Title slide

Health Information Technology Council Meeting

August 3, 2020

Slide title: Agenda

Welcome

Undersecretary Lauren Peters

-Approval of the Feb. 3, 2020 minutes (vote)

Updates from last meeting

Bert Ng

Clinical Gateway nodes

David Whitham

HIway strategic plan

Undersecretary Lauren Peters & Bert Ng

HIway budget

Bert Ng & David Whitham

HIway connection requirement & 2020 attestation

Chris Stuck-Girard

Conclusion

Undersecretary Lauren Peters

**Welcome**

*Undersecretary Lauren Peters*

Slide title: Vote: Approve minutes

MOTION: That the Health Information Technology Council hereby approves the minutes of the council meeting held on February 3, 2020 as presented/amended

**MOTION:** That the Health Information Technology Council hereby approves the Health Information Technology Council 2020 annual report as presented/amended

**Statewide Event Notification Framework**

*Undersecretary Lauren Peters & Bert Ng*

ENS Overview

**EOHHS ENS Initiative goal:**

* Supporting timely statewide Event Notification Services (ENS) across the Commonwealth in order to improve health care delivery, quality, and coordination

**EOHHS guiding principles:**

* Universal access - Promoting data sharing within an ENS framework to increase accessibility to ENS for providers of all sizes
* Streamline provider experience - Crafting ENS framework to allow single point of submission and single point of reception of ADT data
* Improve notification timing - Improving timing for flow of data (real/near-real time)

ENS Timeline

ENS is progressing along toward the development phase, and implementation is planned by April 1, 2021

Design

Regulatory and RFA: Completed

Development

Certification and Connecting: Pending

Implementation

Go Live:Pending

ENS: Anticipated Connecting & Go Live

Certification

February 2021 (est.)

Certification complete

Connecting

February 2021 to April 2021

Provider contracting phase

Providers with a certified ENS vendor can continue normal operations

April 1, 2021

Acute care hospitals to submit ADTs to the Statewide ENS Framework

Go live

After April 1, 2021

Statewide ENS Framework will have full hospital ADT data for streamlined notifications

ENS: Federal ADT rule

CMS Interoperability Rule (9115-F) requires ADTs to be transmitted by 5/1/2021

Applicable providers

Acute care hospitals

Psychiatric hospitals

Critical access hospitals

Required data

Patient name

Treating practitioner name

Sending institution name

Applicable providers must make “reasonable efforts” to provide required data to a patient’s applicable providers or suppliers (ex. PAC, PCPs, etc.) or any provider directed by the patient

**Federal funding update**

*Bert Ng*

Federal funding: Payment programs

HIway budget is a combination of many federal funding sources including HITECH funds. HITECH funding is set to expire on Oct. 1, 2021

Funding program

HITECH FFP rate 90% Uses of funds: DDI of Meaningful Use infrastructure

On-boarding to HIE (outreach)

Funding program

Medicaid Enterprise Systems (MES)\* FFP rate 90% / 75% Uses of funds: DDI of certified HIE modules benefiting MassHealth (MH), Ops of certified HIE modules benefiting MH

Funding program

Medicaid General Administration (GA)\*FFP rate 50% Uses of funds: General operations of MH and HIE modules

**\*Cost allocation:** States can claim reimbursement based on benefit to Medicaid

FFP rate **x** Cost allocation rate **=** Effective FFP

Implementation, Ops: Formerly known as Operations and Maintenance

Federal funding: FFY 21 CMS policy changes affect cost allocation

CMS communicated its new interpretation of the federal match cost allocation methodology for the MES program in July 2020.

Issue: Cost Allocation (costs applicable to Medicaid) Prior: Providers 91% Current: Patients 27%

Issue: Design, Development, Implementation Prior: Not Required – All DDI for mixed use applications eligible for FFP Current: Required

Issue: Maintenance & Operations Prior: Required Current: Required

Federal funding: FFY22 FFP rates change with shift from HITECH to MES

Federal funding: Timeline

FFY20

CMS Notice of change 7/2020 Future cost allocation will no longer allow provider-based methodology for MES

FFY21

Cost allocation 10/2020 Cost allocation for MES shifts from provider-based (91%) to patient-based (27%)

FFY22

Activity FFP rate 10/2021 Patient-based cost allocation HITECH activities shift to MES with new FFP, HITECH outreach (90/10) to MES outreach (50/50)

**Consolidated Clinical Gateway**

*David Whitham*

Slide title: Recap: Consolidated Clinical Gateway (CCG) Project Overview.

This project will migrate the current suite of Clinical Gateway nodes to the AWS cloud.

* Key project objectives include
  + - Migrate to AWS to reduce infrastructure costs and address scalability
    - Provide future alternatives to Direct messaging for public health reporting
    - Support Query & Retrieve functionality to align with TEFCA
  + Implement a FHIR interface to support enhanced the business functionality

Diagram shows the high-level architecture of the Consolidated Clinical Gateway

Web service and Direct Messaging connections to the CCG will process messages to backend applications.

Currently there are seven (7) applications:

-Massachusetts Cancer Registry (MCR)

-Childhood Lead Poison Prevention Program (CLPPP)

-Children’s Behavioral Health Initiative (CBHI)

-Electronic Lab Reporting (ELR)

-Immunization (MIIS)

-Intake Enrolment Assessment and Transfer Service (OTP&TB)

-Syndromic Surveillance (SYNDROMIC)

Slide Title: Consolidated Clinical Gateway (CCG) – AWS migration timeline update

Timeline graphic shows target Go-Live dates for 4 categories of applications

* Internal Apps – Live Q3 CY2020 to Q1 CY2021
* CCG Phase 1 – Live Early Q2 CY2021
* CCG Phase 2 – Live Later Q2 CY2021
* FHIR & Others – Live Q3 CY2021

Migration notes:

* CG nodes in current VG4 environment are retained until the AWS system is stabilized. In case of any issues this allows for a quick rollback to the VG4 environment
* Migrations will be done on weekend nights to make sure the message flow is not interrupted during peak processing hours
* For CCG Phase 1, the lower volume nodes will be cutover to PROD first and Syndromic will be last
* For CCG Phase 2, the lower volume nodes will be cutover to PROD first and MIIS will be last
* Each production cutover will have in-depth pre-production cutover activities

New Mass HIway website

On January 14, 2020, the Mass HIway updated its website ([http://www.masshiway.net](http://www.masshiway.net/))

Changes to website

* The site has a new look and feel with updated images and graphics as well as the addition of closed captioning on all audio and video presentations.
* The website also has new content related to HAUS in addition to all previous content.

Live demonstration of new website

Slide title: COVID-19 update: MIIS CG node

The Massachusetts Immunization Information System (MIIS) Clinical Gateway (CG) node receives immunization reports and database queries via the Mass HIway, using both Direct Messaging and synchronous API from providers across the Commonwealth.

As Massachusetts ramps up the COVID-19 Vaccination program, the MIIS plays a critical role in tracking and reporting progress. To prepare for millions of additional messages per month, the Mass HIway enhanced the interfaces, and increased capacity and throughput. The Mass HIway will continue to work with MIIS to determine future needs.

Enhancements

* Increased the number of technical connections from the CG node to the MIIS, tripling throughput from the Mass HIway to leverage increased MIIS processing capacity.
* Increased disk space to accommodate new monthly batches of query transactions from one of the leading pharmacy chains to support vaccination planning.
* Revised the Mass HIway’s AWS migration plan to include additional software and infrastructure to extend support of a legacy version of the synchronous API used to access the MIIS, allowing providers additional time to upgrade systems.
* Coordinated planning between teams to accommodate an accelerated migration of MIIS operations to AWS.

Impact

* Accommodating the COVID-related requirements from the MIIS program has required the Mass HIway team to reallocate resources and adjust the schedule for the CCG2 migration

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Slide title: COVID-19 recap: Syndromic and ELR CG nodes

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.

Syndromic Surveillance:

* All Massachusetts hospital emergency departments participate.
* Highest message volume of all CG nodes with an average of 8.5 million messages per month.
* ED records of admissions, discharges, and transfers of patients are processed by the Syndromic Surveillance CG node, which feeds the National Syndromic Surveillance Program’s BioSense Platform at the CDC.
* BioSense data is used by the Commonwealth’s Syndromic Surveillance program at the DPH Bureau of Infectious Disease and Laboratory Sciences for analysis of trends pertaining to COVID-19.

Electronic Lab Reporting:

* CG node handles reports of test results from about 40% of hospital labs.
* Averages about 1,500 messages per month.
* Test results from other labs reported directly to the DPH Electronic Lab Reporting program.

**HIway connection requirement & 2020 attestation**

*Chris Stuck-Girard*

Slide title: HIway attestation: HIway connection requirement overview

The HIway connection requirement requires providers to engage in HIE via the Mass HIway as set forth in M.G.L. Chapter 118I, Section 7, and as detailed in the Mass HIway Regulations (101 CMR 20.00).

ACUTE CARE HOSPITALS

First year requirement applied: 2017

Submit in 2020: Year 4 attestation form

LARGE AND MEDIUM MEDICAL AMBULATORY PRACTICES & LARGE COMMUNITY HEALTH CENTERS

First year requirement applied: 2018

Submit in 2020: Year 3 attestation form

SMALL COMMUNITY HEALTH CENTERS

First year requirement applied: 2019

Submit in 2020: Year 2 attestation form

HIway annual connection requirement

Year 1: Send or receive HIway Direct messages for at least one use case

Year 2: Send or receive HIway Direct messages for at least one provider-to provider (P2P) use case

Year 3: Send HIway Direct messages for at least one P2P use case, and Receive HIway Direct messages for at least one P2P use case

Year 4: Meet Year 3 requirement or be subject to penalties if requirement is not met

Slide title: HIway attestation: 2020 statistics so far

Due to COVID-19, the HIway deferred the 2020 attestation deadline to December 31, 2020. The 2020 attestation mirrored prior years’ participation.

Left column:

As of Jan. 28, 2021:

167 forms submitted

Attestation forms: 114

Exception forms: 53

Right column:

Acute Care Hospitals (n=66)

52 attestations submitted

14 exception forms submitted

Total: 66/66 (100%)

Community Health Centers (n=40)

10 attestations submitted

10 exception forms submitted

Total: 20/40 (50%)

Medium/Large Medical

272 entities attested

71 entities submitted an exception form

Total: 343/473 entities (73%)

Slide title: Attestation update: post-deadline outreach

The HIway will continue to encourage organizations to turn in their forms. The HIway is executing an outreach plan to organizations that have not yet submitted.

Despite the unique challenges of 2020, submission levels are comparable to prior years at the attestation deadline. The HIway will continue to encourage organizations to submit attestation materials.

**Outreach schedule:**

**January 28:** Blast email reminder sent to POs that have not submitted

**One week later:** Personal email reminder sent to POs that have not submitted

**Feb. 8-12:** Phone call to POs that have not submitted

**Late February:** Send reminder letter to large practices, community health centers, and acute care hospitals that have not submitted

Slide title: ePOLST Initiative

*Kathryn Downes & Daniel Danon*

ePOLST: Overview

**ePOLST initiative goal:**

* Supporting patient preferences for end-of-life care through technology that improves care coordination

**Project objectives:**

* **Transition MOLST to POLST –** Transition MOLST to national POLST paradigm
* **Create ePOLST Repository** – Create an electronic POLST registry to serve as the single source of truth across all care settings; registry will be procured with national POLST paradigm (vs. current MOLST) as target end state
* **Develop Integration Strategy** – Develop an integration and implementation strategy with electronic health records to gain efficiency

**Historical timeline:**

* February 2020 – Joint letter issued by EOHHS, EOEA, and DPH to explore   
  ePOLST registry
* October 2020 – CMS approved federal matching funding for ePOLST registry
* January 2021 – Project management resources secured and on-boarded

Design Phase Project Structure

Design Phase Project Structure

***Undersecretary Peters (EHS) and Commissioner Bharel (DPH)***

**MOLST to POLST Transition Lead**

*Secretary of EOEA Elizabeth Chen*

**Project Management Team**

**Project Advisors and Subject Matter Experts**

* Coalition for Serious Illness Care
* MA MOLST Subcommittee
* Trade Organizations
* Providers
* EOHHS/ Mass HIway
* EOEA
* DPH
* MeHI

Work Plan

~2 Months

**Assess the Current State &**

**Conduct Stakeholder Engagement**

* Conduct interviews
* Design and field an online survey
* Conduct benchmarking against e-registries in other states
* Determine final POLST format

~2 Months

**Prepare a**

**Future State Blueprint**

* Draft a future state blueprint
* Develop IT system technical and functional requirements

~1 Months

**Draft RFP and**

**Provide Procurement**

**Support**

* Write RFP
* Support bidders’ Q&A and any presentations or follow-up
* Draft recommendation memo
* Provide bidder selection support
* Stakeholder Input to Date

**What we heard for a successful state POLST program**

* State eRegistry
* Regulatory Authority
* Funding
* Organizational Ownership
* Training & Support

**Conclusion**

*Undersecretary Lauren Peters*

Slide title: Next HITC meeting

Fall HITC meeting

November 2nd, 2020

3:30 – 5 p.m.

Slide Title: Appendix A: HIway operations update

HIway participation   
October 21, 2020 – January 20, 2021

6 New participation agreements

* Boston Community Pediatrics
* Cape Cod Orthopaedics and Sports Medicine, P.C.
* Cardinal Pediatrics
* First Choice Community Medical Services, P.C.
* Northeast Rehabilitation Hospital Network
* South Shore Pediatric Associates

HIway participation   
October 21, 2020 – January 20, 2021

7 New connections

* Boston Community Pediatrics\*
* Cape Cod Orthopaedics and Sports Medicine, P.C.\*
* Cardinal Pediatrics\*
* Disability Evaluation Services (DES)/UMass
* First Choice Community Medical Services, P.C.\*
* Northeast Rehabilitation Hospital Network\*
* South Shore Pediatric Associates\*

*\* Participants that were enrolled and connected in the same period.*

Slide title: HIway transactions

HIway transaction volume update

* The Mass HIway processed a total of 12.8 million production transactions during the January reporting period (December 21, 2020 through January 20, 2021). From February 2020 through January 2021, the average was 15.0 million production transactions per month for a total of 180 million over the past year.
* In January, Public Health Reporting accounted for 12.6 million transactions, or 99% of total production volume. This included 8.3 million Syndromic Surveillance transactions.
* Provider-to-provider transactions now average over 200,000 per month for the past year, with new use cases added regularly.
* Quality Data Reporting totals have declined to 148,208 in January from their peak of about 2 million per month a year ago. This is due to the change in ownership and operations at the primary vendor providing these reporting services to the community.
* The Mass HIway team continuously monitors transaction levels, both to support operations and to identify data that provide additional insight into HIway trends   
  and progress.

Slide title: HIway availability review

Graph show HIway availability at 100% every month from February 2020 through January 2021, except November 2020 at 99.95%.

Thank you!