191	2,877	29.7
Financial constraint	113,220	2,766	28.6
Social cohesion	9,170	2,727	28.2
Employment status	843,066	2,110	21.8

How are we using AI to unlock EHR data

to identify at risk patients and link to the right care?

Preeclampsia and eclampsia are key contributors to maternal morbidity and mortality

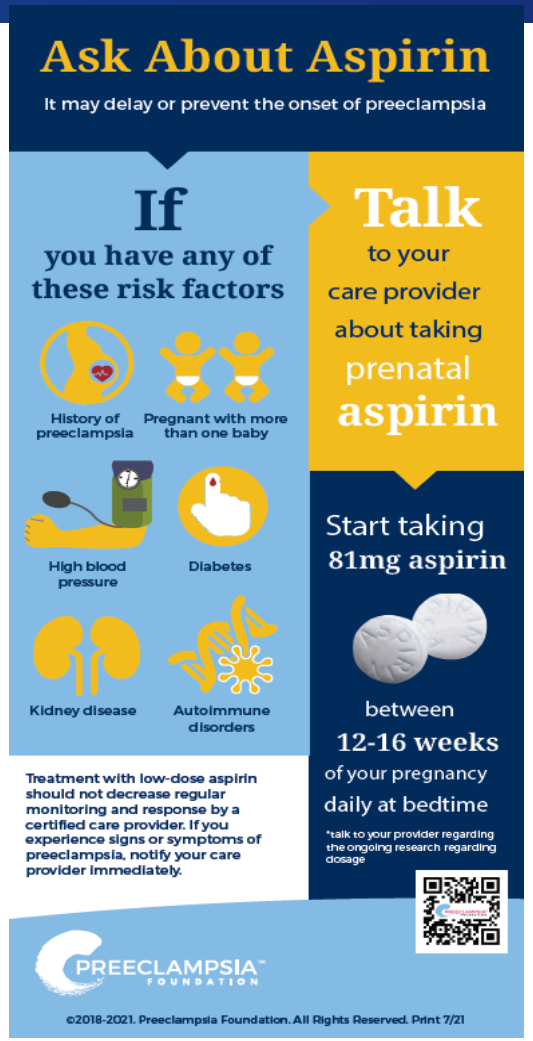
- Low dose aspirin has been effective in reducing risks

~80% of important clinical information is locked in notes

- Family history
- Over the counter drugs, drug adherence, drug adverse events
- Social, behavioral, environmental determinants of health

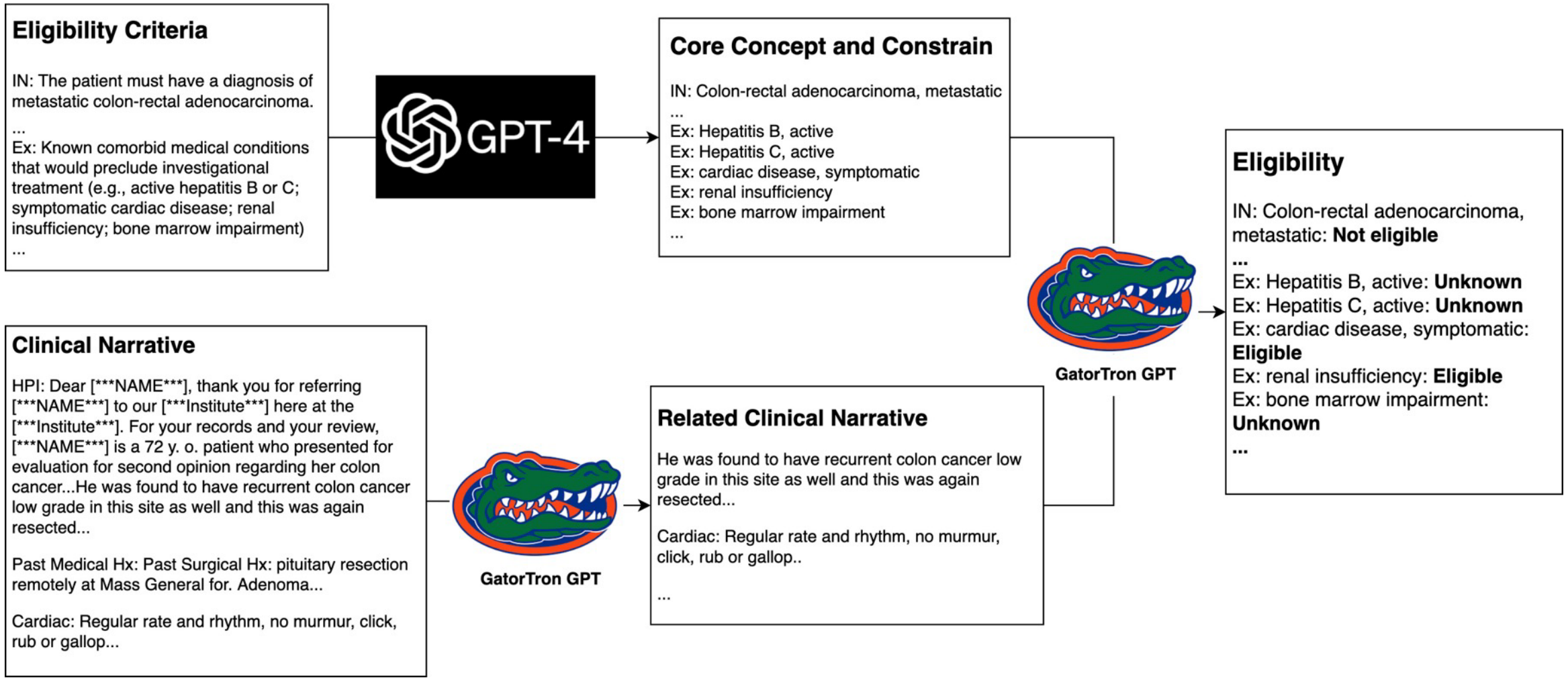
Natural language processing (NLP)

is a key technology to identify at risk women and navigate to preventive care, including aspirin



OneFlorida+

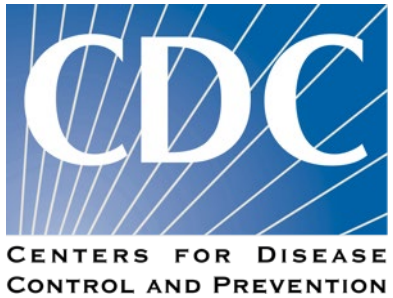
Linking Patients to Cancer Clinical Trials *with Large Language Models*



OneFlorida+

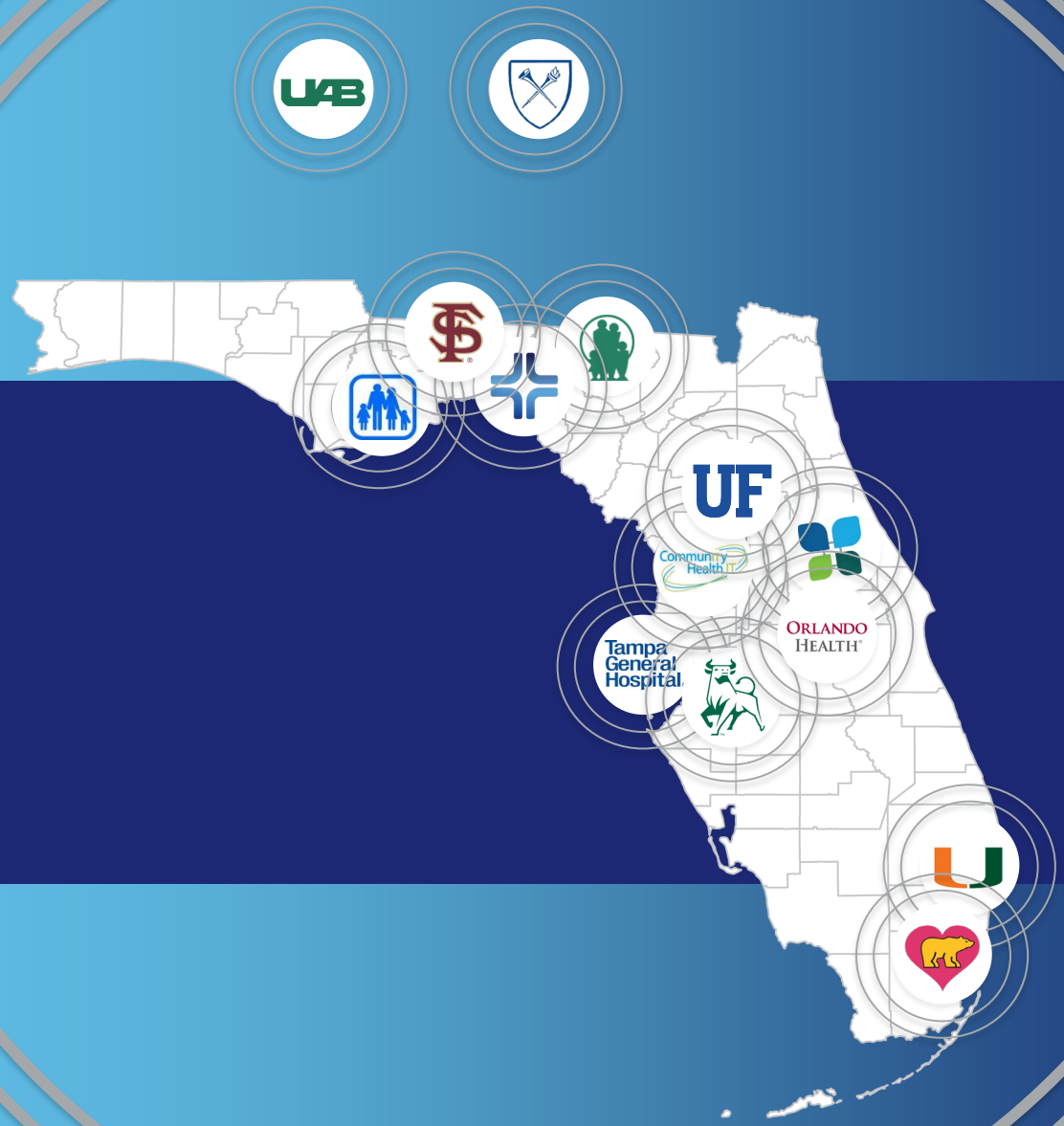
Our Funders

- Since 2015, ~$210M in external funding using OneFlorida+ infrastructure
- Ongoing requirements for infrastructure capabilities and partners



QUESTIONS?

onefloridaconsortium.org
Mei.liu@ufl.edu
broth423@ufl.edu



Encounter Data for Research Discussion

Background:

The current Health Information Exchange (HIE) multi-party agreement allows covered entities to use HIE data for research under specific research standards and frameworks. The concept of data utilization for research was initially considered through lens of documents available through electronic patient records.

One Florida+ works with Florida hospitals to obtain data that allows them to compile research information that can improve health care outcomes. The Florida HIE encounter data has been identified as a potential source for obtaining data from hospitals.

Questions for Committee:

- Is sharing data with UF Health for research allowable under the current agreement?
  - Would each hospital have to individually agree, or could it be done globally?
- If the data is de-identified, would it still be considered PHI?
- Are there other considerations that the Agency needs to consider regarding the sharing of encounter data for research?

Additional Materials:

- Excerpts from current HIE Agreement (with break out of referenced provisions of rule)
- Summary of One Florida+
- Summary of PCORnet

Excerpts from ENS Agreement:

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

5. **Data Ownership and Use.**

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

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

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

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

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

a. Administrative Data. "Administrative Data" means information identifying and pertaining to Participant and its Users, such as User contact information, but which does not contain Protected Health Information or Participant's Proprietary Information, which Vendor uses to manage and administer the Encounter Notification Service and provide support to Participant and its Users. Vendor or its Affiliates may use and disclose Administrative Data for purposes of providing services to Participants and PointClickCare Network Participants, for the purposes set forth in any terms of use applicable to a service, for Vendor's and its Affiliates proper management and administration, and as required by law.

b. Transaction Data. "Transaction Data" means information and statistics about Participant's interactions with and usage of the Encounter Notification Service, but which does not contain Protected Health Information, Administrative Data, or Participant's Proprietary Information. Vendor and its Affiliates may use and disclose Transaction Data for

any lawful purpose, including, by way of illustration and not limitation, (i) for the analysis, development, improvement, and provision of Vendor or Affiliate products and services; (ii) for recordkeeping, fee calculation, internal reporting, support, and other internal business purposes; (iii) to report the number and type of transactions and other statistical information; and (iv) to otherwise administer and facilitate Vendor and Affiliate services.

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

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

Excerpts from 45 CFR 164:

(i)***Standard: Uses and disclosures for research purposes*** —

- (1) ***Permitted uses and disclosures.*** A covered entity may use or disclose protected health information for research, regardless of the source of funding of the research, provided that:
  - (i) ***Board approval of a waiver of authorization.*** The covered entity obtains documentation that an alteration to or waiver, in whole or in part, of the individual authorization required by § 164.508 for use or disclosure of protected health information has been approved by either:
    - (A) An Institutional Review Board (IRB), established in accordance with 7 CFR lc.107, 10 CFR 745.107, 14 CFR 1230.107, 15 CFR 27.107, 16 CFR 1028.107, 21 CFR 56.107, 22 CFR 225.107, 24 CFR 60.107, 28 CFR 46.107, 32 CFR 219.107, 34 CFR 97.107, 38 CFR 16.107, 40 CFR 26.107, 45 CFR 46.107, 45 CFR 690.107, or 49 CFR 11.107; or
    - (B) A privacy board that:
      - (*1*) Has members with varying backgrounds and appropriate professional competency as necessary to review the effect of the research protocol on the individual's privacy rights and related interests;
      - (*2*) Includes at least one member who is not affiliated with the covered entity, not affiliated with any entity conducting or sponsoring the research, and not related to any person who is affiliated with any of such entities; and

- (*3*) Does not have any member participating in a review of any project in which the member has a conflict of interest.

- (ii) ***Reviews preparatory to research.*** The covered entity obtains from the researcher representations that:
  - (A) Use or disclosure is sought solely to review protected health information as necessary to prepare a research protocol or for similar purposes preparatory to research;
  - (B) No protected health information is to be removed from the covered entity by the researcher in the course of the review; and
  - (C) The protected health information for which use or access is sought is necessary for the research purposes.
- (iii) ***Research on decedent's information.*** The covered entity obtains from the researcher:
  - (A) Representation that the use or disclosure sought is solely for research on the protected health information of decedents;
  - (B) Documentation, at the request of the covered entity, of the death of such individuals; and
  - (C) Representation that the protected health information for which use or disclosure is sought is necessary for the research purposes.

- (2) ***Documentation of waiver approval.*** For a use or disclosure to be permitted based on documentation of approval of an alteration or waiver, under paragraph (i)(1)(i) of this section, the documentation must include all of the following:
  - (i) ***Identification and date of action.*** A statement identifying the IRB or privacy board and the date on which the alteration or waiver of authorization was approved;
  - (ii) ***Waiver criteria.*** A statement that the IRB or privacy board has determined that the alteration or waiver, in whole or in part, of authorization satisfies the following criteria:
    - (A) The use or disclosure of protected health information involves no more than a minimal risk to the privacy of individuals, based on, at least, the presence of the following elements;
      - (*1*) An adequate plan to protect the identifiers from improper use and disclosure;
      - (*2*) An adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; and
      - (*3*) Adequate written assurances that the protected health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted by this subpart;
    - (B) The research could not practicably be conducted without the waiver or alteration; and
    - (C) The research could not practicably be conducted without access to and use of the protected health information.

- (iii) ***Protected health information needed.*** A brief description of the protected health information for which use or access has been determined to be necessary by the institutional review board or privacy board, pursuant to paragraph (i)(2)(ii)(C) of this section;
- (iv) ***Review and approval procedures.*** A statement that the alteration or waiver of authorization has been reviewed and approved under either normal or expedited review procedures, as follows:
  - (A) An IRB must follow the requirements of the Common Rule, including the normal review procedures (7 CFR 1c.108(b), 10 CFR 745.108(b), 14 CFR 1230.108(b), 15 CFR 27.108(b), 16 CFR 1028.108(b), 21 CFR 56.108(b), 22 CFR 225.108(b), 24 CFR 60.108(b), 28 CFR 46.108(b), 32 CFR 219.108(b), 34 CFR 97.108(b), 38 CFR 16.108(b), 40 CFR 26.108(b), 45 CFR 46.108(b), 45 CFR 690.108(b), or 49 CFR 11.108(b)) or the expedited review procedures (7 CFR 1c.110, 10 CFR 745.110, 14 CFR 1230.110, 15 CFR 27.110, 16 CFR 1028.110, 21 CFR 56.110, 22 CFR 225.110, 24 CFR 60.110, 28 CFR 46.110, 32 CFR 219.110, 34 CFR 97.110, 38 CFR 16.110, 40 CFR 26.110, 45 CFR 46.110, 45 CFR 690.110, or 49 CFR 11.110);
  - (B) A privacy board must review the proposed research at convened meetings at which a majority of the privacy board members are present, including at least one member who satisfies the criterion stated in paragraph (i)(1)(i)(B)(2) of this section, and the alteration or waiver of authorization must be approved by the majority of the privacy board members present at the meeting, unless the privacy board elects to use an expedited review procedure in accordance with paragraph (i)(2)(iv)(C) of this section;
  - (C) A privacy board may use an expedited review procedure if the research involves no more than minimal risk to the privacy of the individuals who are the subject of the protected health information for which use or disclosure is being sought. If the privacy board elects to use an expedited review procedure, the review and approval of the alteration or waiver of authorization may be carried out by the chair of the privacy board, or by one or more members of the privacy board as designated by the chair; and
- (v) ***Required signature.*** The documentation of the alteration or waiver of authorization must be signed by the chair or other member, as designated by the chair, of the IRB or the privacy board, as applicable.

Summary of OneFlorida+ *

The OneFlorida+ Clinical Research Network is consortium of researchers, clinicians, stakeholders, and patients in Florida, Georgia and Alabama that have collaborated to address health challenges. The network provides infrastructure for a wide range of health research, including pragmatic clinical trials, comparative effectiveness research, implementation science studies, observational research, and cohort discovery.

The OneFlorida+ Clinical Research Network integrates and expands programs developed by the UF Clinical and Translational Science Institute (CTSI) and its partners to offer resources and tools to facilitate clinical research at an accelerated pace.

They have partnerships with 14 academic institutions, hospitals, health centers and affiliated clinics, and physician-owned practices that provide care for about 16 million patients in the Southeast. Network partners ensure that research conducted in the region's diverse settings are systematically captured and translated back into improved health care and health policy for residents throughout the southeastern United States.

The network's Data Trust is used to support research activities including hypothesis generation, cohort discovery, prep-to-research activities, participant enrollment, observational studies, and research workflows. The Data Trust's regional repository of healthcare data is regularly updated with the inclusion of new partners and data refreshing from existing partners. All data is cleaned, transformed, curated and contained in a centralized data warehouse.

The OneFlorida+ Clinical Research Network was established to improve overall health research and outcomes. UF Health and the UF CTSI serve as the coordinating center for the network. Investigators, clinicians, and scientists' engagement with the network tools offer a centralized hub for health care and health policy data, administrative, or research services.

The OneFlorida+ is also part of the Patient-Centered Outcomes Research Institute (PCORI) funded national clinical data research network known as PCORnet.

*Information was pulled from OneFlorida+'s website

Summary of PCORnet*
The National Patient - Centered Clinical Research Network

PCORnet provides access to an extensive research infrastructure. The network is comprised of representative health data, research expertise, and built- in patient insights which improve the capacity to conduct patient centered health research, particularly comparative clinical effectiveness research (CER).

PCORnet utilizes:

1. Clinical Research Networks that can participate as clinical sites in randomized research trials
2. Preexisting standardized, research-ready data from everyday healthcare encounters with more than 30 million people across the U.S. each year
3. Access to premier research experts across the country to assist with studies
4. Insights from actively engaged patients, caregivers, and advocates

Use of these four tools can significantly reduce some of the most time-consuming, costly, and difficult aspects of research start-up. The network infrastructure improves patient outcomes by fueling large scale research.

PCORnet offers research data available such as:

Demographics
Diagnoses
Procedures
Vital Signs
Labs
Clinical Observations
Medication Orders and Administration
Immunizations
Tumor Registry
Biosamples
Social Determinants of Health
Patient-Generated Data
Genomic Results
Patient-Generated Data
Natural Language Processing Derived Concepts

The Requestor receives data through the following steps:

Step 1	Step 2	Step 3	Step 4
The Requestor submits a question through the PCORnet Front Door	The Coordinating Center reviews the question and consults with the Requestor about next steps	The Coordinating Center converts the request into a query and sends it to Network Partners via a secure portal in the Cloud	Network Partners provide a response, which is sent back through the Coordinating Center to the Requestor

PCORnet is open to collaboration requests from researchers, patient groups, industry, and agencies.

*Information was pulled from PCORnet's website

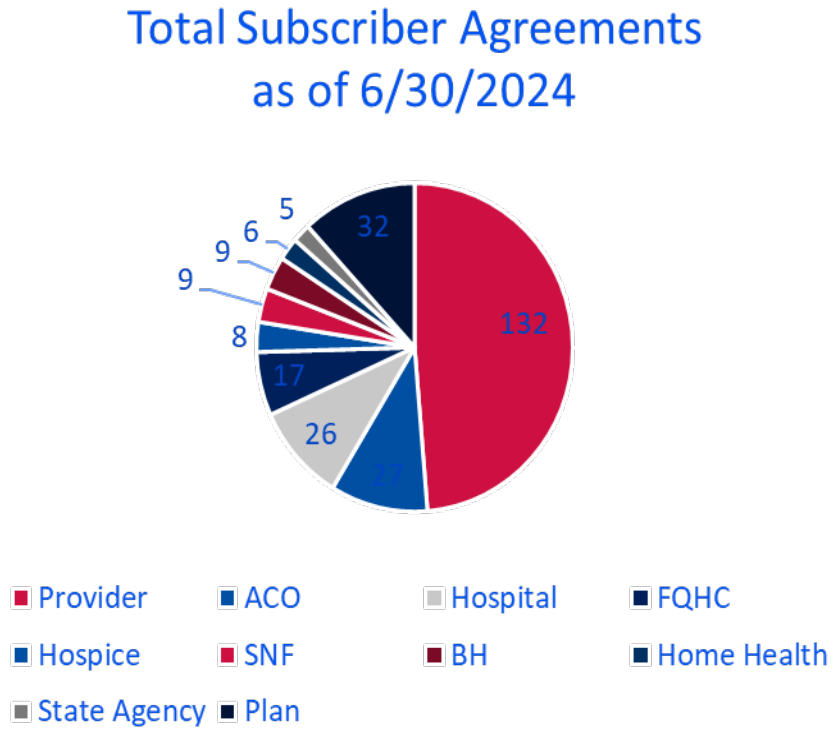
HIE Update

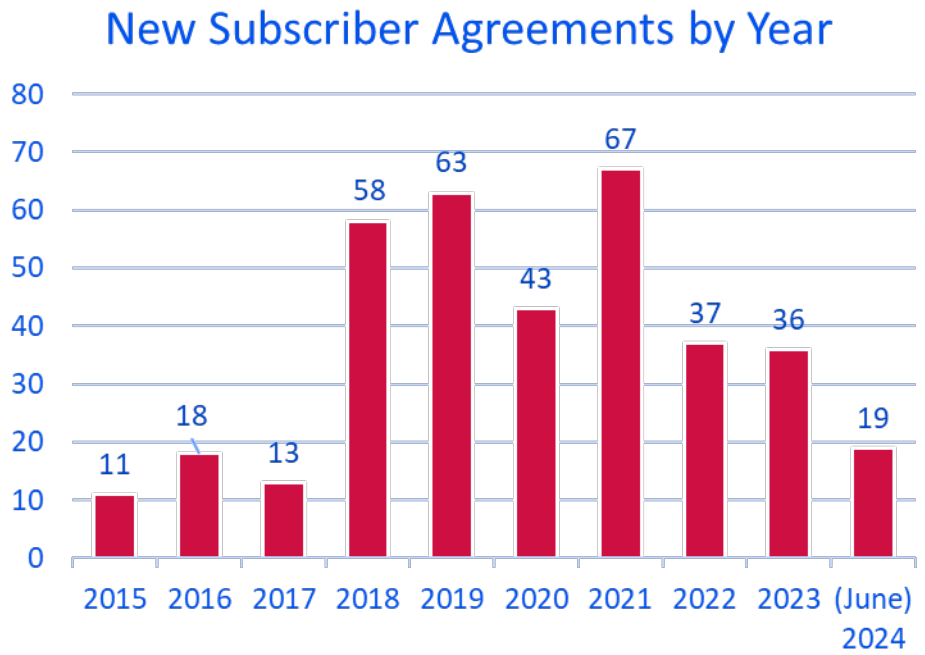
AHCA

AGENCY FOR HEALTH CARE ADMINISTRATION

Florida HIE ENS Q1 2024

- Total New Subscriber Agreements through Q2 2024: **19**



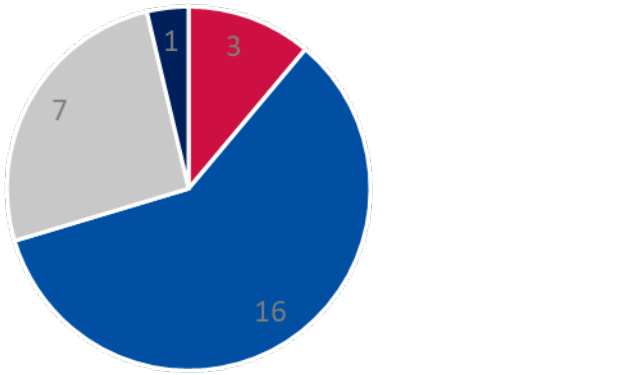


AHCA
AGENCY FOR HEALTH CARE ADMINISTRATION

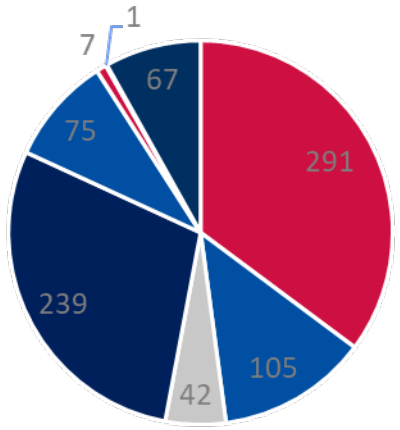
Florida HIE 2024

- Total Data Senders by End of Q2 2024: **827**

New Data Sources by Type from January to June 2024



Total Data Sources as of 6/30/2024



AHCA AGENCY FOR HEALTH CARE ADMINISTRATION

Emergency Patient Look-Up Service

- E-PLUS was activated for Hurricane Debby Friday, August 2
- 11 patient search queries for clinical records and medication fill histories conducted; records retrieved for one patient.
- E-PLUS staff contacted end users to improve search results.
- Received SpNS intake data from DOH and loading to E-PLUS for ENS Subscriber alerting
  - 16 SpNS data provided
  - 85 individuals checked into SpNS through E-PLUS
  - 22 ENS Subscribers were notified of patient encounters at SpNS

Public Comments

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Meeting Summary

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Next Steps

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Adjornment

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