**Meeting Minutes**

**Health Information Technology Council**

**August 2, 2021**

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** | *Privacy Director, Health Information Management Mass General Brigham* | Y |
| **John Addonizio** | *Chief Executive Officer, Addonizio & Company* | Y |
| **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 |
| **John Halamka, MD** | *President, Mayo Clinic Platform* | N |
| **Kelly Hall** | *Senior Director, Health Care Transformation and Innovation, Health Policy*  *Commission* | 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*** | Chairman and CEO of FHA (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)* | 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 2021 meeting.

## Discussion Item 1: Welcome

Undersecretary Lauren Peters called the meeting to order at 3:36 p.m. The Undersecretary welcomed the HITC (Health Information Technology Council) to the August 2, 2021 meeting and reviewed topics that would be discussed.

Undersecretary Peters called for a motion to approve the minutes of the May 3, 2021 HIT Council meeting. The minutes were approved.

Undersecretary Peters shared some organizational updates: Dave Bowditch has retired from the HIway, and Kevin Mullen has taken his role.

## Discussion Item 2: Attestation Update

*See slides 5-9 of the presentation. The following are explanations from the presenter, with additional comments, questions, and discussion among the Council Members.*

Chris Stuck-Girard presented an attestation/connection requirement update. The attestation window is open and will run until October 31, 2021. Stuck-Girard also provided an overview of the DirectTrust HISP-to-HISP exchange update to the connection requirements.

There were no questions from the Council.

## Discussion Item 3: Consolidated Clinical Gateway & AWS update

*See slides 10-12 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 to the Clinical Gateway and AWS. Phase 2 has gone live. The final three nodes were moved to the cloud and they are now decommissioning on site repositories, a process that should be complete within the next quarter.

There were no questions from the Council.

## Discussion Item 4: Federal Revenue Reduction Update

*See slides 13-21 of the presentation. The following are explanations from the presenter, with additional comments, questions, and discussion among the Council Members.*

Bert Ng and Kevin Mullen presented an update on the federal revenue reduction.

Laurance Stuntz asked for clarification about the federal match plus state equaling total spend. Ng confirmed. Stuntz followed up that that didn’t seem to be true in FY22 and asked whether the total spend was 13.4 or 12 and inquired about the breakdown of the total spend. He also asked about the projected trust fund number and what that represents. Ng said that the projected trust fund was the amount of money available in state funded dollars. Stuntz asked about the sources for the Trust Fund numbers. Ng said that they come from a combination of money spent by the HIway as well as the HIE exchange eligibility program. Stuntz asked if participant fees were also included. Whitham said that participant fees are separate and go against cost directly. Stuntz asked about the breakdown of the total spend – structure, outreach, operations, etc. Mullen advanced to the next slide which explained more about the budget and how some of the shortfalls will be absorbed.

Mullen presented on the proposal to decrease program activities. The proposal includes reducing outreach activities in the short term with a focus on maintaining technology activities. Programmatic activities would become a long term focus. The proposal includes transitioning Direct Messaging services, accelerating Clinical Gateway development, and reducing program outreach activity.

Deborah Adair asked for clarification on what transition means. Mullen clarified that the intent is to have a final disposition for strategic Direct Messaging services.

Kelly Hall asked if a 7x increase in participant fees would put the price for option 2 at a level playing field for what it would cost to purchase market alternatives. Mullen said that is still to be determined. It might be challenging to identify comparisons on the rate because the HIway uses a flat fee, while other vendors may charge based on the number of transactions or use cases supported. Regardless, EOHHS is looking to identify what the current market pricing looks like.

Michael Lee asked about functionality, and what other HISPs would offer and whether the HIway will lose functionality. Lee also talked about considering the function payers might play to keep things sustainable. Mullen said that they are specifically talking about Direct Messaging to facilitate provider to provider communication, they are having separate discussions for the clinical gateway (discussed in later slides). Other vendors have a more robust set of services, so depending on the alternative HISP there could be a richer set of services being offered. Mullen said that there is concern that the HIway has become a utility type service and this would impact some groups more than others. Mullen said they would have to explore the payer group as a growth area but they haven’t had any direct conversations yet so it is to be determined on what the feasibility and likelihood of that would be.

Mullen said that they need to be uniform if a rate increase is proposed, but if they don’t have commitment from tier 1 and 2 organizations it would be difficult to find a path forward. Stuntz asked why they need to be consistent – the rate card was created based on ability to pay, and why would a rate card change need to be applied equally based on an assessment made 10 years ago. Stuntz asked whether it would make sense to assess that rate card and make changes. Mullen clarified that there would be a logical arrangement to those fees, and they would like uniformity in the change, and a consensus on a uniform approach to how they are reorganizing the rate card. Adair said that there have been discussions, and they would like to see the changes consistently adopted.

Mullen said that they would like to convene some round table discussions with the group to determine the rate increase or the transition away from Direct Messaging.

Adair said that they have come a long way, starting out behind, and now it seems like they are a little ahead. It is all about interoperability and she hopes that they can find the best approach moving forward. Lee added that in terms of funding you always must think of transitional work effort, and if there is any potential for a different type of glide path so it is not a one year jump. If there is any way to make it smoother for organizations. Adair added that the work groups should come together sooner rather than later. Mullen clarified that it is a two year glide path, not one year, and they are anticipating a final decision by September 2021 to allow for a full two years. They did hear from one organization that two years is not enough, so they are aware that two years is a fast turnaround.

Stuntz added that having some clarity over the broad finances of the HIway is important. The way they got to the rate card was that they figured out what number they had to solve for given federal reimbursement at the time, and the relative priority of clinical exchange, and the world has changed significantly and there are a lot of people who would or could use DM if they had a real idea of what that would cost them. Having some independent individuals looking at the aspects of the cost structure of the HIway would be effective. Undersecretary Peters said that was a fair point and as they start convening stakeholders, they can take that back and figure out the best way to frame that to best inform the stakeholders.

Diane Gould asked about the potential for ARPA funds as a source for funding in option 2, and what was the likelihood that the funds could be used for this. Mullen said there is one time funding available and they are looking at whether there is an opportunity to leverage some of that. There are much larger discussions underway about ARPA – that was one example and if there is an opportunity, we will highlight that.

Lee asked whether we know nationally what is surviving in the market and if there are any state based exchanges that are running and how they are paid for. Mullen said that most state based exchanges have some type of repository or other services they are providing as well to offset some of those costs. Ng added that from the Direct Messaging standpoint there have been different ways it is implemented across the country. There have been a handful that have shut down (New Hampshire, Oregon).

**Discussion Item 5: Future of Public Health Reporting**

*See slides 22-28 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.*

Kevin Mullen presented on the future of Public Health Reporting and the anticipated timeline for CCG, API, and FHIR development.

Adair asked if this would help with the patient identity matching. Mullen said he didn’t think it would solve the patient matching conundrum. Whitham said it would bring it to the fore where they would have to solve for it, but in and of themselves, these APIs wouldn’t solve the issue.

Mullen added that they will be reaching out to interested stakeholders to help start building out some of the business requirements and start to identify what some of the gaps might exist in the provider space.

## Conclusion

The next meeting of the HIT Council is scheduled for **November 1, 2021**.

Undersecretary Lauren Peters adjourned the HIT Council at 4:57 p.m.