**Meeting Minutes**

**Health Information Technology Council**

**August 3, 2020**

3:30 – 5 p.m.

**Due to COVID-19 precautions, meeting was held remotely   
in lieu of in-person meeting normally held at**

**One Ashburton Place  
Boston, MA 02108**

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| Name | Organization | Attended |
| **Lauren Peters** | *Undersecretary of Health and Human Services (Designee for  Secretary Sudders)* | Y |
| **Deborah Adair** | *Executive Director, Enterprise Health Information Management/Privacy,  Partners Healthcare* | Y |
| **John Addonizio** | *Chief Executive Officer, Addonizio & Company* | N |
| **Damon Cox** | *Assistant Secretary for Technology, Innovation, and Entrepreneurship (Designee for Secretary Mike Kennealy)* | Y |
| **Frank Gervasio** | *Project Manager, Executive Office of Administration and Finance* | N |
| **Diane Gould** | *President and Chief Executive Officer, Advocates Inc.* | Y |
| **Vivian Haime** | *Manager of Care Delivery Transformation and Strategic Partnerships, Health  Policy Commission* | N |
| **John Halamka, MD** | *President, Mayo Clinic Platform* | N |
| **Sean Kay** | *Global Accounts District Manager, EMC Corporation* | N |
| **Dicken S. C. Ko, MD** | *Chief Medical Officer/Vice President of Medical Affairs, St. Elizabeth’s Medical Center, Steward Health Care* | N |
| **Michael Lee, MD** | *Medical Director, Boston Children’s Hospital* | Y |
| **Manuel Lopes** | *Chief Executive Officer, East Boston Neighborhood Health Center* | N |
| **Linda McGoldrick** | *President and CEO, Zillion* | N |
| **Michael Miltenberger** | *Vice President Healthcare Team, Advent International* | Y |
| **Nancy Mizzoni, NP** | *Professor and Nurse Practitioner, Middlesex Community College* | Y |
| **Naomi Prendergast** | *President and Chief Executive Officer, D’Youville Life and Wellness Community* | Y |
| **Monica Sawhney** | *Chief of Staff, MassHealth (Designee for Assistant Secretary Daniel Tsai)* | N |
| **Emma Schlitzer** | *Manager, External Affairs, CHIA (represented by Lisa Ahlgren)* | Y |
| **Laurance Stuntz** | *Director, Massachusetts eHealth Institute* | Y |
| **Pramila Yadav, MD** | *Private Practice Obstetrics & Gynecology, Beth Israel Deaconess Medical Center* | Y |

**HIT Council Members**

Note: The above list provides the HIT Council Members at the time of the August 3, 2020 meeting.

## Discussion Item 1: Welcome

Undersecretary Lauren Peters called the meeting to order at 3:34 p.m. The Undersecretary welcomed the HITC (Health Information Technology Council) to the August 3, 2020 meeting and noted this was the first time the Council had met since the COVID-19 emergency order as the May meeting had been cancelled.

Undersecretary Peters called for a motion to approve the minutes of the February 3, 2020 HIT Council meeting. The minutes were approved.

## Discussion Item 2: Updates from last meeting

*See slides 5-7 of the presentation. The following are explanations from the presenter, with additional comments, questions, and discussion among the Council Members.*

Undersecretary Lauren Peters announced to the Council that EOHHS (Executive Office of Health and Human Services) has issued award letters to Collective Medical and PatientPing as the chosen ENS (Event Notification Service) Vendors.

Deborah Adair asked that the Undersecretary provide more information on next steps and what hospitals can do to prepare. Undersecretary Peters explained that after Collective Medical and PatientPing have accepted the award letters they will move into a contract negotiation phase. The timeline is unknown at this point until contracts are finalized and executed. The Undersecretary believes it is too premature to discuss at this time, but will keep the Council updated on ENS progress in future meetings.

Bert Ng shared the sad news of the passing of Mitchell Adams with the Council members, noting the many accomplishments that Adams had in the process of advancing Health IT in the Commonwealth. Adams worked with the Massachusetts Technology Collaborative on the creation of the Massachusetts eHealth Initiative (MeHI), which was the driver of Meaningful Use in the Commonwealth, among other HIT initiatives. Lawrence Stuntz thanked Ng for recognizing Adams and reiterated the importance of Adams’ work in advancing Health IT.

Ng explained that at the last meeting Council members had asked for more information about market share of EHR (Electronic Health Record) vendors in the Commonwealth. Using data gathered from attestations submitted for the HIway Connection Requirement, Ng presented EHR market share by provider organization type. The top three EHRs of each provider organization type represent more than two-thirds of the market share. All named vendors are Query HIE capable and have FHIR-based APIs. Epic has the largest market share among the attestation submitters, with about one-third of all markets. Additionally, Epic is continuing to grow. Since the last Council meeting, Epic announced two major provider systems shifting to them: AdventHealth and Atrium Health.

There were no additional comments, questions, or discussion among the Council Members related to this topic.

## Discussion Item 3: Clinical Gateway nodes

*See slides 8-16 of the presentation. The following are explanations from the presenter, with additional comments, questions, and discussion among the Council Members.*

David Whitham presented an update on the CCG (Consolidated Clinical Gateway) project. Clinical Gateway nodes enable providers to submit messages through the Mass HIway to EOHHS applications, mostly supporting the DPH backend applications. This accounts for about 96% of traffic over the HIway. The project involves re-implementing the current suite of Clinical Gateway nodes as a Consolidated Clinical Gateway (CCG) application running in the AWS (Amazon Web Services) cloud that offers submitters a choice of interface options while reducing EOHHS maintenance, operational complexity, and costs. Phase 1 is to migrate to AWS, phase 2 is to consolidate the CG nodes, and phase 3 is to enhance functionality. If something goes wrong during implementation, CCG nodes are retained in VG4 until the AWS system is stabilized, which allows for a quick roll-back to the VG4 environment. Migrations will be completed on weekend nights to ensure downtime to providers is minimized during working hours.

Whitham states he is pleased at how the HIway has been able to assist with COVID data collection and response. The HIway has maintained a high level of availability for COVID reporting. As part of the daily COVID-19 reporting cycle, the Clinical Gateway (CG) nodes receive messages via the Mass HIway’s Direct Messaging System from hospital emergency departments and laboratories, transform them, and deliver them to the Massachusetts Department of Public Health’s Syndromic Surveillance and Electronic Lab Reporting applications for processing and analysis. All Massachusetts hospital emergency departments participate in submitting data to Syndromic Surveillance and 40% of hospital laboratories participate in Electronic Lab Reporting.

There were no additional comments, questions, or discussion among the Council Members related to this topic.

**Discussion Item 4: HIway strategic plan**

*See slides 17-28 of the presentation. The following are explanations from the presenters, and comments, questions, and discussion among the Council Members that supplement the content on the slides.*

Undersecretary Lauren Peters reviewed the HIway’s current framework, including Direct Messaging, HIway sponsored services, and HIway-facilitated services. The Undersecretary further mentioned there are two new possible initiatives including eMOLST, an electronic version of the current MOLST (Medical Orders for Life Sustaining Treatment) advance care planning document for end-of-life choices, and FHIR API Ecosystem. EOHHS is pursuing a multi-agency project to digitize the MOLST into a centralized electronic format (eMOLST). The project would include the Executive Office of Elder Affairs, MassHealth, and the Mass HIway. The project aims to update the current MOLST form, explore creation of a single source of truth for MOLSTs (repository), and integrate eMOLST as practicable.

Deborah Adair is thrilled at the prospect of having an eMOLST. From her experience, it is a lot of work to manage MOLST forms currently. Naomi Prendergast echoes Adair’s excitement and asks the Undersecretary to provide more information about the timeline for the eMOLST initiative. Undersecretary Peters explains that this project was already being explored prior to the COVID emergency and as the state is getting back into a stable state, they are beginning to revisit their planning. Bert Ng further noted that this project does involve the use of federal funds, and to go through the RFR (request for responses) will take six months to a year. The project team will need to work with the federal government. The Undersecretary added that she hopes to have a more refined timeline within the next month. MeHI has been involved and will be partnering on this project. Laurence Stuntz noted that Blue Cross Blue Shield is working on something similar and asked what kind of work will be required of this project and how can the Council members help with this initiative? Undersecretary Peters responded that at the next meeting they will plan to discuss this and asked that the Council be prepared to collect and solicit feedback. Undersecretary Peters asked that the Council members alert relevant people within their organization to collect additional feedback. Michael Lee asked if the build versus buy decision comes after the work with the federal government and why they are choosing this now, and if any other concepts could be supported by the same infrastructure. The Undersecretary noted this was a great question for the Council to consider. eMOLST could stand as a framework or blueprint for other projects. Addressing the first question, the Undersecretary noted that several organizations have been pushing for this project for a long time and she thinks it is a great initiative. Lee added that individualized educational plans (IEPs) for children are something similar that the state may want to explore.

Bert Ng presented an overview of the FHIR API Ecosystem. The federal government recently released rules setting technical standards for providers and payers to improve interoperability and the rules center around access to provider and payer data by third-party applications at the direction of a patient. Ng welcomed discussion on whether the state should pursue improving interoperability in the Commonwealth by leveraging the federal ecosystem to meet the State’s goals? Ng also welcomed the Council’s thoughts on patients directing their own care and health information. Ng further questioned whether the Council felt data held by a patient or third-party application is reliable? The Undersecretary asked that the Council provide feedback to the questions listed on slide 28, specifically asking “Should the state expand provider-to-provider use by leveraging the federal infrastructure?”

Deborah Adair asked that the presenters provide an example of how this would work. Ng responded that if his child goes to Children’s Hospital, data from Children’s Hospital would go onto Ng’s phone. When his child goes to the next provider of care, Ng would provide the phone data, rather than a direct transfer from one healthcare provider to the other. Diane Gould asked if the patient would have control over their own health information, and what information would move over or be provided to the next provider. Ng confirmed, adding there are still a lot of unknowns on exactly how the information moves, but confirmed again that patients would have their own medical information. Michael Lee added that he has seen instances of this where there is a very specific use case including monitoring of blood glucose throughout the day where the patient enters the results into an app which is made available to the provider. Lee finds this kind of information helpful, but thinks that patients will not want large scale control over health records. Lee believes the larger scale use cases including Google Health and Microsoft Health will be a rare occurrence. David Whitham noted that the patient becomes the repository, which appeals personally to him, as a technologist. As the patient moves through the system, the patient is the “how.” Patients can now engage more directly. Laurence Stuntz added that his 20 years of experience shows that the majority of patients are not interested in managing their own health records and agrees with Michael Lee that specific use cases will be more valuable. Stuntz does not believe this is the answer moving forward as it puts too much responsibility on the patient. Stuntz advocates that we should not move our focus away from some of the more mature mechanisms until this is proven, and should not think of this as the new way to move information between providers. Whitham adds that CMS mandates participation in these applications, but does understand Stuntz’s concerns. Gould asked if there was any information available from other states. Ng responded that there is not, but because of the federal directive, the government is pushing for use of the third-party applications and adds that this is a five-year-plus plan to get there and there are still a lot of unresolved details. Undersecretary Peters adds that there is no “drop dead” date that the state needs a decision by, but wanted to get the conversation rolling, and notes that the Council cannot solve this in one meeting. The Undersecretary suggests the Council continue to think about this topic and land on some recommendations on how the state can meet the rule, further adding that the Council will revisit this topic at the next meeting. If anyone has additional thoughts or questions in the meantime, the Undersecretary asks that they contact herself or Ng.

**Discussion Item 5: HIway budget**

*See slides 29-32 of the presentation. The following are explanations from the presenters, and comments, questions, and discussion among the Council Members that supplement the content on the slides.*

Bert Ng and David Whitham reviewed the HIway budget, which is a combination of many funding sources, including federal programs. The HIway budget aims for efficiency in federal match.

There were no additional comments, questions, or discussion among the Council Members related to this topic.

**Discussion Item 6: HIway connection requirement & 2020 attestation**

*See slides 33-36 of the presentation.*

*The Council was unable to review this discussion item due to lack of time.*

Bert Ng quickly provided an update that the 2020 forms are live on the website and the team is working on outreach and educational opportunities. Council members were asked to follow up separately if they had any questions or comments.

## Conclusion

The next meeting of the HIT Council is scheduled for **November 2, 2020**.

Undersecretary Lauren Peters adjourned the HIT Council at 4:59 p.m.