**Meeting Minutes**

**Health Information Technology Council**

**February 7, 2022**

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**

**HIT Council Members**

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| Name | Organization |  |
| **Lauren Peters** | *Undersecretary of Health and Human Services (Designee for  Secretary Sudders)* |  |
| **Deborah Adair** | *Executive Director, Enterprise Health Information Management/Privacy,  Partners Healthcare* |  |
| **John Addonizio** | *Chief Executive Officer, Addonizio & Company* |  |
| **Damon Cox** | *Assistant Secretary for Technology, Innovation, and Entrepreneurship (Designee for Secretary Mike Kennealy)* |  |
| **Frank Gervasio** | *Project Manager, Executive Office of Administration and Finance* |  |
| **Diane Gould** | *President and Chief Executive Officer, Advocates Inc.* |  |
| **John Halamka, MD** | *President, Mayo Clinic Platform* |  |
| **Sean Kay** | *Global Accounts District Manager, EMC Corporation* |  |
| **Dicken S. C. Ko, MD** | *Chief Medical Officer/Vice President of Medical Affairs, St. Elizabeth’s Medical Center, Steward Health Care* |  |
| **Michael Lee, MD** | *Medical Director, Boston Children’s Hospital* |  |
| **Manuel Lopes** | *Chief Executive Officer, East Boston Neighborhood Health Center* |  |
| **Linda McGoldrick** | *President and CEO, Zillion* |  |
| **Michael Miltenberger** | *Vice President Healthcare Team, Advent International* |  |
| **Nancy Mizzoni, NP** | *Professor and Nurse Practitioner, Middlesex Community College* |  |
| **Naomi Prendergast** | *President and Chief Executive Officer, D’Youville Life and Wellness Community* |  |
| **Monica Sawhney** | *Chief of Staff, MassHealth* |  |
| **Emma Schlitzer** | *Manager, External Affairs, CHIA* |  |
| **Pramila Yadav, MD** | *Private Practice Obstetrics & Gynecology, Beth Israel Deaconess Medical Center* |  |
| **Kelly Hall** | *Senior Director, Healthcare Transformation and Innovation, Massachusetts Health Policy Commission (HPC)* |  |
| **Ben Linville-Engler** | *Director, Massachusetts eHealth Institute* |  |
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## Discussion Item 1: Welcome

Undersecretary Lauren Peters: Called the meeting to order and requested a motion to approve the minutes of the November 2021 HITC meeting.

The motion was approved.

## Discussion Item 2: Attestation Update

*See slides 5-12 of the presentation. The following are explanations from the presenter:*

Attestation Update was presented by Pam Boutin-Coviello

Review of the HIway Connection Requirements.

This slide gives us an overview of the HIway connection requirement-

The biggest takeaway of this slide: notably this is the first year that all providers were required to both send and receive messages.

The HIway Attestation timeline- another review; however it is important to understand that Attestations are reported for sending and receiving between entities in the year prior to the attestation reporting year, so reporting done in the year 2021 is indicative of sharing which occurred in 2020.

Also of note- the 2021 Attestation time line stretches beyond the attestation deadline in October and extends through outreach into the first few months of 2022 to try to gather all possible information. Out reach after the deadline includes “snail mail” letters to providers as a last ditch effort.

2021 Statistics thus far were notable for 100% of Acute Care Hospitals attesting, 78% of Community Health Centers Attesting and 86% of Large and Medium Medical Practices attesting.

To explain graphics and stats- Direct Trust accredited HISP use is now acceptable via sub regulatory guidance and the trend of attestations in the positive rather than the negative has been and continues to be higher than previous years.

While the attestation deadline was closed on Oct 31 as noted before the HIway will allow submissions until webforms are closed which will occur sometime after this Feb meeting and our last attempt at outreach via “snail mail “ to providers.

Just as we moved to trusted HISP-to\_-HISP exchange with input from thr HIT Council our changes for 2022 and beyond will occur with the Council’s input.

Questions?

**Discussion Item 3: ENS Update**

*See slides 13-16 of the presentation. The following are explanations from the presenter.*

Presented by: Bert Ng

It appears that services are beginning to become more uniform across the state. New providers for Q3 may have had effect on numbers. We saw a major increase in ADTS between the 2nd nd 3rd quarters, Vendor A increased over 10 fold and Vendor B increased nearly 3.5 times the previous quarter- vendors appear to be filling gaps and decreasing ADT duplications – we seem to be approaching our real base line , and overlap reduction.

The control at the recipient end to determine what is and what is not valuable to them results in statistically lower number of messages passed on to subscribers that those shared between vendors.

Vendors and Providers may have different workflows that impact the number of ADTs flowing through the system. Notifications do not always generate a message for various reasons. An example may be:

A person may go into an ED and gets X-rays, labs etc. This may increase the number of event notifications but, PCPS may not want every admit or discharge. They may only be looking for certain diagnoses. So, only event notifications related to the diagnosis they are interested in will generate a notification for that Provider.

## ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ Discussion Item 4: Unsolicited Notifications via Direct Messaging

*See slides 18-22 of the presentation. The following are explanations from the presenter, with additional comments, questions, and discussion among the Council Members.*

## Presented by Kevin Mullen

This Section deals with the issue of unsolicited notifications via direct messages

Dr. Michael Lee: What should be in the ENS message? Some have little to zero content so we get an event but little to no info-

Kevin Mullen: Pt. name , location name/location, Dr. Phone

**Discussion Item 5: Clinical Gateway API Development-Update**

*See slides 24-29 of the presentation. The following are explanations from the presenter, with additional comments, questions, and discussion among the Council Members.*

## Presented by Kevin Mullen

Dr. Lee: How can BHC ACU use CCG for CBHI?

Kevin Mullen: Primarily exchange for CBHI

Dr. Lee: What is it good for? BCAW has 125,000 kids in there so connecting to CBHI is important to us- so do we use it to to send results to Mass Health?

Kevin Mullen: We have not identified a Use Case

Dr. Lee: What does “Included” mean?

Kevin Mullen: The node is operable, we want you to identify a use case- First it must be built secondly business owners must be engaged to build use cases- we might engage you Dr. Lee to see how we can get up to exchanging- It’s a phased approach.

1. Technical infrastructure
2. Alignment with use cases

David Whitham: Exchanging data between node and provider- this is a step to get up the technical infrastructure- There is no hypothesis for any registry

We want infrastructure and adopting FHIRand to have others build use cases.

Kevin Mullen: We need to get an agreement from groups to use this infrastructure.

Kevin Mullen: If you can suggest any organizations interested in in opportunitiesor having use cases we’d like to talk to you.

API development We want an API to Provider directory, we want to engage participants to pilot automatic bi-directional connection to the provider community

Questions?

Conclusion

Undersecretary Lauren Peters: Thank you for joining today. The next meeting is scheduled for May 2nd 2022.

Undersecretary Lauren Peters adjourned the HIT Council Meeting 4:28 pm