Commonwealth of Massachusetts
Executive Office of Health and Human Services

Health Information Technology Council December Update

December 9, 2013

Agenda

Today's Agenda:

1. **Meeting Minutes approval [5 min]**
2. **Mass HIway Year in Review [30 min] – Manu Tandon**
   a) Goals & Accomplishments
   b) The Road Ahead
3. **Advisory Group Update [10 min] – Micky Tripathi**
4. **Mass HIway Update**
   a) Outreach & Sales Update [20 min] – Sean Kennedy
   b) Implementation & Support Update [20 min] – Manu Tandon
      I. Operations/Support update
      II. HISP-HISP update
5. **Wrap up [5 min] – Manu Tandon**

Discussion Item 1: Mass HIway Year in Review

- Accomplishments
- The Road Ahead
- Mass HIway Uses & Impact

Original Goals

MeHI Massachusetts eHealth Institute — A Division of the Massachusetts Technology Collaborative

Health IT Strategic Plan Goals

Goal 1: Improve access to comprehensive, coordinated, person-focused health care through widespread provider adoption and meaningful use of certified EHRs.

Goal 2: Demonstrably improve the quality and safety of health care across all providers, through Health IT that enables better coordinated care, provides useful evidence-based decision support applications, and can report data elements to support quality measurement.

Goal 3: Slow the growth of health care spending through efficiencies realized through the use of Health IT.

Goal 4: Improve the health of the Commonwealth's population through public health programs, research and quality improvement efforts, enabled through an efficient, accurate, reliable and secure health information exchange processes.

4 *January 30, 2012*

Growing Use & Impact

Primary uses of the Mass HIway (current and anticipated) support Strategic Goals

Use Cases	Goal 1	Goal 2	Goal 3	Goal 4
Case Management: information transport for patient case management programs	✓	✓	✓	
Public Health Reporting: information transport for public health reporting			✓	✓
Quality Improvement: information transport for clinical quality reporting		✓	✓	✓
Care Coordination: information transport for patient transitions across the care continuum	✓	✓	✓	

Support Case Management

Case Management: Mass HIway supports information transport for patient case management programs.

Participant Types using HIway for Case Management

Org Type	Live	On Deck
Hospital/ Health System	4	
Payers	2	
Total	**6**	

Case Management Transactions to Date	**21,236**

Potential impact on quality:

- Identification and active management of at risk patients
- Increased patient adherence to treatment plans and medication plans

Potential impact on cost:

- Increase in near term costs for preventive services, adherence tracking, coaching
- Reduction in costs for avoided readmissions
- Reduction in long term costs for acute events

Potential impact on patient satisfaction:

- Increased attention and resources for those that need the most assistance

Support Public Health

Public Health: Mass HIway supports information transport for public health reporting.

Participant Types using HIway for Public Health Reporting

Org Type	Live	On Deck
Ambulatory Practice(s)	1	
Behavioral Health		2
Hospital/ Health System	3	7
Public Health Agency	1	
Substance Abuse Treatment		2
Total	**5**	**11**

Public Health Transactions to Date	**52,261**

Potential impact on cost:

- Reduced costs for providers and public health agencies for maintaining fewer reporting interfaces

Support Quality Improvement

Quality Improvement: Mass HIway supports information transport for clinical quality reporting.

Participant Types using HIway for Quality Improvement

Org Type	Live	On Deck
Hospital/ Health System	1	
Quality Reporting Service	1	
Total	**2**	

Quality Improvement Transactions to Date	**626,908**

Potential impact on quality:

- Foundational function for quality improvement programs
- Enables risk based payment programs with threshold measure of clinical quality and bonus payments calculation

Potential impact on cost:

- Efficiency in clinical quality reporting - Reduced costs for staff to gather information, calculate measures, and report

Potential impact on patient satisfaction:

- Provides information upon which patients may make provider selection decisions
- Provides critical decision making information for promotion of an efficient healthcare marketplace

Support Care Coordination

Care Coordination: Mass HIway supports information transport for patient transitions across the care continuum.

Participant Types using HIway for Care Coordination

Org Type	Live	On Deck
Ambulatory Practice(s)	3	4
Behavioral Health	2	
Community Health Center	3	4
Home Health	2	5
Hospital/ Health System	12	8
Long Term Care / Skilled Nursing	7	2
Ancillary Services Provider	1	1
Total	**30**	**24**

Care Coordination Transactions to Date	**208**

Potential impact on quality:

- Improved handoffs
- Reduction in errors and adverse events
- Reduced readmissions

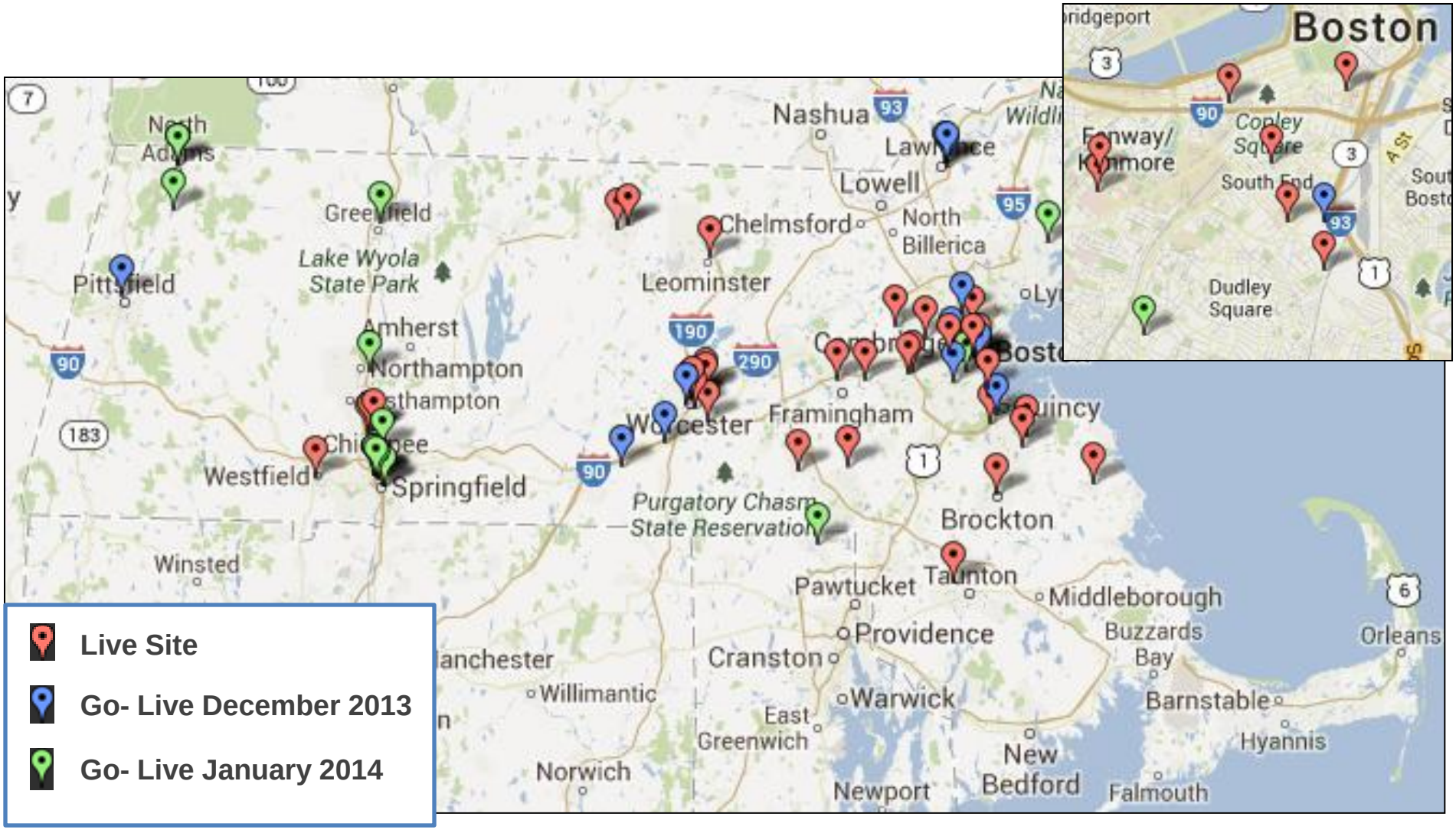
Potential impact on cost:

- Reduced costs from correcting for adverse events
- Reduced cost from reduction in duplication in tests and procedures
- Reduced costs from avoided readmissions

Potential impact on patient satisfaction:

- Safer care - fewer errors and adverse events
- More convenient care – fewer repeat tests and procedures
- Better care – better targeted treatment, improved follow up, and avoided readmissions

Connecting Participants



Early Movers

BIDMC

Care Coordination
Brigham & Women's
Joseph M Smith Community Health Center
Partners
Tufts

Case Management
Harvard Pilgrim
Network Health

Public Health Reporting
DPH – Immunization Registry
DPH – Reportable Labs
Boston PH

Clinical Quality Data Reporting
Massachusetts eHealth Collaborative

Tufts MC

Care Coordination
Holyoke
Vanguard

Case Management
Network Health

Public Health Reporting
Boston PH

HIway 2013 Milestones

Activity	Completion Date
Obtained CMS Approval of Phase 2 IAPD	April 2013
Go-live - Public Health - Immunization Registry Node	April 2013
Go-live - Public Health - Reportable Lab Results (ELR) Node	April 2013
Go-live - Public Health - Syndromic Surveillance Node	May 2013
Testing - Public Health - Child Behavioral Health Initiative	June 2013
Phase 2, Release 1 Requirements Gathering & Validation	July 2013
Phase 2, Release 1 Design Approach Decision	July 2013
Go-live - Public Health - Opioid Treatment Program (OTP) Node	September 2013
Design HISP-HISP Solution (*code and testing started*)	November 2013
Code & Test Phase 2, Release 1 (eMPI, RLS, Cross-entity Viewer, Medical Record Request, Provider Portal)	November 2013
Submit IAPD for FFY14 & 15	November 2013

Mass HIway – The Road Ahead

Key Drivers

- Meaningful Use Stage 2 requires that hospitals and clinicians electronically exchange data using the Direct standard for 10% of transitions-of-care encounters. EHR products will include Direct capabilities aligned with Mass HIway as part of their certified standard products.
- The Affordable Care Act will realign incentives with pay for quality instead of pay for quantity. Redundant and unnecessary testing will become a cost not a profit center. Tracking patient care across the care continuum will be a key element of risk management. Health Information Exchange will be essential to meeting these demands. The Mass HIway provides universally accessible, statewide, low-cost services for sending and receiving information that complements and extends the value of private HIE initiatives.
- New privacy and security regulations, such as the HIPAA Omnibus Rule and anticipated Accounting of Disclosures rules, enhances the value of a planned, secure trust community such as the MA HIway.

Discussion Item 2: Advisory Group Update

Consumer Advisory Group Update

The Consumer Advisory Group met on November 18 to review the draft consumer engagement collateral

- Support for dedicated HHS communications resource (Amy Caron)
- Overarching concern that providers will need to be informed and educated in order to effectively communicate with patients about the MA HIway
- Regarding draft patient education collateral:
  - Need to convey both the benefits and risks of sharing personal health information (PHI) over the HIway, especially in context that PHI is already shared via many other channels – complex message to deliver, and need to balance marketing and education
  - Recommend testing material with focus groups

Provider Advisory Group Update

The Provider Advisory Group met on October 19 to review the draft consumer engagement collateral, EHR HISP issues, and the Chapter 224 HIE participation requirements

- Concern with EHR vendors charging organizations for connection to the Mass HIway. Interfacing costs and EHR vendor fees could be significant barriers to connecting participants.
- Questions raised regarding how and when regulations are to be issued for the Chapter 224 requirements that providers be connected to the statewide HIE. Concerns about this process, especially in light of the ongoing issues with implementing the EHR requirement
- Communications suggestions:
  - Leverage media to highlight a story about an actual patient and the benefit they receive from the HIWay
  - Recommendation to leverage Massachusetts Medical Society and other existing partners

Legal/Policy Advisory Grp. Update

The Legal & Policy Advisory Group met on November 19 to do a deep dive review of the draft policies and procedures for the phase 1 provider directory. The Advisory Group provided the following reactions:

- Provider Directory should expose minimal information on providers: Name, Specialty, Phone, NPI, Organization
- Provider Directory Permitted Uses, Permitted Users, and Access should mirror the HIway in general.
- Vendors who consume this information on behalf of participants should be bound by these restrictions as well

Discussion Item 3: Mass HIway Update

— **Outreach & Sales Update (Last Mile Program)**

I. 2013 Results

II. Program Evaluation Update

III. HIway Implementation Grantee Feedback from mid-term report

IV. ONC State HIE Grant Update

V. The HIway Rally

2013 HIway Results – Outreach

Enable integration (build vendor on-ramps)

- 13 HIway Interface Grants awarded to vendor organizations to build Direct connections to the HIway
- 6 vendors are actively testing; 3 completed testing
- Supporting 8 other EHR vendors outside of the Interface Grant

Catalyze connections

- 32 HIway Implementation Grants awarded representing 75+ trading partners
- 110 organizations actively working with Last Mile to prepare for HIway on-boarding

Maximize adoption

- HIway Grantee Fall Forum with 70+ attendees
- 10 Regional Meetings with 300+attendees
- 8 Webinars with 200+ attendees

Content generated

- Mass HIway Connector (eNewsletter) sent monthly to 5,200+ recipients
- Developed use case workshop & template
- Developed 5 success stories describing organizational use of EHRs and their information exchange efforts
- Developed numerous pieces of educational and communications collateral

Program Evaluation Update

- **Program Evaluation Plans completed for Last Mile, IMPACT and MDPHnet**
  - Up to 3,000 words each, in accordance with ONC PIN 002
- **Following the Enterprise Strategic Analysis for Transformation (ESAT) and Enterprise Architecting (EA) methodologies**
  - Includes quantitative methods (analysis of transaction data and other priority areas metrics) and qualitative methods (semi-structured interviews of stakeholder groups)

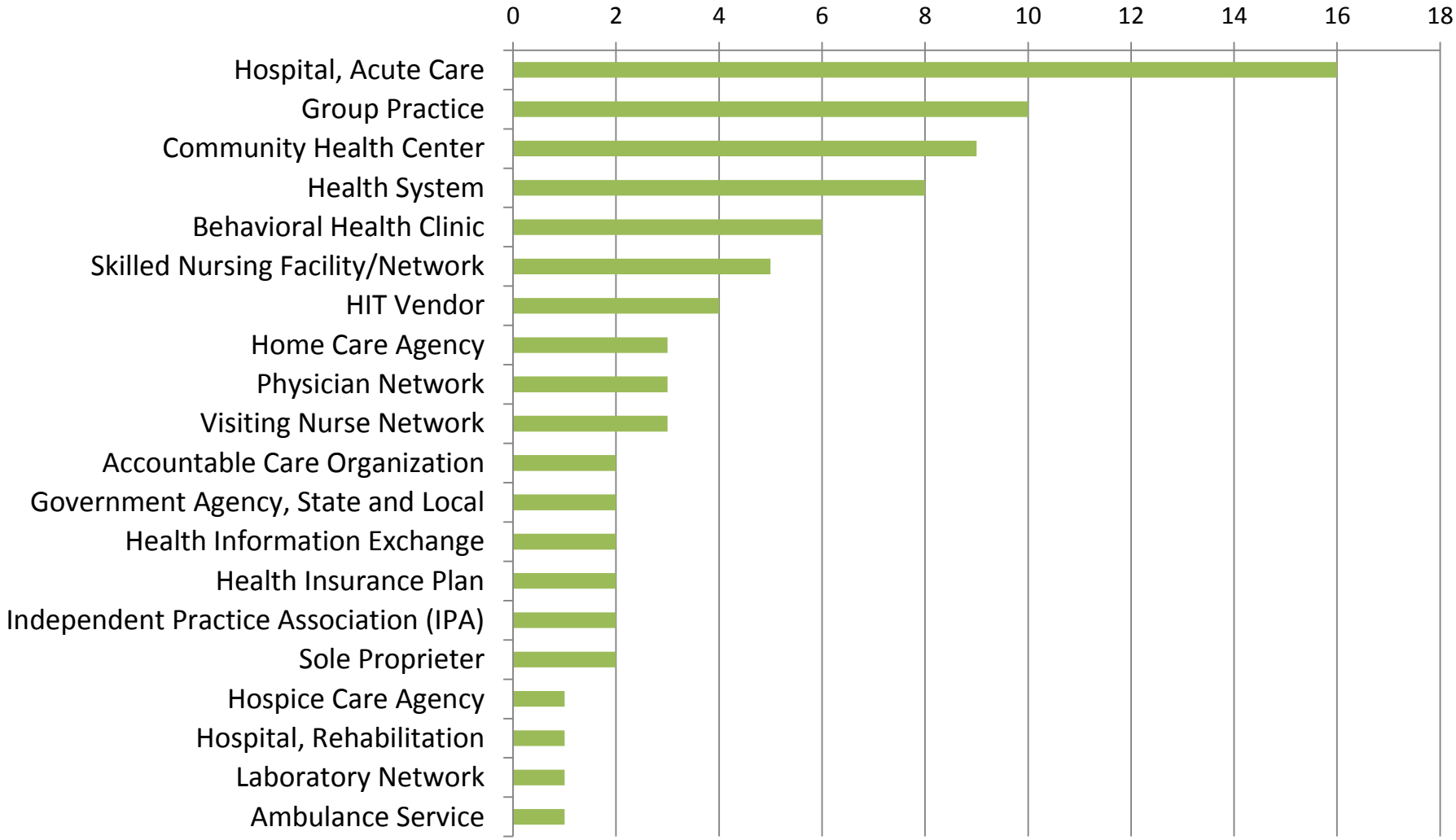
Stakeholders	Interviews
HIway users	4
Vendors	2
Advisory Group/HIT Council	6
EOHHS	1
MeHI	5
Total	**18**

- **We are considering options for describing the future state**

Our Grantees and Collaborators Cross the State

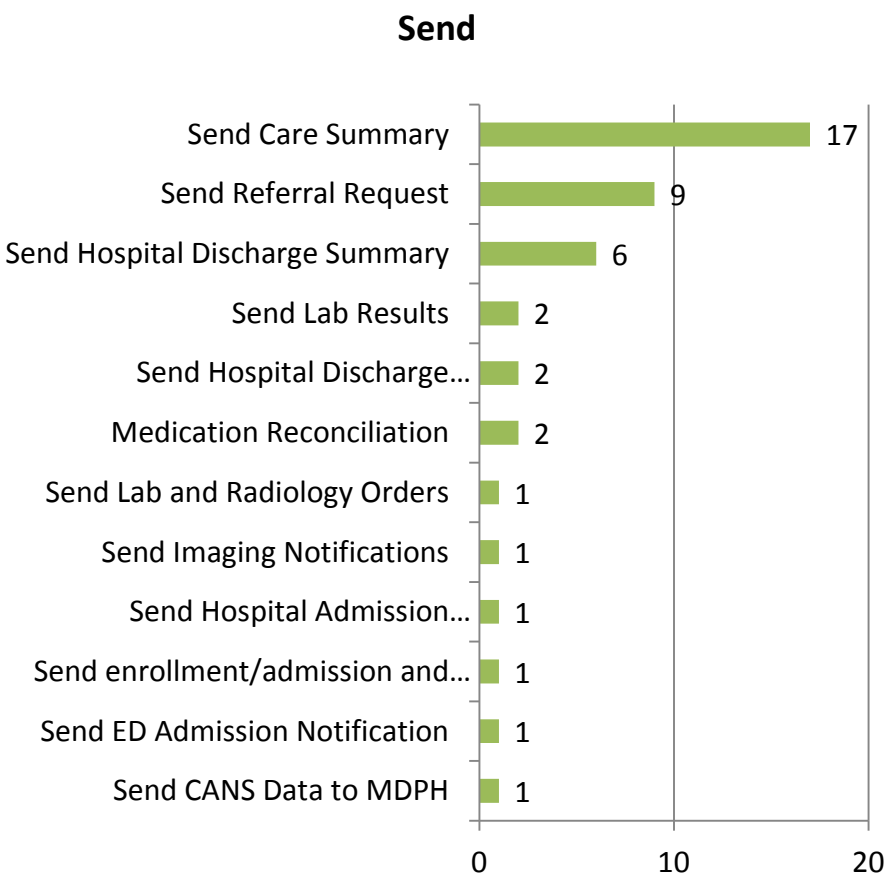
- GREEN grantees
- BLUE collaborators

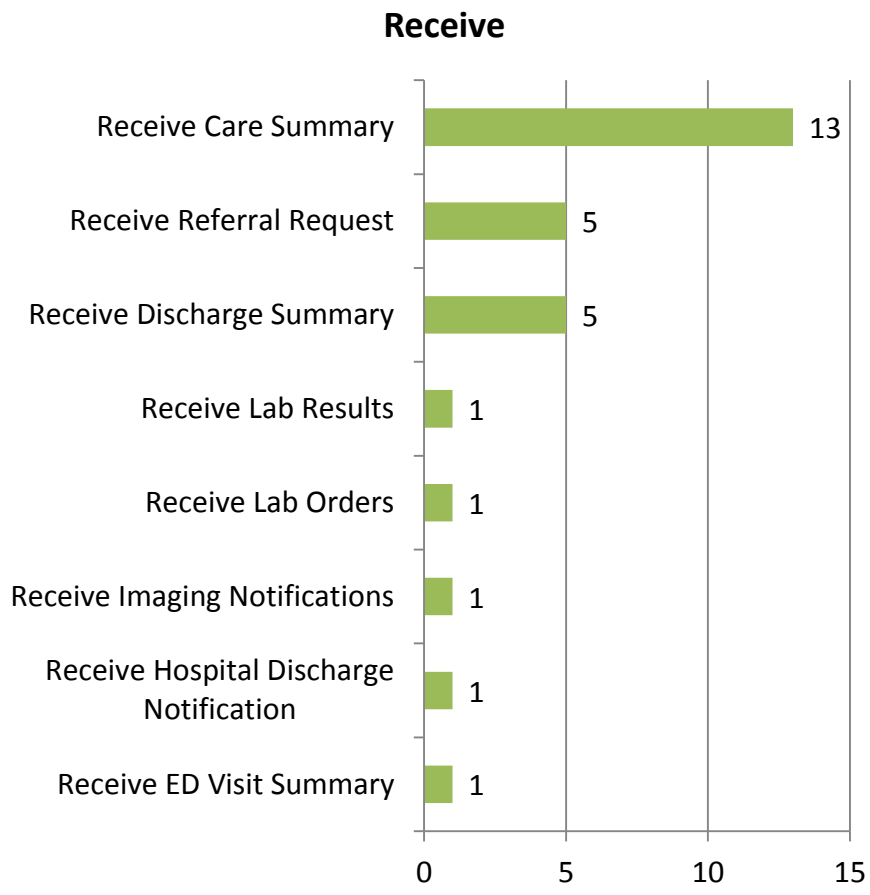
Grantees and Collaborators by Organization Type



How do grantees intend to use the HIway?

- **Use Case ranking by type**





What are grantees measuring?

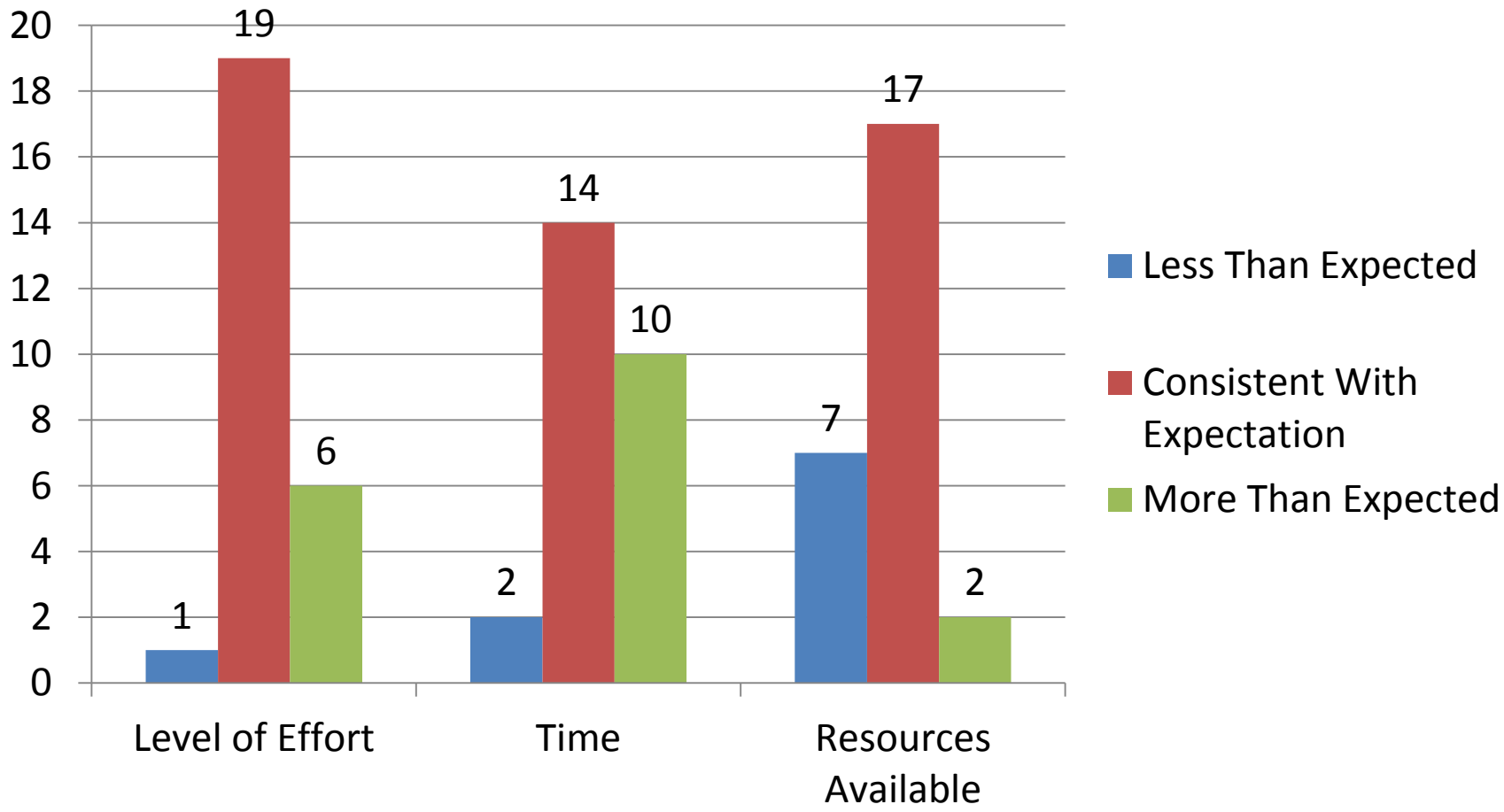
- **“Reduce readmission of Heart Failure patients with the use of clinical information exchange “**
- **“Reduce duplication of diagnostic tests”**
- **“Number of re-admissions within 30 days for patients discharged from a Hospital to a Long-term Care facility”**
- **“Number of patient records, or partial patient records, that have been electronically shared with the trading partner using the MA HIway”**
- **“Average turnaround time from receipt of lab result to entry into EMR”**

Grantee challenges remain

Top reported issues

- **Vendor Relations**
  - Coordination and cooperation
  - Active engagement early in the process
  - HISP charges
- **Connectivity**
  - Clarity about cost, effort and best method
  - HISP-HISP coordination
  - Directory – setup, availability
- **Time and resources**
  - Resource dedication to project
  - Processing time and cost
  - Tight timeline and budget

How Grantees rated their experience connecting to The HIway



How Grantees forecast their efforts

We asked Grantees to assess their confidence on two aspects of their grant.

1) to meet the objectives of their grant, and
2) to spend all their funds.

This table reflects their feedback.

Assess confidence to…	25 – 49%	50 – 74%	75 – 99%	100%
Meet grant objectives	0	5	6	19
Spend all funds	1	5	5	19

NOTE: There are many reasons a Grantee may not spend all their funds. For example, on a more positive note, their costs are less than expected. Conversely, they may be unable to move through their milestones for any number of reasons.

Grantees offer feedback & lessons learned

- "Flexibility. Plans change and evolve despite pre-planning and discussions. Our route to the highway changed, changed back and then changed again through the course of our developing the best plan for our patients. Also, our original measures, while well-intended, turned out to be not be appropriate when we went to collect the baseline date so we developed all-together new measures that are meaningful and have data available."

- "Have a very specific project team from all areas of your programs that includes a variety of staff - in order to answer all types of processing questions."

- "The project has also been more time consuming in terms of business process development and redesign than anticipated. It will take more resources in terms of training staff and adjusting workflows once implemented. Still very much worthwhile, though."

Grantees offer feedback & lessons learned

- "Would have appreciated having the spreadsheets for the provider directories early in the process so that they would be completed and ready for connectivity to HIway."

- "We became aware of the complexity of the project, due to the coordination that needs to take place between all the parties involved:
  1. Us, the Health Center
  2. Our EHR vendor
  3. The HIE vendor
  4. Our trading partner"

ONC State HIE Grant Update

- As of November 13, we confirmed that ONC will not offer extensions for their State HIE grants. This means the ONC grant funding Last Mile, IMPACT and MDPHnet will end on February 7, 2014.
- This finding provided the clarity needed to respond to HIway Grantee requests for extensions. Here is the guidance recently delivered to HIway Grantees, providers and vendors, jointly by MeHI and EOHHS in the form of a Grant Amendment.
  - Grantee period of performance is extended to a full year from contracted date.
  - We extended deadline to achieve Milestones 1, 2 and 3 to January 31, 2014.
  - Grantee may invoice expenses accumulated toward Milestone 4 without achieving Milestone 4.
  - Further clarification on the impact to milestones for HISP-HISP and CANS connection approaches is forthcoming.
- Last Mile transition planning with EOHHS is underway.

The Rally…*a HIway Transact-athon*

- When
  - Thursday, February 6, 2014
- How it works
  - Simple, send a production or test transaction, then Tweet it!
- Why
  - Use as an accelerator and rally point for Grantees,
  - Enable organizations to use the event to rally organizational interest and influence HIE prioritization,
  - Help us build awareness, and
  - Show ONC thanks.
- Campaign coming!

Discussion Item 3: Mass HIway Update

— **Implementation & Support Update**

I. Operations/Support update

II. HISP-HISP update

November Activity

Moved to Production (Actively Exchanging Patient Data)	Went Live (Connected, but not exchanging patient data)
1. Heywood Hospital (MIIS) 2. Milford Regional Medical Center 3. UMASS Memorial	1. Addiction Treatment Center of NE (OTP) 2. Berkshire Health System (Webmail) 3. Boston Healthcare for the Homeless 4. Caring Health Center 5. Center for Human Development 6. Noble Hospital 7. Senior Link 8. Women's Health Associates of MA (MIIS) 9. Worcester Rehab & Health Center Existing Orgs Live, but new activity: 1. Heywood Hospital (CCD exchange) 2. Partners Health Care (MIIS)

Overall HIway Connections

Total Orgs in Production = ~~32~~ 35
Total Orgs Live = ~~13~~ 22
Total Orgs on the HIway = ~~45~~ 57

New Participation Agreements executed in November (All Channels)

1. Beverly Hospital/NHS
2. Chair City Family Medicine
3. Christopher House
4. Dr. Masucci
5. Orleans Medical Center
6. Pulmonary and Primary Care Associates

- Transactions exchanged for November – **129,045**
- Cumulative transactions to date – **1,764,493**
- Working with MEDITECH to implement new transport model
  - Will implement Transport Layer Security for XDR/SOAP exchange. HIway will perform message encryption/decryption and message transformation (SMIME <-> XDR)
- Continued focus on implementing HISP-HISP solution

HISP to HISP Connectivity

Current Status

- Key HISP Vendors identified and engaged for implementation (Expected completion – Jan 2014)
  - Surescripts
    - Anchor certs exchanged
    - Exchanging test messages and iteratively addressing issues
  - eClinicalWorks
    - Anchor certs exchanged
  - Secure Exchange Solutions (SES)
    - Anchor certs exchanged
    - Received test messages and iteratively addressing issues

Next Steps

- HISPs ready to start testing in January 2014
  - Aprima
  - MEDfx Corporation
  - McKesson Homecare & Hospice

HISP to HISP Connectivity (cont.)

On the Horizon

- Vendors still in discovery phase or awaiting testing agreements:
  - NoMoreClipBoard
  - AllScripts
  - Intersystems
  - KeyHIE Transform
  - ClaimTrak
  - DICOM Grid
  - NexJ

HIway Phase 2 Timeline

Mass HIway Phase 2 high level project schedule

Activity	Target date
CMS approval of Phase 2 IAPD	Completed
Phase 2 contract (or change order) executed	Completed
Go-live - Public Health - Immunization Registry Node	Completed
Go-live - Public Health - Reportable Lab Results (ELR) Node	Completed
Testing - Public Health - Syndromic Surveillance Node	Completed
Testing - EOHHS – Children's Behavioral Health (CBHI) Node	Completed
Phase 2 Requirements Gathering & Validation	Completed
Phase 2 Design Approach Decision	Completed
Testing – Opioid Treatment Program (OTP) Node	Completed
~~Go-live~~ Testing – Cancer Registry Node	Dec 2013
Go-live – Phase 2, Release 1 (eMPI, RLS, Consent, Provider Portal)	Jan 2014
Go-live – Lead Poisoning Prevention Program Node	March 2014
Go-Live – Phase 2, Release 2 (Feature extensions and technical updates)	Feb – Apr 2014

Discussion Item 4: Wrap Up

HIT Council meeting schedule

HIT Council 2014 Meeting Schedule*:

- January 13
- February 3
- March 3
- April 7
- May 5
- June 9
- July 7
- August 4
- September 8
- October 6
- November 3
- December 8

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

Wrap up

Next HIT Council Meeting: January 13, 2013

Preliminary Agenda:

- Customer Implementation Updates
- Advisory Groups Update
- Mass HIway Update