**Meeting Minutes**

**Health Information Technology Council**

**February 3, 2020**

3:30 – 5 p.m.

**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* | Y |
| **Ray Campbell III** | *Executive Director of Massachusetts Center for Health Information and Analysis* | Y |
| **Damon Cox** | *Assistant Secretary for Technology, Innovation, and Entrepreneurship (Secretary Kennealy’s designee)* | N |
| **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** | *Chief Information Officer, Beth Israel Deaconess Medical Center* | 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, Children’s Hospital Boston* | Y |
| **Juan Lopera** | *Vice President of Business Diversity, Tufts Health Plan* | N |
| **Manuel Lopes** | *Chief Executive Officer, East Boston Neighborhood Health Center* | Y |
| **Linda McGoldrick** | *CEO and President, Financial Health Associates International* | Y |
| **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)* | Y |
| **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 February 3, 2020 meeting.

## Discussion Item 1: Welcome

Undersecretary Lauren Peters called the meeting to order at 3:35 p.m. The Undersecretary welcomed the Health Information Technology Council to the February 3, 2020 meeting.

The November 4, 2019 HIT Council meeting minutes were approved.

A brief discussion occurred before voting to approve the 2019 annual report. The annual report includes the progress on the ENS initiative, monitoring of the ongoing HIE activities. Laurance Stuntz asked about the next group of providers that will be required to meet the connection requirement. Undersecretary Peters said that because they didn’t land on a specific group it wasn’t included in report, but will be discussed during the meeting. Deborah Adair noted that it was timely.

The 2019 Annual Report was approved.

## Discussion Item 2: HIway Strategic Plan

*See slides 6-12 of the presentation. The following are explanations from the presenter, and comments, questions, and discussion among the Council Members that supplement the content on the slides.*

Undersecretary Lauren Peters and Bert Ng presented an update to the HIway strategic plan, including 2019 highlights, results, and future initiatives.

Ng said that the HIway is now part of DirectTrust which streamlines the way organizations can communicate over the HIway. Previously had to contract with individual vendors. Ng provided an update to HIway regulations – the Executive Office of Health and Human Services (EOHHS) will be moving toward market based approach as opposed to offering these as HIway sponsored services. API would move from primarily Direct messaging services to API based interoperability services.

Adair asked how many states require HIE connection, Ng replied Massachusetts may be the only one. Some states have used other ways of getting folks on board, but MA is the only one legislatively to require it.

The way that HIEs are governed across states varies compared to the way it is done in Mass. While MA requires that providers join the HIway many states make it voluntary. Some states, like OK, payers may make a higher payment if org is on the state’s HIE. Other states have incentives to join.

Many states focusing on using their HIEs for event notifications. For RLS- many states that have this already have a centralized repository which makes it more reasonable. Some states are giving patients access to information via web portal and mobile app. But again that would be reliant on having a centralized repository.

Some states that have opt in requirements struggling with getting participation over 50%.

Adair said that it would be helpful for EOHHS to do an analysis of gaps in the sharing of information. Partners has noticed that they have had a hard time connecting with Skilled Nursing Facilities (SNFs). . Partners would like them to be on Commonwell/Carequality. Stuntz asked if Adair was talking about using Query for specific groups or organizations – Adair said organizations. Naomi Prendergast said that some SNFs don’t know which programs to participate in, and there are barriers to getting on this kind of technology depending on whether the SNF is independent or part of a larger org. Prendergast said it may be that reaching out to particular SNFs may help. Undersecretary Peters said that part of the issue is that the stature doesn’t require participation, so it is likely derived from the fact that there isn’t a requirement. Adair asked about when the new CMS requirements come out, whether SNFs will be included. Undersecretary Peters was uncertain but would follow up. Undersecretary Peters expanded on the critical areas – recognizing that SNFs are in a fragile state, she would rather look at whether there are specific gaps that EOHHS could help support, both to SNFs themselves and to other organizations. Undersecretary Peters asked for specific examples of challenges Adair has faced. Adair said that there have been situations where an organization is not connected [to the HIway], and her organization often entrenched in the EPIC world that they don’t know the best way to make accommodations for organizations that are using another EHR. Prendergast added that the Medicare Part A payment model also changed and requires a different admission process to address the payment rules. SNFs are looking at requirements before admitting the patient after receiving the referral - this would require getting diagnosis, medication list prior to accepting the referral. Stuntz agreed that it was worth exploring what data is needed.

Stuntz added that an additional use case could be eMOLST- it may not be appropriate for query, but maybe there could be a registry.

Michael Lee offered another potential use case involving school interfaces – considering there are a number of school health forms required for each student, and there is a need for communication between the schools and the pediatrician. Undersecretary Peters expanded for clarification, asking if the use case would be where the doctor/pediatrician would expand on that school student health information, allowing providers to access that information. Lee agreed. Undersecretary Peters added that for that model to work the schools would need to be plugged into a platform and wasn’t sure if any schools had that capability. Lee was uncertain how the schools access the system, but thinking towards the future it would be something to consider. Nancy Mizzoni added that it would definitely be beneficial, but the schools would need to have a secure site, which may not be possible. Undersecretary Peters added that the state would essentially need to fund the infrastructure for the schools before they were required to implement it, but it is worth considering, possibly in phases. Undersecretary Peters asked if Lee was aware to what degree schools had EMRs. Lee said to some basis schools have access to some system, but it varies. Stuntz added that most large school districts have at least a student information system that captures to some degree student health information. Stuntz suggested that maybe schools could access MIIS data repository. Mizzoni added that many nurses have to input vaccine information manually, and a link to the system would be very helpful.

Manuel Lopes offered another use case that could support individuals released from prisons. There are challenges when someone goes from the community to correctional facility and from a correctional institution back to community (BH and medical information). There is a need to support that transition. Providers need a full set of clinical information. Lopes thought East Boston Neighborhood Health Center is verifying the information that they receive from the patient. Undersecretary Peters expanded for clarification – asking whether they were currently relying on paper documentation. Lopes said yes, and added that they are concerned about whether the gap is causing people to re-enter the system as they are not given the care they need. Diane Gould seconded this use case. Her organization also works on re-entry, and any time there is a transition of care they want to be confident that the information and support is there.

Prescription monitoring program was another suggested use case to address. Referral management use case may be useful. Ng agreed that it would be worth exploring. Lopes asked if any of the state scan included looking in to how Epic’s dominance impacted the exchange of information between systems. David Whitham said that HAUS services can support the workflows of users regardless of their EHR which will help make the transition to a new workflow seamless.

Lopes asked Ng if in his review of other states if they looked at the impact of EPIC, whether there were any challenges of organizations using different vendors. Ng said they have not looked at anything vendor-specific in these states, more they’ve looked at what the state is doing, versus individual providers and vendors. Whitham added that it is about workflows. All the standards require direct messaging, query retrieve, which are all on the back end of the service, and the goal is to make sure all those workflows are carried through and transparent to providers. It should be as integrated as possible to the providers.

Michael Miltenberger asked what Ng saw other states were trying to shoot for as objectives and benchmarks. Ng said that they have looked at other states benchmarks, but it is all so new that many times the benchmark is ‘did you turn on your system?’ So they have been looking at what percentage are turning on ENS, record locator services, etc. but don’t have a definitive answer. Undersecretary Peters added that they can look to see if there were any stated objectives for these states, and will follow up.

Prendergast said that there were ways running parallel to connecting, other ways of communicating which may be effective but also a workaround. Prendergast specifically talked about Tiger Connect, which is an electronic texting system that lets the physician know that their patient is at the ER, as an example.

Ng moved on to discuss Query HIE and FHIR, following up from the May 2019’s Council meeting. The HIway has been doing a scan of the vendor capabilities. If any HIT council members would like to participate in interviews let Ng know. EOHHS is gathering information so that they can build training guides that could be used by the Account Management team to support organizations using query.

Lee said his organization is launching Commonwell in March. Adair said Partners has been using Commonwell for a while and it has been very helpful. Undersecretary Peters and Ng said that any feedback these organizations have on the system would be very useful. Stuntz asked what their organizations should be doing with Query, does it rise to the same level as ENS or is this just a recommended service? Stuntz asked where this fit into the rubric around what their organizations do as health services. Undersecretary Peters said they don’t necessarily have an answer today, but EOHHS is hoping to identify what the problem areas are to better understand whether it is a resistance in the market or a lack of 100% uptake. EOHHS is trying to understand what the gaps are so they can come up with a solution to address them.

## Discussion Item 3: HIway Connection Requirement 2020 Follow-up

*See slides 13-19 of the presentation. The following are explanations from the presenter, with additional comments, questions, and discussion among the Council Members.*

Bert Ng and Chris Stuck-Gerard presented on the 2020 HIway connection and attestation requirements, the future of attestation, technical challenges, solutions, and Direct messaging.

Stuck-Gerard laid out the reasoning for wanting Direct messaging between 2 DirectTrust certified HISPs other than the HIway to meet the connection requirement. Mass HIway 1.0 was not certified by DirectTrust, so had to contract with each individual HISP vendor.

Lee asked if there was any problem for a small organization getting their address available to other people – does the organization need to make sure that their address is in the other organization’s directory? Ng said that for Direct Trust, they are in the process of building a national database, and are forcing all HISPs to conform to a universal format to make it easier to reconcile the data. Ng added that for most providers, there’s two directories: one that encompasses all providers, and then a smaller one within each facility.

**Discussion Item 4: Market-based ENS Initiative – Certification Update**

*See slides 20-22 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 presented an update on the market-based ENS initiative.

EOHHS is in process of reviewing all of the applications submitted by ENS vendors.

Stuntz asked if they were seeing anything that might make them think they won’t meet the deadline. Ng could not say. Undersecretary Peters added that they are monitoring closely the timeline and the vocations and dependencies of certain milestones so if they need to adjust they will.

## Conclusion

The next meeting of the HIT Council is **May 4, 2020**.

Undersecretary Lauren Peters adjourned the HIT Council at 4:54 p.m.