HIE Opportunities
Using HIE to Promote Better Health Care for All Floridians
Background

• **The Florida Health Information Exchange –**
  • The Agency for Health Care Administration established the Florida HIE in 2011
  • The Florida HIE facilitates the exchange of health information among participants
  • The Agency oversees the Florida HIE with input from the Advisory Council, the Health Information Exchange Coordinating Committee, and the HIE Legal Work Group

• At the 9/26 Advisory Council meeting, Secretary Mayhew asked members to consider ways to move HIE forward in Florida
Encounter Notifications

Emergency Department
- ER Visit
- Discharge

Community Health Center

Patient Follow-Up

Alert

HL7 ADT

platform powered by

Patient panel
Encounter Notifications

• **Data senders**
  - 95% of acute care hospitals
  - 89% of inpatient rehab hospitals
  - 20% of SNFs (8% live, 12% in progress)

• **Data recipients**
  - 11 health systems (80 hospitals)
  - 23 health plans
  - 25 Medicare ACOs
  - 70 provider groups (incl. 22 FQHCs)

• **Coverage**
  - Data recipients are signed up to receive alerts on 12M+ patient identities
  - Over 1.5M alerts are delivered to data recipients each month
Encounter Notifications

• **New Data Senders**
  - Actively connecting post-acute providers – Skilled Nursing Facilities, Inpatient Rehab Hospitals, hospice – based on participant feedback
  - Will work to connect urgent care centers starting in 2020

• **Third-Party Vendors**
  - Florida HIE works with third-party vendors as directed by ENS participants
  - Over 20 third-party vendors receive alerts on behalf of their covered entity clients
  - Add-on services aim to make alerts more accessible and usable to ENS participants
  - Many third-party vendors pull in claims and other data, offer analytics services, help distribute alerts to network providers, etc.
<table>
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<tr>
<th>Brevard HEALTH Alliance™</th>
<th>primary partners</th>
<th>ACO HEALTH CARE ORGANIZATIONS PALM BEACH</th>
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**Key Results:****

- **50% decrease** in Medicaid hospital readmissions (from 17.29% to 8.59%)
- **30% decrease** in Medicare hospital readmissions (from 19.15% to 13.25%)
- **23% decrease** in patients with uncontrolled diabetes (from 19.05% to 14.49%)
- **40% decrease** in Medicare hospital readmissions
- **$284,000+ savings** in Medicare readmissions costs
- **10% increase** in Transitional Care Management (TCM) services
- **14% reduction** in post-discharge spending when TCM services are provided
National Networks

**eHealth Exchange**
- Public-private, federated, nationwide health information network;
  - access to federal agencies drives participation

**commonwell HEALTH ALLIANCE**
- Vendor-led network with a centralized infrastructure that offers a patient-centric view

**carequality**
- A trust framework that enables exchange between participants in different networks
  - CommonWell became a Carequality implementer in 2019
  - eHealth Exchange will become a Carequality implementer in 2020

**A2 Gateway**
- The Florida HIE has taken a collaborative rather than competitive approach to the national networks, offering a State Gateway “on-ramp” to the eHealth Exchange for organizations that need help connecting
National Trends

- Rapid growth in connectivity via the **national networks**
- Major focus on **improved care coordination** during transitions of care
- Increasing **health plan participation** in clinical data exchange, HIEs
- Increasing scrutiny on **privacy and security** and an emphasis on less centralization
- **HIEs are merging** in many regions throughout the US
- The **21st Century Cures Act** and associated regulations represent a major set of changes
- **TEFCA and information blocking** will have a significant impact on interoperability
Considerations for HIE Growth

• Focus on well-defined problems and measurable outcomes
• Offer high-impact services to providers and payers
• Align with market realities –
  • Focus on solutions with market value (i.e. don’t depend on state or federal subsidies)
  • Avoid duplication of existing connectivity and well-established solutions
• Build on prior investments and current operational infrastructure
• Support the data needs of Florida Medicaid
Gaps

Encounter Notifications - Although Florida has one of the most robust alerting networks in the nation, many Medicaid recipients still aren’t receiving appropriate follow up care after they leave the hospital.

Behavioral Health – Successful transitions of care are critical for behavioral health patients, but behavioral health treatment providers are often unaware when their patients receive care at the hospital for mental health or SUD.

Clinical Data for Providers - Providers don’t routinely receive relevant clinical documentation (medications, discharge summary, etc.) after their Medicaid patients are discharged from the hospital.

Clinical Data for the Agency - The Agency lacks access to clinical data which could be used to better assess plan performance, network adequacy, provider quality, and other key metrics (as prioritized by the Agency).
**Encounter Notifications**

**Gap**
- Although Florida has one of the most robust alerting networks in the nation, many Medicaid recipients still aren’t receiving appropriate follow up care after they leave the hospital.

**Solution**
- Implement program to promote PCP participation in ENS
- Promote payer and ACO distribution of ENS alerts to network providers

**Measurement**
- Within 12 months
  - > 75% of discharges alerted to the PCP within 24 hours (measurable via ENS data)
  - > 75% of discharges with a diagnosis of mental illness or SUD receive follow up care within 7 days (measurable via claims)
  - > 75% of discharges for recipients with multiple high-risk chronic conditions receive follow up care within 7 days (measurable via claims)
- Compare readmissions and total cost of care for those Medicaid recipients who receive follow up care and those who do not (measurable via claims)
Behavioral Health

Gap

• Behavioral Health – Successful transitions of care are critical for behavioral health patients, but behavioral health treatment providers are often unaware when their patients receive care at the hospital for mental health or SUD.

Solution

• Implement program to promote behavioral health provider participation in ENS
• Reduce ENS participation fees for behavioral health providers

Measurement

• Within 12 months
  • > 75% of discharges with a diagnosis of mental illness or SUD alerted to the behavioral health provider within 24 hours (measurable via ENS data)
  • > 75% of discharges with a diagnosis of mental illness or SUD receive follow up care within 7 days (measurable via claims)
• Compare readmissions and total cost of care for those Medicaid recipients who receive follow up care and those who do not (measurable via claims)
Clinical Data for Providers

Gap
• Providers don’t routinely receive relevant clinical documentation (medications, discharge summary, etc.) after their Medicaid patients are discharged from the hospital

Solution
• The Agency can require Medicaid hospitals to make clinical data available via:
  • One of the national networks or
  • The Florida Health Information Exchange (existing capability)

Measurement
• Within 12 months
  • > 75% of all Medicaid hospitals are making clinical documentation available electronically (measurable via FLHIE data)
  • > 20% of all Medicaid hospital discharges have a discharge summary electronically routed to the PCP within 7 days of discharge (measurable via FLHIE data)
  • > 30% of all Medicaid hospital discharges have a discharge summary electronically routed to the PCP within 14 days of discharge (measurable via FLHIE data)
Clinical Data for the Agency

**Gap**
- The Agency lacks access to clinical data which could be used to better assess plan performance, network adequacy, provider quality, and other key metrics (as prioritized by the Agency)

**Solution**
- The Agency can onboard to the national networks as a payer, require Medicaid providers to join the national networks as well, and then query providers to populate a Medicaid-specific clinical data repository

**Measurement**
- Within 12 months
  - > 75% of Medicaid hospitals are making clinical documentation available for query via the national networks
  - > 20% of Medicaid providers are making clinical documentation available for query via the national networks
  - The Agency has governance, data acquisition, funding, interagency, and procurement strategies prepared