Provider Adoption and Engagement Advisory Group Meeting
March 26, 2013 7:00-8:30a

Name	Organization
Drexel DeFord	Steward Health Care
Steve Fox	BCBSMA
Daniel O'Neil	Steward Health Care
Paul Oppenheimer	Sisters of Providence Health System
David Smith	MA Hospital Association
Dirk Stanley	Cooley Dickinson Hospital
Scott Wolf	Mercy Hospital
Support Staff	Massachusetts eHealth Collaborative
Micky Tripathi	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

- Many organizations are thinking about HIE in concentric circles with a prioritization of enterprise information exchange followed by exchange with regional partners and then finally statewide HIE. Priorities are for features and functions to support accountable care and to connect ambulatory practices to hospitals. Therefore, MassHIway needs to be considered within the context of other enterprise and regional level HIE initiatives.
- Regarding marketing approach, MassHIway team needs to take an organization through the questions of “how does LAND work,” “who else is connected,” and “what is it we can do with the connection.”
- Concern that increased exchange of information among providers will increase need for standardization of clinical documentation.
- The HIway should be seen as complementing local HIE efforts versus being seen as competition. This should be considered for all marketing, outreach, and education initiatives underway for the MassHIway.
- Meaningful Use and payment reform through Accountable Care model are real drivers of HIE in the market. ACOs are getting people to focus on the business and clinical outcomes (which is good) but they are also creating strong incentives to keep patients within networks. This in turn is narrowing networks. There is a strong use case for the HIway to complement other HIE activity by enabling an ACO to send a patient to an outside sub-specialty and to still provide great care.
- Regarding query, view capability (visual integration) is where most organizations are going to start and they will gradually transition to more integrated exchange based upon need and financial means.

- Regarding marketing – There is a need for a lot of education up front aimed at both sides of the transaction (sender and receiver) – focus on good campaigning, marketing, and education. There is the hope that the implementation grants can create crisp stories of value delivery that may then be used for further marketing.
- The LAND box needs to be simple and easy to install. This needs to be as simple as having the "cable guy" show up and install the box. Reliability is most critical factor here even before usability.

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
- HIway Implementation Grant Update (Slide 3)
    - 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.
    - Question: Has MeHI received any applications for the grants?
        - Answer: Not sure if any formal applications have been received for the grants at this time.
    - The grant opportunity is designed to help the participating organization offset the cost of developing functionality to interface with the HIway.
    - We are finding that the LAND device is still having some configurations issues ("Teething Pains"). With the help of the HIway team, Orion is very close to releasing an updated, full production, version within the next couple weeks.
    - Question: Is there also a grant program for EHR vendors?
        - Answer: Yes, there is a similar grant program for EHR vendors for assistance in the development of HIway compatible interfaces, and to make these interfaces available to clients in Massachusetts. Only two vendors took advantage of the initial EHR grant program (Netsmart and GE). A number of other vendors have specifically told MeHI that they will not be responding to the grant opportunity. This is not due to lack of desire to participate in the HIway, but rather due to timelines and criteria associated with grant funding. The grant funding is not significant enough to drive timelines for EHR vendor business development.
    - Implementation Readiness Assessment:

        - As part of the Last Mile Program, MeHI will focus on organizations that have lower level of readiness and that need more "selling" to participate in the HIway. There are organizations that have a full set of needs, including concerns, questions, and constraints so will require more business assistance to get connected.
        - EOHHS will focus on organizations in a high state of readiness. These are organizations ready to participate with little assistance or intervention to connect to the HIway.

Key Questions for Advisory Group Discussions

- Growth of Local/Regional HIE Activity (Slide 6)
    - Background - There seems to be increasing HIE development activity in the Massachusetts market. Many hospitals are sponsoring development of local/regional ("private") HIEs with the goal of enabling rich interoperability functions and which often include data repositories.
    - Questions for Advisory Group consideration
        - How widespread is this phenomenon? How durable is this expected to be?
        - Will this trend affect demand for HIway services, or are these really complementary activities?
        - How should the HIway adjust its marketing and outreach approach to adapt to this trend (if at all)?
    - Discussion -
        - <u>Comment</u>: Steward is developing an internal HIE right now. This is the largest goal for the organization at the moment, and they are looking at the HIway at some point in the next year to connect to the "rest of the world" (public health, etc) outside of the organization. As for adjusting marketing and outreach, there will be a point in time when Steward will sit-down with the HIway technical team to assess how the technology works, who is connected already, and map HIway features and functions as they pertain to Steward objectives .
            - <u>Question</u>: Does the internal HIE look to offer a richer set of functions that the HIway, or does it better match the organization timeline?
                - <u>Answer</u>: Both.
    - <u>Comment</u>: A lot of the organizations have similar concerns. They want to make sure any internal exchange of information is set-up as a first step before connecting to a broader network. Like concentric circles, most organizations will start off within a smaller circle, and then address increasing circles of connectivity and function for sharing information. A suggestion was made to direct marketing of the HIway to patients, which would prompt patients to ask their providers about the HIway. Providers find it difficult to say "No" to patients, and this could spur organizations to become connected. However, making sure the kinks (reference to LAND device issues) are worked out before marketing would be important.

        - Comment: – A reference was made regarding the pharmaceutical commercials that mention, "Ask your doctor about…" Given the environment and pressures of sequestration and budget cuts, placing the patient pressure on organizations may not be the right way to market the HIway. It would be better to build the value of joining the HIway so that providers and organizations have a compelling reason to join. .
    - Comment: Many organizations are really hoping a national standard would be set, and are holding out on taking any HIE action until that happens.
    - Comment: Most goals of HIEs are more local (community HIEs), rather than statewide, at the moment. The HIway should be seen as complementing the local HIE versus being seen as competition.
- Degrees of Interoperability (Slide 7)
    - Background - There is a spectrum of data integration possibilities that HIE can facilitate:
        - Visual integration -- single-sign-on view into other entities' EHRs; no exchange of data or documents
        - Document integration – export and import clinical documents; attach to patient record and viewable; no ability to incorporate structured data into EHR
        - Data integration – export and import structured data; incorporate in EHR and usable for EHR analytic and decision support functions (essentially not happening in market today except between like EHR systems, e.g., Epic-to-Epic, eCW-to-eCW)
    - Questions -
        - How valuable is visual integration? Will this meet a lot of clinicians' HIE needs?
        - How important is data integration? What is it most important for?
    - Discussion -
        - Comment: Waiting for complete integration would be a challenge. Most organizations have affiliated physicians who need to access local HIE information through links within different EHRs. Connecting all the providers on different EHRs is the goal for having a complete view of all a patient's medical records within an organization. View capability is where most organizations are going to start, and gradually transition to greater functionality based on need and financial consideration of value.
        - Comment: "Very tiny bit concerned" about connecting larger circles, that organizations in Massachusetts will have to confront standardization of how data is captured and stored in a structured way. An example of a discharge summary was noted, and how this differs between organizations. Different organizations are using different methods that do not match-up. As the concentric circle gets larger, the investment to integrate and standardize will become much larger.
        - Another example was noted about Boston Medical Center; a clinical team was formed to standardize clinical documentation standards but it took their HIE to actually drive these standards. The clinicians, when using the HIE, saw value in

standardizing how clinical information was captured. It may be that the systems may need to be available and folks using them in order to drive standards.

- Drivers of HIE (Slide 8)
    - Background - There are a number of factors driving the market toward greater interoperability. These drivers include: meaningful use, accountable care, rising standards of care, patient/consumer expectations, etc
    - Questions -
        - Which of these factors is most affecting individual clinician appetite for HIE functionality?
        - How should the HIway adjust its marketing and outreach approach to adapt to this trend (if at all)?
    - Discussion -
        - Comment: The big driver here is improving patient care. When a patient needs specialty care, it is important to have that patient's medical information available when a patient goes to the specialist appointment.
        - Comment: We may not want to tackle order entry yet.
        - Comment: Stage 2 Meaningful Use (MU) should be available with the HIway, as there are payment penalties are at risk.
            - Comment: A provider does not *need* an HIE to accomplish the MU requirements. However, that doesn't mean the HIway can't be helpful. It is not clear how many organizations will be relaying on the HIway to achieve MU, and how many will be using EHR functionality only.
            - After meeting comment: Suggest appending the description of what Stage 2 requires of hospitals so there is no misunderstanding or differing interpretations of the of the requirements – there is some room for interpretation in determining distinction between "electronic transmission using certified EHR technology" and "via exchange." See the Appendix of Meaningful Use requirements.
        - Comment: The goal in ACOs is to care for patients as much as possible within an organization's network. Until organizations can provide all care within a network, the patients will be sent outside the organization in many instances. It becomes very important to be able to provide patient information to the outside organizations to ensure great patient care. The ACO will benefit when the patient comes back to receive more care within that ACO network.
        - Question: Has the VA hospital been engaged in the HIway conversations?
            - Answer: Not yet. The local VAs are incredibility interested because they can easily see the need. However, the national VA ultimately drives a local VA's ability to connect to the HIway. The complexity level is a bit higher.
- A final discussion took place regarding the three questions posed to the advisory group:

- Comment: Ideas for best approach HIway integration among the community. One option discussed was to send out as many LAND devices as possible and organizations/users will begin to participate. An example of cell phone marketing distribution was given – getting the devices out in the market where acceptance and use will follow. Conversely, another option discussed included targeting organizations/users that would to add value and use the HIway regularly.
- Comment: The analogy on cell phones is good and notes some hesitation where the HIway payment for service and LAND box is required before the service is rich. There is a need for continuing to educate and cite HIway value added examples. There might be something of value on the HIway but you have to educate the users to pick up the phone.
- Comment: There may be opportunity in allowing participants to connect to the HIway for free for a period of time. A reference was made to the cable companies, who give free service for a period of time before requiring payment. This would allow organizations to feel and see the value of the HIway, and payment for services after would be easier to qualify
- Comment: The HIway should establish marketing throughout the state, to ensure all organizations are ready to receive messages.
- Comment: The HIway needs good success stories to promote use.
  - Response: This is a hope for the implementation grants. The grants are specifically asking trading partners to identify use cases, and how they would be meaningful to travel through the HIway (vs. current state).
- Comment: Organizations need the LAND box to be very easy to install. An example of 'having the cable guy install the cable box and to have it up and running without any heavy lift' is especially important to the smaller organizations. Small organizations don't have high-level IT support to assist with such installations, let alone resolving issues. A device that is problematic would put many organizations off.

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 Provider Advisory Group Meeting – April 16, 2013, 7-8:30am
- 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

Appendix: Select stage 2 Meaningful Use objectives and measures per the discussion of HIE drivers

STAGE 2 OBJECTIVES	MEASURES
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers its patient to another provider of care provides a summary care record for each transition of care or referral **Note:** All summary of care documents used to meet this objective must include a value (which can be "none") for the fields of current problem list; current medication list; and current medication allergy list. The following fields must also be included, but may be blank if no information is known: patient name; procedures; encounter diagnosis; immunizations; laboratory test results; vital signs (height, weight, blood pressure, BMI); smoking status; functional status (including activities of daily living, cognitive and disability status); demographic information (preferred language, sex, race, ethnicity; date of birth); care plan field(s), including goals and instructions; care team (including the primary care provider of record and any additional known care team members beyond the referring or transitioning provider and the receiving provider); and discharge instructions. CMS defined transition in the proposed rule as "the movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another," excluding a transition to home when there is no expectation of follow-up care by another provider. A transition within one setting of care does not qualify as a transition of care. Referral is defined as care "where one provider refers a patient to another, but the referring provider maintains its care of the patient as well." If the next provider of care has access to the same medical record as the provider in the first setting, the patient transition should not be included in the measure calculation, as there is no need for a summary of care.	1. The eligible hospital, or CAH that transitions or refers its patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals 2. The eligible hospital or CAH that transitions or refers its patient to another setting of care or provider of care provides a summary of care record for more than 10% of such transitions and referrals either – (a) electronically transmitted using certified EHR technology to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a Nationwide Health Information Network (NwHIN) Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN 3. An eligible hospital or CAH must satisfy one of the two following criteria: (A) Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for eligible hospitals and CAHs the measure at §495.6(l)(11)(ii)(B)) with a recipient who has EHR technology that was developed or designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2) (B) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period
Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice	Successful ongoing submission of electronic immunization data from certified EHR technology to an immunization registry or immunization information system for the entire EHR reporting period
Capability to submit electronic reportable laboratory results to public health agencies, except where prohibited, and in accordance with applicable law and practice	Successful ongoing submission of electronic reportable laboratory results from certified EHR technology to public health agencies for the entire EHR reporting period

STAGE 2 OBJECTIVES	MEASURES
Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice	Successful ongoing submission of electronic syndromic surveillance data from certified EHR technology to a public health agency for the entire EHR reporting period
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in certified EHR technology in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process