

Meeting Minutes

Health Information Technology Council Meeting August 6, 2018

3:30 – 5:00 P.M.

One Ashburton Place, Boston, MA 02108

HIT Council Members

Name	Organization	Attended
Lauren Peters	<i>Undersecretary of Health and Human Services (Chair – Designee for Secretary Sudders)</i>	Y
Daniel Tsai ¹	<i>Assistant Secretary, Mass Health</i>	Y
Katherine Shea Barrett	<i>Director of Policy for Care Delivery Transformation and Strategy at the Health Policy Commission</i>	Y
Deborah Adair	<i>Director of Health Information Services/Privacy Officer, Massachusetts General Hospital</i>	Y
John Addonizio	<i>Chief Executive Officer, Addonizio & Company</i>	Y
John Halamka, MD	<i>Chief Information Officer, Beth Israel Deaconess Medical Center</i>	Y (phone)
Juan Lopera	<i>Vice President of Business Diversity, Tufts Health Plan</i>	N
Linda McGoldrick	<i>CEO and President, Financial Health Associates International</i>	Y
David Whitham	<i>Assistant Chief Information Officer for Health and Eligibility</i>	Y
Laurance Stuntz	<i>Director, Massachusetts eHealth Institute</i>	Y
Manuel Lopes	<i>Chief Executive Officer, East Boston Neighborhood Health Center</i>	Y
Michael Lee, MD	<i>Medical Director, Children’s Hospital Integrated Care Organization</i>	Y
Pramila R. Yadav, M.D.	<i>Private Practice Obstetrics & Gynecology, Beth Israel Deaconess Medical Center</i>	Y
Sean Kay	<i>Global Accounts District Manager, EMC Corporation</i>	N
Ray Campbell	<i>Executive Director of Massachusetts Center for Health Information and Analysis</i>	Y
Frank Gervasio	<i>Project Manager, Executive Office of Administration and Finance</i>	N
Naomi Prendergast	<i>President & Chief Executive Officer, D’Youville Life and Wellness</i>	N
Helena Fruscio Altman	<i>Deputy Assistant Secretary of Innovation, Entrepreneurship and Technology and Director of the Creative Economy</i>	Y (phone)
Michael Miltenberger	<i>Vice President Healthcare Team, Advent International</i>	Y
Nancy Mizzoni, RN	<i>Practicing Nurse and Clinical Instructor at Northeastern University</i>	Y
Dicken S. C. Ko, MD	<i>Chief Medical Officer / Vice President of Medical Affairs, St. Elizabeth’s Medical Center, Steward Healthcare</i>	N
Diane Gould	<i>President and Chief Executive Officer, Advocates, Inc.</i>	N

Note: The above list provides the HIT Council Members at the time of the August 6, 2018 meeting.

¹ Monica Sawhney attended the August HIT Council meeting as Daniel Tsai’s designee

Discussion Item 1: Welcome

Undersecretary Lauren Peters called the meeting to order at 3:35 PM. The Undersecretary welcomed the Health Information Technology Council to the August 6, 2018 meeting.

The May 2018 HIT Council meeting minutes were approved with an update to Dr. Lee's position.

Discussion Item 2: EOHHS ENS Initiative Update

See slides 5-7 of the presentation. The following are explanations from the presenter, and comments, questions, and discussion among the Council Members that are in addition to the content on the slides.

David Whitham, Assistant CIO for Health and Eligibility at EOHHS, provided an update on the EOHHS Event Notification Service (ENS) Initiative.

Reviewing slides 6 and 7, David Whitham provided an update on the timeline for the Event Notification Service (ENS) Request for Responses (RFR). The procurement team is currently reviewing the six bids and anticipates recommending a vendor and starting contract negotiations in November 2018. David noted that members of the HIT Council participated in the review process. He also explained that the selection date is later than initially anticipated as all of the bids were robust and the procurement team is spending extra time reviewing them to ensure they make the right decision.

Speaking to slide 7, David noted that they plan to seek approval of the contract from CMS in the first half of 2019. Deborah Adair asked what was involved in the CMS review. David explained that because EOHHS is receiving federal funding for this project, they are required to get CMS approval of the contract once they've negotiated it with the selected vendor. He noted that the CMS procurement procedures generally align with the Commonwealth's procedures.

Discussion Item 3: Hlway 2.0 Migration Update

See slides 8-15 of the presentation. The following are explanations from the presenter, with additional comments, questions, and discussion among the Council Members.

Kim Tuon-Mennella, Project Manager, presented an update on the Hlway 2.0 migration.

Since the last HIT Council meeting, EOHHS has begun migrating Hlway participants to the 2.0 platform. They have been conducting testing with Orion Health in the non-production environment and have migrate five clinical nodes with an additional four nodes scheduled for August.

EOHHS has also been working with a group of pilot sites to migrate them first and they have taken away valuable feedback to help streamline the process. Based on that feedback, they developed instructions, forms, and outreach materials and started their participant awareness campaign in June. The campaign includes webinars with specific calls to action for participants to complete the required paperwork so that EOHHS can schedule migrations based on participants' readiness and preferences. Once the paperwork is complete, the migration can happen very quickly. Once all participants are migrated over, EOHHS will sunset Hlway 1.0.

Linda McGoldrick asked what percent of all Hlway participants are in the migration process right now. Kim said that it is a small percentage of participants as of right now, approximately 3-5%, but that they

will be able to schedule and migrate a larger number once the participants complete the required paperwork. The Mass HIway Account Management team has been focusing its outreach efforts on identifying appropriate contacts for organizations so that the appropriate contacts are informed of the need to complete the required migration forms. Linda asked if there are specific Account Managers from the HIway assigned to each organization. David Whitham said that the HIway has dedicated resources working on this transition and that the HIway, Orion, and MeHI teams are all working together on this.

Dr. John Halamka spoke about CMS's Interoperability Rule. He noted that everything discussed in the HIway's plan is included in what is required for FY19 under the new rule and is exactly what the current administration in Washington is going to demand.

Dr. Michael Lee asked if there would be any changes from an end-user perspective on provider to provider messaging in HIway 2.0. Kim said that there won't be any major changes for provider to provider communications. Dr. Lee asked if HIway 2.0 addresses the issues related to routing information to specific providers within a hospital and organization. Ryan Thomas said there have been some changes to strengthen capabilities and to be in line with the 2015 ONC specifications, but the routing capabilities for providers are the same. David noted that while the changes in HIway 2.0 do not resolve the routing question, there is now the ability to send information to multiple providers. This was not possible with HIway 2.0 should and should help to address some of the requests from HIway 1.0 participants.

Laurance Stuntz asked the HIway team to provide a dashboard of migration progress for all participants at future HIT Council meetings. David said that they will provide that going forward.

Kim and David both noted that while this is largely an IT project, the biggest lift for participants in the paperwork. EOHHS has been focusing a lot of their effort to make that process as easy as possible and to prepare organizations so they understand what is required of them.

Discussion Item 4: HIway Connection Requirement: 2018 Update

See slides 16-28 of the presentation. The following are explanations from the presenters, and comments, questions, and discussion among the Council Members that are in addition to the content on the slides.

Michael Chin, Senior Policy Analyst, and Chris Stuck-Girard, Policy Analyst, presented an update on the HIway Connection Requirement.

Michael Chin noted that the information presented today was only a preliminary update because the due date for attestations was July 1st and EOHHS is still receiving and reviewing the 2018 attestations. He anticipates that they will provide a full wrap up of the 2018 attestations at either the November 2018 or February 2019 HIT Council meetings. Referencing the HIway connection requirements on slide 17, Michael spoke about the higher bar for the Year 2 attestations, which applied to acute care hospitals this year. He noted that many of the hospitals attested in Year 1 citing use cases that would not meet the requirements for Year 2. Michael also noted that they moved to an online attestation form this year and that they received no complaints on that transition.

Chris Stuck-Girard provided an update on the number of attestations they received as of July 23, 2018. EOHHS has received forms from 77% of acute care hospitals, 66% of large Community Health Centers, and 60 large and medium medical ambulatory practices, which represented 546 entities. They are currently in the process of refining the list of medical ambulatory practices that have a connection requirement. EOHHS is also keeping a list of all the questions they have received on the attestation process and the answers so that they can quickly refer to them if they receive similar questions in the future.

Deborah Adair asked about penalties for organizations who did not attest or meet the attestation requirements. Chris said that there are no penalties for organizations until Year 4 of their connection requirement. Although penalties don't go into effect until year 4, EOHHS is still keeping track of who does and does not meet the requirements and they are using that information to inform their outreach efforts. Michael noted that the Hlway regulations have a schedule of the specific penalties and that the penalties were intentionally not exorbitant.

Dr. Michael Lee asked about licensing requirements for physicians to connect to the Hlway. Laurance Stuntz said that there is a provision under Chapter 224 of the Massachusetts General Laws that requires physicians licensed under BORIM to demonstrate that they use an interoperable electronic health record. He said that the regulations defined a couple of ways for physicians to attest. He has asked BORIM for a report on the progress of physicians in meeting that requirement but has not received one.

Ray Campbell asked how the Year 2 attestations compare to the Year 1 results for acute care hospitals. Michael said that last year, in the end, all but one hospital met the attestation requirements and they expect the last organization to come into compliance this year. They are still waiting for final results from this year; however, he anticipates that the number may be lower this year as there is a higher bar for the Year 2 attestations.

Discussion Item 5: Massachusetts eHealth Institute FY19 Plan and Budget

See slides 29-38 of the presentation. The following are explanations from the presenter and comments, questions, and discussion among the Council Members that are in addition to the content on the slides.

Laurance Stuntz, Director of MeHI at the Massachusetts Technology Collaborative, gave a presentation on MeHI's FY19 Operating Plan and budget.

Lauren Peters introduced Laurance Stuntz and noted that statute requires MeHI to annually present their budget to the HIT Council for input, but that the HIT Council is not required to formally approve or endorse the budget.

Laurance explained that MeHI is funded through a couple of mechanisms, including the eHealth Institute Fund and contracts with EOHHS. In speaking to slide 31, he noted changes in MeHI's governing statute over time that have expanded MeHI's work, most recently to encompass supporting the Governor's Digital Health Initiative. Now that data from almost all healthcare visits is collected electronically, MeHI's work now focuses on sharing that data and the innovative use of technology through shared use cases and the growth of the digital health cluster in Massachusetts.

In slides 34-37, Laurance provided a high level overview of the planned activities for each of MeHI's programs: the Digital Health Initiative, HIway Adoption and Utilization Services, and Medicaid Services. He also provided a high level overview of MeHI's FY19 funding sources and anticipated sources beyond FY19. He noted that the eHealth Institute Fund has been funded twice since MeHI was created and, while it is not in immediate danger of running out of funding, replenishing the fund long term is a goal MeHI is working toward.

There were no questions from Council members.

Discussion Item 6: Brockton Neighborhood Health Center Use Case Success Story

See slides 39-50 of the presentation. The following are explanations from the presenter and comments, questions, and discussion among Council Members that are in addition to the content on the slides.

Allyson Pinkhover, Program Manager for Substance Use Services at Brockton Neighborhood Health Center, presented on Brockton Neighborhood Health Center's Connected Communities Implementation Grant.

Referring to slide 41, Allyson spoke about how they were able to connect with four different EHR systems and multiple HSPs as part of the project. Michael Miltenberger noted that they worked with a diversity of systems on this and wondered what they learned from that experience. Allyson said the biggest take away was that you cannot get your EHR vendor involved in a project like this early enough. She also noted that High Point and BAMSI were just rolling out their EHRs in addition to participating in this project, but that it was a good opportunity for their organizations to start innovatively using their EHRs right away.

Katherine Shea Barrett asked about the constraints of 42 CFR on the third use case in the project. Allyson moved on to slide 43 and noted how much time they had to spend on the issue of patient consent for this project. She said that they decided to make their consent to release information forms electronic within their EHR, which provided a number of functionalities, including denying the ability to send a continuity of care document (CCD) for that patient if the patient had denied consent or the consent had expired. Katherine asked if they would still be unable to send a CCD in an emergency. Allyson said their policy is to still try to get consent during an emergency, but that if they are unable to, they document the reasons and attempts in the EHR and then can send the information.

In looking at the outcomes on slide 48, David Whitham asked how they measured the decrease in time for the workflow. Allyson said they completed a time study with select staff across the five participating organizations.

Laurance Stuntz said that MeHI is working on writing up the results for all eight of the Connected Communities grants and that he will share the link to that information with the HIT Council members when it is ready.

The HIT Council members offered lots of kudos and congratulations to Allyson and BNHC on the success of their project.

Conclusion

The next meeting of the HIT Council is **November 5, 2018**.

Undersecretary Lauren Peters adjourned the HIT Council at 4:45 PM.