Meeting Minutes
Health Information Technology Council Meeting

April 7, 2014
3:30 – 5:00 P.M.

One Ashburton Place, 21th floor Matta Conference Room
Boston, MA

Meeting Attendees

Name	Organization	Attended
John Polanowicz	*(Chair) Secretary of the Executive Office of Health and Human Services*	Yes
Manu Tandon	*(Chair) Secretariat Chief Information Officer of the Executive Office of Health and Human Services, Mass HIT Coordinator*	Yes
William Oates	*Chief Information Officer, Commonwealth of Massachusetts*	No[1]
David Seltz	*Executive Director of Health Policy Commission*	Yes
Aron Boros	*Executive Director of Massachusetts Center for Health Information and Analysis*	No
Laurance Stuntz	*Director, Massachusetts eHealth Institute*	Yes
Eric Nakajima	*Assistant Secretary for Innovation Policy in Housing and Economic Development*	No
Patricia Hopkins MD	*Representative from a small Physician group Practice Rheumatology & Internal Medicine Doctor (Private Practice)*	Yes
Meg Aranow	*Senior Research Director, The Advisory Board Company*	yes
Deborah Adair	*Director of Health Information Services/Privacy Officer, Massachusetts General Hospital*	Yes
John Halamka, MD	*Chief Information officer, Beth Israel Deaconess Medical Center*	Yes
Normand Deschene	*President and Chief Executive Officer , Lowell General Hospital*	No
Jay Breines	*Executive Director, Holyoke Health Center*	Yes
Robert Driscoll	*Chief Operations Officer, Salter Healthcare*	No
Michael Lee, MD	*Director of clinical Informatics, Atrius Health*	No
Margie Sipe, RN	*Performance Improvement Consultant, Massachusetts Hospital Association (MHA)*	Yes
Steven Fox	*Vice President, Network Management and Communications, Blue Cross Blue Shield MA*	No
Larry Garber, MD	*Medical Director of Informatics, Reliant Medical Group*	Yes
Karen Bell, MD	*Chair of the Certification Commission for Health Information Technology (CCHIT) EOHED*	No
Kristin Madison	*Professor of Law and Health Sciences, Northeastern School of Law, Bouve college of Health Sciences*	Yes
Daniel Mumbauer	*President & CEO, Southeast Regional Network, High Point Treatment Center, SEMCOA*	Yes
Kristin Thorn	*Acting Director of Medicaid*	No[2]

[1] Claudia Boldman attended the meeting in William Oates' stead.
[2] Rick Wilson attended the meeting in Kristin Thorn's stead.

Guest

Name	Organization
Robert McDevitt	EOHHS
Nick Welch	EOHHS
Stacy Piszcz	EOHHS
Claudia Boldman	ITD
Sean Kennedy	MeHI
Jennifer Monahan	MAeHC
Micky Tripathi	MAeHC
Mark Belanger	MAeHC
Carl Cameron	Holyoke Medical Center
Becca Sweet	Holyoke Medical Center
Lisa Fenichel	Consultant
Ann Hwang	EOHHS
Ashlie Brown	EOHHS
David Smith	MA Hospitals
David Bachard	NEQCA
Mark Holske	Office of the State Auditor (Chapter 224)
Brian Sandager	Lowell General Hospital
David Bowditch	EOHHS
Rick Wilson	EOHHS, Office of Medicaid

Meeting called to order – minutes approved

The meeting was called to order by Secretary Polanowicz at 3:31 P.M.

The Council reviewed minutes of the March 10, 201 HIT Council meeting. The minutes were approved as written.

Discussion Item 1: Client Implementation Update (Slides 3-12)

See slides 3-12 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Carl Cameron, Vice President of Operations and CIO at Holyoke Medical Center, presented on HealthConnect - Clinical Data Exchange and Direct Messaging

(Slide 4) Introduction – HealthConnect is Holyoke Medical Center's (HMC) local community Health Information Exchange (HIE) being used between the western Massachusetts hospital and a number of providers with whom it works with on a regular basis. The goal for today is to provide an update in terms of where HMC stands with the HIE. A great deal of progress was made since the last update in June of 2013.

(Slide 5) Background – HMC serves a population of 180,000 in surrounding cities and towns. Annually HMC admits over 6,500 patients with over 45,000 Emergency Room (ER) visits. A majority (75%) of their funding comes from Medicaid and Medicare. There are not a lot of dollars to throw at projects so the challenge has been to implement the HIE in the most cost effective way possible.

(Slide 6-) Vision for an Integrated Healthcare System – The HIE was built for all of the things included in the diagram. Right now HMC has built half of their intended connections and has started to use the HIE as a tool for population health metrics.

(Slide 7) Holyoke HealthConnect Clinical Repository - There are two main components to the HIE. HMC started with a clinical repository using Cross-Enterprise Document Sharing (XDS.b) file format to store documents. Right now, the hospital uses Meditech - HMC currently provides hosting and support for 65 providers in the community. Anyone that has eClinicalWorks (eCW) can directly pull Continuity of Care Documents (CCD's) from the HIE into their system without needing to open a new window or application like a web portal. eCW is connected to the clinical repository.

(Slide 8) Holyoke HealthConnect HISP - As HMC moves forward with Meaningful Use Stage 2 they need to implement the Direct standard moving forward. They added a Health Information Service Provider (HISP) layer to our community to support External Data Representation (XDR), Secure/Multipurpose Internet Mail Extensions (SMIME) and email. This has been key- without the product, HMC would not be able to get Meditech up and running and connected to the HIway.

(Slide 9) Holyoke HealthConnect Solution – As of last week there are live transactions going through Meditech from the HISP to the HIway. Right now HMC is sending Admit Discharge Transfer (ADT) messages to the HIway to populate the RLS – messages are sent with a "no" flag. The hope is that with more guidance from eCW, the local Visiting Nurses Association (VNA), Network Health and nursing homes will join.

(Slide 10) Utilize Mass HIway to Improve Patient Care - HMC's Primary Care Provider (PCP) community is dying for admission notifications and ED discharge summaries. Chronic disease management and closed loop referrals will improve patient care as more partners in the community join.

Working with eCW has been a challenge- HMC has received minimal guidance and the number of providers looking to join continues to grow. Use cases are hard to develop right now because a lot of the Electronic Health Record (EHR) vendors do not get along – use cases will start to fall into play now. A lot of work around Public Health reporting was done. As HMC moves forward with prevention and wellness initiatives, it will also look to integrate an e-Referral system with Department of Public Health (DPH) and look at how to use that data directly within the EHR.

- Question (Laurance Stuntz): Is the list on this slide in order of priority?
    - Answer (Carl Cameron): Right now with the Meditech piece I can see the notifications happening right away. We are a Community Hospital Acceleration, Revitalization and Transformation (CHART) grant recipient which is helping to fund and accelerate the

process. I see us doing a lot of work with the ED documentation and the clinical repository.

(Slide 11) Query and Retrieve Functionality and Phase 2 Adoption Timeline - With Query and Retrieve there are new workflows within the ED, medical records and surgery departments.

- Question (Laurance Stuntz): How will you deal with those requests and workflow changes moving forward?
    - Answer (Carl Cameron): In terms of the Phase 2 adoption, since April 3rd we had the ADT messages in production and our legal team is working with EOHHS on the new consent process – goal is to roll this out on May 15th. . There are other upgrades happening in parallel so we see it as a good opportunity to educate providers on the importance of the HIE. We fluctuate between having 15-18% of the records actually used. We anticipate that between 7,000 and 10,000 patients will join in the first month. The estimate is based on what we saw when we first started – and it is only "yes" consents being counted.
- Question (Patricia Hopkins): Is there a strategy for the patients to drill down with the "yes" consent?
    - Answer (Carl Cameron): Right now in our system you are either in or out – no flexibility to drill down further. I can do that within our HIE, but moving forward we will adhere to the states requirements. There is a lot of custom work that needs to be done in Meditech. We have not worked out all of the technical pieces at this point but plan to follow state requirements closely. EMR vendors are just not ready at this point.
- Comment (John Halamka): In Massachusetts we are about two years ahead of the federal regulations. 2014 is all about push, but query based exchange is one of the number one goals for Meaningful Use Stage 3 in 2016.
- Question (Deborah Adair): What do you mean when you say ADT feeds are in production?
    - Answer (Carl Cameron): Right now all we are doing is sending the minimum demographic information to populate the RLS – nothing is published and everything is being sent with a "no" consent.

(Slide 12) Lessons Learned – As mentioned earlier, EMR vendors do not move as fast as hoped. Changing clinical workflows takes a lot of time and training. The biggest thing is making this easy for them- do not want to make this onerous. Physicians are being reminded that their documentation is now visible to others. Security and consent processes need regular monitoring.

- Question (Secretary Polanowicz): Are there any lessons learned in terms of what has worked better?
    - Answer (Carl Cameron): When we say "HIE" to providers some think we mean patient portal and when we say "patient portal" some think we mean HIE – education was huge, there is never enough. We started off with physicians in a big room like this- that did not work. Keep in mind we have a small team and a small budget. What has made us successful is how we take opportunities to educate providers. If someone can grab a

physician for a few minutes, it's a few extra minutes there were able to hear from us. Small group sessions and face-to-face training is key.

- Question (Larry Garber): Are you receiving documents via the HIway?
    - Answer (Carl Cameron): Yes and not just via Meditech. Right now we are able to exchange with River Valley Counseling Center but have not tried doing anything live.
    - Follow-up: Will those be sent to the medical records person?
        - Answer: Yes. As we look at more use cases we are trying to expand addresses and add departments.
    - Follow-up: As you ramp up do you envision a staffing issue?
        - Answer: Yes, it will be a real problem. The ED providers feel they do not have time to be answering requests for CCD's and want nothing to do with the RLS right now - they would still prefer a phone call. I think as we move forward with the electronic ED system we will get there. Again they argue why use Direct when we have a clinical repository.
- Comment (John Halamka): Two points- there are three major vendors in the state: athenahealth, eCW and Meditech. Enough customers went to Meditech and said you need to do this and now they are all over interoperability. Second point, we have been concerned with vendor pricing strategies being a barrier to adoption, but Garish Navani (eCW CEO) has agreed to match any rate card the state publishes.
- Comment (Carl Cameron): I would prefer a one-time cost and then be free – do not charge for maintenance fees. We have our own HISP, and eCW wants to charge a toll so they do not like when we ask "Why, we have our own?" Anytime we have new initiatives there are programming costs. We created the HISP in order to drive down costs for the community.
- Comment (John Halamka): Meditech has said you should be able to use whatever vendor you want. You wonder, will it be the market driving vendor interoperability or will it be a catalyst that helps us.
- Question (Daniel Mumbauer): Do you see other HISPs as competitors?
    - Answer (Carl Cameron): Yes. I know we are more cost effective. eCW has worked with us because of the high volume of users. We also take all of the front line calls, taking the responsibility off of eCW.

Discussion Item 2: Massachusetts eHealth Institute (MeHI) Update (Slides 14-19)

See slides 14-19 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Massachusetts eHealth Institute's updates were presented by MeHI Director Laurance Stuntz.

(Slide 15) EHR Adoption Preliminary Survey Results – The results of a preliminary provider and consumer survey were provided in an effort to measure how far we have come with HIT adoption. We asked participants if they have adopted an EHR so the numbers are higher than if we were to ask if they have met Meaningful Use. Virtually all Primary Care Providers have adopted EHRs – all but four who plan to

adopt this year. Similar to the Regional Extension Center (REC), the goal is to shorten the time it takes these folks to understand what systems are out there, what contacts will look like and so on.

(Slide 16) MeHI Vision, Mission, and Goals – One of the goals for MeHI was to help support 100% adoption by 2017. MeHI does not expect issues from a licensure perspective – looking at the providers who are not doing Meaningful Use and what those requirements for re-licensure might look like.

Consumers are really excited about electronically engaging with their providers. The eHealth Cluster will be a key piece of the Massachusetts economy. We will not spend a lot of MeHI dollars, but from an economic development perspective, Massachusetts is the center of eHealth innovation.

(Slide 17) MeHI Initiatives 2014-2015 – MeHI has four initiatives in 2014-2015 that support their core values: supporting HIT adoption, connecting communities, Meaningful Use support and eHealth Cluster Development.

(Slide 18) Meaningful Use Support – The Regional Extension Center program did not spend all of the grant monies – a 1.8 million dollar delta. The Office of the National Coordinator for Health IT (ONC) has said they will not provide MeHI with additional funding but will give them an additional year to spend the money.

MeHI plans to utilize a portal created by the New Jersey Regional Extension Center, to support providers who have not met Meaningful Use. They will also use The National eHealth Collaborative Patient Engagement Framework tools to develop and strengthen their patient engagement strategies.

- Question (Daniel Mumbauer): Do you know if a clinical nurse specialist would be allowed to receive those dollars? Lots of folks involved with Behavioral Health have been asking when an approval might happen.
    - Answer (Laurance Stuntz): I have not heard an update- quick math I believe there are about 200 or so. If they do qualify for Meaningful Use there would be roughly 13 million dollars available. My understanding is that is up to Mass Health. CMS has left it up to the state to designate nurse practitioners.
    - Answer (Meg Aranow): There is some movement in Washington, but the bad news is that it could take a couple of years. Many vendors are doing voluntary certifications- Point Click for example.
- Question (Deborah Adair): How will that (NJ provider tool) be presented to us? Those things like privacy and security?
    - Answer (Laurance Stuntz): It will be presented via portal for member organizations and Regional Extension Center enrollees. From there we can see how best to roll it out to others.

(Slide 19) eHealth Cluster Development – There are 45-50 companies in Cambridge that are starting up. People recognize that Massachusetts has large educational centers, universities and health centers. Many of the companies feel they need to go outside of Massachusetts to find their initial customers because they think our providers and centers are doing a lot of similar work themselves. Some

organizations can be perceived as hard to work with – MeHI wants to break down those barriers and encourage them to try things out here.

- Comment (Larry Garber): We just started a program with Worchester Tech – consider looking at some of the community colleges.
- Response (Laurance Stuntz): We do plan to help create workforce development programs and will partner with some of the community colleges.

Discussion Item 3: Policy and Advisory Group Update (Slide 21)

See slide 21 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Policy and Advisory Group updates were presented by Micky Tripathi, CEO of the Massachusetts eHealth Collaborative (MAeHC).

(Slide 21) Community Consent Approach – The consent approach was really a community effort- continuously updated based on feedback. Materials will be posted on the HIway website for participants to download- they can use the materials right off the shelf, or just use them as a guide when developing their own materials.

- Question (Larry Garber): What is the timeline for the materials?
  - Answer (Micky Tripathi): Now!
- Question (Patricia Hopkins): Are these the demographic fields being collected (referring to a patient education handout provided to the Council members)? Those are all moving demographic fields. We update addresses constantly and it is not always accurate.
  - Answer (Micky Tripathi): This is the complexity of patient matching that we deal with today.
- Question (Patricia Hopkins): Where does the liability sit?
  - Answer (Micky Tripathi): Liability sits with you. Remember this is just telling you where the records are. It is up to the provider to respond, or not, and with whatever information they feel is appropriate.
- Question (Patricia Hopkins): Why include the Medical Record Number (MRN)?
  - Answer (Micky Tripathi): In a world where we do not have a universal patient identifier (UPI), this is the best we can do for now.
- Comment (John Halamka): When we presented this at Beth Israel the providers said "So anyone can look into this?" and we of course said "No, this is just listing the relationship." This is really just a database of where information is. If you are participating, the Relationship Listing Service (RLS) would list the patient at Beth Israel and then the question is whether or not you can act on it – you would need to sign a Participation Agreement (PA) with Beth Israel if you wanted cross entity viewer access. The data source systems are the ones responsible at the end of the day.
- Question (Lisa Fenichel): What is the process for feedback now? Is this an active phone number (referring to the number listed on the patient education handout)?

    - Answer (Micky Tripathi): Feedback can be sent to Amy Caron at EOHHS, but these materials have not officially gone out yet. The phone number has been active since go-live in October of 2012 and there is someone monitoring the phone.
- Question (Sean Kennedy): Just to clarify, if a participant goes to the HIway website and downloads these materials they can satisfy the consent requirements for phase 1 and phase 2?
    - Answer (Micky Tripathi): Yes.
- Comment (Deborah Adair): We are going live with Epic Revenue in July. We plan to incorporate the consent process into the front line staff education sessions – we will have lots of feedback to share.

Discussion Item 4: Mass HIway Update (Slides 23-30)

See slides 23-30 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Mass HIway updates were presented by Manu Tandon, Secretariat Chief Information Officer of the Executive Office of Health and Human Services, Mass HIT Coordinator.

(Slide 23) HIway Release Schedule – April will be a busy month. The items in bold are what have been updated. The opioid node go-live was moved from March to April - finalizing some provider testing now. The next four dates are holding for April.

- Comment (John Halamka): At Meditech's User Conference on Friday, St. Vincent's CIO and I demonstrated how real patient data could be pushed over the HIway to a Meditech customer – Health records from BIDMC were sent live over the HIway seamlessly into Meditech at St. Vincent's.

(Slide 24) Communications and Outreach – Amy and Darrel have been working on the outreach. There is a webinar planned for May 8th at 12pm which will explain how to get involved. Upcoming topics include consent and the Provider Directory. A two pager for patient education has been completed (and distributed to all today) and EOHHS will begin to get the materials out to providers shortly. The team is also working on an upgrade to the website itself.

- Question (Secretary Polanowicz): Will the details of the webinar get blasted somewhere?
    - Answer (Manu Tandon): Yes, we will make sure it gets out there.

(Slide 25) HIway Operations Update – In March 8 new PAs were completed – 140 participant organizations in total.

(Slide 26) March Connection Activity – One new provider went live. The HISP activities still need to be completed- when they do EOHHS anticipates another flood of customers joining. We are now at 105 live connections.

(Slide 27) March Transaction Activity - Transaction volumes remains steady – once the HISP's are up and running this will increase.

(Slide 28) Mass HIway Connection Forecast – The Operations Team has a goal of 135 participant organizations- looks like we will get to 112 in April.

(Slide 29) HISP to HISP Connectivity – A HISP to HISP connection dashboard was presented. Three vendors will be going live soon – others are in the initial phases.

(Slide 30) Phase 2 Implementation Plan – All of the Advisory Groups reviewed the materials – consent documents are in a near final stage. Holyoke is working to amend their consent process now to accommodate the Phase 2 services. In parallel, EOHHS is working with Beth Israel, Tufts, Atrius and Partners – that timeline is still in progress.

- Comment (Secretary Polanowicz): I am glad David is here - at the Health Policy meetings we are starting to look at the plausibility of including requirements for connecting to the HIE when we are doing state based grants, infrastructure grants and so forth. We are looking at the CHART grants – requiring organizations to join the HIE. We would at least like to think about the opportunity to push a little more on moving this agenda ahead quicker.
- Response (Manu Tandon): That is in line with the legal requirement for connecting to the HIway and can expedite adoption.

Discussion Item 5: Wrap-Up (Slide 32)

See slide 32 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Wrap-up presented by Manu Tandon

The schedule for the 2014 HIT Council Meetings was provided.

- ~~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 will be held from 3:30-5:00 PM at One Ashburton Place, 21th floor, in the Matta Conference Room.*

The Next HIT Council Meeting is scheduled for **May 5, 2014** from 3:30pm-5pm at One Ashburton Place, 21th floor, in the Matta Conference Room.

The HIT Council meeting was adjourned at 4:50 P.M.