

Consumer Advisory Group Meeting

May 29, 2013 10-11:30a

Name	Organization
Kathleen Donaher	Regis College
Alec Ziss	CapeCare
Jessica Costantino	AARP Massachusetts
Eileen Elias	JBS International
Lisa Fenichel	eHealth Consumer Advocate
Winnie Tobin	Medically Induced Trauma Support Services
Support Staff	Massachusetts eHealth Collaborative
Micky Tripathi	Massachusetts eHealth Collaborative
Mark Belanger	Massachusetts eHealth Collaborative
Erich Schatzlein	Massachusetts eHealth Collaborative

Review of Materials and Discussion

Project Updates

- Mass HIway Phase 2 Timeline Update (Slide 2)
 - The group reviewed the Phase 2 timeline. See slide for full timeline updates. Major milestones include: CMS has approved the IAPD, and Public Health interfaces are either live or in testing.
 - Question: Do consumers know information is being captured and sent to the Children's Behavioral Health and Public Health nodes? Are consumers aware that this information is being captured and reported now (before the HIway)?
 - Answer: Reporting to these agencies are legal requirements in the state of Massachusetts for public health, and consent is not required. The HIway interfaces are unidirectional, therefore information is only sent to the agencies. In the future, bidirectional interfaces may be available and helpful for potentially importing immunizations from the state immunization registry.
- Current Status Update (Slide 3)
 - Organizations have been connected previously in a technical manner, but very few transactions were crossing the Mass HIway. Currently, transaction volume is growing substantially and should further increase with the start of the MeHI HIway Implementation Grant Program. Hundreds of thousands of transactions have crossed the HIway in the past month, including large volumes of transactions from Tufts, Network Health, MAeHC, and BIDMC.
 - In May alone the HIway has transacted: 500K+ discharge/ED summaries and HL7 labs from Tufts Medical Center to Network Health
 - 40K+ CCDs from BIDMC to MAeHC Quality Data Center

- 400+ HL7s from BIDMC to DPH Immunization Registry
 - Question: Are all the current HIway transactions unidirectional?
 - Answer: Yes, all HIway transactions are one-way at this point in time, to one known recipient.
 - Question: How is consent being handled at the various organizations for the current transactions?
 - Answer: Consent approaches vary and were discussed at the May HIT Council meeting. Consent approaches will be discussed later in this meeting.
- HIway Implementation Grant Updates (Slide 4)
 - The MeHI Last Mile program has awarded demonstration grants. Organizations have applied for the grants by proposing HIway use cases, and will be required to participate in the HIway to receive the grant funding.
 - Question: The map (see slide) does not indicate any organizations on Cape Cod are participating in the grant program. Has there been any interest from Cape Cod Healthcare?
 - Answer: MeHI had mentioned disappointment that no applications were received from the Cape Cod area.
 - Comment: The lack of participation is not exclusive to the south shore and Cape Cod areas, but also in western Massachusetts.
 - 31 total grants are planned to be awarded, with 27 grants in process and 5 are currently in review. In total, about 80 organizations will be participating in the grant program. A full announcement is planned for the June HIT Council meeting. At that time, a full list of recipients and abstracts of plans will be available.
 - Question: Can you clarify the meaning of the numbers presented on the slide?
 - Answer:
 - Planned awards – Individual grants with money being awarded.
 - Unique trading partners – Each grant requires a trading partner (or multiple partners) that are not internal to the applicant organization, which leads to a total of 81 organizations involved in the 31 grants.
 - Awards with a proposed in-kind \$ – Organizations that are putting up additional funding for the projects as in-kind contributions.
 - Grant funding – The total pool of funding for grant awards.

Patient Engagement Options

- Mass HIway Phasing (Slide 6)
 - The group reviewed the 2 phases of the HIE. Phase 1, which is essentially “secure email,” is currently live. An example would be a discharge summary sent via the HIway from a hospital to a patient’s PCP. Phase 2 is currently in the planning process, and will include enhanced services. An example would be a hospital querying the HIway to locate PCP records for a patient.
- Phase 1 and Phase 2 HIE Services (Slide 7)

- The slide material represents a high level depiction of the components of the HIway. The group reviewed the details of the slide including user types and services offered in the 2 phases of the HIway.
- Phase 1 Services: Provider-to-Provider Push (Slide 8)
 - The group discussed the example patient on the slide to follow the process of Phase 1 “push” services. The process involves obtaining consent, locating and confirming a provider address through the provider directory, and sending the patient information through the HIway.
 - The HIway logo could be removed from the slide, and the process would look nearly exactly the same with a fax machine or a telephone call process. The HIway does add the benefit of security and audit trails to the process.
 - Comment: The example does not include PCP record options.
 - Response: The example is not fully representative of all the potential transaction partner options. The flow could easily replace the hospital A option with the patient’s PCP.
 - Question: Could you strip away HIway logo, and replace with Partners, BIDMC, or another large organization?
 - Answer: Yes, in theory, the names could be inserted instead of the HIway. These examples are large organizations with many offices in a lot of locations. In principle, the large organizations would not need the HIway to send information internally.
 - Comment: This type of process already exists. One could even replace the wording with Epic or another EHR system. Many EHR systems already have the ability to send the same type of transactions within the EHR user networks.
 - Question: If a patient consents to participate in the HIway, how does the organization know where to send outbound information for the patient?
 - Answer: As part of registration and consent process, the sending organization captures PCP information. This may not be ideal, if the PCP is not where the patient would like the information sent.
 - Comment: The parts of the healthcare system that are dysfunctional now, will continue to be dysfunctional on the HIway. Consumers should be educated to understand that the HIway will not solve these issues.
 - Question: How will the HIway fit in with Blue Button technology?
 - Answer: Blue Button is simply an option for a patient to dictate when/where information is sent or downloaded. If Blue Button were integrated with the HIway, the download function could be inserted in-between two organizations so the patient actually sends the information.
 - Question: What is Blue Button technology?
 - Answer: Blue Button is a way for a patient to download his or her own medical information, if an organization participates. The information available is limited to what an organization can provide. For example, Medicare can only give a patient claims information, not treatment documentation information.

- Comment: Blue button also gives the patient the ability to contribute his or her own information.
 - Comment: The value of Blue Button is relative to what other information sharing services are available. If an organizations already offers a robust information sharing option for patients (such as patient portal), then Blue Button may not be very useful. Some organizations allow patients to use a patient portal to send information to PHRs.
 - Question: Blue Button gives an option to request a “direct number” for a provider. What is that?
 - Answer: The “direct number” is a Direct address. The Direct address is given by organizations that conform with Direct standards. Right now, there are no standards dictating who can provide a direct address.
 - There is a physician who participates in the HIway planning process that was denied a Direct address by EOHHS, because EOHHS could not find his license number in the state database. Although the user is a physician, he was denied access because he does not currently maintain an active license.
 - Question: If a PCP sends records to Hospital A, and Hospital A sends the patient’s record to Hospital B, would the transaction Hospital B receives include the records originally sent by the PCP?
 - Answer: The process is the same as it is used today on paper. Each organization has its own policy for integrating information from records sent in by other providers. The transaction to Hospital B *may* contain information derived from the PCP records.
- Phase 2 Services: Provider-to-Provider Query (Slide 9)
 - The group discussed the example patient on the slide to follow the process of Phase 2 “query” services. The process involves obtaining consent, sending demographic information to the Record Locator Service (RLS), locating records through the RLS, requesting records, and the sending organization confirms consent and supplies the requested information.
 - No clinical information is stored by the HIway. Only demographic information is made available for locating the patient. Record location will not convey what type of information is available (i.e. labs, tests).
 - Question: On the slide, which location is Hospital B requesting the record from?
 - Answer: It could be either location or both. Each request would be a separate request through the HIway.
 - Question: Are results delivered through the HIway in electronic format? Does the recipient have the ability to save the results in an electronic format that would be made available in the recipient’s EHR?
 - Answer: There are a few outcomes that are possible for these transactions:

- View only capability - The responding organization may only give view capability, but not actually send any data. This could be a decision based on the capabilities of the sending organization, or a limitation based on the organization's comfort level with sending information.
 - An organization could respond with a structured document such as a continuity of care document (CCD). An organization with the capability to consume a continuity of care document (CDD) could download the data into the receiving organization's EHR system.
 - A response could indicate that the organization cannot respond electronically, but simply let the requesting entity know that patient records exist at the location. The response could provide contact information for the requestor to contact in another way (by phone or fax).
 - Question: When does the query process of Phase 2 become public? When will the consumer be educated on the nuances of these processes?
 - Answer: The Phase 2 process is a high level discussion at this point in time. Changes will likely be made as the HIway moves through the planning process. Once plans are solidified, communication to consumers will be the next step.
 - Comment: What will be the form of consumer education content, and who will be presenting to the consumer groups? Since this Advisory Group is supposed to be the advocates for consumer, the group should have the chance to make recommendations on the content and delivery method.
 - Response: Phase 1 did not require a detailed consumer outreach approach. As we move into phase 2 planning, consideration will be given to include the Advisory Group in the communication and education approach.
 - Question: How is a patient positively identified in the Record Locator Service (RLS) process?
 - Answer: The state is using the Initiate product for patient matching. The HIway can configure the software for to match multiple identities for a patient through probabilistic matching. The HIway can configure the program exclude false-positives and not match multiple patient identities if the match is questionable.
- Send & Receive Services: Illustrative Patient Engagement Options (Slide 10)
 - New options are presented in the slide to include patients obtaining information through the HIway.
 - The slide represents the same workflow as the "Push" method in slide 8, but includes new options (indicated in yellow) for the patient to be involved:
 - The provider directory could now become a provider and patient directory for those patients who have been issued a Direct address.
 - Patients may be able to receive records sent to the patient's Direct address.

- The question will become who validates the patient’s identity when providing a Direct address. Also, what organization will take responsibility for making changes to Direct addresses for patients.
- Question: Some organizations can provide access to patients through EHRs. If the HLway can also provide access to patients, how will the large organizations determine the approach to provide patients with access to records?
 - Answer: Organizations will make the decision as to which process each would like to use to provide access to records. The organization may opt to use its own current process, or to use the HLway, or both. Meaningful Use Stage 2 will require organizations provide patients with the ability to “view, download, or transmit” information. Organizations will need to offer this function in some way, and the HLway will be an option for meeting this requirement.
- Query & Retrieve Services: Illustrative Patient Engagement Options (Slide 11)
 - New options are presented in the slide to include patients obtaining information through the HLway Phase 2 services. The slide represents the same workflow as the “Query” method in slide 9, but includes new options (indicated in yellow) for the patient to be involved:
 - Phase 2 potentially gives the patient the ability to see what information about him/her is available on the HLway.
 - Phase 2 could give the patient the ability to enter consent preferences directly, instead of a provider or organization capturing and maintaining consent.
 - Phase 2 services could potentially allow a patient to request his or her medical records information.
 - Patient identity validation (a patient actually is who he/she claims to be) is still a large issue to be discussed for Phase 2 patient integration.
 - The group discussed how patient consent preferences could be maintained if entered directly by the patient. The discussion included how consent information would be transmitted to organizations and if providers trust the consent information being received.
 - Question: If a patient finds an error in the information on the HLway, who would be responsible for corrections and how would it be reported?
 - Answer: The process and complexities will need to be discussed to determine the best approach.
- Patient Engagement Options Discussion (Slide 12)
 - The group briefly reviewed the questions presented on the slide. The group will continue to discuss these questions in more depth at future meetings.
 - Question: Is there any thought into looking at what other countries have been doing for patient authentication?
 - Answer: There may be opportunities. The government health systems in the United States are a bit more fragmented than some foreign countries where the government provides single patient identifiers.

Phase 1 Consent Clarification

- Consent for Phase 1 Services
 - Chapter 224 requires that patient has ability to “opt-in” and “opt-out” of HIE, however the law is unclear in many aspects. See slide for details.
- Implementing Phase 1 Consent
 - Many organizations are already “opting-in” patients through Consent to treat document, which includes an opt-in for information sharing. Treatment within that organization cannot happen unless the patient consents. Forms do not distinguish the mode of sharing information (i.e. only phone, but not fax).
 - Comment: Including the opt-in in the consent to share/treat is a coercive way to obtain consent. Patients are not educated enough on the HIE process, and the opt-in becomes meaningless when combining with permission to share information in other ways.
 - Response: A reminder that this is Phase 1 only, and Phase 2 will require different discussion. Is the Phase 1 “secure email” approach any different from current faxing policies now?
 - Question: Will the Phase 2 consent policy subsume Phase 1 consent policy?
 - Answer: No, organizations may choose to stay only with Phase 1 services. The consent for Phase 1 and Phase 2 must remain discrete.
 - Question: Does the HIT council have a plan in place for tracking and fixing issues once the HIway is live?
 - Answer: Yes, the process is happening right now with individual organizations. In the future, the spectrum should be larger.

Next steps

- Key points and comments synthesized and provided back to Advisory Group for final comments
- Presentation materials and notes to be posted to EOHHS website
- Next Consumer Advisory Group Meeting – June 26, 2013, 10-11:30am
 - MMS Middlesex Central Conference Room
 - Conference line: (866) 792-5314, Code: 7814347906#
- Next HIT Council – June 3, 2013, 3:30-5:00 One Ashburton Place, 21st Floor