Meeting Minutes
Health Information Technology Council Meeting
February 5, 2018
3:30 – 5:00 P.M.

One Ashburton Place, Boston, MA 02108

HIT Council Members

Name	Organization	Attended
Secretary Sudders [1]	*Secretary of Health and Human Services (Chair)*	N
Daniel Tsai [2]	*Assistant Secretary, Mass Health*	N
David Seltz [3]	*Executive Director of Health Policy Commission*	N
Deborah Adair	*Director of Health Information Services/Privacy Officer, Massachusetts General Hospital*	Y
John Addonizio	*Chief Executive Officer, Addonizio & Company*	N
John Halamka, MD	*Chief Information Officer, Beth Israel Deaconess Medical Center*	N
Juan Lopera	*Vice President of Business Diversity, Tufts Health Plan*	Y
Justine Carr, MD	*Former Chief Medical Officer, Steward Health Care System*	N
David Whitham	*Assistant Chief Information Officer for Health and Eligibility*	Y
Laurance Stuntz	*Director, Massachusetts eHealth Institute*	Y
Manuel Lopes	*Chief Executive Officer, East Boston Neighborhood Health Center*	N
Michael Lee, MD	*Director of Clinical Informatics, Atrius Health*	Y
Patricia Hopkins, MD	*Rheumatology & Internal Medicine Doctor (Private Practice)*	N
Sean Kay	*Global Accounts District Manager, EMC Corporation*	N
Ray Campbell	*Executive Director of Massachusetts Center for Health Information and Analysis*	Y
Naomi Prendergast	*President & Chief Executive Officer, D'Youville Life and Wellness*	Y
Helena Fruscio Altman [4]	*Deputy Assistant Secretary of Innovation, Entrepreneurship and Technology and Director of the Creative Economy*	Y
Michael Miltenberger	*Vice President Healthcare Team, Advent International*	Y
Nancy Mizzoni, RN	*Practicing Nurse and Clinical Instructor at Northeastern University*	Y
Meghan Sisk [5]	*Deputy Chief of Staff, Executive Office for Administration and Finance*	N
Diane Gould	*President and Chief Executive Officer, Advocates, Inc.*	Y

Note: the above list provides the HIT Council Members at the time of the February 5, 2018 meeting.

1. Undersecretary Lauren Peters attended the February HIT Council as Secretary Sudders' designee
2. Monica Sawhney attended the February HIT Council as Daniel Tsai's designee
3. Katherine Shea Barrett attended the February HIT Council as David Seltz's designee
4. Helena Fruscio Altman attended the February HIT Council via telephone
5. Frank Gervasio attended the February HIT Council as Meghan Sisk's designee

Discussion Item 1: Welcome

The meeting was called to order by Undersecretary Lauren Peters at 3:33 PM. The Undersecretary welcomed the Health Information Technology Council to the February 2018 meeting.

Undersecretary Peters introduced Nancy Mizzoni, RN and Helena Fruscio Altman to the Council.

The November 2017 HIT Council meeting minutes were approved as written.

Discussion Item 2: HIT Annual Report

A motion was made by Undersecretary Peters to approve the HIT Annual Report. The motion was approved and the Report will be sent to the legislature.

Discussion Item 3: HIway 2.0 Update

See slides 4-10 of the presentation. The following are explanations from the presenters, with additional comments, questions, and discussion among the Council Members.

An update on the HIway 2.0 was presented by Dave Bowditch (Mass HIway Operations Manager), Ryan Thomas (Orion Health), and Jeffrey Grant (Orion Health)

EOHHS contracted with Orion Health to provide services for the implementation of HIway 2.0. The contract will cover software services and transition activities.

The benefits of Orion Health's Communicate product were discussed. HIway 2.0 will be DirectTrust certified and in-line with current standards. Additionally, the provider directory will be more standardized, and more HISPs will be connected to HIway 2.0 than were previously connected to HIway 1.0.

Referencing slide 7, a question was asked as to why Epic was not included on the list of HISP Organizations. The presenters responded that Epic is not a HISP itself, but rather uses other HISPs such as Surescripts.

Another question was raised about whether HIway 2.0 would be validated by The Sequoia Project's eHealth Exchange (formerly NwHIN). The presenters responded that additional research would be required before an answer could be provided.

Referencing slide 8, a question was asked about what additional burden there would be for organizations that are currently using the HIway. It was clarified that organizations currently on the HIway would be able to keep their current "domain name" and HIway Direct addresses, so they would not need to send a new address to trading partners. Webmail migration would be low impact, and LAND devices would be upgraded to Orion's Communicate Connect software, and possibly upgraded to a new device. Some downtime would be required during migration (estimated up to 48 hours) if an organization does not change its Mass HIway domain. No downtime would be required if an organization chooses to change to a new Mass HIway domain name.

Another question was asked regarding the downtime effects for organizations that are migrating to HIway 2.0. Orion will do a technology assessment for each HIway participant prior to migrating. There is a single migration per domain. For example, Partners may have many different organizations, but has a single domain.

A question was asked about what will happen to messages that are sent during an organization's down time. The response from Orion was that these messages would likely be queued or filtered and sent once the migration was complete.

Another question was asked about whether HIway 2.0 will support future query and retrieve. It was clarified that the HIway 2.0, as the Mass HIway's Direct Messaging component, would not include query and retrieve functionality. The Mass HIway is keeping abreast of query and retrieve capabilities of other services, but does not have specific plans for an implementation at this time.

A comment was made that ACOs and their Community Partners (CPs) should have some input in this migration discussion. An HIT Council Member noted that those discussions have been built into the onboarding process for HIway 2.0.

Discussion Item 4: HIway Connection Requirement: Year 1 & Year 2 Updates
See slides 11-18 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council Members that are in addition to the content on the slides.

An update on the HIway connection requirement was presented by Michael Chin, MD, Senior Policy Analyst at the Mass HIway

Background information on the connection requirement was provided:

In February 2017, the Mass HIway Regulations went into effect. A key part of these regulations was to implement the statutory requirement that all providers in the Commonwealth connect to the Mass HIway.

The regulations implemented a phased-in approach which progressively encourages use of the Mass HIway for Provider-to-Provider communications and bi-directional exchanges of information. The phased-in approach includes the following key elements:

- The initial date by which an organization needs to connect to the HIway (i.e., the "Year 1 HIway connection requirement") is different for different types of provider organizations
- The specifics of what organizations must do to meet the HIway connection requirement are different in Year 1 vs. Year 2 vs. Year 3

For calendar year 2018 there are two key milestones:

- Two new groups (i.e., Large and Medium Medical Ambulatory Practices, and Large Community Health Centers) are in "Year 1" of their HIway connection requirement, and are required to connect to the Mass HIway Details and definitions are included in regulations; and

- Acute care hospitals are in "Year 2" of their HIway connection requirement.

In March 2018, EOHHS will update the FAQ document that is currently available online, with details on the attestation process. Attestation forms are currently available online in PDF version, and EOHHS will release an online version in March.

A question was raised about whether there were concerns from organizations about meeting the connection requirement. Comments were made about the need for transparency about the process and that a dashboard aggregating concerns from providers and organizations would be helpful.

Discussion Item 5: EOHHS Event Notification Service (ENS) Initiative Update

See slides 19-22 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council Members that are in addition to the content on the slides.

An update on the Mass HIway Event Notification Service (ENS) was presented by David Whitham, Assistant CIO for Health and Eligibility at EOHHS

EOHHS' ENS Initiative has the goal of improving care coordination regarding transitions of care and health care events such as emergency room and hospital admissions, discharges and transfers.

EOHHS plans to implement a hybrid approach in two phases:

- Phase One - Implement a statewide ADT repository. In order to address the need for a statewide ADT repository EOHHS will implement a centralized statewide ADT repository and share ADTs from this repository with authorized private ENS vendors. Implementation of the statewide ADT repository will include patient identification and matching functions, and management of a centralized opt-in/opt-out mechanism.
- Phase Two (optional) - Implement a statewide ENS. In order to address the potential need for access to receiving event notifications: EOHHS will look for specific market segments that have difficulty in receiving notifications despite the implementation of Phase One. If EOHHS determines it necessary, it may implement a statewide ENS to produce event notifications for particular market segments that lack adequate access.

David Whitham informed the Council that the RFR was going through the last internal approvals and would be released soon.

A Council Member commented about the value of ENS as it relates to acute care use and asked if the RFR included a data analytics component. David Whitham clarified that the initial effort of ENS is to support continuity of care, and data analytics is not included in the RFR. Another Council Member commented that authorized vendors, both state and commercial, could provide this type of service, if necessary. Additional comments from the Council Members included a need to consider the privacy and security of data in ENS, including patients' permissions for data usage.

A Council Member asked about the state of Phase Two, and David Whitham clarified that it is still under consideration.

Discussion Item 6: HIway Adoption & Utilization Service (HAUS) Highlight

See slides 23-37 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

A description of HAUS was presented by Julie Creamer, Project Manager for the Mass HIway.

The HIway Adoption & Utilization Services (HAUS) initiative (formerly known as the Deep Dive initiative) will be re-aligning its services in the spring of 2018 to support MassHealth's transition to alternative payment models. The goal of the HAUS initiative is to increase the use of Direct Messaging for care coordination purposes and to more closely align these services with the real drivers of change in the Health IT space (i.e., payment reform). Services provided will include technical assessments, end-to-end management of health information exchange projects among multiple trading partners, workflow support, and overall change management.

A presentation on Mass HIway Interoperability Use Cases was provided by Padma Sastry, Shawn Howland, and Michele Crehan of Circle Health.

After the presentation, a Council Member asked if there were any key metrics related to the use cases. The presenters clarified that it is possible to measure the number of transactions, and can break down the number of ADTs. Circle Health is in the process of capturing outcome metrics for future reports.

Another Council Member questioned whether the workflows used with Cerner in the Circle Health use cases could also be used for other Cerner clients. Circle Health commented that the basic framework and standard foundation is broadly applicable.

Conclusion

The next meeting of the HIT Council is **Monday, May 7th 3:30-5:00 PM**.

The HIT Council was adjourned by Undersecretary Lauren Peters at 5:02 PM.