

Provider Advisory Group Meeting

November 19, 2013, 7-8:30am

Name	Organization
Phone	
Michael Lee	Atrius Health
Eugenia Marcus	Pediatric Health Care at Newton-Wellesley
Daniel O'Neil	Steward Health Care
David Smith	MA Hospital Association
Darby Buroker	Steward Healthcare
Gregory Harris	
Amy Caron	EOHHS
Support Staff	
Mark Belanger	Massachusetts eHealth Collaborative
Erich Schatzlein	Massachusetts eHealth Collaborative

Review of Materials and Discussion

Introduction of Amy Caron, EOHHS Communications manager. Amy will assemble HIway education and communication content for providers, healthcare organizations, and consumers that explains the Mass HIway. The purpose of the today's discussion is to obtain feedback on the collateral material and obtain suggestions on what else can be done to educate providers.

Phase 1 – Transaction and deployment update (Slide 2): Two new organizations joined the HIway in October – see slide. A total of 47 organizations are now connected.

Phase 1 – Transaction and deployment update cont. (Slide 3): Eight new Participation Agreements obtained in October are listed on the slide. Fairly steady onboarding process continues.

Phase 1 – Transaction and deployment update cont. (Slide 4): Update from HIway Operations lists the number of transactions. Activity continues to be steady.

- EHR version numbers, HISP creation, and other vendor barriers are all affecting the onboarding pipeline for getting new organizations connected.

Phase 2 overall timeline (Slide 5): There are no significant changes at this time. The hope was for Phase 2 to be live by late Oct to match Phase 1 release from a year ago, but the actual go-live may be a bit later.

- Question: There is concern within the committee at the Massachusetts Medical Society (MMS) about the HIway connection process and activity. When are the HIway Last Mile activities going to start? Only the large organizations are connecting now. What are the costs per provider per

month? We heard that the costs of the interfaces are pretty high and some vendors are going to be charging per transaction or based on the volume of data being sent via the HIway. It is crucial for MMS to understand the costs as there has been little vendor transparency. There is concern about the control over the address book and that you can only send to people who are in the network. Will there be any restriction as to where your Direct address can go?

- Answer: The Last Mile program is currently in progress and the team is working on outreach to organizations to build more connections. The cost structure is documented and can be found on the Executive Office of Health and Human Services (EOHHS) and Massachusetts eHealth Institute (MeHI) websites. A very small minority of vendors have indicated they may charge additional fees, but transparency is limited at this time. Control of the address book is restricted to include only the participants of the HIway, and the HIway is a closed community. Any entry in the address book must have a participation agreement with the Mass HIway. There is no indication that any specific group in the state would not participate. Because it's a closed network, there may be people who are not available to send to yet.
- Comment: If you ask small practices about the HIway, they don't know what it is. The education and outreach side has not been enough.
- Question: In terms of network control, if you are in a specific organization or network, can you communicate with another network?
 - Member Response: If both organizations are connected to the HIway, they can communicate with each other. The concern is more for organizations that do not participate in the HIway, but have a Direct address from another exchange. The point seems to be that a participation agreement with the HIway is needed in order to be part of the HIway exchange of any information.
 - Answer: The HIway will serve to bridge organizations throughout the state and build communication. Participation agreements are a constraining factor because organizations must observe the rules of the HIway and the state law.
- Question: Who is responsible for the training and education of the practices, especially in the Last Mile?
 - Answer: EOHHS is responsible for HIway on-boarding. MeHI operates the Last Mile program which provides additional resources to providers that need them.
- Question: Is there a difference in the on-boarding process for large organization versus small organizations?
 - Answer: The larger organizations are often handled directly by EOHHS, and have more resources for the training and development component of joining. The smaller groups need more education and training and are generally provided hands on assistance through the Last Mile program. However, there is no targeted prioritization effort directed toward the larger or smaller organizations, just an effort to get all organizations connected.
 - Comment: For efficiency, it makes sense to get the larger organizations on board first. If an organization is smaller, they want the large players to be available already. Most

of the large institutions already have the ability to exchange information without the HIway. It would make sense to have the information already being shared by the large organizations transitioned to the HIway. There would be value in an effort to make the HIway affordable and in working order before the smaller practices get on-board.

- Comment: There is a lot of angst about the affordability issue. There has been talk about \$5 a month price to connect which is not onerous. But, there is also talk about each interface development carrying a cost around \$10k. The issue of costs is a concern.
 - Member Response: There is no way the HIway can control the ways in which vendors will charge clients. The HIway can only inform participants of the barriers.
 - Response: The HIway is 90% subsidized by the Federal Government. The pricing reflects the funding structure in place. However, the HIway has no control over the vendor pricing. In discussion with vendors, the HIway has learned that some want to make money in this process, and some want to help coordination of care.
- Question: Will participation in the HIway affect physician licensure and is participation a requirement?
 - Answer: Yes - the HIway requirements are explained in Chapter 224.
 - Comment: Stage 2 of Meaningful Use does require sending summaries of care electronically. If you don't participate in the HIway, it would be difficult to do that.
 - Comment: There is a movement to have legislature rescind the licensure requirements in Chapter 224. MMS has done a study, and 25% of doctors would not be able to renew license registrations. The Board of Registration in Medicine (BORIM) is not sure how they will implement the requirement for renewal. The Ophthalmology Society has introduced legislation to negate the law. MMS is looking for more definition on requirements for "meaningful use (MU)" in the legislature.
 - Comment: There is a step in between the rule making process and the implementation of the rule. The interpretation step is important and is owned by EOHHS.
 - Comment: More than 50% of pediatricians in the country do not qualify for MU – they need 30% Medicaid enrollment or more. Most do not meet the 30% threshold or a 20% standard for less incentive dollars.
 - Comment: There is an understanding that there is not a perfect connection between Meaningful Use and EHR use. This will likely be a consideration in the interpretation of the law.

Review and reactions to Consumer Engagement Content (Slide 7): The consumer advisory group is highly worried about two things: There is a lot to explain to patients so they understand the HIway, and providers are already stretched for time with patients and it may be too much to ask to have providers (or office staff) help explain the HIway. The HIway needs to get some literature into organizations right away to help with explaining. The question today for this group is what else can be done to facilitate education of patients and reduce time explaining the HIway.

- Comment: Suggest that the HIway get some real transactions moving, then go to the media with a real story in order for patients to understand, listen, and relate. A story from a patient about how information was shared and care was improved would be ideal.
 - Comment: A success story with regard to the costs for copies of medical records could be used. Patients could relate to saving money if the HIway could demonstrate that ability.
- Comment: Most on this call have a better technical understanding of the HIway. I think the communication strategy is best left to the specialists in the communications field. The communications specialists at MMS, healthcare organizations, and other Trade Promotion Organizations (TPOs) would have the resources and interest to provide the appropriate patient focused communications.

Next steps

- Send questions or comments to Mark Belanger if necessary.
- Reactions to be taken into account by Phase 2 design team
- Meeting notes synthesized and provided back to Advisory Group for final comments
- Presentation materials and notes to be posted to EOHHS website
- Next Advisory Group Meeting – February 17, 7:00-8:30
 - The next meeting will likely be rescheduled to a sooner date.
 - Conference call (866) 951-1151 x. 8234356
- HIT Council – scheduled for December 9, 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>