Health Information Technology Council
July Meeting

July 1, 2013
3:30-5:00 P.M.
One Ashburton Place, 21st Floor, Boston
Today’s Agenda:

1. Meeting Minutes approval [5 min]

2. Mass HIway Implementation Updates
   a) Massachusetts eHealth Collaborative [20 min] – Micky Tripathi
   b) Meditech [20 min] – John Valutkevich


4. Mass HIway Update
   a) Outreach & Sales Update [5 min] – Sean Kennedy
   b) Implementation & Support Update [5 min] – Manu Tandon
   c) Phase 2 Update [5 min] – Manu Tandon

5. Wrap up and next steps [5 min] – Manu Tandon
Discussion Item 1:
Mass Hiway Implementation Updates –
Massachusetts eHealth Collaborative
Meditech,
Launching the MAeHC Quality Data Center on the MA Hiway

July 1, 2013
Pilot project accomplishments:

- Provider EHRs to ~600 clinicians practicing in over 200 office locations
- Created stand-alone health information exchanges connecting the physicians with each other and with the hospitals
- Established Quality Data Center to extract clinical data from EHRs to evaluate effectiveness and measure performance

Map showing locations in Massachusetts with stars indicating key cities: Newburyport, Brockton, North Adams.
MAeHC Pilot Project Architecture and Data Flows

- **Analysis and Reporting**
- **Quality Data Center**
- **Community-level: HIE**
- **Provider-level: EHR**

Outcomes analysis

Benchmarking

Reporting to plans, others?

MAeHC

Community-level: HIE

Provider-level: EHR

Brockton
Newburyport
North Adams

Quality Data Center

Provider-level: EHR

Community-level: HIE

Analysis and Reporting

Outcomes analysis

Benchmarking

Reporting to plans, others?
Life on the Bleeding Edge: 2006-2008

- All standards developed by MAeHC
  - National EHR certification did not exist
  - No nationally approved standards for content, transport, or measurement
  - EHR usage requirements designed from scratch to support robust quality measurement

- Designed to leverage community HIEs
  - Consent-based information flow
  - Patient-matching within HIEs
  - Pseudonymization of patient identity
  - Re-identification managed at HIEs
Performance Measurement Process Steps

- Documentation & extraction
- Transport
- Validation and analysis
- User access

RX
- Labs
- Vitals
- Problems
- Patient
- Provider
- Payer
- etc

Remediation and Improvement
BIDCO QDC

Current status:
- 5,611,698 care event C32 records
- Covers 614,829 unique patients
- Covers 2,506 unique providers

Electronic reporting
- MU, PQRS, AQC, etc

Data management
- Report viewing
- Case tracking

Data extraction
- Queries
- Pre-defined data marts

Management Info System
- User information
- Utilization analysis
- Other

Documention & extraction -> Transport -> Validation and analysis -> User access
Current status:
- 760,923 care event C32 records
- Covers 155,740 unique patients
- Covers 300+ unique providers
Hiway Implementation Process

2012

- Golden Spike
- Integration of LAND with QDC
- BIDMC Hiway integration

2013

- LAND hardware upgrade, reconfigure, and replacement
- BIDMC-MAeHC testing
- Go Live!
- NEHEN cutover
- Production transactions from BIDMC
Our overall experience

• **Lots of growing pains**
  – Hardware
  – Integration with QDC

• **What we had to do**
  – Be patient and flexible
  – Tolerate ambiguity
  – Recognize that everyone was working as hard as they could

• **Current status**
  – HIway seems to be working perfectly – messages being processed faster than NEHEN
    • Have received 80K+ records from BIDMC since go-live (3K+ per day)

• **Future plans**
  – Migrate remainder of BIDCO practices from NEHEN
  – Bring additional customers onto HIway as soon as possible
MEDITECH’s Update
• MEDITECH’s Vital Signs and Massachusetts Presence

• MEDITECH’s Direct Solution – Ready for the HIWay!

• Direct Messaging Center Workflows

• MEDITECH Pilot Clients

• Recommendations for the HIT Committee
We Have a Strong Local Presence in Massachusetts

- Massachusetts Market Share
  - Acute Care, Critical Access, Children Hospitals: 66%
  - Long Term Care: 75%
  - Rehab: 18%
  - Psych: 50%
- 87 Massachusetts Hospitals
  - 6.x - 11 hospitals
  - Client/Server - 34 hospitals
  - MAGIC - 42 hospitals
MEDITECH Direct Solutions and Workflows

John Valutkevich
Manager EHR Initiatives
Meaningful Use Requires:

- **Stage 1**
The EP, eligible hospital, or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.

- **Stage 2**
Provide summary of care document for more than 50% of transitions of care and referrals *with 10% sent electronically* and at least one sent to a recipient with a different EHR vendor or successfully testing with CMS test EHR.
• Direct is part of MEDITECH Product Releases:
  o MAGIC 5.66
  o Client/Server 5.66
  o 6.07
  o 6.13
• MEDITECH customers either have or are being delivered this release
• Direct is either an add-on component to the existing CCD Interface Suite or is licensed as a new CCD Interface Suite
• The payload is a CCDA
• MEDITECH can be configured to connect to any HISP
  • Remain HISP Agnostic
  • HISP Services
    • Manage Certificates
    • Manage Addresses
  • How Many Addresses?
    • Recommend Organizational to Start
    • Add physicians as needed
    • Physician Address Book - Adoption

• Current Certification for SMIME/SMTP

• Pending Certification for optional XDR/SOAP transactions
Stand Alone Routine for Medical Records and Clinicians
  - Bi-Directionally send and receive CCDAs

Incorporated into Discharge Routines

Available for patients via MEDITECH Portal
Transitions of Care: Consider the Workflow
I am referring Don Felder to you after noticing something unusual in his X-RAY. Please schedule an appointment for follow-up.
Direct Enabled Message Center

```
File Name: C:\Documents and Settings\All Users\Application Data\Meditec

*Patient: FELDER, DON

From Clinical Summary
Name: FELDER, DON
DOB: 04/07/1947
Sex: M

From Patient Record
Name
DOB
Sex

Continuity of Care Document
Created on: February 25, 2013

Patient: FELDER, DON
Sex: Male
DOB: 04/07/1947
External Reference #: F0-820130205053435705

Demographics

<table>
<thead>
<tr>
<th>Address</th>
<th>1 TELECASTER WAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HOLLYWOOD, MA 01545</td>
</tr>
</tbody>
</table>

| Home Phone | 617-565-1965 |
| Preferred Language | English |
| Marital Status | Married |
| Religious Affiliation | Unknown |
| Race | Black or African American |
| Ethnic Group | Non Hispanic or Latino |

Search and Link
```
Send CCDA Outbound via Discharge

Sharpe, Mary
53 F 09/19/1959
ADM IN 1N 302-2

Allergy/Adv: Pericillin G, Codeine

- Instructions: Angina
- Stand Alone Forms
- Prescriptions
- Visit Report
  - Forms
    - Referrals: Valutkevich, John M (Staff Physician)
- Care Plan Goals: CARE PLAN PLEASE FOLLOW ALL INSTRUCTIONS PER YOUR PHYSICIAN
- Activity Restrictions/Additional Instructions
  - Add Reference Links
  - Add Reference Text
  - Print Language

[Image of software interface]

Print Packet  Print By Type  Reports

[Status Board]  [Select Visits]  [Summary]  [Review Visit]  [Notices]
[New Results]  [Clinical Panels]  [Vital Signs]  [I & O]  [Medications]
[Laboratory]  [Microbiology]  [Blood Bank]  [Reports]  [Patient Care Notes]
[Refresh EMR]

[Options]  [Cancel]  [Save]
Send CCDA Outbound via Portal

Abe Abraham's Health Summary

Send Health Summary

Securely exchange your Health Summary with your provider. Contact your provider to obtain their eHealth Exchange address. To send your Health Summary, enter your provider's eHealth Exchange address and select Send.

Learn More

Enter your provider's eHealth address. You may also type the first few characters of the address and select the search button to find an eHealth address.

Enter Provider's eHealth address: jval@direct.meditech.com
Re-enter Provider's eHealth address: jval@direct.meditech.com

Send

Contact Us
# Mass HIway MEDITECH Pilot Sites

<table>
<thead>
<tr>
<th>Customer Site</th>
<th>Platform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkshire Hospital</td>
<td>Client Server</td>
</tr>
<tr>
<td>Beth Israel Deaconess (Milton, Needham)</td>
<td>MAGIC</td>
</tr>
<tr>
<td>Harrington Hospital</td>
<td>Client Server</td>
</tr>
<tr>
<td>Holyoke Hospital</td>
<td>MAGIC</td>
</tr>
<tr>
<td>Jordan Hospital</td>
<td>6.0</td>
</tr>
<tr>
<td>Winchester Hospital</td>
<td>MAGIC</td>
</tr>
</tbody>
</table>
• Organizational Direct Addresses for Acute Facilities
• Certificate Management Education for customers
• Use Case Education
• Readiness Assessments of an Organization’s surrounding EMR systems and Trading Partners
• MEDITECH Customers are SMTP/SMIME compliant messaging ready
• Adoption of Provider Directory Specification
• Use Cases
  • Discharge
  • ED Admission
• We need MeHI’s help with education
Discussion Item 2:
Advisory Group Discussion & Updates
**Mass HIway Phasing**

**Phase 1**

**Send and receive**

- Create infrastructure to enable secure transmission ("directed exchange") of clinical information
- Will support exchange among clinicians, public health, and stand-alone registries
- Focus on breadth over depth
- Example: Patient has been discharged from hospital and wants hospital to send discharge summary to PCP

**Phase 2**

**Search and retrieve**

- Create infrastructure for cross-institutional queries for and retrieval of patient records
- Add additional public health services
- Example: Patient has been admitted to hospital and wants hospitalist to have patient record from PCP
## Phase 1 Functions: User-to-User Push

**Provider Directory**

<table>
<thead>
<tr>
<th>Provider name</th>
<th>Local name Certificate</th>
<th>Institution</th>
<th>Direct address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith, Marilyn M</td>
<td>Smith, Marilyn</td>
<td>Hospital B</td>
<td><a href="mailto:Marilyn.Smith@HospB.masshighway.net">Marilyn.Smith@HospB.masshighway.net</a></td>
</tr>
<tr>
<td></td>
<td>58&amp;HTU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smith, Marilyn M</td>
<td>Smith, Mary</td>
<td>Highland Primary Care</td>
<td><a href="mailto:Marilyn.Smith@HPC.masshighway.net">Marilyn.Smith@HPC.masshighway.net</a></td>
</tr>
<tr>
<td></td>
<td>93T@$N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Consent**

2. **Lookup Provider Address**

3. **Send Record**

Jennifer L Jones

Specialist

PCP

Hospital A

Hospital B
Data Requestor

Discover provider address and security credentials

Send:
- Authenticating credentials
- Patient-identifying information
- Authorization for request
- Type of information being requested (optional)

Receive:
- Validate authentication credentials
- Match patient
- Verify authorization for request
- Check for requested information

Send:
- Medical record information or acknowledgment of non-fulfillment of request
- Log transaction

Data holder

Restful web services

query

Receive:
- Medical record information or acknowledgment of non-fulfillment of request
- Log transaction
Patient consent on both sides of transaction

**Consent to Publish Provider Relationships**

- Patient gives consent to a data holder to publish patient/entity relationship to the Mass HIway Record Locator Service (RLS)
- Patient consent preference captured by data holder and conveyed to RLS in an Admit, Discharge, Transfer (ADT) message (or other HIway-permitted format such as PIX/PDQ)
- Data holder retains consent documentation and transaction/disclosures log for audit

**Consent to Search or Retrieve**

- Patient gives consent to a data requestor to view RLS and retrieve records from a data holder – consent is conveyed in a query message
- Requesting organization retains consent documentation and transaction/disclosures log for audit
Data holder publishes patient/entity relationship to RLS

### Record Locator Service

<table>
<thead>
<tr>
<th>Patient name</th>
<th>Local name</th>
<th>Institution</th>
<th>MRN</th>
<th>Last event date</th>
<th># events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones, Jennifer L</td>
<td>Jones, Jennifer</td>
<td>Hospital A</td>
<td>1234</td>
<td>Dec 3, 2012</td>
<td>3</td>
</tr>
<tr>
<td>Jones, Jennifer L</td>
<td>Jones, Jenny</td>
<td>PCP</td>
<td>5678</td>
<td>Jul 8, 2010</td>
<td>12</td>
</tr>
</tbody>
</table>

1. Consent to Publish Provider Relationships

2. Send demographics to RLS

- Assume EHRs capable of capturing very limited consent information
- Patient consent flag conveyed in RLS update messages (ADT)
- Consent flag acts like memory-less toggle allowing relationship to be published in RLS
- If “yes”, relationship published in RLS
- If “no”, message rejected (ie, relationship not published in RLS)
- If changing:
  - “Yes-to-No”: If relationship was previously published, previous messages stored but hidden – only available for audit
  - “No-to-Yes”: Relationship published in RLS from that point forward
Data requestor requests patient record – Data holder responds

<table>
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1. Consent to Publish Provider Relationships

2. Send demographics to RLS

3. Consent to Search or Retrieve

4. View Patient Relationships (constrained to patients with established relationships)
Data requestor requests patient record – Data holder responds

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</tbody>
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1. Consent to Publish Provider Relationships

2. Send demographics to RLS

3. Consent to Search or Retrieve

4. View Patient Relationships (constrained to patients with established relationships)

5. Request patient record

6. Send patient record
Possible patient options

Patient Directory

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<tr>
<th>Patient name</th>
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<th>MRN</th>
<th>Direct address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones, Jennifer L</td>
<td>Jones, Jennifer 34X&amp;\text{\textsubscript{\textregistered}}\text{\textregistered} VX</td>
<td>Hospital A</td>
<td>1234</td>
<td><a href="mailto:Jennifer.Jones@hv.masshighway.net">Jennifer.Jones@hv.masshighway.net</a></td>
</tr>
<tr>
<td>Jones, Jennifer L</td>
<td>Jones, Jenny 34X&amp;\text{\textsubscript{\textregistered}}\text{\textregistered} VX</td>
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<td>5678</td>
<td><a href="mailto:Jennifer.Jones@hv.masshighway.net">Jennifer.Jones@hv.masshighway.net</a></td>
</tr>
</tbody>
</table>

1. Consent

2. Lookup Patient Address

3a. Send Record

3b. View RLS or RLS Audit Log or Manage Consent?

3c. Notification of RLS Change
Next steps

• **Pressure-test design**
  – Advisory Group feedback
  – Customer discovery sessions
  – More challenging scenarios (sensitive conditions, minors, etc)

• **Finalize design**
  – Define final requirements
  – Break out into phased releases
Discussion Item 3:
Mass HIway Update – Outreach & Sales Update, Implementation & Support Update, Phase 2 Update
Last Mile Updates

• HIway Interface Grants
  – In review now - notification of award early July
  – Good mix of applicants - small and large; specialty and general
  – Will provide review summary at the next Council meeting

• HIway Implementation Grants
  – Held kick-off call – 70+ attended
  – Conducting ‘grantee-specific’ kick-offs now
  – Grantees and their collaborators are signing PAs
    • e.g. UMass Memorial Medical Center, Milford Regional Hospital,
      CVS Caremark, Overlook VNA
# Opportunities (by stage)

- Opportunities: 80+
- Organizations: 440+
- HIway Revenue: $875,000+

## PAs Signed to Q2 Target*

PA = Participation Agreement  
*Signed PAs does not equate to Implementation

## Orgs 30-days to Hand-off to Ops

- 7

## # Grants Awarded

<table>
<thead>
<tr>
<th>Grant</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIway Interface Grants, v1</td>
<td>2</td>
</tr>
<tr>
<td>HIway Implementation Grants</td>
<td>32</td>
</tr>
<tr>
<td>HIway Interface Grants, v2</td>
<td>12-16 anticipated</td>
</tr>
</tbody>
</table>

## Organization Name | Connection Type
--- | ---
Fairlawn Rehabilitation Center | Webmail
Family Health Center of Worcester | LAND gateway
Holy Trinity Nursing and Rehabilitation Center | Webmail
Life Care Center of Auburn | Webmail
North Adams Regional Hospital | Webmail
Overlook VNA | LAND gateway
Radius Healthcare Center at Worcester | Webmail

## HIE Grant Spend Down Tracker

- Projected $13.2M 100%
- Committed $9.98M 75%
- Spent to Date $5.8M 44%
<table>
<thead>
<tr>
<th>Organization</th>
<th>Use Case</th>
<th>Status/Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boston Public Health, Atrius, Children’s, Partners</td>
<td>Care coordination, public health reporting</td>
<td>• Various levels of testing</td>
</tr>
<tr>
<td>Metrowest, St. Vincent, Pediatric Care Associates, Notre Dame Long Term Care, UMASS, CVS Minute Clinics</td>
<td>Care coordination with Long Term Care facilities</td>
<td>• Provisioning, with some level of testing</td>
</tr>
<tr>
<td>Harvard Pilgrim Health</td>
<td>Discharge summaries; data analytics</td>
<td>• Completed extensive security testing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Working to exchange</td>
</tr>
<tr>
<td>Pilot Project:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDITECH DIRECT Pilot</td>
<td>Pilot project with Jordan Hospital, Harrington Hospital, Berkshire Health, Holyoke Winchester and with Exeter Hospital (NH)</td>
<td>• Held kick-off session on June 24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Working with each site for planning</td>
</tr>
<tr>
<td>Organization</td>
<td>Use Case</td>
<td>Status/Target Date</td>
</tr>
<tr>
<td>--------------</td>
<td>----------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>Near Horizon:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baystate</td>
<td>PVIX implementation</td>
<td>• Kick-off – 7/2/13</td>
</tr>
<tr>
<td>Opiod Treatment Providers (DPH)</td>
<td>Intake, Enrollment, Assessment and Treatment</td>
<td>• Provider kick-off – 6/25/13</td>
</tr>
<tr>
<td>DPH – Immunization, ELR, Syndromic and CBHI</td>
<td>More active outreach to current users of DPH programs to move traffic to HIway</td>
<td>• Ongoing – with more concerted focus beginning in 3rd quarter</td>
</tr>
<tr>
<td>Last Mile Program Innovation Implementation Grants</td>
<td>Extensive set of use cases among community providers, local HIEs, facilities and service entities</td>
<td>• Active ongoing efforts; project plans being finalized</td>
</tr>
<tr>
<td>Organization</td>
<td>Use Case</td>
<td>Status/Target Date</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Live</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Holyoke Medical Center/Holyoke HIE    | First implementation of Direct connect among Holyoke Medical Center and its HIE, HealthConnect | • Successful test with S/MIME and XDR  
• In process of loading providers  
• Working toward test exchange with Network Health in July |
| Tufts Medical Center                 | Discharge summaries, data reporting                                      | • Have completed testing with Network Health  
• Testing with Boston Public Health |
| Beaumont Medical                     | Part of the IMPACT grant with 16 other organizations including Reliant, Metrowest and several LTC facilities | • In process of provisioning services for the other participants  
• Move to test with intent to move to production |
<p>| Dr. Gregory Harris                   | Coordination of behavioral care with multiple facilities                |                                                                                  |</p>
<table>
<thead>
<tr>
<th>Organization</th>
<th>Use Case</th>
<th>Status/Target Date</th>
</tr>
</thead>
</table>
| **BIDMC**    | Several use cases – registries, data analytics and information exchanged between provider organizations. | • **Partners:** MAeHC; Network Health and DPH – Immunization  
• **Testing:** Boston Public Health; Atrius; Partners and DPH – Lab Reporting |
| **Network Health** | Receive Discharge Summaries from Tufts Medical Center and BIDMC | • **Partners:** BIDMC  
• **Testing:** Working with Tufts Medical, Holyoke HIE, and Brockton Neighborhood Health Center |
| **MAeHC**    | Analytic services, reporting with BIDMC | • **Partners:** BIDMC  
• 79,119 transactions (as of 6/26/13) |
• Transactions exchanged for June 2013 – **106,331**. Cumulative transactions to date – 1,255,903

• Continued dialog and effort to determine the most effective, scalable means to establish “HISP” connections with vendors in a manner that maintains trust fabric.
  – Major issues to solve – authentication and authorization;
  – Direct Trust offers long-term promise;
  – Will need to cut some new ground as thinking and standard evolve
# Phase 2 overall timeline

## Mass HIway Phase 2 high level project schedule

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit IAPD to CMS</td>
<td>Completed</td>
</tr>
<tr>
<td>CMS approval of Phase 2 IAPD</td>
<td>Completed</td>
</tr>
<tr>
<td>Phase 2 contract (or change order) executed</td>
<td>June 2013 Completed</td>
</tr>
<tr>
<td>Go-live - Public Health - Immunization Registry Node</td>
<td>Completed</td>
</tr>
<tr>
<td>Go-live - Public Health - Reportable Lab Results (ELR) Node</td>
<td>Completed</td>
</tr>
<tr>
<td>Testing - Public Health - Syndromic Surveillance Node</td>
<td>Completed</td>
</tr>
<tr>
<td>Testing - EOHHS – Children’s Behavioral Health (CBHI) Node</td>
<td>June 14, 2013 Completed</td>
</tr>
<tr>
<td>Go-live for Phase 2, Release 1 (Other Public Health interfaces)</td>
<td>May – Oct 2013</td>
</tr>
<tr>
<td>Phase 2 Requirements Gathering &amp; Validation</td>
<td>July 26, 2013</td>
</tr>
<tr>
<td>Phase 2 Design Approach Decision</td>
<td>August 2, 2013</td>
</tr>
</tbody>
</table>
Discussion Item 4:
Wrap up and next steps
HIT Council 2013 Meeting Schedule*:

- January 14 – 11th Floor Matta Conference Room
- February 4 – 11th Floor Matta Conference Room
- March 13 – 11th Floor Matta Conference Room
- April 8 – 21st Floor Conference Room
- May 6 – 21st Floor Conference Room
- June 3 – 21st Floor Conference Room
- July 1 – 21st Floor Conference Room
- **August 5**
- September 9
- October 7
- November 11
- December 9

*All meetings to be held from 3:30-5:00 pm at One Ashburton Place, 21st Floor, Boston, unless otherwise noted*
Next HIT Council Meeting: August 5, 2013

Preliminary Agenda:

• Customer Implementation Updates
• Advisory Group Update/Discussion
  – Discussion Topics?
• Mass HIway Update