

Provider Advisory Group Meeting

June 25, 2013 7-8:30a

Name	Organization
Michael Lee	Atrius Health
Eugenia Marcus	Pediatric Health Care at Newton-Wellesley
Paul Oppenheimer	Sisters of Providence Health System
David Smith	MA Hospital Association
Support Staff	Massachusetts eHealth Collaborative
Micky Tripathi	Massachusetts eHealth Collaborative
Mark Belanger	Massachusetts eHealth Collaborative
Erich Schatzlein	Massachusetts eHealth Collaborative
Jennifer Monahan	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. Testing for the Syndromic Surveillance Node and the Children's Behavioral Health (CBHI) Node has been completed and is expected to go into production later this summer. HIway Phase 2 services are still planned for rollout between October 2013 and March 2014.
 - To date, over 1 million Phase 1 transactions have been transmitted through the Mass HIway.

Phase 2 Technical Design Under Consideration

- Key Issues Review (Slide 4) – The group reviewed the discussion material to be presented. EOHHS and Orion have begun scoping for the technical design of Phase 2 services, and the Advisory Group was asked to provide feedback on the discussion items to follow.
- Mass HIway Phasing (Slide 5)
 - The Mass HIway is entering Phase 2 planning and services, Search and Retrieve
- Phase 1 and Phase 2 HIE Services (Slide 6)
 - Phase 2 service stack includes Master Patient Index (MPI), consent service, Record Locator Service (RLS), and record retrieval services.
 - Patients are also included in the Phase 2 user types. Over time, patients will be able to utilize some of the Mass HIway services.
- Phase 2 Transaction Set (Slide 7)
 - The group reviewed the list of potential transaction options made possible with the addition of the Phase 2 design (see slide for list of transactions). The transaction list

represents high-level conceptual ideas that may be possible and that are currently under consideration of the design team. Phase 2 transactions include:

- User-to-User Push
 - Medical Records Locator (for Providers)
 - Medical Records Retrieval (for Providers)
 - Medical Records Locator Access Audit (for Providers and Patients)
 - Medical Records Locator Review (for Patients)
 - Medical Records Locator Update Notification (for Patients)
 - Medical Records Locator Update Notification (for Providers)
- Today: User-to-User Push (Slide 8)
 - The group reviewed the workflow for the current Phase 1 services.
 - Framework for Query for a Patient Record - Emerging Federal Certification Approach (Slide 9)
 - The group reviewed the query and retrieve recommendations emerging from the Information Exchange Workgroup of the Federal HIT Policy Committee. The goal is to stay aligned with emerging Federal standards and the resulting stage 3 meaningful use and EHR certification requirements that may be coming from the federal HIT Standards Committee.
 - There are many variations in current policies for information sharing. Policies differ at practices, hospitals, as well at the state level in many states. Certification occurs at the federal level, and there is no federal authority to override state and local policies. Standards are needed to help reconcile and conform policies.
 - Ultimately, organizations should be able to query and respond to other organizations without a health information exchange (HIE) in the middle. The HIE services will serve as an enhancement in many cases, but should not be a requirement.
 - The group reviewed the “Send” and “Receive” requirements modeled for data requestors and data holders (see slide for requirements).
 - Note that “check for requested information” is an optional item right now because most EHRs will not have the capability to search content for specific information.
 - Minimum standards are not intended to replace greater technology requirements, and provide a lot of room to grow.
 - The responsibility to fulfill or deny a request is left up to the data holder. The data holder can choose to trust known trading partners and accept an attestation of consent, can require data requestors to send a copy of consent documentation, or can refuse practices that are not as well known to the organization.
 - For example, this is how it works today between Beth Israel Deaconess (BID) and the Security Administration (SSA). BID currently automates a query – response workflow with the SSA where BID, when queried by SSA, sends a copy of a signed patient consent along with a patient record.
 - The Privacy and Security Tiger Team has recommended that it be left up to the data holding entity to decide how to respond to a record request. The sending organization could send a structured CCD, PDF, or other form of data. There are no standards for the type of information to be sent. Each organization is expected to, at a minimum, send an “acknowledgement of non-fulfillment.”
 - MA Hlway Phase 2 Consent Approach (Slide 10)

- The group reviewed the Phase 2 consent approach and breakdown by “Consent to Publish” and “Consent to Search or Retrieve.”
- The group discussed the RLS example provided on the slide and the details that would be contained in the RLS view.
- The RLS is to be populated by automated Health Level Seven (HL7) admission, discharge, transfer (ADT) messages sent from organizations. An ADT message does not normally contain clinical information, but does contain demographic information about the patient and the visit. The HIway will only store demographic info about the patient, institution name, date, and consent flag. Any other information contained in the ADT message will be immediately deleted and will not be stored by the HIway. For Consent to Publish, the ADT message will contain a consent flag captured by the data holding entity. If a patient does not consent to having information published, the HIway will reject the ADT message.
- The group reviewed the patient details that would be provided in the RLS, including the ‘last visit date’ and ‘number of encounters’ listed for an institution. Although the RLS could display a list of all encounters, the last visit date and number of encounters were considered the most helpful information without displaying a long list of items for providers to browse through. The group was asked for comments on the relevance of the details:
 - Comment: When obtaining a record from HIway, a provider would want Continuity of Care Record (CCR) information (meds, allergies, diagnoses, vitals), and wouldn’t need the full details of what happened at each visit. The most useful information would be the high-level summary of care for the patient. Patients often do not remember the name of a medication or other clinical information, and it would be helpful to be able to obtain the information from the HIway.
 - Response: The RLS will not hold any of this clinical information. It is simply a list of the organizations with whom a patient has a relationship. Additional query and retrieve steps are needed to access the clinical information.
 - Comment: Patients should be able to inform a provider of any relationships they have with a healthcare organization. A provider would likely not need to view RLS information if the patient can tell them.
 - Response: In some cases, a patient may not be able to provide the relationship information. A provider may also want the ability to quickly scan the relationships besides what the patient can tell them. If patient can inform a provider of where data is held about him/her, the provider should be able to query the data holder directly without using the RLS..
 - Question: How will the RLS display the name of an institution that is affiliated with a larger organization? Patients are often unaware of the affiliations between healthcare organizations.
 - Answer: The ADT message will carry an institution name and that may or may not align with the name of parent organization.
- Publish Relationship to RLS (Slide 11)
 - The Consent to Publish design is based on binary flag. If the patient provides consent, the ADT flag would say “yes” and the HIway would accept the consent and store the ADT information for publishing for others to view.

- Chapter 224 indicates that a patient should be able to opt-in and opt-out of the HIE at any time. The goal would be for the practice to capture a “yes” or “no” consent, and the Hlway would toggle the consent flag on or off based on the most recent ADT provided. Information on the patient would only be available from the point in time that a “yes” consent is received. If the consent is toggled “off,” and back “on” again, the information and visit count would start over from that point in time.
 - Question: Will historical encounter information be available on the RLS?
 - Answer: If the patient switches the consent to “no,” the encounter information goes away. If the patient changes their mind, the information will be available from the time of the new “yes” consent forward only. The RLS is only showing if a relationship is available. This would only be a visit count and date of last visit since consent was given. This is stored by entity, so it only resets the count for each individual practice capturing consent.
- The Consent to Publish Provider Relationships is similar to what is used in ePrescribing today. Surescripts requires consent from a patient for the provider to use the service, which is sent in the e-Prescribing message. Most practices do not have a separate consent form for a patient to sign providing permission to use Surescripts. Most providers use the implication that if a patient wants a medication, then consent is given. This type of approach may be able to be used for RLS searches.
 - Comment: Practices may not understand that Surescripts is requiring patient consent. If consent were required for every e-prescription, many would go back to paper prescriptions because it would be so unbelievably cumbersome. In the beginning of ePrescribing, patients would still be waiting for paper. If the pharmacy didn’t have the ePrescription sent from a practice, patients would lose confidence and request paper prescriptions in addition to the ePrescription being sent. The trust from the patient is still not solid yet. There needs to be trust in the network and it needs to be seamless to the patient.
- View RLS Information (Slide 12)
 - The group reviewed the process for a provider to view RLS information (see slide for details). An audit trail captures the RLS views.
- Provider record retrieval options (Slide 13)
 - The group reviewed the process for requesting a record from a data holder and for that data holder to respond.
 - As discussed earlier, the Federal standards do not assume that an HIE is required for this process. A patient could decide not to have information published in the RLS, but still ask his/her provider to request records from another organization. Responding organization may still decide how to respond based on trust with the requesting entity.
- Provider Subscription to Changes in Patient RLS (Slide 14)
 - Provider subscriptions models are emerging now. Providers could subscribe to certain patients’ RLS information, and receive notification as information changes. The providers could then go view the changed information. Configuration of what type of information change would prompt subscription notifications would be needed to ensure the notifications are relevant and useful.
 - Consent for subscription would need to be captured separately somewhere in the Hlway. Some remaining questions are: How would the Hlway determine the subscription consent? How would a provider and the Hlway maintain current

subscription consent information, especially if patient leaves a practice? How would a patient or provider cancel a subscription?

- Patient Options (Slide 15)
 - The largest question currently, is how to provide patient access to the HIway. There are ways to validate organizations and providers right now through Board of Registration in Medicine (BORIM) , but no current validation process for patients. If the patient has a Personal Health Record (PHR) account, how can a provider validate the PHR account for patient identity before sending information? One potential option would be for the HIway to provide a Direct address for patients in the same way it is done for providers.
 - Adding patient accessibility to the HIway could give patients the ability to view RLS information and receive records from providers. Patients may also benefit from the possibility of subscribing to notifications for changes in the RLS for their information.
 - Comment: Some providers receive patient complaints as to why providers have access to information stored at other institutions that are part of a larger organizational system. However, usually no complaints are received from patients when a provider is able to obtain information by request from an outside data holding organization. Frustration only comes if consent was not given to the outside data holding organization, but the patient decides he or she wants the information to be shared when at another provider office.
 - Question – How would it work if a patient was at the location of the data requestor and had not previously given consent to the data holder? Epic provides this capability with an electronic check-box that indicates the practice has obtained the data holding organization’s hard-copy consent. However, without audit, practices could send requests without actually having obtained consent.
 - Answer: The data requestor could provide an attestation of consent and/or a signed consent form with the request to the data holder.
 - Comment: Patients would likely not want to provide permanent or blanket access for institutions to access information, but rather prefer to grant access as needed. Sometimes patients do not want to have their provider know certain information, for example, going to see another provider for second opinion.
 - Response: The HIway consent practices will not provide blanket permission. Using the example, if a patient has an office visit for a second opinion, the patient could tell that office not to publish the visit information to the HIway RLS.
 - Comment: Patients will require a great deal of education on the options for providing consent.

The HIway design team will be working on these discussion items over the next few weeks. The group was asked to provide feedback on the value of some of the discussion items:

- Would the RLS services and details on number of visits and date of visits (slide 10) would be valuable to providers?
 - The group agreed that the RLS services and details would be valuable for providers.
 - Question: Would it be possible to separate the RLS appointment information by type of visits?
 - Answer: The idea was to group by organization relationship, instead of giving full list of information. The RLS has the full list, but does not want to provide too much information if not useful to providers.

- Would providers find value in patient RLS subscription notifications?
 - Comment: Yes, useful for a PCP, but may not be as useful for a specialist or hospital.
 - Comment: As a PCP, it would give feedback if a patient followed through on a recommendation. For example, if the patient actually went to a specialist that the patient was referred to. This would be very helpful when providing follow up care as part of Patient Centered Medical Home. Currently we need to dedicate staff to chasing this information down. Providers are receiving consult notes on paper and waiting for the specialist to send information before the referring provider knows if the patient saw the specialist. However, it may be an invasion of patient privacy to have each step of medical care monitored by a provider or practice.
 - Response: Subscription notifications would only be generated for information from the RLS that was consented by the patient.
- Clinical information is not stored in the Hlway; therefore the RLS would only tell a provider that an encounter occurred but not what kind of encounter. Another option would be to use the ADT message type to notify a provider more specifically, such as notification of a hospital admission. Would this be valuable for providers?
 - Comment: Various types of visits require different responses and workflow for providers, so knowing the type of visit would help a provider determine if a notification is relevant. Providers probably wouldn't want subscription notification of office visits. Also, if the provider gets a notification of an office visit, but the consult note isn't complete, it would be non-motivating for the provider to try to retrieve the information and find that it is not yet there. An ER visit notification would prompt a provider to look for information, which is more likely to be available quickly.
- Consent controls are in place for the patient, but educating the patients on the consent options could be very difficult.
 - Response: The group agreed

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 – July 16, 7-8:30 am. Conference call – number to be updated in invitation
- HIT Council – July 1, 2013, 3:30-5:00 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/masshway/hit-council-meetings.html>