

Consumer Advisory Group Meeting

March 28, 2013 11:30a-1:00p

Name	Organization
Kathleen Donaher	Regis College
Alec Ziss	CapeCare
Eileen Elias	JBS International
Lisa Fenichel	eHealth Consumer Advocate
Georgia Simpson May	MA Dept of Public Health
Barbara Popper	Federation for Children with Special Needs
Winnie Tobin	Medically Induced Trauma Support Services
Sean Kennedy	MeHI
Melissa Prefontaine	MOAR
Support Staff	Massachusetts eHealth Collaborative
Mark Belanger	Massachusetts eHealth Collaborative
Carol Jeffery	Massachusetts eHealth Collaborative
Erich Schatzlein	Massachusetts eHealth Collaborative

Summary of Input and Feedback from the Provider Advisory Group

- Consumer Advisory Group would like to re-iterate to the HIT Council the need for a wide scale consumer education campaign regarding the Mass HIway. Consumer Advisory Group members represent many consumer facing organizations that could be channel partners for outreach.
- There are mixed opinions among the group regarding the value of the phase 2 patient-directed messaging solution. Several group members do not think the service offering goes far enough and would like to see the services address patient activation/ engagement more directly. Others believe that this is a good starting point, it will help patients get information they don't have today (e.g., Electronic copy of discharge instructions), and it can raise the value of patient applications that organize health information.
- Consumer Advisory Group members agreed that more time is needed to understand and contemplate the service offering and the value it could bring so the topic will be discussed again in the next meeting.

Review of Materials and Discussion

Project Updates

- Mass HIway Phase 2 Timeline Update (Slide 2)
 - Currently, we are waiting for final approval from CMS for phase 2 services. The expectation is to hear back within this month. Our understanding is that there are no reasons to not be approved.

- The funding for the Mass HIway project is not expected to be affected by sequestration, as the source is Medicaid infrastructure dollars.
- Please see slide deck for full timeline updates
- Question: With regard to the public health integration with the Mass HIway, what information will be sent, and what are consumers being told will be sent to the public health organizations?
 - Answer: We will have to defer to the Department of Public Health (DPH) to answer. The role of the MassHIway is to provide the connection between providers and DPH.
- Mass HIway Implementation Grant Update from Sean Kennedy
 - HIway grant opportunities have been posted by MeHI. Potential HIway participant organizations may be able to obtain up to \$75K to use toward migrating existing services onto the HIway.
 - The grant opportunity is designed to help the participating organization offset the cost of developing functionality to interface with the HIway.
 - Three webinars were run by MeHI to give information on the grant program. The basic concept is to accelerate adoption of the HIway, and the goal of the grants is for organizations to take existing processes and move them onto the HIway. Ultimately, the HIway hopes to have successful use cases built by the grants, and use these success stories to market HIway use in the future.
 - \$2M in grant funding will allow for approximately 20-25 grants may be awarded, up to \$75K each
 - Application due date for grant submission is 4/16, by 8:00am
- Question: Is this HIway grant program related to the “Common Well Alliance?”
 - Answer: The Common Well Alliance is a collaboration among EHR vendors in an effort to move toward interoperable EHR environments. The Initiative has great intent and we will continue to track its progress. Both the Common Well Alliance and the MassHIway are staying aligned with national standards as they evolve so these programs should only help each other.
- Question: Does MeHI know if any behavioral health providers participated in the grant webinars? Were there any efforts to advertise to behavioral health providers?
 - Comment: Currently, the one provider with a Direct connection to the HIway is a behavioral health provider, Dr. Greg Harris. He is waiting for the next set of providers to become connected to the HIway. A particular goal for Dr. Harris is to use the MassHIway for sending information to his patients’ primary care providers.
 - Answer: A fair amount of outreach effort has been targeted toward behavioral health providers, including presentations to the Behavior Health Council, eHealth Committee. It is difficult to assess how much interest is present in the behavioral health provider communities, but MeHI encourages providers and organizations to apply for the grants.
 - Comment: Lack of knowledge and concerns about record confidentiality may be driving the lack of participation from behavior health providers.

- Comment: Recommend conferring with Substance Abuse and Mental Health Services Administration (SAMHSA) to obtain and understand the current substance abuse confidentiality and security standards to help behavioral health providers participate in Health IT/EHR initiatives and planning.

Patient Directed Messaging – Approach for Reaction and Input

- The group reviewed the goals for the meeting (slide 5)
 - Review plan for Mass HIway patient directed messaging services
 - Address key questions and provide initial reactions and input
- The group reviewed the basic description of patient directed messaging (slide 6)
 - Description: Technical service that enables patients to have their electronic health information sent from a healthcare provider’s electronic health record (EHR) system to a specified personal health record (PHR) or patient portal.
 - Question: How does a patient obtain a PHR?
 - Answer: Some private organizations currently offer PHRs. Microsoft HealthVault provides an option, and Google Health was once another option but has left the market.
 - The group discussed the Foundational Services for Patient directed exchange (Slide 7) including patient addressing services, patient address directory, and patient RLS portal. Please see slide for full details.
 - Question: If a patient is able to view the location of records (through RLS), is the patient also able to view a database of valid health information?
 - Answer: Initially, the HIway will begin with the location of records.

Key Questions to Address

- The group began discussions of the key questions to be addressed (Slide 8)
- The group was queried to see who has a PHR or Portal.
 - Very few members currently have a PHR
 - A larger but still small number of members use a Portal
 - Some members maintain a paper version of a personal health record
 - Comment: Unclear on the definition and distinction between a PHR and Portal:
 - A Patient Portal is a patient facing view of a patient’s health information that is held by a healthcare organization (provider or payer)
 - A Personal Health Record (PHR) is a patient controlled health record application that is not provided directly by a healthcare organization
- The group was asked if consumers would use a PHR service if providers had the ability to populate the PHR. The group continued to debate the differences between PHRs and Portal, and also drew comparative ideas to other electronic health record sharing services. The group was particularly concerned that PHRs and Portals were not an enhancement, but rather an electronic replacement for a paper process. Discussion included general disagreement of the

value of a PHR, and consensus was not reached with regard to the value of having providers populate a PHR.

- Some members offered opinion that PHRs would be useful for patient as information could be populated easily. Other advantages discussed included the availability of PHR information when a patient travels, PHR access can be provided to family members, and PHR information from multiple providers can be organized effectively.
- Conversely, some members disagreed on the intended value of PHRs regardless of the process for populating the PHR. Some members indicated that providers do not possess the capability to obtain information from a PHR in any situation, specifically in an emergency. The limitation of access constrains the value of having a PHR. Other discussed disadvantages of PHRs included the lack of computer knowledge for some consumers and the inability for providers to read/download information.
- General consensus indicated that PHR value would be increased if providers/ organizations could populate a PHR directly (instead of the patient)
- Comment: Consumers require more education on PHR and Portal services to gain a better understanding of potential uses.
- Question: What is the current state of the HIway with regard to the capability for organizations to exchange information?
 - Answer: Current HIway adoption is being aided by the Last Mile Program. Adoption will be a multi-year effort to connect providers and organizations throughout the state. In addition to providers connecting to providers, PHRs and Portals will help build the consumer driven market for the HIway.
- Comment: A request was made for an update on the consumer materials produced by the group in the past year (FAQ document). The desire to have a consumer facing document to present to the community was expressed.
 - Response: The FAQs document has not been published for the community yet. A larger campaign of consumer outreach has not been solidified yet, ergo the FAQs have not been distributed yet.
- Comment: The HIT council will be informed of the recommendation to initiate a consumer outreach program for the HIway.

In Summary, the discussion topics received mixed reactions from the group members. Group members agreed that more time is needed to understand and contemplate the service offering and the value it could bring so the topic will be discussed again in the next meeting.

Next Steps

- Key points and recommendations synthesized and provided back to Advisory Group for final comments
- Presentation materials and notes to be posted to EOHHS website
- Next HIT Council – April 8, 2013, One Ashburton Place, 21st Floor

- HIT Council meeting schedule, presentations, and minutes may be found at <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/masshiway/hit-council-meetings.html>