Meeting Minutes

Health Information Technology Council Meeting
May 7, 2018

3:30 – 5:00 P.M.

One Ashburton Place, Boston, MA 02108

HIT Council Members

Name	Organization	Attended
Lauren Peters	*Undersecretary of Health and Human Services (Chair – Designee for Secretary Sudders)*	Y
Daniel Tsai [1]	*Assistant Secretary, Mass Health*	N
Katherine Shea Barrett	*Director of Policy for Care Delivery Transformation and Strategy at the Health Policy Commission*	Y
Deborah Adair	*Director of Health Information Services/Privacy Officer, Massachusetts General Hospital*	Y
John Addonizio	*Chief Executive Officer, Addonizio & Company*	Y
John Halamka, MD	*Chief Information Officer, Beth Israel Deaconess Medical Center*	N
Juan Lopera	*Vice President of Business Diversity, Tufts Health Plan*	Y
Linda McGoldrick	*CEO and President, Financial Health Associates International*	Y
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*	Y
Michael Lee, MD	*Medical Director, Children's Hospital Integrated Care Organization*	N
Pramila R. Yadav, M.D.	*Private Practice Obstetrics & Gynecology, Beth Israel Deaconess Medical Center*	Y
Sean Kay	*Global Accounts District Manager, EMC Corporation*	N
Ray Campbell	*Executive Director of Massachusetts Center for Health Information and Analysis*	N
Frank Gervasio	*Project Manager, Executive Office of Administration and Finance*	N
Naomi Prendergast	*President & Chief Executive Officer, D'Youville Life and Wellness*	Y
Helena Fruscio Altman [3]	*Deputy Assistant Secretary of Innovation, Entrepreneurship and Technology and Director of the Creative Economy*	N
Michael Miltenberger	*Vice President Healthcare Team, Advent International*	Y
Nancy Mizzoni, RN	*Practicing Nurse and Clinical Instructor at Northeastern University*	Y
Dicken S. C. Ko, MD	*Chief Medical Officer / Vice President of Medical Affairs, St. Elizabeth's Medical Center, Steward Healthcare*	Y
Diane Gould	*President and Chief Executive Officer, Advocates, Inc.*	Y

Note: The above list provides the HIT Council Members at the time of the May 7, 2018 meeting.

[1] *Gary Sing attended the May HIT Council as Daniel Tsai's designee*
[2] *Heather Famico attended the May HIT as Helena Fruscio Altman's designee*

Discussion Item 1: Welcome

The meeting was called to order by Undersecretary Lauren Peters at 3:35 PM. The Undersecretary welcomed the Health Information Technology Council to the May 7, 2018 meeting.

Undersecretary Peters introduced new members Dr. Dicken Ko, Linda McGoldrick, and Dr. Pramila Yadav to the Council.

The February 2018 HIT Council meeting minutes were approved as written.

Discussion Item 2: EOHHS ENS Initiative Update

See slides 5-8 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.

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

Reviewing the information on slides 6 and 7, David Whitham provided an overview of the timeline for the Event Notification Service (ENS) Request for Responses (RFR). The RFR, as well as the questions from bidders and responses provided by EOHHS, is accessible via the hyperlink on slide 7.

Referencing slide 8, EOHHS hopes to select and contract with a vendor prior to September 2018. A question was raised by Laurance Stuntz as to whether EOHHS needed help to review the responses from the bidders. David Whitham replied that EOHHS discussed sharing responses for outside review, but members of the Council may have relationships with vendors, so the RFR review would likely be internal to EOHHS. There may be some need for subject matter expertise from the Council, but that has not yet been determined. Laurance Stuntz recommended that the RFR review process should be opened to Council members that may want to participate. Deborah Adair agreed that members of the Council could offer insight related to the RFR responses.

Undersecretary Lauren Peters stated that EOHHS would respond before the next Council meeting in August about possible ways to incorporate input from interested Council members.

Another question was raised by Heather Famico as to how many people comprised the ENS RFR review team? David Bowditch replied that six voting members and three additional subject matter experts from EOHHS make up the review team.

Deborah Adair asked if the selected vendor would be announced prior to the next Council meeting in August. David Whitham responded that based upon the schedule displayed on slide 8 EOHHS was hoping to announce the selected vendor before the next Council meeting.

Discussion Item 3: HIway 2.0 Migration Update

See slides 9-13 of the presentation. The following are explanations from the presenter, with additional comments, questions, and discussion among the Council Members.

An update on the HIway 2.0 migration was presented by Dave Bowditch, Mass HIway Operations Manager

EOHHS contracted with Orion Health to provide services for the implementation of HIway 2.0. The initial set-up and installation of HIway 2.0 is complete. The HIway has pilot sites lined up to test HIway 2.0, but is looking for more organizations to act as pilot sites. EOHHS plans to move over current participants to HIway 2.0 in waves.

As part of enrolling for HIway 2.0, there will be an identity-proofing process, which may drive the timeline. HIway 1.0 will continue operating in parallel to HIway 2.0 until the migration is complete.

Laurance Stuntz asked what was perceived to be the biggest risk in the HIway 2.0 migration. David Bowditch replied that the timeline is a risk, since every HIway participant will need attention and that the response level may vary by organization. Laurance Stuntz also questioned why organizations would want to migrate and/or join HIway 2.0. David Bowditch responded that there will be a new Provider Directory from Orion Health and an increase in webmail functionality, among other benefits.

Gary Sing asked about the breakdown of HIway participants, and what the expected downtime for organizations would be during migration. David Bowditch did not have current estimates at hand, but estimated that there are 300 webmail participants, 35 LAND participants, and between 25 and 30 XDR participants. The anticipated downtime could be between one hour and 48 hours. [Note: The current estimates for sites to migrate, confirmed after the meeting, are: 295 Webmail, 100 LAND, and 45 XDR.]

Linda McGoldrick asked if the HIway 2.0 model was scalable, and about the pricing and financial model. David Bowditch said it was scalable, and that the new platform is cloud-based. The vendor, Orion Health, can support Massachusetts and other states. Funding for the HIway comes from the CMS HITECH program, as well as state funds. HIway participants also pay modest fees.

David Bowditch clarified that the HIway operates without a central repository (i.e., does not house medical records).

Discussion Item 4: HIway Outreach Transition and HAUS Initiative Update

See slides 14-18 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.

An update on the HIway Outreach Transition and HAUS Initiative was presented by Julie Creamer, Project Manager for the Mass HIway, and Keely Benson of MeHI

Julie Creamer introduced herself, and announced that EOHHS selected the Massachusetts eHealth Institute (MeHI) as the vendor for the Mass HIway outreach and education, account management, and provider consulting services. Julie Creamer thanked the previous vendor, the Massachusetts eHealth Collaborative (MAeHC), for services over the past five years.

Referencing slide 16, Julie Creamer informed the Council that when migration to HIway 2.0 occurs, MeHI will follow-up with participants to ensure a smooth transition. MeHI is also supporting EOHHS with answering questions related to the attestation process regarding the Mass HIway connection requirement.

Michael Miltenberger asked about the communication from EOHHS to providers regarding the HIway that will help make ACO programs successful. Julie Creamer responded that the HIway Adoption and Utilization Services (HAUS) provided by MeHI will help make sure providers have what they need. Gary Sing added that MassHealth technical assistance will work collaboratively with the HAUS program. Part of the Delivery System Reform Initiative Payment (DSRIP) Program's efforts will include featuring the HAUS Initiative in DSRIP's communications to participants so that they are aware of the services available through HAUS.

Manuel Lopes asked what organizations were participating in the ACO Community Partner program, and how they would be targeted to ensure that they receive enough help in the program. Gary Sing clarified that behavioral health and long-term services and support (LTSS) organizations were community partners. Those organizations historically have been under-resourced when compared to medical providers, but part of the DSRIP funding will have a portion designated specifically to these BH and LTSS Community Partners, a portion of which is being used to support investments in health information technology (HIT). The HIT funding can help organizations implement technology. Katherine Shea Barrett asked if organizations were being given help in selecting the right vendor. Gary Sing replied that MeHI offers free toolkits on its website, and that the state cannot make specific recommendations to organizations when selecting vendors without issuing a formal procurement. Laurance Stuntz added that MeHI has experience in helping organizations determine the appropriate vendor.

Keely Benson, of MeHI, clarified that among the behavioral health community partners, most have an EHR. About half of the LTSS community partners do not have an EHR. Laurance Stuntz added that right now is a good opportunity for the HIway to lay out what ACOs can and should be doing around information exchange.

Manuel Lopes asked if it was possible to have a rating system, especially for behavioral health community partners. David Whitham responded that it may not appropriate for public agencies to formally recommend specific vendors as being better than others. However, one way to help organizations would be to hold user groups where community partners may learn about the various vendors and their capabilities.

Referencing slide 17 and 18, Keely Benson, of MeHI, reviewed HAUS, and added that MeHI has worked with many of the ACO and community partner organizations through previous grant work. Right now, MeHI is in the process of developing resources to support care coordination, which will be available on the HIway website when completed. MeHI's previous and current work with grants to promote interoperability has positioned it well to support the HIway.

Discussion Item 5: Cape Cod Healthcare Use Case Success Story

See slides 19-26 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.

A presentation on Cape Cod Healthcare's Connected Communities Implementation Grant was provided by Darlene Vendittelli, of Cape Cod Healthcare, and Jennifer Bendfeldt, of ECG Management Consulting

After the presentation, Naomi Prendergast stated that the presentation showed how there is a big gap in knowledge between skilled nursing home/long term care organizations and the rest of healthcare. She asked if it was possible, through the Connected Communities Implementation Grant, to show how it is necessary to have an EHR. Jennifer Bendfeldt replied that at the last networking event for grant participants, the need for an EHR was emphasized as an essential element to prepare for the future of healthcare. David Whitham asked why there was so much attrition by organizations at the beginning of the grant, and why some organizations continued to stay involved. Jennifer Bendfeldt responded that, for the grant, organizations needed to have the right technology or at least have plans to implement technology, in order to meet the grant deadlines. Some organizations did not have the resources to commit to the grant deadlines. Darlene Vendittelli added that it was cost prohibitive for some smaller organizations, and that Cape Cod Healthcare did offer some one-time compensation for organizations, which encouraged participation. There were also some organizations with a large corporate structure that was limiting. Through the grant, Cape Cod Healthcare provided support through education, which participating organizations found helpful.

Dr. Dicken S. C. Ko asked about the cost of healthcare delivery related to the grant. While quality of care and accuracy is important for patients, the project seems expensive. Darlene Vendittelli replied that the project was very expensive, technology and resource-wise, and that the system upgrades were significant. Right now, the return on investment has not yet been determined since it is too early, but the grant was extremely helpful for workflow improvements.

Linda McGoldrick asked what success would look like for the participants of the grant. Darlene Vendittelli responded that, ideally, 100% of discharges would include a C-CDA, which was the goal metric for the grant. Also, it would be ideal for every EHR to be able to consume everything it receives, but that is not the case in the current state.

Conclusion

The next meeting of the HIT Council is **August 6, 2018**.

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