HITC Meeting Minutes May 2022

Monday, May 2, 2022

**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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Undersecretary Lauren Peters brought the meeting to order at 3:30 and made a motion to approve the minutes of the previous meeting. The motion was seconded and approved.

Undersecretary Lauren Peters made a motion to approve the Annual HITC report to the Massachusetts Legislature as submitted, the motion was seconded and approved.

Undersecretary Lauren Peters reviewed the Governor’s Healthcare Bill slides.

**HIT Spotlight: Lowell Community Health Center**: Padmaja Sastry, Director of Information Systems, Lowell Community Health Center

Padmaja Sastry presented on Lowell Community Health Center and how her team addressed referrals and consult notes sent between Lowell Community Health Center (LCHC) and its clinical partners. Prior to the implementation of Direct Messaging, this was a manual process using paper, fax and phone calls which resulted in significant delays in closing the referral loop and a months-long backlog of paperwork to be scanned into LCHC’s EHR system.

Due to the pandemic and being off site, the paper-based approach was a problem for LCHC. The team explored the use of Direct Messaging and leveraged its eClinicalWorks (eCW) EHR system to send referrals via eCW’s Direct messaging functionality. The provider workflow did not change. Our centralized referral team grabbed the referral, processed it, and sent it through our EHR. The new electronic process solved many of the problems related to being off site. The team also utilized text messaging through eCW messenger to remind patients of their appointments. This was especially helpful since we have many languages which our patients speak so we can text in that language.

Sheila Alves, also of LCHC, discussed the impact of the new workflow. The pandemic made it hard to stay on top of referrals. We were able to reduce the backlog of referrals by 92%. We were able to dedicate more time to each individual referral and focus more on the care of the patient. Printing and faxing referrals takes time. Mailing the referral to a patient also takes time, especially when hundreds of patients are involved. We were able to send information to the specialty office and to our patients with one click. This has been a tremendous benefit. It challenged everyone to get creative and think outside the box.

Ben Linville Engler thanked the Lowell team for its hard work and said he was glad this has been successful.

Padmaja Sastry replied that the beauty of the approach is that it was data driven. We identified the bottlenecks and Leadership had conversations with those departments.

Deborah Adair added that she thinks this is fabulous and that a 92% reduction in your backlog is amazing.

Kevin Mullen commented that he wanted to echo the congratulations. A 92% reduction is a huge achievement. He asked if they were targeting other areas for improvement as well.

Padmaja Sastry commented that by no means will this problem go away. We will be implementing the same methodology with other types of projects across various departments.

**Attestation Update**-Pam Boutin-Coviello

Pam Boutin-Coviello shared that the team saw an influx of submissions at the end of 2021 and that it surpassed attestation submissions of previous years. More providers are meeting the connection requirement via hisp-to-hisp connections and there are fewer exception forms overall.

The 2022 Attestation form timeline was reviewed and preparation for the upcoming attestation period was also discussed. The team will need to identify the attestation period, update and test the web form, and send out a communication to providers.

Because the timetable for the HIway connection requirement has been met for the regulated organizations, acute care hospitals, community health centers, medical ambulatory practices, the team is considering various paths forward, including sunsetting of the HIway attestation process.

**Event Notification System Update** - Pam Boutin-Coviello and Kevin Mullen

Pam Boutin-Coviello reviewed the ENS Goals slide stating that almost 8 million ADTS were received and reflected. The number of notifications generated from reflected ADTs from quarter 3 and 4 has increased 20% for each vendor. The number of notifications increased for both vendors over the last quarter.

Kevin Mullen added that volume is starting to normalize. We expect this to be more of a baseline volume. There is an increase in both notifications and ADTs. We will continue to work with the vendors to identify any further gaps.

**Mass HIway Provider Directory (PD) API** -Elizabeth Reardon

Elizabeth Reardon gave an overview of the Mass HIway Provider Directory API stating that the PD API allows provider organizations to search and bulk import/export data without the use of excel spreadsheets.

It also allows for more frequent updates to the data instead of just once a month. Currently, the upload process is very manual. The API will allow enhanced search capabilities including one or many fields such as first name, last name, facility, NPI. It will allow updates or requests as needed and will allow access to one source of truth.

We are working with Mass General Brigham currently and we will be meeting with Reliant. The team is in communication with other organizations who may want to integrate this into their workflow. Please reach out to your Mass HIway Account Manager or contact the HIway if your organization is interested in leveraging the PD API into your workflow.

Undersecretary Lauren Peters asked Deborah Adair if she had any color she wanted to share about this pilot.

Deborah Adair responded she has not had any recent updates on this, but she is sure her team is delighted.

**New RFR: BH Treatment and Referral Platform: Kevin Mullen**

Kevin Mullen presented slides related to the Behavioral Health and Referral Platform initiative. Kevin explained that Massachusetts put for the Expedited Psychiatric Inpatient Admission (EPIA) policy in place in 2018. This policy outlines the steps and responsibilities to facilitate and escalate situations where an admission had not taken place in a reasonable amount of time, i.e.: within 12 hours.

This policy has improved the process but there are still challenges. Communication still takes place with phone calls and email. There are significant gaps in information. There is a need for a more normalized way to exchange information.

This RFR has not been released yet. We are still working toward this. EHS intends to issue a procurement to obtain a software platform to address this. There are many participants that would benefit from automating these workflows.

The Commonwealth is looking to automate the screening and referral processes and enable electronic transmission of a standardized admission package. This would create a real time transparent view as patients move through the process. The platform would identify where patients are on this escalation path. There will be some level of integration with the statewide ENS framework. There is a future need for additional phases.

Some of this may change but we are anticipating solidifying this all very shortly.

Kelly Hall asked when this will realistically get up and running.

Kevin Mullen replied that we are hoping to get the RFR published this month with responses back from bidders in June. We are targeting July/August to award this.

Deborah Adair asked if there other states doing this also.

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Undersecretary Lauren Peters replied that she is not aware of any but there may be some out there.

Ben Linville- Engler asked that given the priority of this, will this impact other HIE efforts or constrain resources in other areas?

Kevin Mullen replied that once the vendor has been procured, we will know more. The successful bidder will drive the implementation and the resources. There will be some organizations that will have to do very little and others that will need a full-blown training and onboarding process.

Deborah Adair added that we are trying to improve our efforts in this area across all our hospitals right now and we have efforts/resources toward this.

Kevin Mullen added that it is an unknown what the selected vendor can provide and what their network looks like. The scope of participants is significant in terms of health plans and providers.

We have shared the link to the RFR and can monitor that for updates. We will work on communicating any significant updates as they come up.

Undersecretary Lauren Peters: “We will notify the council once this RFR goes out. Thank you to everyone for joining us today. We can move to adjourn.”

Motion seconded and approved.

Undersecretary Lauren Peters: “Our next meeting is August 1st”