

Provider Advisory Group Meeting

October 15, 2013, 7-8:30am

Name	Organization
Nicolaos Athienites	Renal Medical Care
Darby Buroker	Steward Health
Julie Berry	Steward Health
David Smith	MA Hospital Association
Michael Lee	Atrius Health
Paul Oppenheimer	Sisters of Providence Health System
Support Staff	Massachusetts eHealth Collaborative
Mark Belanger	Massachusetts eHealth Collaborative
Jennifer Monahan	Massachusetts eHealth Collaborative

Review of Materials and Discussion

Project Updates

- Mass HIway Phase 1- Transaction and Deployment Update (as of September 2013) (Slide 2)
 - Eight organizations moved into production (exchanging patient data) in September, making the total number 24. One organization went live (connected but not exchanging data) totaling 11.
 - An update on the number of transactions was provided. In September there were 110,547 transactions, overall totaling over 1,557,181 transactions, 55 organizations have signed agreements and are in various stages of connectivity.
- Phase 2 Overall Timeline (Slide 3)
 - Most of the Public Health Nodes are now live or in testing. The preliminary approach to the Phase 2 Design is complete, but the Design team is still open to feedback and the go-live for Phase 2 is slated for November 2013- March 2014.
 - A kick-off event similar to the Golden Spike event is in the works for the November timeframe.

Mass HIway Phase 2- Discussion of Draft Policy Positions

- Phase 2- Patient Matching and Relationship Listing Service (Slide 5)
 - The Phase 2 services are fairly narrow at first but hold a tremendous amount of value. There is a closed community around the patient; only providers involved in the patients care can view the RLS.

- There is a technical control in place; you can only view patients which have a relationship with your organization- closed community. If there is no ADT message sent, the patient is invisible to the user on the RLS.
- Refresher- Phase 2 Relationship: Overview of RLS and Hlway Query-Retrieve (Slide 6)
 - A brief refresher of the RLS and query-retrieve workflow was presented.
- Policy Position for Reaction: Consent (Slide 7)
 - The current policy decisions around consent were reviewed. Two consents are required- one for the permission to publish and view the patients demographic information and one to request the patient's medical record using the Hlway .
 - The two items can be bundled into the same consent form, or separately.
 - The Hlway must be explicitly named on the consent form(s).
 - Question: In the outpatient setting, consent is almost never gathered. If someone consents at the hospital facilities would the consent expand to the affiliated ambulatory practices? Or will you need one at each site?
 - Answer: Consent will need to be gathered by each legal entity.
 - Comment: At Atruis, which is using a single system, they will be linked no matter what.
 - Comment: Traveling providers often have access to different systems at different organizations depending on the EMR. They have direct access without consent to see anyone on the network. The issue around collecting external network physicians will need to be thought through.

Question posed to the group: Do these policies seem reasonable to operationalize?

- Response: The approach is straightforward but there are a few concerns to be addressed:
 - It is hard to imagine that patients will understand this. Most of the time they quickly sign registration documents to be seen by the provider; not necessarily reading the materials.
 - Developing the proper language for consent forms at smaller offices; it might be best to have EOHHS develop language everyone can use.
 - If someone has a question about the process behind use of the Hlway, who will answer those questions? Front desk staff will need education.
 - Sensitive information cannot be segmented at this point, the provider note will not be seen, but the summary of care/continuity of care record will include everything. Per Title 42 it may make more sense to leave those organizations out of the RLS or only use the HIE to collect data, not persist.
- Policy Position for Reaction: Patient Data Collected and Stored. (Slide 8)

- The state does not want clinical data persisted; they have taken a position to keep this as narrow as possible using only 7 demographic fields (listed on slide). The HIway will also collect information on the organization sending the information, date the message was received and the consent attestation (Yes/No or change from Yes to No for audit purposes).
- Including the medical record number (MRN) in the query is being considered. For example, if Steward is requesting information from Atrius they can include the MRN; this patient is known to you by #2458.
 - Including a unique identifier will help differentiate patients who may have the same demographic information.

Question posed to the group: Do these policies seem reasonable to operationalize?

- Response: It does reduce the ability for fishing, however there are other issues to address:
 - Emergency Room physicians will not be able to see the patient's record because they do not have an established relationship. A "break the glass" feature needs to be thought through.
 - There is a similar situation with referrals to specialists. Today if a patient needs an urgent consult the information is often (manually) sent as soon as possible. A method for pushing the data to new providers needs to be considered; there will be a number of scenarios where this will be an issue.
 - In terms of referral tracking, what if a CCD is pushed to a specialist and the patient does not show up? The patient information has been sent to a provider that has never had a relationship. Similarly, if the CCD is sent a month or two before the appointment, the information may be outdated.
- Comment: Some organizations do store the MRN's once a match has been established. A lot of work has been done already to speed up the matching sending that file to the State might be helpful. Even if the patients are not in the RLS until they have consented, at least the provider will know who they are.
 - Response: A potential policy around this could be that if there is a kick-out/no match the state will access the list. A group of analysts from the State will be handling any kick-outs.
- Policy Position for Reaction: Permitted Uses and Users (Slide 9)
 - Permitted users include: MA licensed providers and provider organizations, MA licensed health plans, authorized Commonwealth agencies and Business Associations.

- As soon as the technology is ready the thought is to allow patients to view their own RLS and see what the provider sees. Orion is working to develop a patient portal.
- Question: What is the definition of Business Associate of a covered entity?
 - Answer: If a covered entity engages a business associate the covered entity must have a written business associate contract or other arrangement with the business associate that establishes specifically what the business associate has been engaged to do and requires the business associate to comply with HIPAA requirements to protect the privacy and security of protected health information (PHI). In addition to these contractual obligations, business associates are directly liable for compliance with certain provisions of the HIPAA Rules.
- Policy Position for Reaction: Data Access (Slide 10)
 - Initially, patient data on the RLS will only be accessible to healthcare provider organizations that have an established relationship. Allowing payers to access the RLS is being discussed, there are several issues to sort including self-pay.

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 – Tuesday, November 19th from 7-8:30 A.M. Conference call – (866) 951-1151 Room Number: 8234356.
- HIT Council – Tuesday November 12, 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/masshiway/hit-council-meetings.html>