

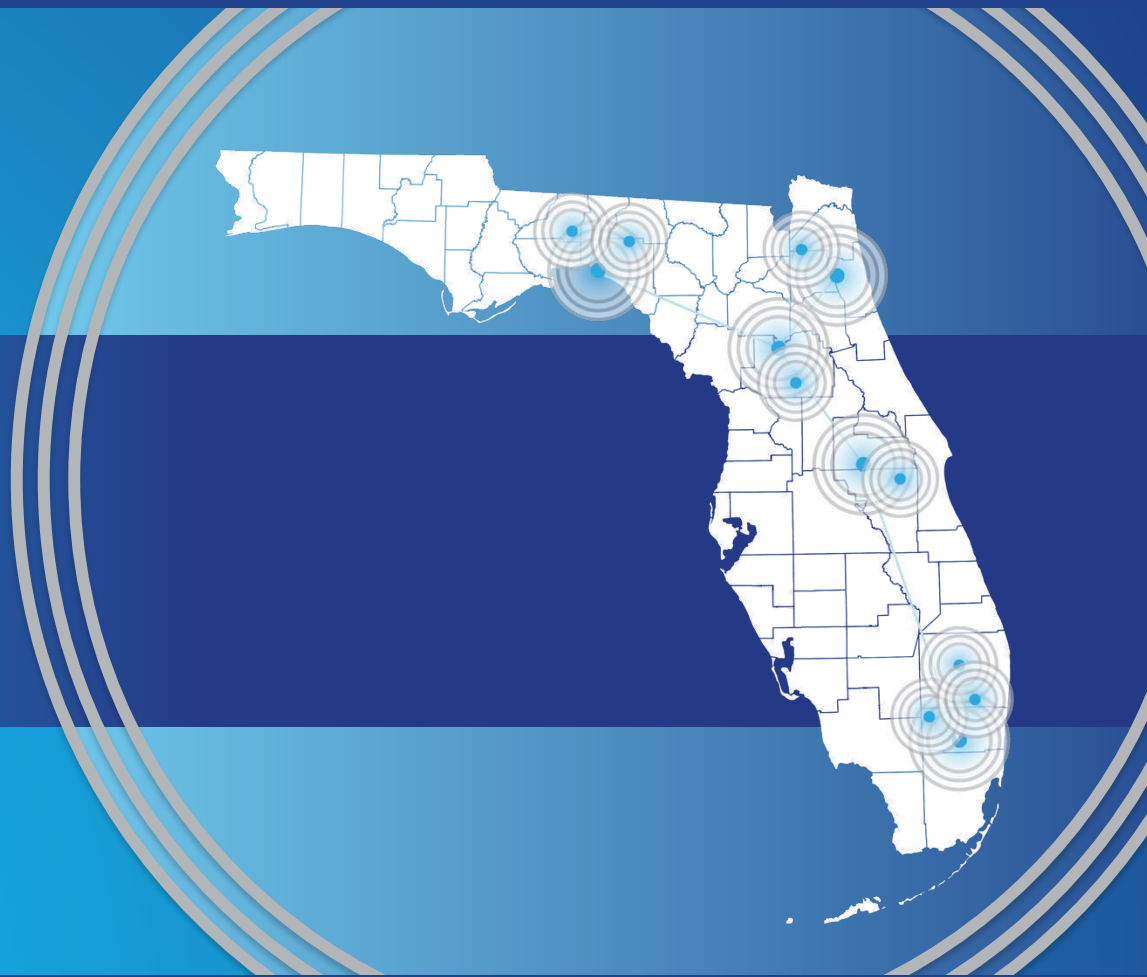


# OneFlorida

Clinical Research Consortium

**Building a Statewide Partnership for Patient-Centered Research**

# PARTNERS & PROGRAMS



10 MILLION PATIENTS • 4,100 PHYSICIAN PROVIDERS • 1,240 PRACTICES/CLINICS • 22 HOSPITALS • 67 COUNTIES

# Statewide Partners



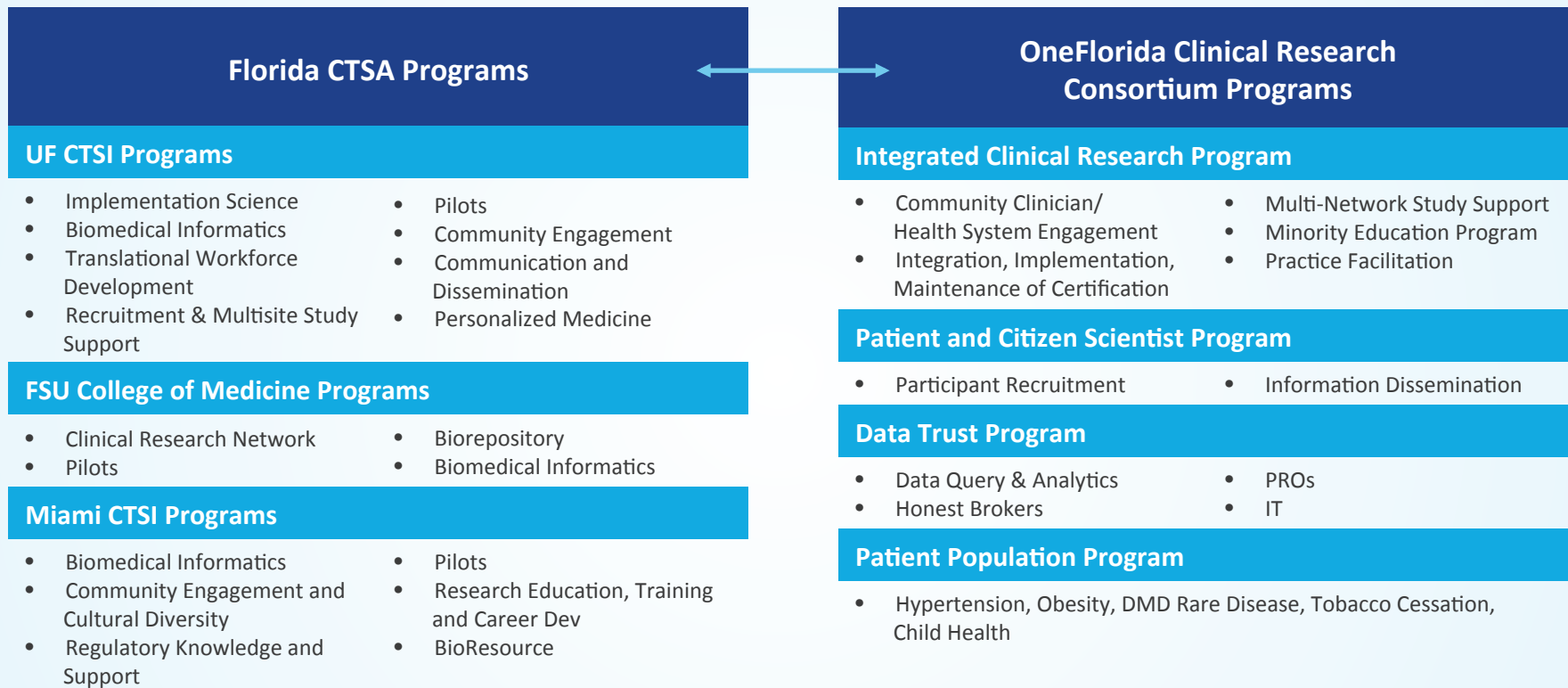
- University of Florida and UF Health
- Florida State University and the Regional Campus Practice Partners
- University of Miami and UHealth
- Orlando Health
- Florida Hospital

- Tallahassee Memorial HealthCare
- Health Choice Network
- Bond Community Health Center Inc.
- Miami Children's Health System
- CommunityHealth IT
- Capital Health Plan

## Data Collaborators Outside of Florida:

Emory, Morehouse, Texas Children's, and Seton Health System

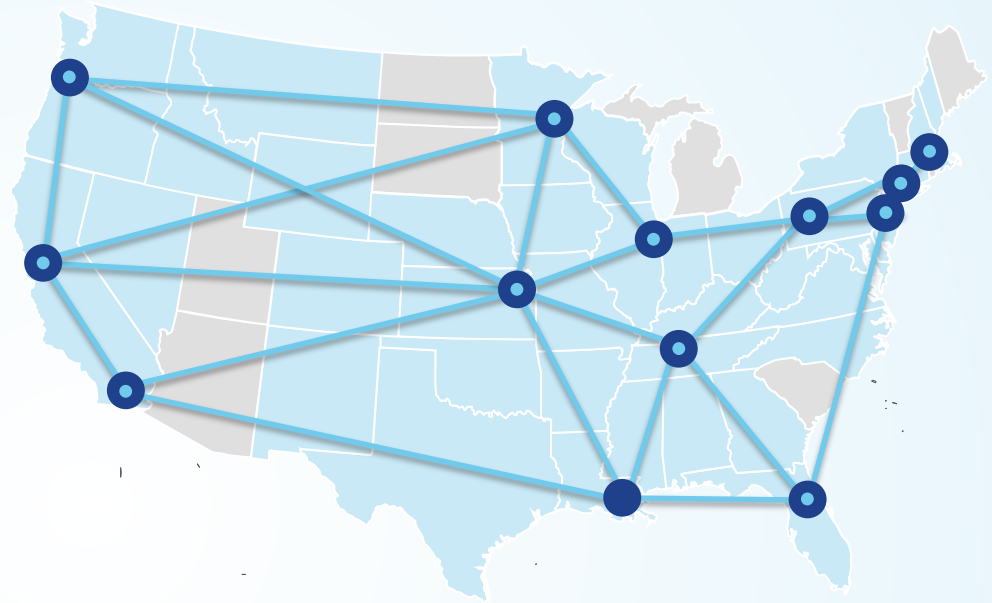
# Synergies & Programs: Blended Infrastructure and Expertise



Stakeholder-Engaged Governance, Pragmatic Clinical Trials, Implementation Science, Learning Health Systems

# PCORnet Partners

- Accelerating Data Value Across a National Community Health Center Network (ADVANCE)
- University of Chicago: Chicago Area Patient-Centered Outcomes Research Network (CAPriCORN)
- Greater Plains Collaborative (GPC)
- Kaiser Permanente & Strategic Partners Patient Outcomes Research To Advance Learning (PORTAL) Network
- Mid-South CDRN
- PaTH: Towards a Learning Health System
- Research Action for Health Network (REACHnet)\*
- PEDSnet: A Pediatric Learning Health System
- New York City Clinical Data Research Network (NYC-CDRN)
- Scalable Collaborative Infrastructure for a Learning Healthcare System (SCILHS)



- Patient-centered SCALable National Network for Effectiveness Research (pSCANNER)
- Patient-Centered Network of Learning Health Systems (LHSNet)
- OneFlorida Clinical Data Research Network

● Associated CTSA

\* CDRN does not strong CTSA connection

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Tallahassee Memorial Healthcare



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UF Citizen Scientist



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Florida State University



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Miami Children's Health System



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PRABIR MANDAL  
Edward Waters College



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University of Florida



MERRY JENNIFER MARKHAM  
University of Florida



MICHAEL MUSZYNSKI  
Florida State University



JOE NADGLOWSKI  
Obesity Action Coalition



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CARL PEPINE  
University of Florida



RENEE REAMS  
Florida A&M University



ELAINE VAN DER PUT\*  
University of Miami



MICHAEL WEAVER  
University of Florida

Executive Committee Members also  
included in Steering Committee  
\* Ex-officio Member

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ADVISORY  
COMMITTEE



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Bernard Becker Professor of Public Health,  
Washington University School of Medicine  
Washington University in St. Louis



**Peter J. Embi, M.D., M.S., F.A.C.P., F.A.C.M.I.**

President and Chief Executive Officer,  
Regenstrief Institute Inc.



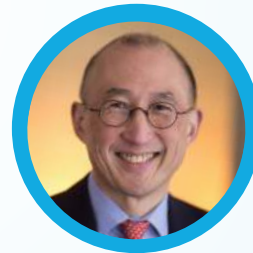
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Percy and Mary Murphy Professor of Pediatrics,  
University of Michigan



**Electra Paskett, Ph.D.**

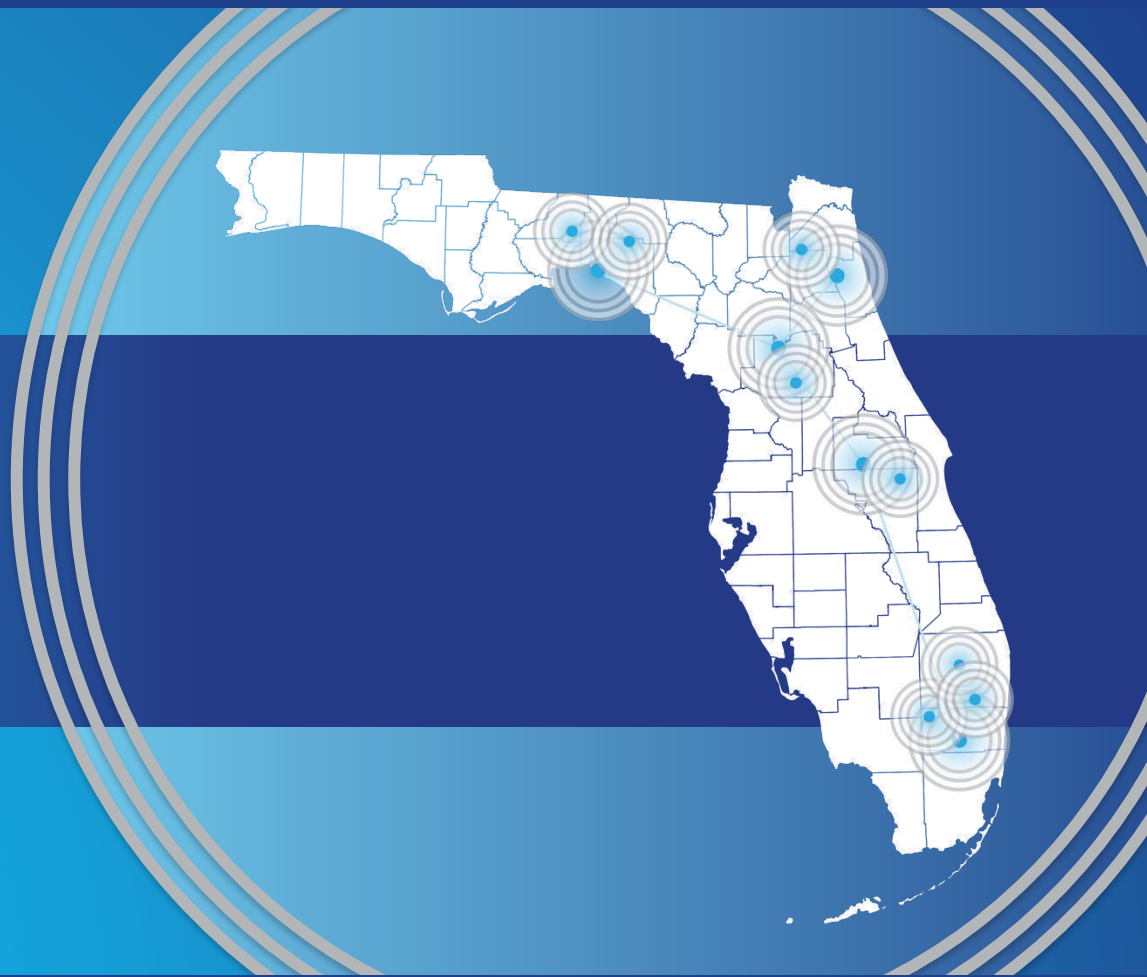
Marion N. Rowley Professor of Cancer Research,  
Ohio State University



**Albert W. Wu, M.D. M.P.H., F.A.C.P.**

Director, Center for Health Services  
and Outcomes Research, Johns Hopkins  
Bloomberg School of Public Health

# MEETING OBJECTIVES AND GOALS



10 MILLION PATIENTS • 4,100 PHYSICIAN PROVIDERS • 1,240 PRACTICES/CLINICS • 22 HOSPITALS • 67 COUNTIES

# Goals for Annual Meeting



## Present Progress & Updates

Present progress to date and future opportunities for the consortium



## Forum for Discussion

Provide a forum for discussion surrounding progress, strategic direction, and sustainability



## Strategic Planning


Strategize how to leverage OneFlorida assets, including the Data Trust, for clinical research



## Celebrate Progress

Celebrate the past year's success, discover synergies, and network among our statewide partners

# Meeting Agenda and Highlights



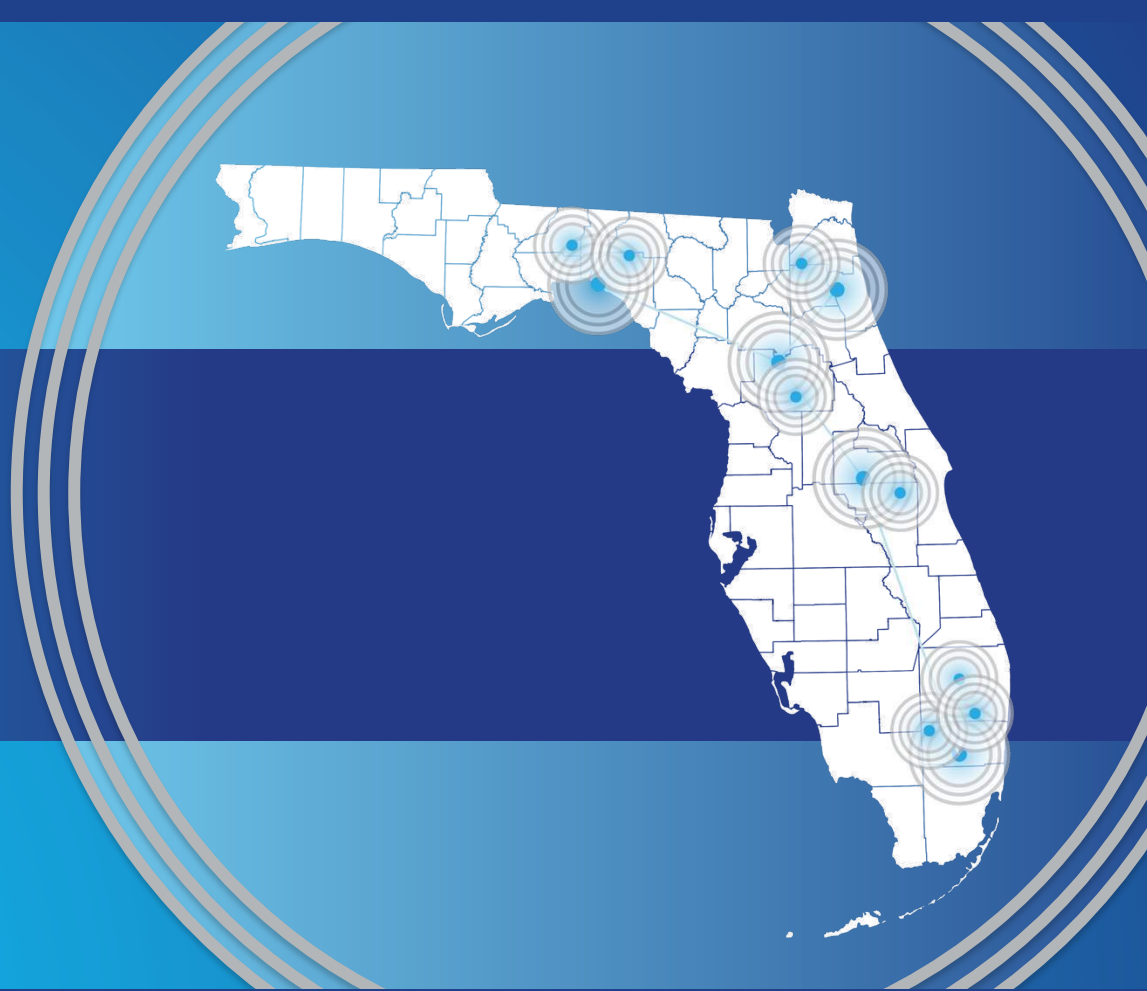
8:45 – 9 a.m.	Welcome and Introductions – Dave Nelson, M.D.
9:00 – 9:40 a.m.	“Building Clinical Trial Infrastructure” – Joe Selby, M.D., MPH
9:40 – 10:20 a.m.	Characterizing the Population & Progress to Date – Betsy Shenkman, Ph.D., Bill Hogan, M.D.
10:20 – 10:45 a.m.	Panel Discussion and Q&A – Dave Nelson, M.D. (Moderator)
11:00 a.m. – 12:15 p.m.	OneFlorida Projects Panel – Ralph Sacco M.D., M.S. (Moderator)
12:15 – 1:30 p.m.	Boxed Lunch and Poster Session
1:30 – 3:00 p.m.	Small Group Work Sessions
3:15 – 4:00 p.m.	Breakout Reports and Wrap Up
4:00 – 4:45 p.m.	External Advisory Committee (EAC) Feedback
4:00 – 4:45 p.m.	Front Door Session
5:00 – 6:00 p.m.	Reception

# Keynote Introduction

**Joe Selby, M.D., MPH**  
Executive Director, PCORI



# BACKGROUND



10 MILLION PATIENTS • 4,100 PHYSICIAN PROVIDERS • 1,240 PRACTICES/CLINICS • 22 HOSPITALS • 67 COUNTIES



# Brief History

## The Start

2010 - State of Florida Cluster Grant  
2011 - Supplement to UF CTSA

## Continued Growth

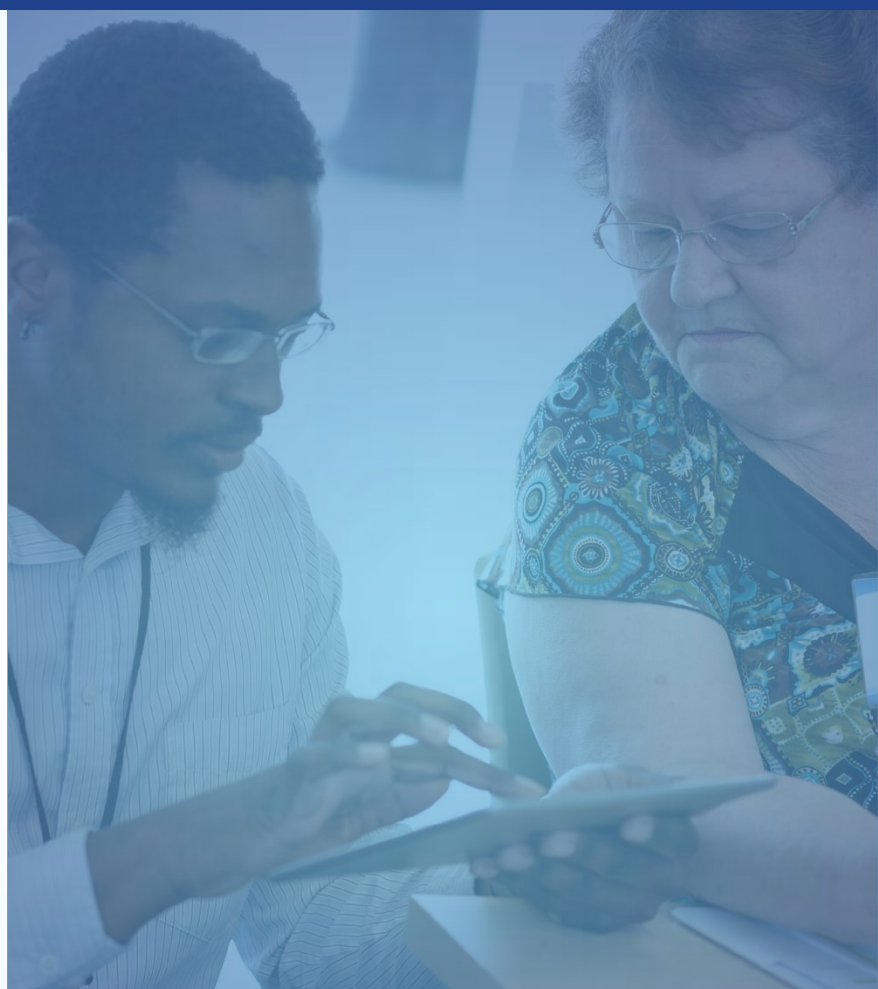
2014 - James and Esther King Biomedical Research Foundation  
Grant: Tobacco-related CVD and Cancer

## Patient-Centered Outcomes Research Network (PCORnet) Clinical Data Research Network Site

2015 - OneFlorida

## Multiple Studies in the Network and Expanded Collaborations

More to follow in presentation



# Goal: To Create an Enduring Infrastructure & Capacity for:

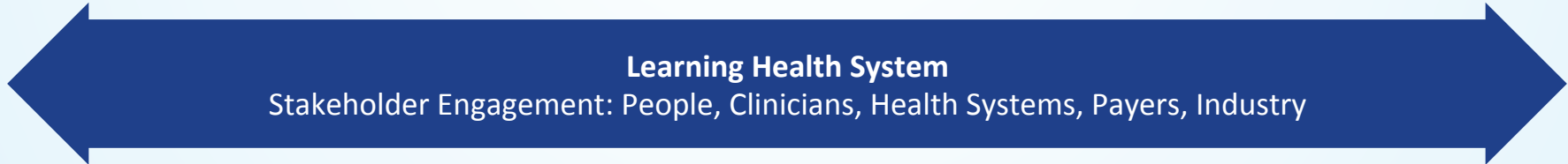


Inclusive of Diverse Populations

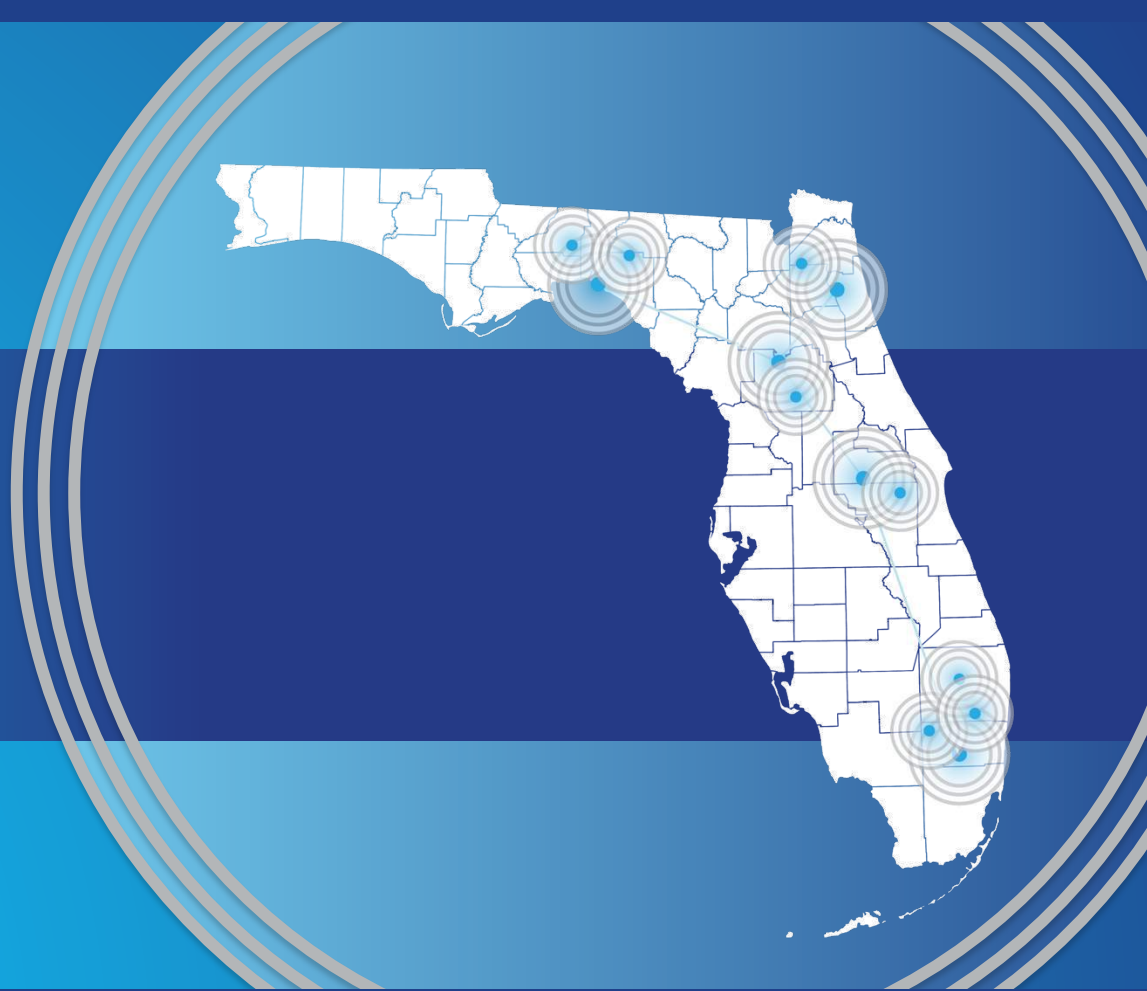
What Works Better for Whom Under What Circumstances?

Conducted in Real World Settings to Accelerate Translation to Practice and Adoption

The Science of Fostering the Uptake of Evidence-Based Best Practices Into Diverse Health Care Settings

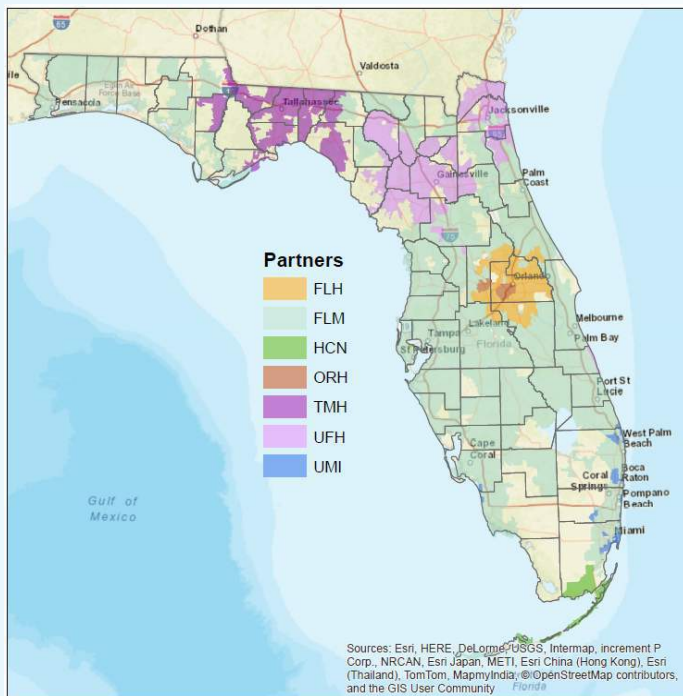


# THE PEOPLE IN ONEFLORIDA



10 MILLION PATIENTS • 4,100 PHYSICIAN PROVIDERS • 1,240 PRACTICES/CLINICS • 22 HOSPITALS • 67 COUNTIES

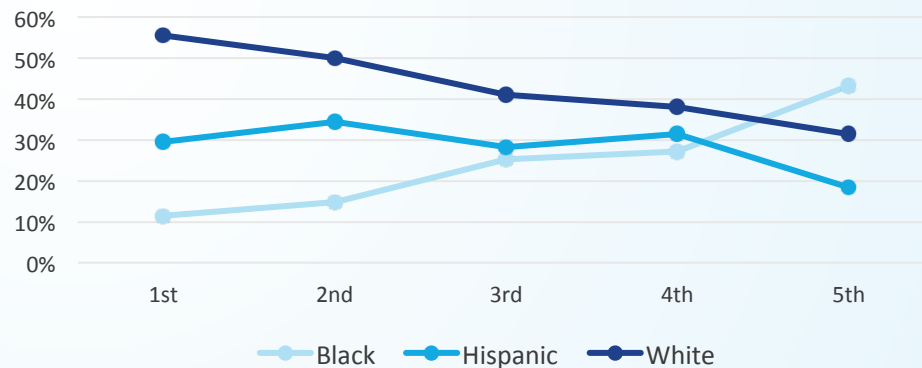
# Catchment Areas & Social Determinants of Health



\*9 digit zip codes only

	Quintile				
	1st	2nd	3rd	4th	5th
White	445,141	404,238	325,846	303,393	251,536
Black	91,817	119,855	199,950	217,042	346,287
Hispanic	237,048	277,758	224,495	251,428	147,148

Percent of Racial/Ethnic Group in ADI Quintile



# Health Status Overview by Race

Health Status	White		Black		Other		Missing	
	N	%	N	%	N	%	N	%
Routine Health Needs	1,185,831	60.92	648,110	62.98	839,137	60.93	9,096	76.93
Significant Acute	164,843	8.47	97,946	9.52	141,870	10.30	423	3.58
Single minor chronic condition	161,507	8.30	72,448	7.04	117,910	8.56	489	4.14
Minor chronic disease in multiple organ systems	24,009	1.23	7,197	0.70	12,952	0.94	70	0.59
Single dominant or moderate chronic condition	265,564	13.64	144,135	14.01	197,481	14.34	831	7.03
Significant chronic disease in multiple organ systems	112,281	5.77	45,705	4.44	53,173	3.86	485	4.10
Dominant chronic disease in three or more organ systems	21,572	1.11	8,624	0.84	4,504	0.33	180	1.52
Dominant and metastatic malignancies	1,506	0.08	384	0.04	1,076	0.08	BT	BT
Catastrophic condition status	9,163	0.47	4,298	0.42	8,826	0.64	BT	BT

*Data compiled using the 3M Clinical Risk Groups Software for all patients with at least 1 encounter in 2015*

# Health Status Overview by Ethnicity

Health Status	Hispanic		Non-Hispanic		Other		Missing	
	N	%	N	%	N	%	N	%
Routine Health Needs	793,345	64.69%	1,625,926	60.42%	259,029	58.67%	3,874	67.81%
Significant Acute	127,605	10.40%	241,131	8.96%	36,092	8.17%	254	4.45%
Single minor chronic condition	97,971	7.99%	217,169	8.07%	37,028	8.39%	186	3.26%
Minor chronic disease in multiple organ systems	10,020	0.82%	29,534	1.10%	4,611	1.04%	63	1.10%
Single dominant or moderate chronic condition	153,716	12.53%	382,404	14.21%	71,442	16.18%	449	7.86%
Significant chronic disease in multiple organ systems	35,678	2.91%	150,392	5.59%	25,120	5.69%	454	7.95%
Dominant chronic disease in three or more organ systems	4,098	0.33%	29,275	1.09%	1,330	0.30%	177	3.10%
Dominant and metastatic malignancies	562	0.05%	1,811	0.07%	593	0.13%	BT	BT
Catastrophic condition status	3,254	0.27%	12,887	0.48%	6,139	1.39%	BT	BT

*Data compiled using the 3M Clinical Risk Groups Software for all patients with at least 1 encounter in 2015*

# CASE STUDIES



10 MILLION PATIENTS • 4,100 PHYSICIAN PROVIDERS • 1,240 PRACTICES/CLINICS • 22 HOSPITALS • 67 COUNTIES

# Case Study: People with Hypertension

## Identification

Identified using ICD Codes only from inpatient and outpatient settings

## Demographics

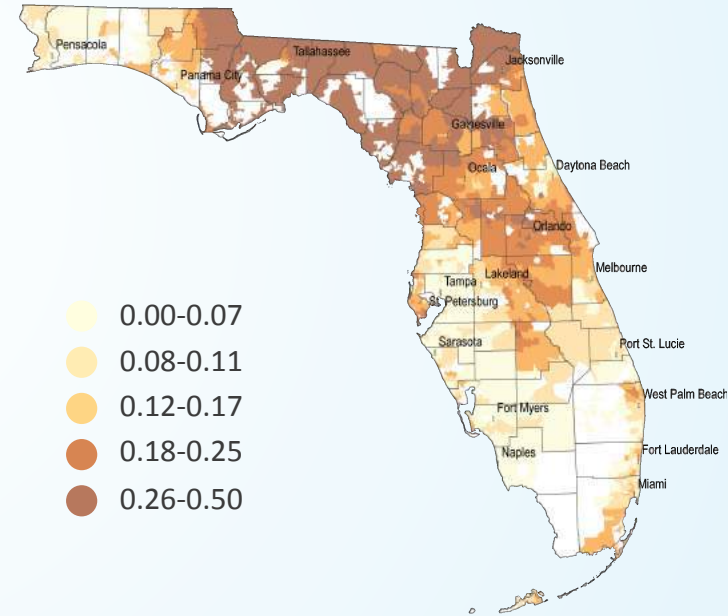
In 2015, people with 1 or more encounter and an ICD for hypertension:

- 97% are adults
- 3% are children
- 61% are White
- 24% are African-American
- 17% are Hispanic

## Federal Poverty Line

26% resided in Zip Code Tabulation Areas (ZCTAs) where over 20% of the residents live at or below 100% FPL

## Concentration of Adults with Hypertension in OneFlorida





# Case Study: Refining the Hypertension Category by the Development of Computable Phenotypes

## What Type of Hypertension?

- Resistant Hypertension
- Essential Hypertension

## What Information to Use?

- ICD codes
- Systolic and diastolic values
- Inpatient or outpatient or both

## Resistant Hypertension Example:

The RHTN computable phenotype was created by constructing a drug exposure variable that took into consideration the number of antihypertensive medications an individual was prescribed at any point in time over the course of the OneFlorida dataset. RHTN was defined as any blood pressure requiring four or more antihypertensive drugs, or uncontrolled blood pressure ( $\geq 140/90$ ) on three antihypertensive drugs. RHTN cases had to meet the definition criteria twice during the data period, at least 30 days apart.

Caitrin Rowe, Ph.D. & Rhonda Cooper-Dehoff, Pharm.D., M.S.; University of Florida College of Pharmacy

# Case Study: People with Cancer

## Identification

Identified Using ICD Codes only

## Demographics

In 2015, people with 1 or more encounter and an ICD for malignant cancer (N=294,744):

- 71% are White
- 13% are African-American
- 17% are Hispanic
- 94% are adults
- 6% are children

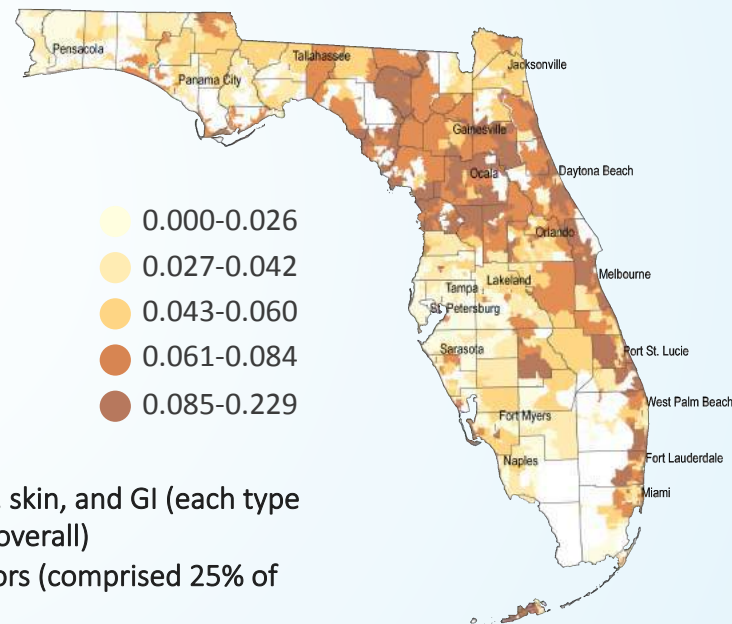
## Federal Poverty Line

- 19% resided in Zip Code Tabulation Areas (ZCTAs) where over 20% of the residents live at or below 100% FPL

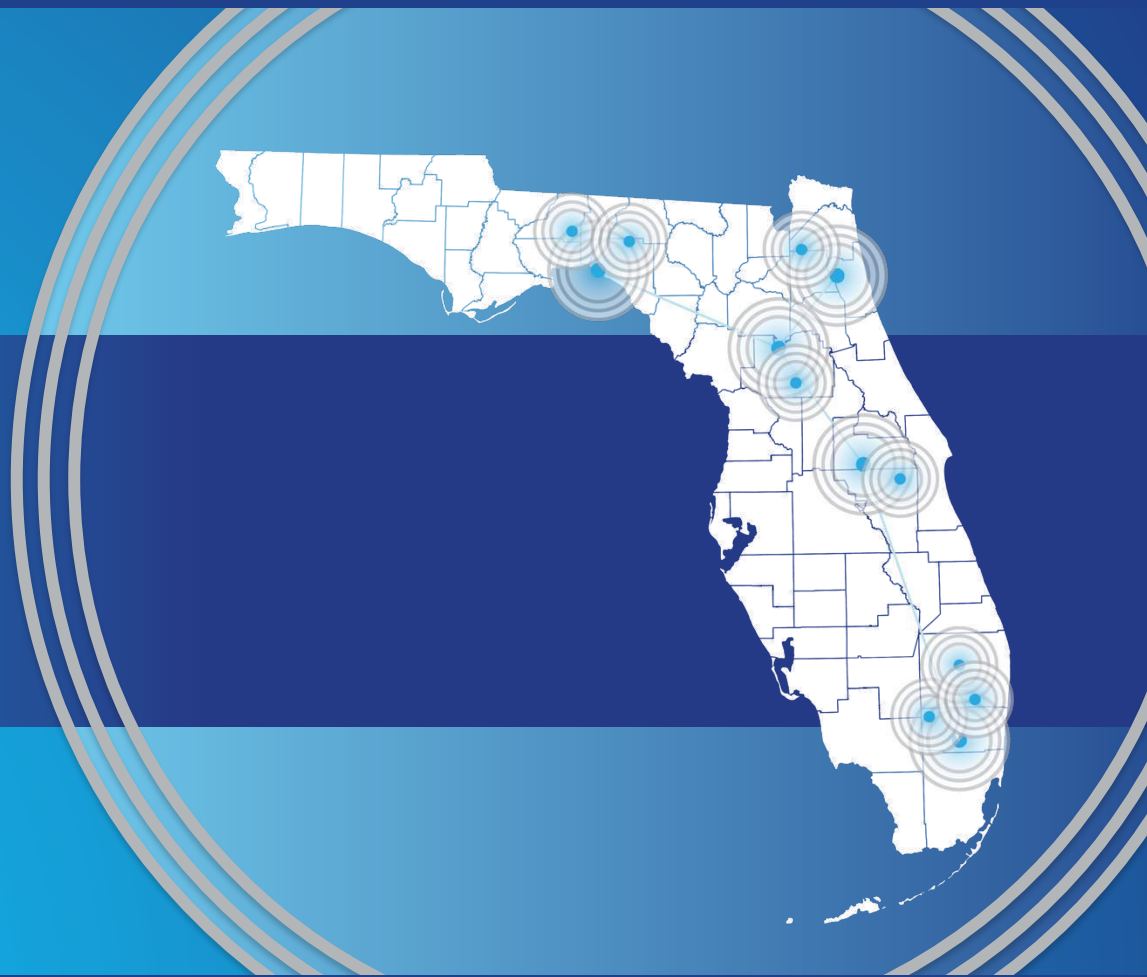
## Types of Cancer

- 13% of adults and 7% of children had more than 1 type of cancer diagnosis
- Most common cancers in adults: breast, lymphoid/hematopoietic, prostate, skin, and GI (each type represented no more than 8% of all of those with a single cancer diagnosis overall)
- Most common cancers in children: lymphoid/hematopoietic and brain tumors (comprised 25% of children with cancer among those with a single cancer diagnosis)

## Concentration of Adults with Cancer in OneFlorida



# INNOVATIONS



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# Key OneFlorida Metrics

	2012	2013	2014	2015	2016
OneFlorida Consortium Partners	2	5	6	11	11
OneFlorida Investigator Consultations	--	--	--	0	16
Grant Submissions Including OneFlorida Infrastructure (Funded)	0	0	2 (2)	10 (2)	29(14)
OneFlorida Prep-to-Research/Research Applications Submitted through the Front Door (PCORnet/PCORI)	--	--	--	6 (1)	34 (10)
OneFlorida-supported Active Observational Studies	0	0	0	0	10
OneFlorida-supported Active Interventional Studies	2	2	0	3	9
OneFlorida Clinical Practices Participating in Interventional Studies	34	34	0	0	18
OneFlorida IRB Studies Submitted (Approved)	--	--	--	3	26 (22)
OneFlorida IRB Duration (median days to IRB approval from submission date)	--	--	--	23	30
PCORI/PCORnet Funded Studies Submitted (Funded)	--	--	--	--	10 (8)

# OneFlorida Investigators & Funded Projects



## Health Systems Demonstration Project

Predictive Algorithms  
Social Determinants of Health  
Pediatric Safety

## Heart Health

OPTI-BP  
ADAPTABLE  
NHLBI-INVESTED

## Pediatrics

U18 Pediatric Quality  
Measurement Program  
Center of Excellence

## Cancer Prevention

NCI-funded HPV Vaccine  
6As Tobacco Pediatrics  
Childhood Cancer Survivors

# OneFlorida Investigators & Developing Projects



## Precision Medicine

NIH: SEEC: Developing Application  
with Emory-Morehouse CTSA  
Collaboration



## Heart Health

NHLBI K12  
CVD Risk Reduction: Using Big Data &  
Implementation Science  
DOD – Ischemia-IMT



## Pediatrics: Comparative Effectiveness Research

PCORI: Antibiotic Use and the  
Microbiome



## Cancer Prevention

NCI: Social Media and Colorectal Cancer  
Screening  
JEK: Expansion of Data Trust to Include  
Genetic & Tumor Information  
NCI & Others: Hep C Screening

# Plans

## ● Study Support

Implement and support the studies already approved for OneFlorida.

## ● Encourage Engagement

Continue outreach to encourage a wider range of faculty at UF, UM, and FSU to use the OneFlorida infrastructure, including front door navigation and data trust workshops

## ● Collaborate

Increase CTSA collaborations (e.g., Emory and others)

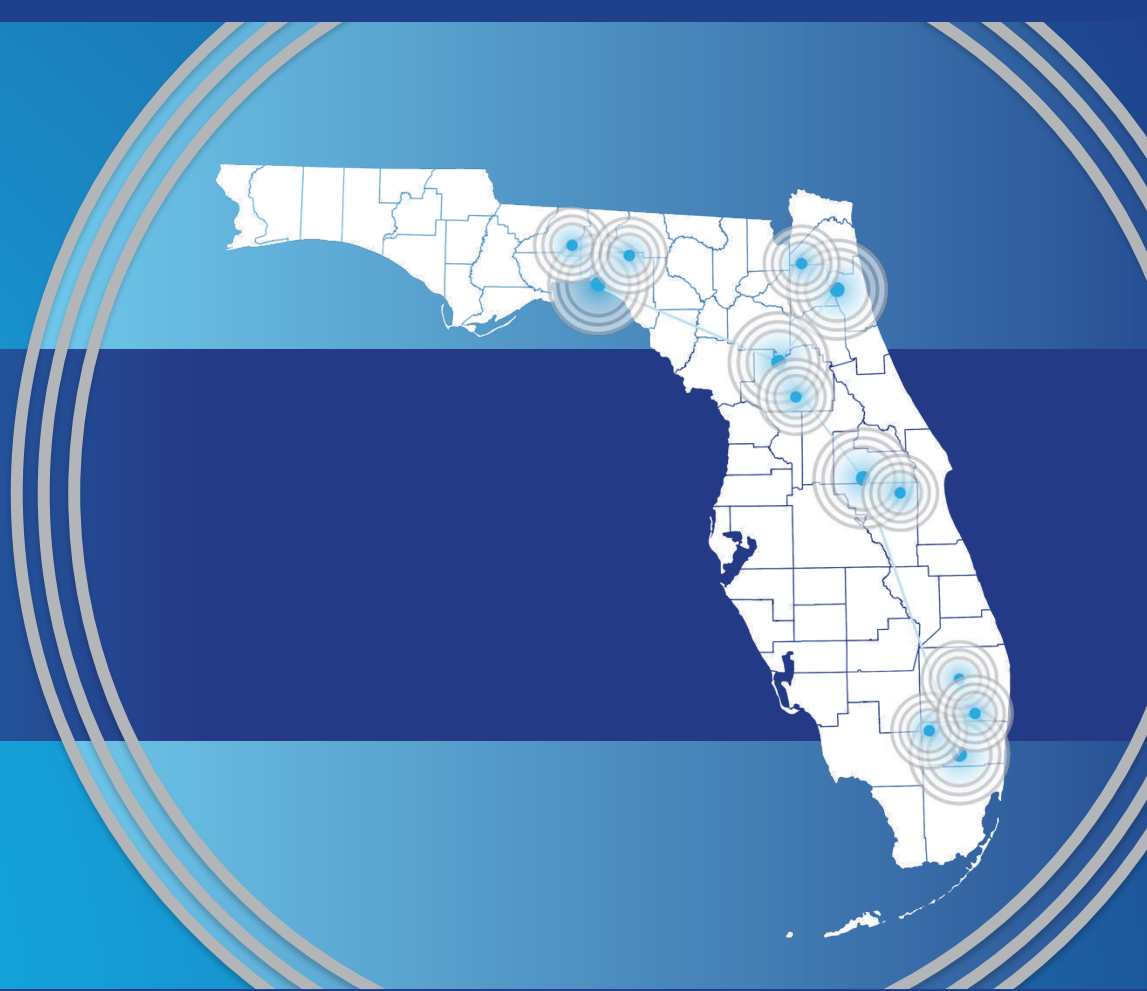
## ● Health System Input

Engage health system leaders to better determine the types of studies that are important to them and their health systems.

## ● In-depth Data

Enhance the data contained in the OneFlorida Data Trust with more in-depth information focused on specific diseases/populations. Currently identified priority areas include: pediatrics, heart health, liver disease, renal disease and cancer.

# DATA TRUST PROGRESS – WE DID IT!



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# Establishing a Statewide Data Structure for Clinical Research

January 2016

August 2016

December 2016

## DATA TRUST CALL TO ACTION

At last year's annual stakeholder meeting, we issued a call to health system partners to work with us to get their electronic health record (EHR) data in the Data Trust.



# Establishing a Statewide Data Structure for Clinical Research

January 2016

August 2016

December 2016

## APPROVED FOR RESEARCH BY PCORNET

We passed cycle 1 of data characterization with EHR data from Health Choice Network, Orlando Health, Tallahassee Memorial Healthcare (Cerner), Florida Hospital, and UF Health (Gainesville and Jacksonville).



# Establishing a Statewide Data Structure for Clinical Research

January 2016

January 2016

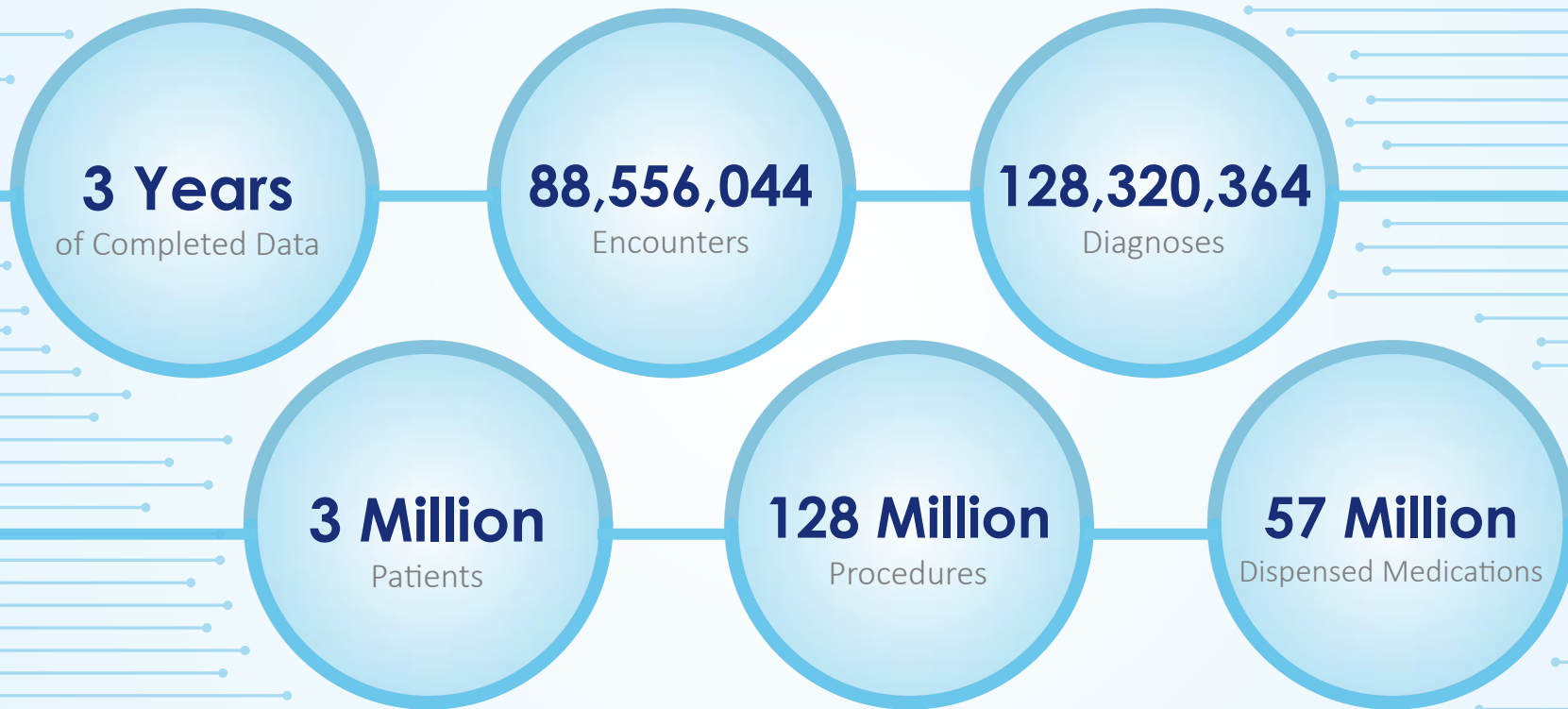
December 2016

## FORTIFYING THE DATA TRUST

We passed cycle 2 of data characterization with refreshed EHR data from the original five partners plus new EHR data from the University of Miami and UHealth, Nicklaus Children's Hospital (Allscripts), and new claims data from Capital Health Plan.



# The Data Trust: January 2016



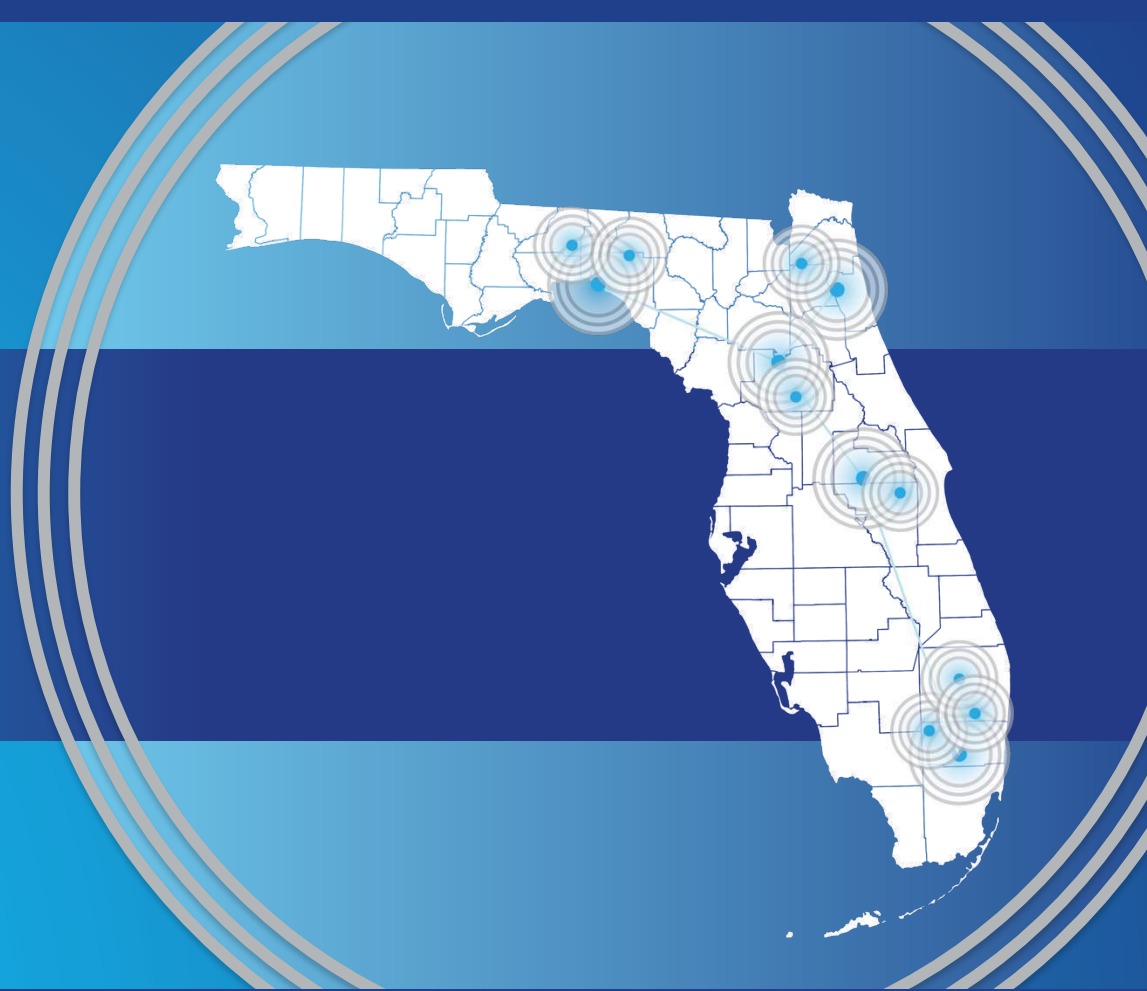
# The Data Trust: August 2016



# The Data Trust: Today



# WE CONTINUE TO BUILD THE DATA TRUST



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# Ongoing Activity

## Q3 Data

Most technical teams have already submitted data for Q3 2016

## Adult Medicaid Data

Final approval from ACHA received

UF team in process of creating dataset for Data Trust

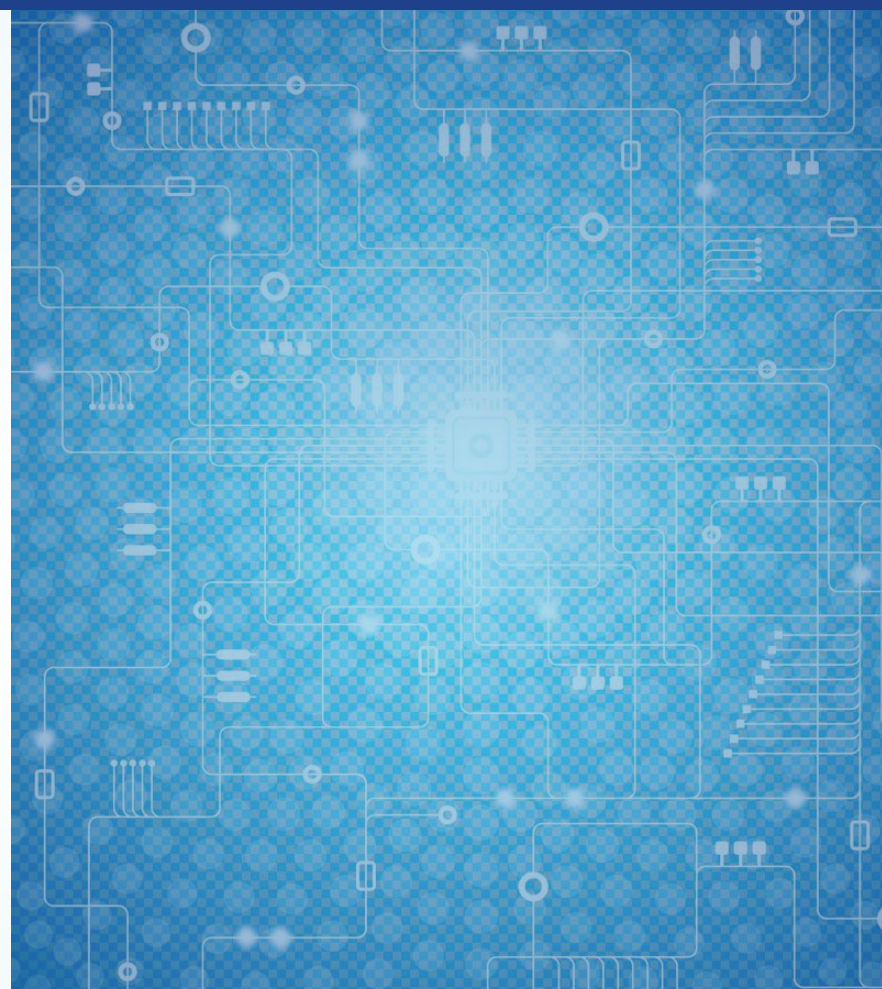
## Florida Cancer Data System

## Additional Partners

Bond Clinic

Capital Health Plan (EHR data)

CommunityHealth IT





# Computable Phenotype: Obesity

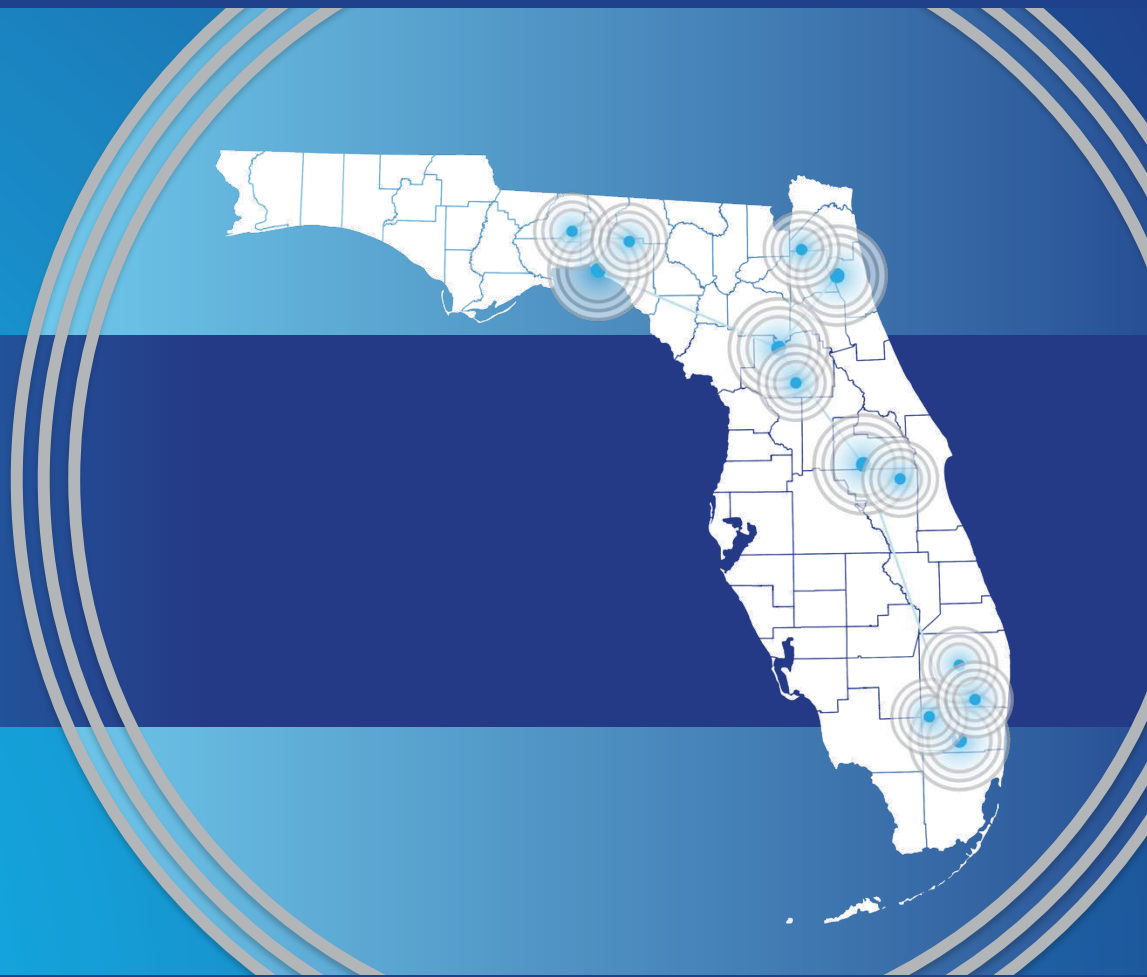
## Child Cohort

- Age < 20 years at vital measure
- Two, same day height and weight measures in the cohort time window
- Weight measurements >1 lb. and <661 lb.
- Height measurements >8 in. and <118 in.
- BMI measurements >2 and <80
- Vital measurement dates that occur after birth date

## Adult Cohort

- Age ≥ 20 years
- At least one height measure ≥ 20 years of age and two weight measures in the cohort time window
- Weight measurements >50 lb. and <700 lb.
- Height measurements >48 in. and <84 in.
- BMI measurements >15 and <90
- Vital measurement dates that occur after birth date

# PLANS FOR THE YEAR



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# Data Acquisition and Characterization

**Q1**

## Entity Resolution

Link patients' records across partners—initially UF and Medicaid followed by other partners—and other data sources in a way that all patients continue to remain anonymous

**March**

## Q4 2016 Refresh

All data partners provide Data Trust team with Q4 2016 refresh

**April**

## Cycle 2 Data Characterization Refresh

Will include all partner refreshes for Q3 2016, new partner data

**July**

## Cycle 3 of Data Characterization

Will include adult Medicaid data and upgrade to version 3.1 of PCORnet Common Data Model

# Entity Resolution



**OneFlorida  
Partner A**



Jane, Doe, 1/1/1970,  
12345, F



cb55538aa9957557db  
b2e309f237121f87afe4  
4931054ec164556bc11  
e583135



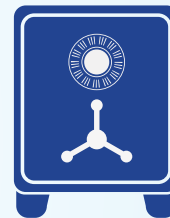
**OneFlorida  
Partner B**



DOE, JANE, 01-01-1970,  
12345, F



cb55538aa9957557db  
b2e309f237121f87afe4  
4931054ec164556bc11  
e583135



**OneFlorida  
Data Trust**

# Self-service Query Capability

## i2b2 Software

We are implementing i2b2 software and loading it with Data Trust data to enable researchers to conduct anonymous queries on their own.

The screenshot displays the i2b2 Query & Analysis Tool interface. The browser address bar shows 'ahc-i2b205.ad.uff.edu'. The tool title is 'i2b2 Query & Analysis Tool' with 'Project: PCORnet' and 'User: Gigi Lipori'. Navigation links include 'Find Patients', 'Analysis Tools', 'Message Log', 'Help', and 'Logout'. The interface is divided into several sections:

- Navigate Terms:** A tree view on the left lists various data categories such as PCORnet Demographics (Age, Biobank Specimens, Ethnicity, Race, Sex), PCORnet Diagnoses, PCORnet Encounters, PCORnet Enrollment, PCORnet Labs (v2), PCORnet Medication (v3), PCORnet Procedures, PCORnet Vital Signs, and PCORnet Labs (v3).
- Query Tool:** The main workspace shows a query named 'Diabe-Fatty-Oral @07:53:14'. It features a 'Temporal Constraint' dropdown set to 'Treat all groups independently'. Below this, three groups are defined:
  - Group 1:** Contains 'Diabetes mellitus (E08-E13)' and 'Diabetes mellitus'.
  - Group 2:** Contains 'Fatty (change of) liver, not elsewhere classified', 'Nonalcoholic fatty liver disease (nafld)', 'Other chronic nonalcoholic liver disease', and 'Unspecified chronic liver disease without mention of alcohol'.
  - Group 3:** Contains 'Oral hypoglycemic agents,oral'.The groups are connected by 'AND' operators. Each group box has a green button labeled 'one or more of these'.
- Run Query:** A button labeled 'Run Query' and 'Clear' is visible, along with a '3 Groups' indicator and a 'New Group' button.
- Results:** At the bottom, a 'Show Query Status' button is followed by a 'Graph Results' and 'Query Report' section. A large blue box displays the result: 'Number of patients 4237±3 For Query "Diabe-Fatty-Oral @07:53:14"'. A small 'Show' icon is also present.

# PCORI Common Data Model v3.0

## FUNDAMENTAL DATA

### Demographic

- PATID
- BIRTH\_DATE
- BIRTH\_TIME
- SEX
- HISPANIC
- RACE
- BIOBANK\_FLAG

## MULTIPLE CONTEXT DATA

### Vital

- VITALID
- PATID
- ENCOUNTERID (optional)
- MEASURE\_DATE
- MEASURE\_TIME
- VITAL\_SOURCE

## DIRECT ENCOUNTER DATA

### Encounter

- ENCOUNTERID
- PATID
- ADMIT\_DATE
- ADMIT\_TIME
- DISCHARGE\_DATE
- DISCHARGE\_TIME

### Lab Result

- LAB\_RESULT\_CM\_ID
- PATID
- ENCOUNTERID
- LAB\_NAME
- SPECIMEN\_SOURCE
- LAB\_LOINC

## PCORnet TRIAL DATA

### PCORnet Trial

- PATID
- TRAILID
- PARTICIPANTID
- TRIAL\_SITEID
- TRIAL\_ENROLL\_DATE
- TRIAL\_END\_DATE
- TRIAL\_WITHDRAW\_DATE
- TRIAL\_INVITE\_CODE

## PROCESS-RELATED DATA

### Harvest

## KEY CHALLENGE

The PCORnet Common Data Model is a minimal dataset, and many OneFlorida studies require additional data elements. We need to identify and prioritize a first set of data elements that go beyond the CDM.

- DISPENSE\_AMT

### Death

- PATID
- DEATH\_DATE
- DEATH\_DATE\_IMPUTE
- DEATH\_SOURCE
- DEATH\_MATCH\_CONFIDENCE

### Death Condition

- PATID
- DEATH\_CAUSE
- DEATH\_CAUSE\_CODE
- DEATH\_CAUSE\_TYPE
- DEATH\_CAUSE\_SOURCE
- DEATH\_CAUSE\_CONFIDENCE

- CONDITION\_TYPE
- CONDITION\_SOURCE

### Pro\_CM

- PRO\_CM\_ID
- PATID
- ENCOUNTEREDID (optional)
- PRO\_ITEM
- PRO\_LOINC
- PRO\_DATE
- PRO\_TIME
- PRO\_RESPONSE
- PRO\_METHOD
- PRO\_MODE
- PRO\_CAT

- PX\_SOURCE

### Procedures

- PROCEDURESID
- PATID
- ENCOUNTERID
- ENC\_TYPE
- ADMIT\_DATE
- PROVIDERID
- PX\_DATE
- PX
- PX\_TYPE
- PX\_SOURCE

- PRESCRIBINGID

### Procedures

- PATID
- ENCOUNTERID
- RX\_PROVIDERID
- RX\_ORER\_DATE
- RX\_ORDER\_TIME
- RX\_START\_DATE
- RX\_END\_DATE
- RX\_QUANTITY
- RX\_REFILLS
- RX\_DAYS\_SUPPLY
- RX\_FREQUENCY
- RX\_BASIS
- RXNORM\_CUI

- REPORT\_DATE\_MGMT
- REPORT\_DATE\_MGMT
- RESOLVE\_DATE\_MGMT
- PRO\_DATE\_MGMT
- REFRESH\_DEMOGRAPHIC\_DATE
- REFRESH\_ENROLLMENT\_DATE
- REFRESH\_ENCOUNTER\_DATE
- REFRESH\_DIAGNOSIS\_DATE
- REFRESH\_PROCEDURES\_DATE
- REFRESH\_VITAL\_DATE
- REFRESH\_DISPENSING\_DATE
- REFRESH\_LAB\_RESULT\_CM\_DATE
- REFRESH\_CONDITION\_DATE
- REFRESH\_PRO\_CM\_DATE
- REFRESH\_PRESCRIBING\_DATE
- REFRESH\_PCORNET\_TRIAL\_DATE
- REFRESH\_DEATH\_DATE
- REFRESH\_CAUSE\_DEATH\_DATE

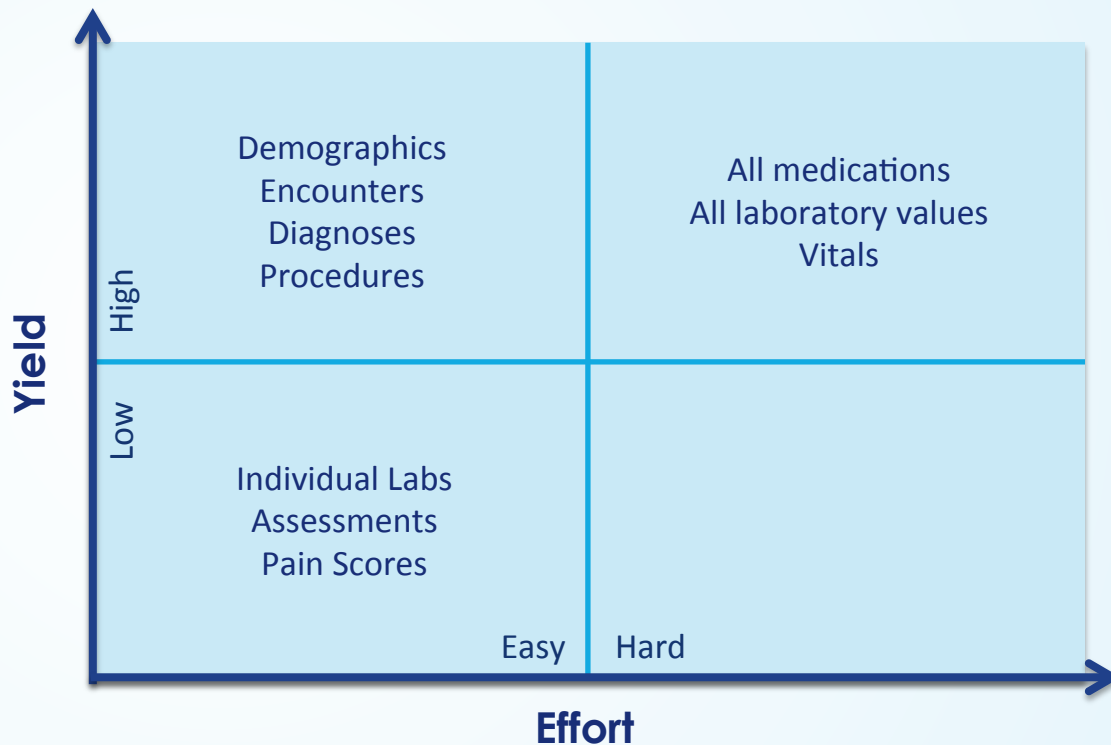
# Priorities Moving Forward

## Identified Priorities

- Home ZIP code ✓
- Additional laboratory tests
- Additional vital signs/anthropometrics
- National provider identifier

## How to Set Priorities

- Experience of research projects in OneFlorida to date
- Patient population groups
- Today's breakout sessions





# OneFlorida

Clinical Research Consortium

10 MILLION PATIENTS • 4,100 PHYSICIAN PROVIDERS • 1,240 PRACTICES/CLINICS • 22 HOSPITALS • 67 COUNTIES





# OneFlorida

Clinical Research Consortium

## Panel Overview

10 MILLION PATIENTS • 4,100 PHYSICIAN PROVIDERS • 1,240 PRACTICES/CLINICS • 22 HOSPITALS • 67 COUNTIES

# Hypertension: Rhonda Cooper-DeHoff, Pharm D, MS

## Computable Phenotypes

- 1) Simple - Hypertension Prevalence, BP Measurements, Comorbid Conditions
  - Developed Code
  - Shared Code with other CDRNs (centralized and distributed) and PPRNs
  - Dabbled in generation of national map of HTN prevalence
- 2) Complex - Resistant Hypertension
  - BP measurement, # of anti-HTN meds, # and type of visit
  - Early dataset (5 partners)
  - ~12 million total prescription records among 131,280 HTN patients, ~20K unique meds, ~200 anti-HTN drugs
  - ~12K patients with RHTN

## Clinical Trial

- 1) OPTI-BP – prospective clinical trial
  - Conducted in 3 OneFlorida partner clinics, 45 patients with HTN

# Children's Health: Jennifer McCafferty, PhD

## The Collaborations

- OneFlorida and PedsNet on a Health System Demo focused on Patient Safety and Quality
  - Sickle Cell Anemia
  - Otitis Media
  - Antipsychotic Use in Children
- Pediatric Collaborative Research Group
  - Epilepsy Research Interest Group

## The Health of Children in OneFlorida

- Obesity
- Common Chronic Conditions
- Health Status
- Social Determinants of Health



# Rare Disease: Rebecca Willcocks, PhD & Krista Vandenberg, PhD

## The Collaborations

- OneFlorida, Parent Project Muscular Dystrophy, and Duchenne Connect
- PedsNet
- ImagingDMD

## Bone Health and Duchenne Muscular Dystrophy

- Development and validation of a computable phenotype
- Observational study of bone health tests and treatments in DMD to inform both clinical care recommendations and clinical trial design
- Development of an interventional trial



### Computable Phenotype



Prescriptions  
(lisinopril, losartan,  
corticosteroids)



Labs  
(CK, ALT, AST)



Tests  
(cardiac echo/MRI)



Demographics  
(Age, Sex)



Diagnostic Codes  
(359.1, G71.0)

# Health System Demo: Steven Quintero, MD

## The Collaborations

- ADVANCE: Focused on examining risks for adverse events using clinical and social determinant of health information
- Tallahassee Memorial HealthCare Transition Center

## Background

- Challenges in rural areas
- Supporting transition to community

# Obesity Cohort: David Janicke, PhD & Rebecca Essner, PhD

## The Collaborations

- PCORnet Studies:
  - Antibiotics and Obesity: David Janicke, PhD
  - Bariatric Surgery: Steven Smith, MD

## OneFlorida Internal Project - Characterizing Obesity in Florida

- Current Project: Florida Obesity Report Card – PI Matt Gurka, PhD
- Adult Study Lead: Steven Smith, MD and Rebecca Essner, PhD
- Child Study Lead: Child Study Lead: David Janicke, PhD

# Cancer : Stephanie Staras, PhD & Ramzi Salloum, PhD

## Improving the Uptake of HPV vaccine

- NCI-funded implementation science study
- Aiding providers with:
  - Vaccination data
  - Parents' opinions
  - Discussion tips



## Tobacco Cessation

- James & Esther King Biomedical Research Program (FLDOH)
- Develop and deploy electronic screening for tobacco use, in conjunction with:
  - Clinician and staff training on the 5 As with practice facilitation
  - Clinician-engaged workflow adaptations of the intervention
  - Maintenance of Certification (MOC)