Meeting Minutes
Health Information Technology Council Meeting
November 6, 2017

3:30 – 5:00 P.M.

One Ashburton Place, Boston, MA 02108

HIT Council Members

Name	Organization	Attended
Secretary Sudders	*Secretary of Health and Human Services (Chair)*	Y
Daniel Tsai [1]	*Assistant Secretary, Mass Health*	N
David Seltz [2]	*Executive Director of Health Policy Commission*	N
Deborah Adair [3]	*Director of Health Information Services/Privacy Officer, Massachusetts General Hospital*	N
John Addonizio	*Chief Executive Officer, Addonizio & Company*	Y
John Halamka, MD	*Chief Information Officer, Beth Israel Deaconess Medical Center*	Y
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*	Y
Michael Lee, MD [4]	*Director of Clinical Informatics, Atrius Health*	Y
Patricia Hopkins, MD	*Rheumatology & Internal Medicine Doctor (Private Practice)*	Y
Sean Kay	*Global Accounts District Manager, EMC Corporation*	Y
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 [5]	*Deputy Assistant Secretary of Innovation, Entrepreneurship and Technology and Director of the Creative Economy*	N
Michael Miltenberger	*Vice President Healthcare Team, Advent International*	Y
Margie Sipe, RN	*Assistant Professor, MGHIHP and Nursing Program Director at Brigham and Women's*	N
Meghan Sisk	*Deputy Chief of Staff, Executive Office for Administration and Finance*	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 November 6, 2017 meeting.

1. Ipek Demirsoy attended the November HIT Council as Dan Tsai's designee
2. Katherine Shea Barrett attended the November HIT Council as David Seltz's designee
3. Cynthia Bero attended the November HIT Council as Deborah Adair's designee
4. Michael Lee M.D. attended the November HIT Council via telephone
5. Heather Famico attended the November HIT Council as Helena Fruscio Altman's designee

Discussion Item 1: Welcome & HIT Council Annual Report

The meeting was called to order by Secretary Sudders at 3:32 P.M. The Secretary welcomed the Health Information Technology Council to the November 2017 meeting.

The Annual Report was approved as written.

The August HIT Council meeting minutes were approved as written.

Discussion Item 2: HIway Connection Requirement: Year 1 & Year 2 Updates

See slides 3-7 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 connection requirement was presented by Michael Chin, MD, Senior Policy Analyst at MassHealth

Background information on the connection requirement was provided:

Earlier this year, 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 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

The HIway connection requirement follows a four-year phased-in approach, encouraging use of the Mass HIway for Provider-to-Provider communications as well as bi-directional exchanges of information.

In addition to using HIway Direct Messaging, Acute Care Hospitals are also required to send Admission Discharge Transfer notifications (ADTs) to the Mass HIway within 12 months of the ENS' launch as a part of the HIway connection requirement.

- Year 1: Send or receive HIway Direct Messages for at least one use case (within any category of use cases).
- Year 2: Send or receive HIway Direct Messages for at least one use case that is within the Provider-to-Provider Communications category of use cases.

- Year 3: Send HIway Direct Messages for at least one use case, and also receive HIway Direct Messages for at least one use case. Both of these uses cases should be within the Provider-to-Provider Communications category of use cases.
- Year 4: The provider organization may be subject to penalties, if that organization has not met the connection requirements outlined above.

Penalties do not take effect until Year 4 of the connection requirement.

Findings from the Year 1 attestations received thus far included:

- A majority of use cases were public health reporting related (64%). Transaction counts tell us that about 90% of all HIway traffic is related to Public Health Reporting. 34% of organizations reported using the HIway for Provider-to-Provider Communications and 2% quality reporting.
- How hospitals connect to the HIway: the majority connect directly (98%), while 2% reported connecting via a HISP. EOHHS foresees HISP connections increasing in coming years.
- It was noted that some Acute Care Hospitals connect to the HIway via more than one method.
- Only one hospital which provides more niche services has not yet meet the requirement, but the HIway has been communicating with that hospital to implement a HIway connection and use case.

An overview of the 2018 HIway connection requirements was provided.

- Acute Care Hospitals:
    - January 1, 2018: The Year 2 requirement for Acute Care Hospitals is to send or receive HIway Direct Messages for at least one use case that is within the Provider-to-Provider Communications category of use cases
    - July 1, 2018: is the due date for the Year 2 Attestation Form
- Large & Medium Medical Ambulatory Practices and Large Community Health Centers:
    - January 1, 2018: The Year 1 requirement is to send or receive HIway Direct Messages for at least one use case. That use case can be within any category of use cases.
    - July 1, 2018: is the due date for the Year 1 Attestation Form

Large and Medium Medical Ambulatory Practices, and Large Community Health Centers are defined in the Mass HIway regulations as having 10 or more licensed providers participating in providing health care. A licensed provider is defined to be a medical doctor, doctor of osteopathy, nurse practitioner, or physician assistant.

Next steps were provided:

- Updates to the Year 1 Attestation Form and the new Year 2 Attestation Form – goal to make them available by the following dates (in advance of the July 1, 2018 submission due date for these forms): January 1, 2018 for a paper version of the form, and March 1, 2018 for an on-line version of the form

- The HIway plans to conduct additional stakeholder outreach regarding the HIway connection requirement, including a January 2018 webinar to help stakeholders who will be completing the attestation forms by the July 2018 submission due date.

A question was asked regarding additional provider types such as behavioral health and post-acute care facilities. There will be more to come on these provider types in future meetings.

A comment was made in regard to the definition of "Large" Community Health Centers (more than 10 providers). An HIT Council member noted that this definition will include almost all community health centers in the state.

Discussion Item 3: EOHHS Event Notification Service (ENS) Initiative Update

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

EOHHS will facilitate an ENS statewide, with the goal of improving care coordination regarding transitions of care and health care events such as emergency room and hospital admission, discharges and transfers.

Background on the ENS: Stakeholders felt an ENS was key for future functionality. Currently, multiple private ENS vendors currently offer services in the Commonwealth - technical and operational requirements are varied.

Stakeholders identified two specific needs: A statewide ADT repository and improved access to receiving event notifications. In order to address those needs, EOHHS considered a spectrum of solutions/approaches:

- "Marketplace" approach: (i.e., EOHHS collects and shares ADTs with private ENS vendors, and does not produce notifications)
- "State ENS" approach: (i.e., EOHHS collects ADTs and produces notifications sent directly to participants)
- "Hybrid" approach: (i.e., EOHHS collects and shares ADTs with private ENS vendors, and has the option of producing notifications to be sent to participants)

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.

Benefits to the recommended hybrid approach were reviewed:

- Leverages EOHHS' unique position (from statute and regulations) to create a statewide ADT repository to benefit care coordination, while allowing private vendors to utilize their strengths in innovation and meeting needs of various market segments
- Recognizes the existing robust ENS vendor presence in the state by providing authorized ENS vendors with access to the statewide ADT repository
- May result in more rapid access to event notifications, by leveraging ENS vendors that already have experience and a presence in the state
- Provides EOHHS with the flexibility to produce event notifications if there are gaps in access for certain market segments

Important aspects to keep in mind for implementing this approach include: Developing the process and criteria for authorizing ENS vendors to receive ADTs from the statewide ADT repository; assessing gaps in access to ENS services in a timely fashion and; monitoring and assessing the impact of the statewide ADT repository, and making improvements/adjustments as the HIT landscape evolves.

Key policy decisions were reviewed:

What ADT data will EOHHS receive from acute care hospitals?

- EOHHS will accept the ADTs that acute care hospitals are currently producing. Therefore, EOHHS may receive limited clinical data fields in the ADTs.
- This approach minimizes the additional burden on acute care hospitals
  Other ENS vendors will be able to configure their notifications as they do currently and are not hindered by a limited dataset

Will the centralized opt-in/opt-out mechanism be "provider-specific" or "global"?

- The centralized opt-in/out mechanism will be “global” which means that if a patient decides to opt-out, then their opt-out would apply to all providers.

Will Providers in bordering states be allowed to subscribe to the ENS?

- At this time EOHHS will not allow out-of-state providers to subscribe to receive ENS notifications.

How to minimize "alert fatigue"?

- EOHHS believes that subscribers should be able to designate what types of notifications they want to receive for their patients (e.g., a subscriber will be able to designate that they only want to receive notifications related to hospital discharges and not those related to an ER visit).

Timeline:

- Second Quarter of Calendar Year 2017: Release RFI, review responses, meet with selected vendors - Complete
- Third and Fourth Quarter of Calendar Year 2017: Prepare and release RFR – In Progress
- First Quarter of Calendar Year 2018: Review RFR responses, select vendor, negotiate contract
- Second and Third Quarter of Calendar Year 2018: Begin preparations for launching the ADT repository (includes establishing business processes, testing, and defect remediation)
- Fourth Quarter of Calendar Year 2018: ENS soft launch

Discussion Item 4: Mass Digital Health Initiative Update

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.

Laurance Stuntz, Director, provided an update on the Massachusetts Digital Health Initiative

Almost two years ago Governor Baker announced the launching of the Digital Health Initiative, a private-public partnership building a stronger and more competitive digital health ecosystem across the Commonwealth and making Massachusetts the leading global Digital Health ecosystem. This Initiative would, in turn, drive economic growth and improve healthcare outcomes and efficiency.

Digital Health Cluster: The Digital Health Council was established to advise the Governor regarding the digital health industry, and to develop a growth plan to achieve the goal of creating the leading global ecosystem for digital health in Massachusetts. Items considered by the Council include: Helping companies grow and compete; helping to connect the broader marketplace; aligning Commonwealth programs to support digital health workforce needs; regional growth; opportunities for the Commonwealth to harness the benefits of digital health tech; opportunities for cross sector collaboration with cybersecurity and data analytics.

Marketplace Challenges: The Marketplace Program is managed by the Massachusetts eHealth Institute at MassTech, and is a key component of the Mass Digital Health Initiative. The challenges associated with both selling and buying early and mid-stage digital health innovations in Massachusetts were detailed on slide 28 of the presentation. Three strategies were used to achieve the program goals of strengthening the digital health entrepreneur-customer connections across Massachusetts:

- Create Collaboration Opportunities for the Digital Health Marketplace
- Directly Facilitate Strategic Startup-Customer Connections
- Develop a Scaling Firm Support Network

Discussion Item 5: MeHI Behavioral Health Learning Collaborative Updates

See slides 17-25 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.

Laurance Stuntz provided an update on the MeHI Behavioral Health Learning Collaboratives

MeHI has created educational information for patients and providers to better facilitate behavioral health information exchange. Learning Collaborative resources/work products included:

- Patient Handout: Designed to be given to patients; explains what behavioral health information is and the benefits and risks of sharing it
- Patient Talking Points: Designed to educate staff and prepare them to answer patient questions
- Provider Discussion Document: Intended to foster mutual, accurate understanding of requirements for sharing behavioral health information
- Administrator FAQs: Designed to help management understand requirements for sharing behavioral health and other sensitive information
- Consent Template: Intended to help providers standardize their patient consent rules and procedures

Conclusion

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

The HIT Council was adjourned by Secretary Sudders at 5:00 PM.