Meeting Minutes

Health Information Technology Council Meeting
November 5, 2018

3:30 – 5:00 P.M.

One Ashburton Place, Boston, MA 02108

HIT Council Members (not updated to Nov meeting yet)

Name	Organization	Attended
Lauren Peters	*Undersecretary of Health and Human Services (Chair – Designee for Secretary Sudders)*	Y
Daniel Tsai	*Assistant Secretary, Mass Health*	Y
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*	N
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	*Director of Clinical Informatics, Atrius Health*	N
Pramila R. Yadav, M.D.	*Private Practice Obstetrics & Gynecology, Beth Israel Deaconess Medical Center*	N
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*	N
Helena Fruscio Altsman	*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*	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 November 5, 2018 meeting.

*Andrew Jackman attended in place of Ray Campbell

Discussion Item 1: Welcome

Undersecretary Lauren Peters called the meeting to order at 3:33 PM. The Undersecretary welcomed the Health Information Technology Council to the November 5, 2018 meeting.

The August 2018 HIT Council meeting minutes were approved.

Discussion Item 2: Mass HIway Program Director Introduction

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.

Lauren Peters introduced Bert Ng as the new Mass HIway Program Director, and shared his background.

Bert Ng discussed objectives as well as provided an overview of goals and objectives for the next 5 years. This includes: supporting care coordination, promoting interoperability, and engagement of HITC and Stakeholders.

Laurance Stuntz asked about supporting care coordination, and broadening the definition of HIway to include market-based solutions rather than focusing solely on systems the state has built and run. Bert Ng and David Whitham agreed and added that EOHHS needs to determine what the true landscape is and where it makes sense to leverage market services vs. services built by the HIway. David Whitham said that the HIway and Direct messaging don't have to be in lock step.

Discussion Item 3: EOHHS Notification Services (ENS) Initiative Update

See slides 8-11 of the presentation. The following are explanations from the presenter, with additional comments, questions, and discussion among the Council Members.

David Whitman gave an overview of the RFR issued in February 2018. EOHHS received six responses and an analysis of these responses showed a nearly 80% penetration rate of private ENS among Acute Care Hospitals, with significant adoption among non-hospital providers. As a result of this analysis, EOHHS determined that a state-based ADT repository would be duplicative of existing capabilities and the state's focus should shift toward engaging existing vendors.

A request for information was released at the end of October 2018. The RFI is seeking comments and feedback from vendors and providers. Bert Ng said that the goal is to make the process of sharing health information electronically easier for providers.

Katherine Shea Barrett asked for clarification regarding the relationship between providers and vendors and asked for assurance that it would be up to the hospital to decide whether or not it wants to participate. Bert Ng responded that part of what EOHHS is trying to do is clean up the process and make it easier to share the information and to ensure that new contracts can be formed and data flows more cleanly and freely. Daniel Tsai added that they are hearing from vendors about gaps in information sharing, as well as the lack of infrastructure provided or enabled by the state. These gaps are hindering the ability of providers to coordinate care. Looking at many ACOs, 80-85% of hospitals is participating in some of these solutions and are figuring out how to work with these vendors. EOHHS went through the evaluation process over a period of 1.5 years only to arrive at the same point where they are currently. They looked at what was already going on in the market, and looked at how they could leverage what was already going on, and make it easier for everyone.

To clarify, the goal is not to lose any of the policy benefits, but rather to not spend a year and a half doing a full circle and come back to where the market is currently.

Lauren Peters added that they should look at how to target the ~20% of hospitals not engaging with vendors, which is the focus of the RFI. How can the market be leveraged, and how can EOHHS get vendors to share data? Those are some of the questions being addressed with the RFI.

Another question was raised about getting data quickly enough. Deborah Adair stated that it is difficult to envision how the process would work. Lauren Peters addressed the comment by stating that the goal is for your own organization to contract with one certified vendor, and a condition of that certification would be for that vendor to be required to share with other certified vendors.

Deborah Adair addressed a concern about PHI being shared amongst all vendors and asked for more details on the privacy issue. She also questioned the cost of this change. Daniel Tsai said there should be a set of clear policy and program objectives to be solved by the proposal. He said that vendors should be required to meet a set of criteria to mitigate PHI concerns with multiple vendors. It requires a bit of time to map out the options and put the criteria in place, and they don't intend to spend another 18 months to get to the point they are at currently.

Lauren Peters addressed the PHI concern, and agreed it should be kept in mind moving forward. She made a request for feedback from all Council members. She added that there is a large portion of the environment already engaged with a vendor, and the rules that govern those arrangements would continue to exist; further protections can be added for when the information is shared amongst additional vendors through the certification process. It wouldn't create any additional limitations. The policies that govern current vendors today would continue to exist.

Deborah Adair wanted to know who would manage the flow of information. Laurance Stuntz said her comments should be included in the RFI.

Diane Gould said that she was concerned with Behavioral Health Community Partners (BHCPs) having access to all the ADTs and thinks that CPs could be left out. Daniel Tsai responded that these concerns could be addressed through certification criteria. Diane said that BHCPs are having trouble exchanging any documents with the ACOs. Manuel Lopes said that East Boston Neighborhood Health Center is having the same problem.

Laurance Stuntz noted that they should look to see what is not in the policy that should be promoted through the certification process. What policies would make sense from a community behavior health viewpoint?

Linda McGoldrick said it feels like a linear sequential process as opposed to a more integrated communication. She asked if the Council has convened the stakeholders and whether it would be helpful to do so. Lauren Peters replied they can certainly take that suggestion back since one goal of this process is to get feedback. Bert Ng's appointment will also make it easier to engage with stakeholders, but they do need to be careful of open meeting procedures. David Whitham said that the RFI does allow these conversations to occur, but an additional level of rigor could allow those conversations to continue.

Naomi Prendergast asked for clarification on language in RFI – rehab facility vs. nursing home. Lauren Peters answered – it was just used as an example on how information could be filtered.

Katherine Shea Barrett agreed that a market certification process is the way to get quickly to market but she wants to make sure that the policy goals are the same and haven't changed. Other Council members agreed.

RFI responses are due at the end of the month.

Bert Ng offered to reach out and meet with all Council members on an introductory basis, which could be used as an opportunity to provide feedback on this issue or other issues; these meetings could jumpstart more engagement on this issue. At the next council meeting in February, they will come back with what the feedback has been given and hopefully move forward.

Deborah Adair said three months is a long time, and is there any way to have some update before the next council meeting. Lauren Peters said the individual conversations Bert Ng will have with members could be used to provide updates.

Bert Ng provided a timeline: November - complete RFI process. December/January - staff will look over responses; reach out to commission/council members. February – update at council meeting.

After that, they will start on regulatory phase, with the goal to ensure a certification process is in place by July 1, 2019.. In the meantime, providers should begin working/engaging with ENS vendors if they are not already doing so.

Discussion Item 4: HIway 2.0 Migration Update

See slides 12-17 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.

Dave Bowditch provided an update on the 2.0 migration.

The upgrade (2.0) was necessary to leverage the standards for direct messaging that didn't exist when the HIway was created. The HIway team has been working with Orion health to migrate participants to the new system.

A milestone has been reached – all CG nodes have been migrated.

Migration scheduling is ongoing into November, December, and January.

Moving forward, the HIway is in the process of following up with late respondents. All participants are expected to be migrated by the 1st quarter of 2019. It is taking less time to complete the migration process than it has previously (~4 hours).

David Whitham praised the team for doing an excellent job migrating participants from 1.0 to 2.0. He asked all Council members to make sure their teams have made the switch, and to do so if they have not already done it. David reiterated that the forms completion takes the longest amount of time(3-4 weeks), so he urged anyone still needing to migrate to get the process started.

Discussion Item 5: HIway Connection Requirement

See slides 18-21 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.

Chris Stuck-Girard provided an overview of the connection requirements.

Since the last HITC meeting in August, 28 provider organizations have attested (see slide for overall numbers).

Submissions were analyzed, and organizations that did not meet requirements were referred to MeHI so account managers could follow up.

Deborah Adair asked if some practices could fly under the radar. Chris agreed it was possible, if they were on the border. There isn't an exhaustive list for practices, if they're on the edge (10 doctors, nurses, etc.), they may be missed in the process. It's not possible to confidently state percentages of how many have been reached (550 out of…?)

Discussion Item 6: HIE Success Story

See slides 22-36 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.

David LaPlatney from Behavioral Health Network presented on an HIE success story at his organization.

Conclusion

The next meeting of the HIT Council is **February 4, 2019**.

Undersecretary Lauren Peters adjourned the HIT Council at 5:05.