July 23, 2020



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Meet Our Speakers



Pam King Agency for Health Care Administration



Allison Culpepper Florida Department of Health



Virginia Warren Florida Department of Health



Aaron Parsons Audacious Inquiry



Eduardo Gonzalez Ruvos





David Brown SFLHIMSS Advocacy Chair



Ivy Barnes Intesse Advisory Services

Legislative Authority



David Brown

Advocacy Chair – SFLHIMSS

Partner Maury, Rawlins & Brown

David Brown is a seasoned executive leader with more than 40 years of success spanning healthcare, education, information technology and entertainment industries. Leveraging extensive experience as an entrepreneurial business development professional with a demonstrated track record for increasing product visibility and profitability to reach and exceed revenue goals, he is a valuable asset for any industry or organization who desire to engage in legislative issues and state contracts.

His broad areas of expertise include change management, new business development, population health management, contract negotiations, sales team management and mentoring, business transformation, process improvement, strategic planning, sales operations, informatics and government relations.

David holds a BASc in Biology from Juniata College and an MA in Higher Education Administration from Indiana University of Pennsylvania.

By what Authority can the state collect healthcare data

It's in the law: Title XXIX Public Health

Epidemiological research; report of diseases of public health significance to department.

Florida Statue Section 381.0031

All practitioners, healthcare facilities, and laboratories in Florida are **required to notify** the Department of Health (DOH) of diseases or conditions of public health significance.

Florida Administrative Code (FAC) Chapter 64D-3

Practitioners, hospitals, medical facilities, laboratories, schools, nursing homes, state institutions, and other locations providing health services are required to notify the Department of diseases or conditions and the associated laboratory test results listed in the *Table of Reportable Diseases or Conditions to Be Reported, Rule 64D-3.029*, Florida Administrative Code. Laboratory notification of test results does not nullify the practitioner's obligation to also notify the Department of the disease or condition.



DOH Emergency Order 64DER 20-18, 64D3.029

On March 1, 2020, a Public Health Emergency was declared by the Surgeon General to exist statewide in accordance with Executive Order 20-51. On March 9, 2020, Governor Ron DeSantis issued Executive Order 20-52 declaring that a state of emergency exists in the State of Florida. Therefore, there is an immediate need to adopt rules setting forth the procedures to control the spread of COVID-19 to protect the health, safety and welfare of Florida's citizens.

Health IT Platforms Data Flow Florida HIE



Pamela King

HIT Outreach Coordinator - AHCA

Pamela King, MBA, CPM, PMP is the Health Information Technology (HIT) Outreach Coordinator with the Agency for Health Care Administration (AHCA). Pam has over 20 years of experience in areas of health care administration and health information exchange. Her current focus is predominantly on strategic planning and adoption of technology within healthcare.

Prior to joining AHCA, Pamela worked for the Florida Department of Health, in several executive positions, including Chief of the Bureau of Management Services and Executive Director for the Board of Osteopathic Medicine and several other regulatory boards.



Aaron Parsons

Senior Manager Audacious Inquiry

Aaron Parsons is a Senior Manager with Audacious Inquiry (Ai), a health information technology and policy company headquartered in Baltimore.

Aaron leads Ai's outreach efforts in support of the Florida Health Information Exchange. Prior to joining Ai, Aaron worked at the Agency for Health Care Administration, where he helped to implement a variety of health IT initiatives, including the Medicaid Electronic Health Records Incentive Program.

Aaron has an M.S. in Political Science from Florida State University



Patient Unified Look-up System for Emergencies

- PULSE is an easy to use web portal that facilitates health information exchange during declared disasters.
- Authorized users can view clinical documents that include information about a patients' medications, allergies, diagnoses, and lab results.
- PULSE is intended for:
 - Clinical providers in alternate care sites
 - Public health authorities



Patient Unified Look-up System for Emergencies

- Audacious Inquiry (Ai) developed PULSE in 2014-2015 with funding from the Office of the National Coordinator for Health Information Technology for use in California.
 - This version was deployed during the 2017, 2018, and 2019 California wildfire seasons.
 - In 2018 Ai established a partnership with The Sequoia Project to provide PULSE programmatic support.
- Ai will release PULSE Enterprise, with broader functionality and intended for nationwide scalability in Summer 2020.

• Where does PULSE get clinical data?

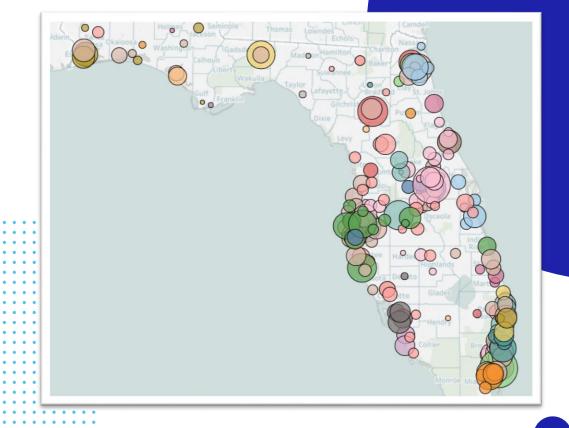
- eHealth Exchange
 - 61 Regional and/or State HIEs
 - 4 Federal Agencies (VA, DoD, SSA, CMS)
 - 75% of all US Hospitals
 - 70,000 Medical Groups
 - 5,200 Dialysis Centers
- Carequality
 - 50,000 Clinics
 - 600,000 Providers
 - 2,000+ Hospitals

| P | atient Demogra | aphics - Male, | born Jan. 01, 19 | 99 | | | | | | | |
|------|-------------------------------------|----------------|------------------------|---------|-----------------------|------------------------------|--------------------------|----------------------------|------------------|------------|-------|
| 63 | Patient Address | | Commun | ication | | Language | Language | | Race / Ethnicity | | |
| | 123 Main Street Denver, CO 80220 | | (303)999-9999 (Mobile) | | | Spanish - Spoken (Preferred) | | White / Hispanic or Latino | | | |
| A | llergies, Advers | e Reaction | s & Alerts | | | | | | | | |
| 4 | Group Description | Code System | | Code D | escription | | Severity | Susceptibility | Date and Time | 3 | Stat |
| | Allergy to Eggs | UNII | 291P45F896 | Eggs | | | Mild | Very susceptible | 06-10-2010 10 | 0:00:00 | Acti |
| | | ICD-9-CM | V15.03 | | to eggs | | | | | | |
| | Neomycin | RxNorm | 866041 | Neomy | cin Sulfate 50 | 0 MG | Mild to moderate | Very susceptible | 06-10-2010 10 | 0:00:00:0 | Acti |
| | Tetracyclines | RxNorm | 406524 | Doxycy | cline 75 MG E | nteric Coated Tablet | Fatal | Susceptible | 06-10-2010 10 | 0:00:00:00 | Acti |
| | | NDF-RT | N000006275 | Tetracy | cline | | | | | | |
| E | ncounters | | | | | | | | | | |
| 9 | Group Description | | Code System | Code | Code Descri | ption | | Date | e and Time | Stat | tus |
| | Encounter Outpatient | | CPT | 99213 | | atient visit, est | | 06-1 | 0-2010 10:00:00 | Per | forme |
| | | | ICD-9-CM | V70.0 | Routine gen | eral medical examination | on at a health care faci | lity | | | |
| | Encounter Outpatier | nt | CPT | 99213 | Office/outpa | atient visit, est | | 06-2 | 0-2010 10:00:00 | Per | forme |
| | | | ICD-9-CM | V70.0 | Routine gen | eral medical examination | on at a health care faci | lity | | | |
| | Encounter Non-Acu | te Inpatient | CPT | 99324 | Domicil/r-h | ome visit new pat | | 07-0 | 3-2010 10:00:00 | Per | forme |
| | Encounter Inpatient Discharge | | CPT | 99238 | Hospital dis | charge day | | 07-0 | 5-2010 10:00:00 | Per | forme |
| • | Encounter Outpatier | nt | CPT | 99213 | | atient visit, est | | | 8-2010 10:00:00 | Per | forme |
| • | | | ICD-9-CM | V70.0 | | eral medical examination | on at a health care faci | 1 | | | |
| | Encounter Outpatier | nt | CPT | 99213 | | atient visit, est | | | 6-2010 10:00:00 | Per | forme |
| | | | ICD-9-CM | V70.0 | Routine gen | eral medical examinatio | on at a health care faci | lity | | | |
| In | nmunizations | | | | | | | | | | |
| • \$ | F Group Description Code | | System | Code | Code Code Description | | Date and Time | | Status | | |
| • | Influenza Vaccine | | CVX | | 135 | Influenza, high dose : | seasonal | 11-16-2010 10 | 0:00:00 | Comple | eted |
| • | Pneumococcal Vaccine all ages | | CVX | | 100 | pneumococcal conjug | gate PCV 7 | 11-16-2010 10 | 0:00:00 | Comple | eted |
| | | | CPT | | 90669 | Pneumococcal vacc, | ped<5 | | | | |
| | | | | | | | | | | | |
| • | | | | | | | | | | | |
| • | | | | | | | | | | | |

Encounter Notification Service - ENS)

Available through the Florida Health Information Exchange

- ENS provides real-time notice of patient health care encounters.
 - ENS notifies PCPs, specialists, hospitals, and payers when a patient or member receives care at a connected facility
 - ENS alerts on encounters occurring at
 - 95% of acute care hospitals in Florida
 - 89% of inpatient rehabilitation hospitals
 - 20% of skilled nursing facilities



ENS & COVID

PROMPT provides easy portal access to ENS alerts

- ENS notifies covered entities when their patients receive coronavirus-related care at connected hospitals and post-acute facilities.
 - PROMPT web portal allows easy access to ENS alerts and easy-to-use filtering capabilities for identifying patients/members with COVID
 - Smart Alerts feature of ENS can route alerts to different recipients based on pre-set triggers, such as diagnosis codes for COVID and influenza-like illness
 - Highly configurable delivery options allows customized subscriptions to support different provider and health plan use cases.

ENS & SNFs

How Skilled Nursing Facilities Benefit From Encounter Alerts

• SNF participation in ENS benefits patients and SNFs.

- ENS alerts the patients' PCP, ACO, payer, and others of SNF admits and discharges
- ENS alerts the SNF of known payer affiliations, to improve care coordination
- ENS notifies the SNF when a recently discharged patient is diagnosed as COVID positive at another connected facility

ENS & ESSENCE

How ENS supports syndromic surveillance in the State of Florida

- The Florida Department of Health's (DOH) ESSENCE syndromic surveillance system provides epidemiologist with the data sources and analytic tools needed to identify outbreaks or unusual trends more rapidly, leading to a more timely public health response.
 - ESSENCE receives data feeds from hospital Emergency Departments around the State but has limited inpatient data.
 - FL DOH signed up for ENS in 2019 to receive a truncated inpatient data set that enables enhanced syndromic surveillance capabilities.

Health IT Platforms & Data Flow Surveillance Platforms

HIMSS SOUTH FLORIDA CHAPTER

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Allison Culpepper

Enterprise Data Manager - FDOH

Allison Culpepper serves as the Enterprise Data Manager for the Florida Department of Health. Her team facilitates electronic data exchange, integration and file movement between external trading partners and the Department, which has been critical for the COVID-19 response.

Allison has eight years of experience working in health informatics and previously served as the Meaningful Use Coordinator and program manager for Syndromic Surveillance and Electronic Laboratory Reporting programs in Florida.



Virginia Warren

Electronic case reporting informatician - FDOH

Virginia Warren is an electronic case reporting informatician at the Florida Department of Health. In this role, her focus is on facility onboarding and data validation.

Virginia recently transitioned into this position after completing the two-year Florida Epidemic Intelligence Service Program Fellowship. She is interested in leadership and design thinking, and she is passionate about using technology to improve efficiency and effectiveness within public health.

Process Services



ELR

ELR provides for the collection of lab test results performed in facility labs around the state.

Syndromic

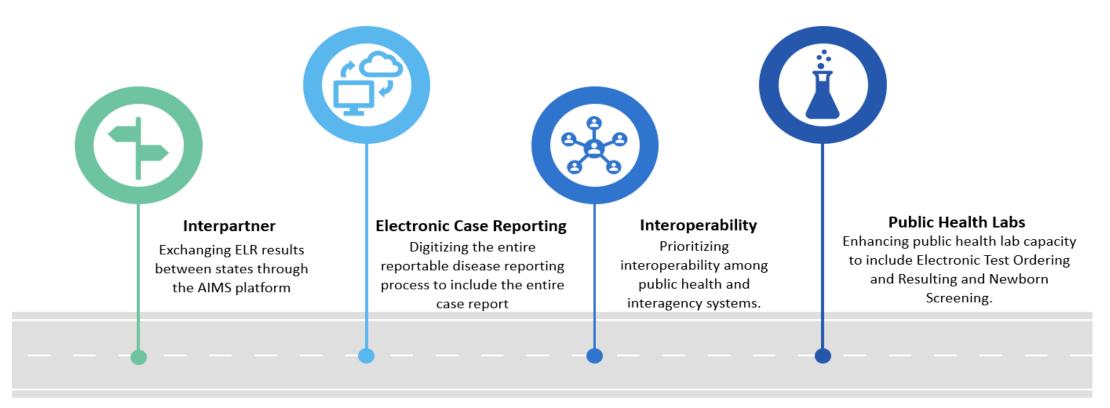
Provides near real time data for hospital emergency department and urgent care visits for detection and continuous monitoring of community health incidents.

eCR

Electronic transmission of reports of potential cases of reportable diseases and conditions from an electronic health record or IT system to public health, replacing the historically paper-based process.

Data Modernization Initiative

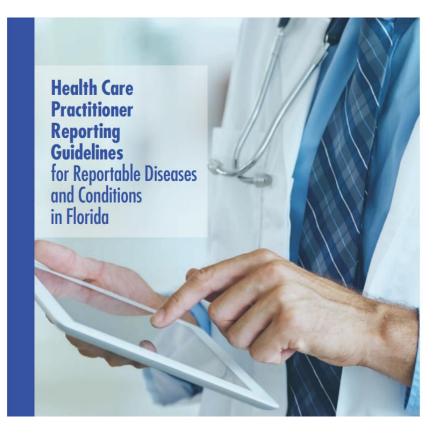
Addressing the need for an integrated, high speed health data superhighway to keep us safe from diseases and outbreaks



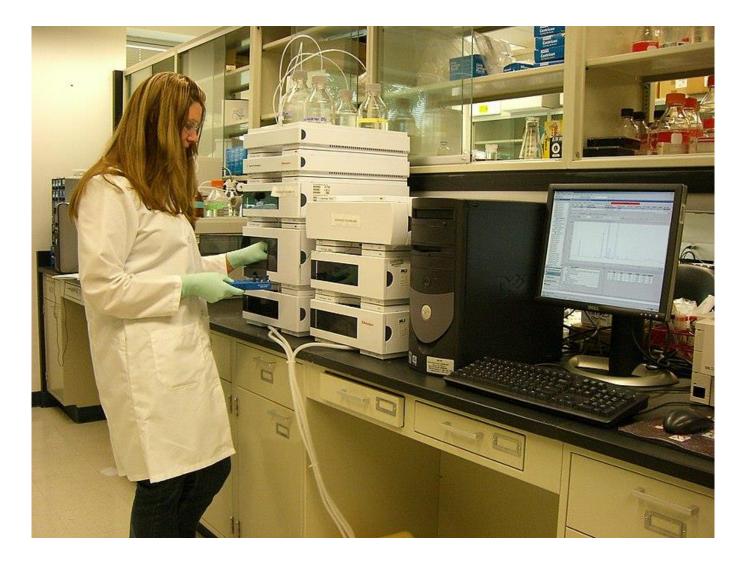
Where public health data drives action in real time

What is eCr?

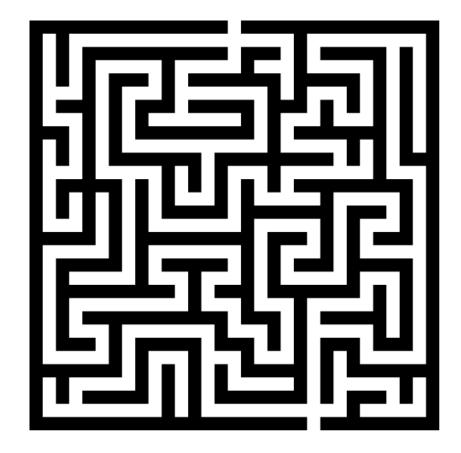




Laboratory Reporting Guidelines for Reportable Diseases and Conditions in Florida



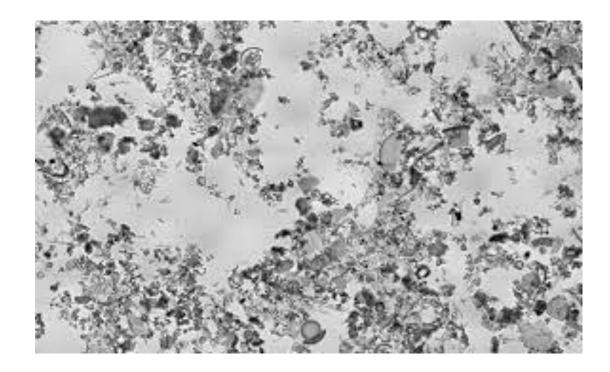












| | AIMS Platform |
|------------|---|
| | Electronic Initial Case Report received |
| Provider C | RCKMS applies jurisdiction rules |
| | Reportability Response created for provider |
| | RR sent back to provider; eICR and RR passed to public health |

| SAM CALDWELL INITIAL PUBLIC HEALTH CASE REPORT | INITIAL PUBLIC HEALTH CASE REPORT | | | | |
|---|-------------------------------------|---|--|--|--|
| BACK TO TOP | SAM CALDWELL Patient Identifiers | | | | |
| DEMOGRAPHICS | 20346 OID: NTST2 | | | | |
| AUTHORING DETAILS | ABOUT | CONTACT | | | |
| CLINICAL SECTIONS | Date of Birth02/15/1961SexMaleRace | Home 1515 Old Bainbridge Road Tallahassee, FL | | | |
| ENCOUNTERS | Ethnicity | 32303 | | | |
| TREATMENT PLAN | AUTHOR | CONTACT | | | |
| LAB RESULTS | Time: 07/6/2020, 21:31 | | | | |
| HISTORY OF PRESENT ILLNESS | tempExtension OID: NTST2.152 | | | | |
| IMMUNIZATIONS | AUTHOR ORGANIZATION | CONTACT | | | |
| MEDICATIONS ADMINISTERED | Netsmart Technologies, Inc. | Work Place 3500 Sunrise Highway | | | |
| PROBLEMS | 98 NPI (US) | Great River, NY 11739 | | | |
| REASON FOR VISIT | ENCOUNTER | | | | |

ENCOUNTER

Identifier 9937012 OID:

| Patient | Everywoman, Eve |
|-----------------------------------|---|
| Patient ID(s) | PT-471325 2.16.840.1.113883.19.5 |
| Contact info | Home: 1 Honolulu Way Honolulu, HI 96795, US |
| Date of Birth | · · · · · · · · · · · · · · · · · · · |
| Sex | Female |
| Race | WHITE |
| Ethnicity | Not Hispanic or Latino |
| Primary Information Recipient: | Amanda, Assigned |
| Contact info | Home: 2 Kailua Way Kailua, HI 96734, US |
| eICR Identifier: | 39a38342-9688-4609-a187-d89bddf1499a |

Subject:

Public Health Reporting Communication: one or more conditions are reportable, or may be reportable, to public health.

Summary:

Your organization electronically submitted an initial case report to determine if reporting to public health is needed for a patient

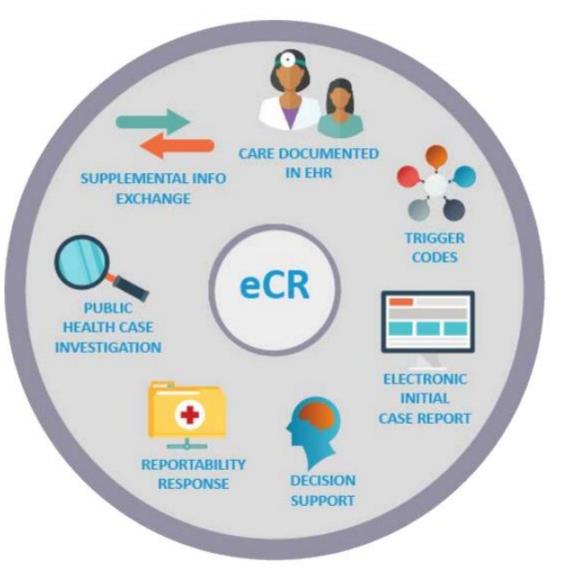
"Chlamydial infection (disorder)" may be reportable to "Hawaii DOH". The reportability status could not be completely determined because: "Reportability could not be determined due to missing information needed for the following criteria: Patient Age < 1 year".

"Chlamydial infection (disorder)" for "Hawaii DOH"

Reporting is required within "3 Day(s)". Reporting to this Public Health Agency is based on "Both patient home address and provider facility address"

Additional Resources:

> Chlamydia information and statistics. (Information only)



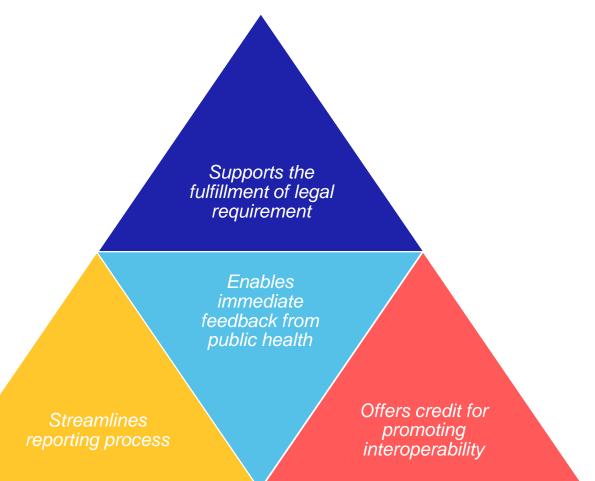
| | AIMS Platform |
|------------|---|
| | Electronic Initial Case Report received |
| Provider C | RCKMS applies jurisdiction rules |
| | Reportability Response created for provider |
| | RR sent back to provider; eICR and RR passed to public health |

Why is eCR important?





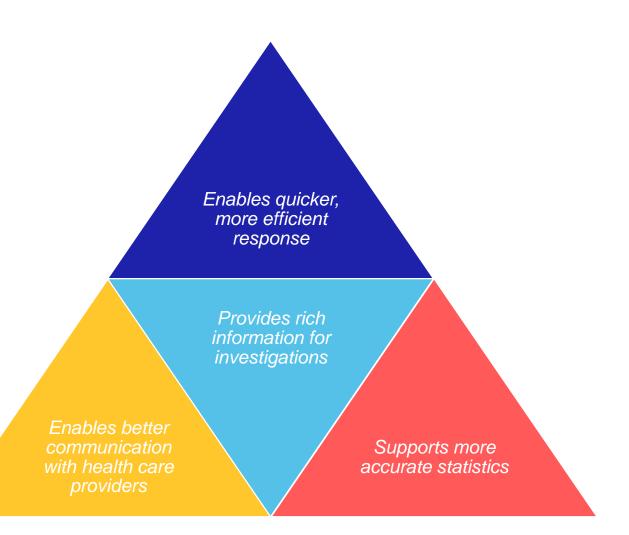
to health care providers



COVID 19 & Florida: What are we doing to effectively leverage Health IT?

Why eCR matters

to public health professionals



COVID 19 & Florida: What are we doing to effectively leverage Health IT?

How does eCR support the pandemic response?

COMORBIDITIES

VACCINE EFFECTIVENESS

TREATMENT EFFECTIVENESS

ISOLATION & QUARANTINE

eCR Florida and National Statistics



Health IT Platforms Data Flow AIMS

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Eduardo Gonzalez Loumiet

CEO- Ruvos

With more than 20 years managing multi-million-dollar enterprise technology projects, Eddie is an award-winning information technology expert, mentor, recognized speaker, and CEO at Ruvos (formerly named Uber Operations), a leading data, security, and cloud computing company.

Prior to joining Ruvos, Eddie served as Senior Project Manager at Stanford International Bank in Antigua, West Indies. While at Stanford, Eddie managed all facets of the technology at the bank including several high-profile banking system implementations in Antigua, Panama, Venezuela, and Canada.

Eddie, a Cuban-American born in Miami, Florida, attended Loyola University, New Orleans earning a bachelor's degree in Finance and Computer Information Systems. He subsequently received his Executive MBA in 2007 from the University of Miami while working full time.



www.AIMSPlatform.com

HIMSS SOUTH FLORIDA CHAPTER

COVID 19 & Florida: What are we doing to effectively leverage Health IT?



A secure, cloud based environment that accelerates the implementation of public health messaging by providing shared services to aid in the transport, validation, translation, transformation and routing of electronic data.

Healthcare Community Platform

AIMS Platform = A Growing Neighborhood Complex. Cohesive.

Keys to Building Successful Neighborhoods





AIMS Platform Overview

Messaging Services

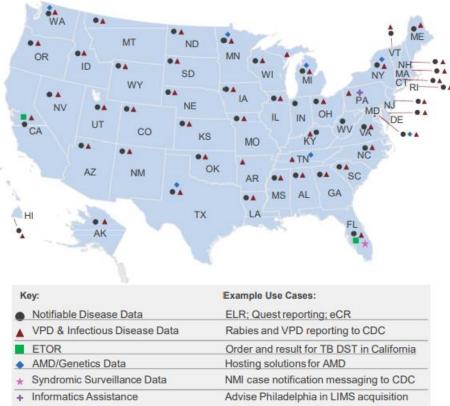
AIMS serves as a central organization to process and route messages containing health information between healthcare entities (e.g. provider offices, public health agencies, public health labs)

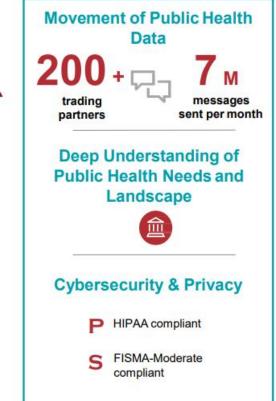
Data Platform

AIMS serves as a *data storage platform* for a diverse set of health entities by hosting applications, databases, and decision support logic

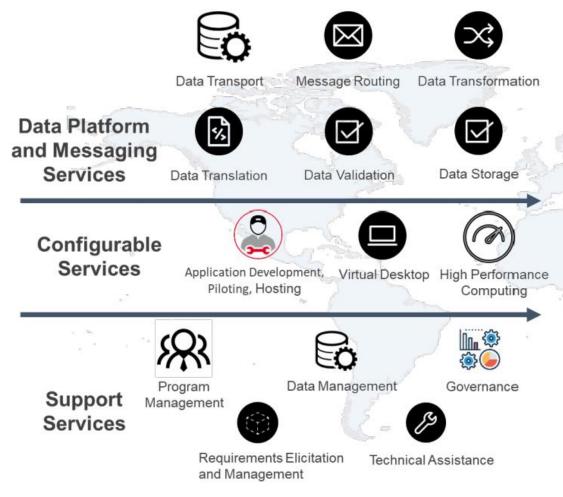
Support Services

AIMS provides essential services (i.e. program management, technical assistance and informatics) to ensure partners and customers can take full advantage of the platform





AIMS ECOSYSTEM

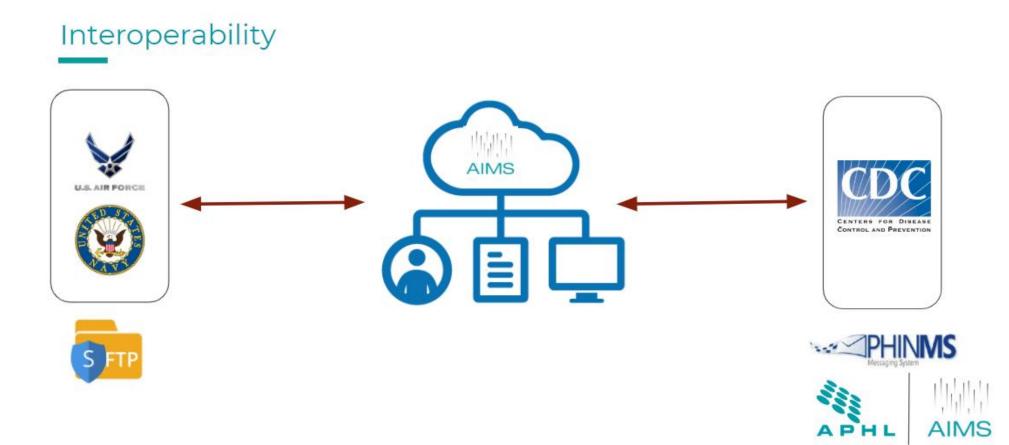


• 100+ Virtual Desktops

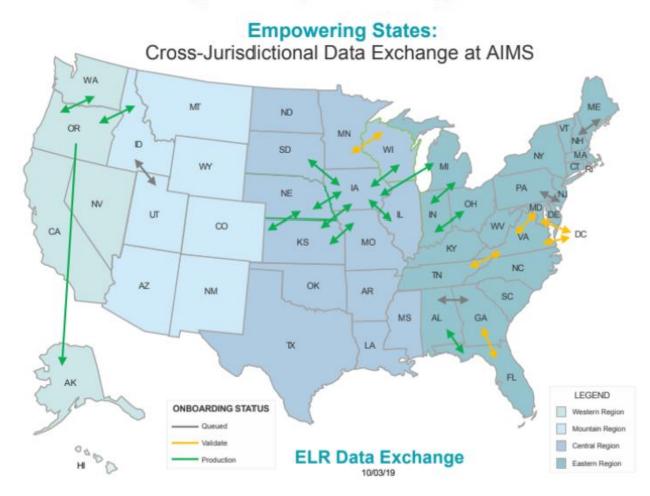
- FISMA moderate compliant environments and applications
- HIPAA compliant

• 20 million total messages per month

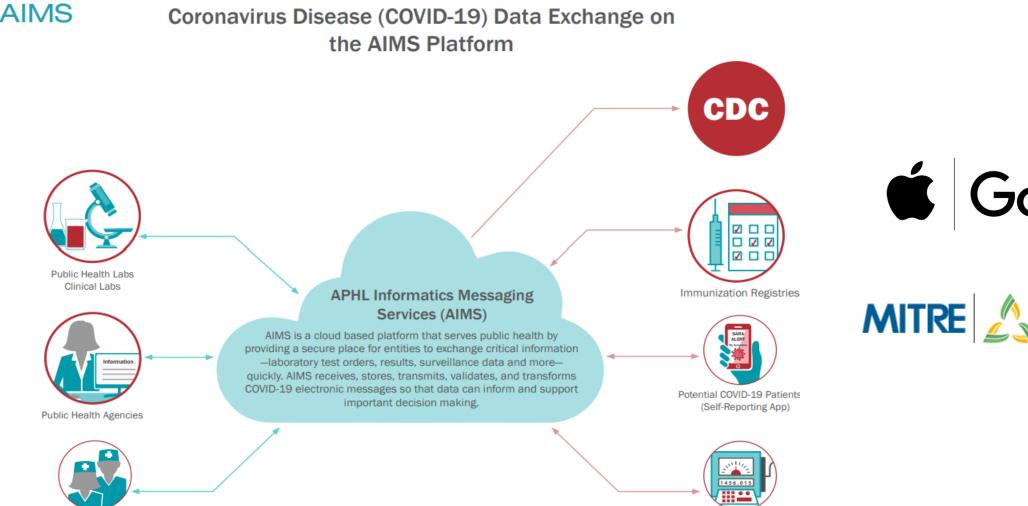
- 2 million Quest Electronic Laboratory Reporting (ELR) messages per month
- 28,000 Public Health Laboratory Interoperability Project (PHLIP) messages per month
- 3,000 Interstate ELR exchange messages per month
- Central organization to receive, validate, process, and route messages containing health information
- 200+ trading partners Provider offices, public health agencies, public health laboratories



InterPartner Exchange: Empowering the States







Healthcare Providers

Device Manufacturers Medical Devices

Google



Where Can I Find More Information?

www.AIMSPlatform.com

informatics.support@aphl.org

Patina Zarcone patina.zarcone@aphl.org 1-240-485-2788

Dari Shirazi dari.shirazi@aphl.org 1-319-325-0760

Eddie Gonzalez Loumiet eddie@ruvos.com 1-850-570-8248



PUBLIC HEALTH LABORATORIES



Contact information

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- Aaron Parsons <u>AParsons@ainq.com</u>
- Allison B. Culpepper <u>Allison.Culpepper@flhealth.gov</u>
- Virginia Warren <u>Virginia.Warren@flhealth.gov</u>
- Eddie Gonzalez Loumiet <u>eddie@ruvos.com</u>
- To enroll in electronic laboratory reporting <u>DLElectronicLabReporting@flhealth.gov</u>
- To enroll in eCR <u>electroniccasereporting@flhealth.gov</u> or <u>ecr@cdc.gov</u>

Questions & Answers

• How complete are these data sets across hospitals? Do you find variability in data accuracy related to COVID-

19?

- Hospitals provide admit, transfer, and discharge (ADT) data to the Encounter Notification Service (ENS) on inpatient and emergency
 department encounters. The data received from the ADT feeds includes, but is not limited to, patient demographics, treating facility, patient
 complaint, discharge diagnosis, and discharge disposition. Although this is not a CCD it does provide actionable data to providers and
 public health officials.
- The codes facilities used to indicate coronavirus encounters initially varied. The new ICD-10 codes for COVID-19 are now more widely used.

• How is this actionable data used? What are some of the initial outputs/outcomes? Affects on public policy?

Data sent to the Florida Department of Health via the electronic laboratory reporting (ELR) system and the electronic case reporting (eCR) system will become visible in a piece of software called Merlin that the Florida Department of Health uses as a reportable conditions surveillance database and case investigation management tool. Investigators from every county health department in Florida log in to Merlin every day to see the disease cases that were reported electronically (or manually) that need to be investigated and interviewed. The purpose of the investigation and interview is to provide guidance to the ill person and their contacts that will help prevent the spread of disease and to collect and record data about each disease case that can be saved in our database and counted during future statistical analyses. The stats generated in our analyses are shared with the CDC and public health leaders at the state and county levels and influence strategic planning priorities at the county, state, and national level.



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