**Title slide**

Health Information Technology Council Meeting

November 1, 2021

Draft

**Slide Title:** Agenda

**Welcome**

Undersecretary Lauren Peters

* + Approval of Aug 2021 minutes (vote)

**Attestation update**

Pam Boutin-Coviello

**ENS – Utilization Update; plans for future / expansion**

Bert Ng

**ePOLST – Update**

Bert Ng & Kathryn Downes

**Budget & Sustainability Planning**

Kevin Mullen

**Conclusion**

Undersecretary Lauren Peters

**Slide Title:** Agenda

**Welcome**

Undersecretary Lauren Peters

* + Approval of Aug 2021 minutes (vote)

**Attestation update**

Pam Boutin-Coviello

**ENS – Utilization Update; plans for future / expansion**

Bert Ng

**ePOLST – Update**

Bert Ng & Kathryn Downes

**Budget & Sustainability Planning**

Kevin Mullen

**Conclusion**

Undersecretary Lauren Peters

**Slide Title: Welcome**

Undersecretary Lauren Peters

**Slide Title:** Vote: Approve minutes

MOTION: That the Health Information Technology Council hereby approves the minutes of the council meeting held on August1, 2021 as presented/amended

**Attestation update**

*Pam Boutin-Coviello*

**Slide title:** HIway attestation: HIway connection requirement overview

The HIway connection requirement requires providers to engage in HIE via the Mass HIway as set forth in M.G.L. Chapter 118I, Section 7, and as detailed in the Mass HIway Regulations (101 CMR 20.00).

ACUTE CARE HOSPITALS

First year requirement applied: 2017

Submit in 2020: Year 4 attestation form

LARGE AND MEDIUM MEDICAL AMBULATORY PRACTICES & LARGE COMMUNITY HEALTH CENTERS

First year requirement applied: 2018

Submit in 2020: Year 3 attestation form

SMALL COMMUNITY HEALTH CENTERS

First year requirement applied: 2019

Submit in 2020: Year 2 attestation form

HIway annual connection requirement

Year 1: Send or receive HIway Direct messages for at least one use case

Year 2: Send or receive HIway Direct messages for at least one provider-to provider (P2P) use case

Year 3: Send HIway Direct messages for at least one P2P use case, and Receive HIway Direct messages for at least one P2P use case

Year 4: Meet Year 3 requirement or be subject to penalties if requirement is not met

**Slide Title:** HIway attestation: 2021 Timeline

2021 Attestation timeline:
Dec. 31, 2020: Use case implementation deadline

May-July 2021: HIway outreach and education

Emails and Newsletters

Website updates

Webinars

Direct contact with POs

July 2021: Webform testing

Aug. 2, 2021: HIway attestation/exception webforms go live and begin
accepting submissions

Oct. 31, 2021: Deadline for attestation/exception submissions

November 2021: HIway reaches out to POs that have not submitted

Winter 2022: HIway closes webform

**Slide Title:** HIway attestation: HISP-HISP exchanges now acceptable

Through sub-regulatory guidance the Mass HIway will accept DirectTrust HISP-to-HISP exchange as an additional method to meet the HIway connection requirement.

Background

* Mass HIway converted to HIway 2.0 (a HISP) in order to connect to DirectTrust, a national framework for Direct Messaging
* The Council has been supportive of DirectTrust HISP-to-HISP Direct Message exchange as it leverages existing infrastructure for many POs

Technical advantage

* DirectTrust exchange can now be used in addition to 1:1 contracting for security/privacy needs. DirectTrust exchange uses a common agreement for security/privacy for HISP users and DirectTrust users
* Users of a DirectTrust HISP are now allowed to securely send messages to users of other DirectTrust HISPs avoiding the need for additional contracting

Business advantage

* Providers now have additional means to meet the connection requirement via DirectTrust Direct Messaging
* Providers may use EHR-native Direct Message capabilities instead of adding an extra connection to the HIway Direct Message System

**Slide Title:** HIway attestation: 2021 statistics so far

Attestation submissions got off to a slow start, but an influx of submissions around the attestation deadline should result in strong numbers overall.

**As of Oct 27:**

*119 forms submitted*

Year 3/4 forms: 65

Year 5 forms: 46

Exception forms: 8

* **Acute Care Hospitals** (n=68)

46 attestations submitted

0 exception forms submitted

Submitted: 68%

* **Community Health Centers** (n=40)

8 attestations submitted

3 exception forms submitted

Submitted: 28%

* **Medium/Large Medical**

**Ambulatory Practices** (n=444)

Attestations: 248 practices

Exception forms: 5 practices

Total: 253 practices

Submitted: 57%

**Slide Title:** HIway attestation

Due to the 2021 sub-regulatory guidance to count sending and receiving through DirectTrust accredited HISPs, more provider organizations submitted an attestation form instead of an exception form. (13 attestations or 11% of all submissions)

: 2021 statistics so far

2017 ACH attest 61/ Exception 0/ Exception percent of total = zero, Med and Large Ambulatory practices attest/ zero exception zero/ exception percent of total= zero, Small and Large CHC attest 0 exception 0 exception percent of total =zero

2018 ACH attest 59/ Exception 7/ Exception percent of total = 11, Med and Large Ambulatory practices attest/ 60 exception 8/ exception percent of total= 12, Small and Large CHC attest 32 exception 2 exception percent of total = 6

2019 ACH attest 41/ Exception 23/ Exception percent of total = 36, Med and Large Ambulatory practices attest/ 57 exception 30/ exception percent of total= 34, Small and Large CHC attest 32 exception 4 exception percent of total =11

2020 ACH attest 51/ Exception 14/ Exception percent of total = 22, Med and Large Ambulatory practices attest/ 61 exception 34/ exception percent of total= 36, Small and Large CHC attest 17 exception 15 exception percent of total =47

2021 ACH attest 46/ Exception 0/ Exception percent of total = zero, Med and Large Ambulatory practices attest/ 56 exception 5/ exception percent of total= 8, Small and Large CHC attest 8 exception 3 exception percent of total =0027

**Slide title:** Attestation update: post-deadline outreach

The HIway will continue to remind organizations about their requirement as the Oct. 31st deadline has passed. The HIway is executing an outreach plan to organizations that have not yet submitted.

2021 submission levels have shown a higher level of attestations (i.e., lower level of exception forms) to prior years at the attestation deadline.

**Outreach schedule:**

 **Late November 2021:** Blast email reminder sent to POs that have not submitted

**Mid December 2021:** Personal email reminder sent to POs that have not submitted

**Early January 2022:** Send reminder letter to large practices, community health centers, and acute care hospitals that have not submitted

**ENS Update**

*Bert Ng*

**Slide title**: ENS: Overview

**EOHHS ENS Initiative goal:**

* Supporting timely statewide Event Notification Services (ENS) across the Commonwealth in order to improve health care delivery, quality, and coordination

**EOHHS guiding principles:**

* Universal access - Promoting data sharing within an ENS framework to increase accessibility to ENS for providers of all sizes
* Streamline provider experience - Crafting ENS framework to allow single point of submission and single point of reception of ADT data
* Improve notification timing - Improving timing for flow of data (real/near-real time)

**Slide title: ENS:** Q2 report

The Statewide ENS Framework reflected approximately 1 million ADTs among the two vendors in Q2 2021 (April 1 – June 30).

Vendor A # of ADTs received by reflection 325k, # of reflected ADTs deleted 96k, % of reflected ADTs deleted 30%

Vendor B # of ADTs received by reflection 621k, # of reflected ADTs deleted 474k, % of reflected ADTs deleted 76%

Vendor A # of ADTs received by reflection 325k, Notifications generated 11k, % of Reflected ADTs generating a notification 3%

Vendor B # of ADTs received by reflection 621k, Notifications generated 19k, % of Reflected ADTs generating a notification 3%

* The vendors exchanged about 1 million messages with slightly more than half being deleted pursuant to the Statewide ENS Framework.
* Providers received a small percentage of notifications as many ADTs do not generate a notification.

**Slide title:** ENS: Acute Care Hospital utilization

Attestation process

* Acute care hospitals will attest to ADT submission through the annual connection requirement attestation process
* Attestation closed yesterday (Oct 31), analytics to follow up at February meeting

Waivers

* Specialty hospitals without ED
	+ **Shriners’ Hospital for Children** (Boston)
	+ **Shriner’s Hospital for Children** (Springfield)

**Slide title:** ENS: Expand the Statewide ENS Framework submitters

* Should the state include the psychiatric hospitals into the Statewide ENS Framework to align with the federal requirement?
* Should inpatient rehab and long-term care facilities be included to improve transitions of care in and out of facilities?
* CMS interoperability rules requires certain provider types to send ADT/ENS to certain providers for care coordination.
* State regulation requires acute care hospitals to submit ADTs to a certified ENS vendor
	+ State acute care hospital definition includes Critical Access Hospitals

**Mass HIway SFY22 Budget Update**

*Kevin Mullen*

**Slide Title:** Federal revenue reduction: Overview

Federal funding through the ARRA HITECH Act ended on September 30, 2021. Primary funding for Mass HIway HIE services and programs shifts from HITECH to activities covered under the Medicaid Enterprise Systems (MES).

This shift will include reduced Federal Financial Participation (FFP) rates and a change in cost allocation reducing the effective federal match of ~81% down to ~21%.

The combined effect results in a significant revenue gap for the Mass HIway in SFY22 and beyond.

The HIway Direct Messaging services and supports are not sustainable with the current cost model and reduction of federal revenues that had provided high subsidy levels.

**EOHHS is executing strategies to manage the impact of the federal revenue loss to ensure existing and future health IT investments can be sustained.**

**Slide title:** SFY22 HIE Budget Reductions

**SFY22** **Initial Budget gross FFP State Private**

Program & Account Management $3,776,092 $1,723,925 $2,052,167

Direct Messaging $2,876,331 $682,696 $1,693,635 $500,000

Clinical Gateway $2,766,520 $980,164 $1,786,355

CMS Incentive Program $2,618,750 $2,356,875 $261,875

ePOLST $463,016 $159,289 $0 $303,727

**Grand Total**  $12,500,708 $5,902,949 $5,794,032 $803,727

**Phase 1 Reductions**

Program & Account Management $2,297,603 $1,238,320 $1,059283

Direct Messaging $2,876,331 $682,696 $1,693,635 $500,000

Clinical Gateway $2,766,520 $980,164 $1,786,355

CMS Incentive Program $2,618,750 $2,356,875 $261,875

ePOLST $463,016 $159,289 $0 $303,727

**Grand Total** $11,022,219 $5,417,344 $4,801,148 $803,727

**Phase 2 Reductions**

Program & Account Management $2,253,009 $1,404,077 $848,931

Direct Messaging $2,666,085 $638,545 $1,527,540 $500,000

Clinical Gateway $2,446,920 $893,814 $1,553,106

CMS Incentive Program $2,618,750 $2,356,875 $261,875

ePOLST $463,016 $159,289 $0 $303,727

 **Grand Total** $10,447,779 $5,452,599 $4,191,453 $803,727

**Slide title:** SFY22 HIE Service Cost Centers

 CMS Incentive Program Direct Messaging Clinical Gateway Program & Account Management ePolst

Private $500,000 $303,727

State $261,875 $1,527,540 $1,553,106 $848,931

FFP $2,356,875 $638,545 $893,814 $1,404,077 $159,289

**Sustainability Planning**

*Kevin Mullen*

**Slide Title:** Federal revenue reduction impacts

To programmatically **manage the impacts of the federal reduction,** the HIway will execute on the following 3 strategies **over a multi-year timeline**

Strategy

1

*Transition* Direct Messaging Services

* + Evaluate options and set strategy immediately for a transition of the HIway Direct Messaging System by SFY24

Strategy

2

*Accelerate* Clinical Gateway Development

* + Fast track planned API development to enable provider alternatives for public health exchanges by SFY23

Strategy

3

*Reduce* Program & Outreach Activity

* + Reduce near-term Program & Outreach activities immediately (Oct 21) with potential to restore activity in SFY24
* **Slide title:** Levers to sustain Direct Messaging
* Stakeholder engagement confirmed an interest in continuing HIway Direct Messaging services. Cost analysis and utilization review have revealed two primary levers to achieve sustainability of services.
* Lower operating costs by right-sizing support resources and renegotiating vendor contract
* *Budget reduction strategies*
* Consider an increase in participant HIE fees to offset lost federal revenue share
* *Proposed new rate card model*
* **Slide title:** SFY24 DM and CG Costs (projected)
* Current participant fees do not provide a significant share of operating costs therefore: Projected SFY24 participant revenue at current rate card fee structure = ~ $500K
* **SFY24** Direct Messaging & Clinical Gateway Estimated Cost Share:
* Direct Messaging and clinical Gateway costs FFP $1,035,217 State $2,322,353 rate card $500,000

**Slide Title:** Proposed Rate Card Model Changes

* The proposed rate card model increases annual fees based on tier, transaction volume thresholds and connection type
* The measured transaction volumes include;
	+ # of Care Coordination messages Sent & Received
	+ # of DPH messages Sent
	+ Excludes DPH transactions received, so orgs aren’t assessed on receipt and acknowledgment notifications
	+ Transaction adjustment applies for message volume above 1M messages per year
* The model includes a separate annual fee for use of a Connect device and is designed to motivate transition to new API infrastructure
* The model is structured to make no change to Tier 3-5 organizations and marginal increases for Tier 2 organizations
* The model ensures that Tier 1&2 organizations that aren’t using the HIway for care coordination exchanges, but are sending a large number of DPH transactions via a HIway Connect device have a corresponding fee and are sharing in the infrastructure operating costs

**Slide Title:** Proposed New Rate Card Model

Tier #orgs current annual svc fee proposed annual new svc fee Current connect device fee proposed new connect device fee Example Organization Impact

* 1. 16 $15K 50-75K 12.5K 20K $27.5K -> $95K
	2. 18 10K 25-35K 5K 20K $15K -> $45K
	3. 48 2.5K no change 2K no change no change
	4. 40 $175 no change $175 no change no change
	5. 16 $60 no change $60 no change no change

Total138 webmail $60/box no change

Potential Revenue: $1.93M

Service Fees: $1.45M

Connect Device Fees: $480K

**Slide Title**: Proposed Rate Card Model – Breakdown

Current Participant Fees

Tier # Orgs Current $

1. 16 $297,680
2. 18 185,240
3. 48 17,775
4. 40 2,230
5. 16 1,020

Total 138 503,925

Proposed New Rate Card Revenue

Tier Potential $ Expected $ Minimum $

* 1. 1,190,000 952,000 833,000
	2. 735,420 588,336 514,794
	3. 17,755 17,755 17,755
	4. 2,230 2,230 2,230
	5. 1,020 1,020 1,020

Total $1,925,480 1,561,341 1,368,799

**Slide Title:** SFY24 DM and CG Costs (projected)

Consider increase in participant HIE fees to offset reduction in federal cost share

Projected SFY24 participant revenue at *New* rate card fee structure = ~ $1.5M

**SFY24** Direct Messaging & Clinical Gateway Estimated Cost Share

FFP $1,035,217

State $1,322,353

Private $1,500,000

**ePOLST**

*Bert Ng & Kathryn Downes*

**Slide Title**: ePOLST: Overview

**ePOLST initiative goal:**

* Supporting patient preferences for end-of-life care through technology that improves care coordination

**Project objectives:**

* **Transition MOLST to POLST –** Transition MOLST to national POLST paradigm
* **Create ePOLST Repository** – Create an electronic POLST registry to serve as the single source of truth across all care settings; registry will be procured with national POLST paradigm (vs. current MOLST) as target end state
* **Develop Integration Strategy** – Develop an integration and implementation strategy with electronic health records to gain efficiency

**Historical timeline:**

* February 2020 – Joint letter issued by EOHHS, EOEA, and DPH to explore
ePOLST registry
* October 2020 – CMS approved federal matching funding for ePOLST registry
* January 2021 – Project management resources secured and on-boarded
* Summer 2021 – Stakeholder engagement to gather business and technical requirements

**Slide Title:** ePOLST: Funding update

The CMS guidance on cost allocation created a funding gap for the ePOLST program, which now is looking to ARPA/HCBS dollars to fill the gap for program start-up and registry development

* Originally, the ePOLST project would receive 81% federal match
* 2020 CMS guidance reduced it to 25% federal match, creating a 56- percentage point gap

**Original Federal match**: Medicaid Enterprise System (MES) plus State

**MES gap:** MES plus Cost allocation gap plus State

* MA EOHHS included a request in the ARPA/HCBS funding stream to include components of the ePOLST project
* The HCBS dollars are contingent on CMS approval

**ARPA** MES plus Home & Community Based Services (HCBS) funding plus State

**Slide Title**: ePOLST: Business requirements

Engaged 150 stakeholders to inform business requirements leading to a successful ePOLST program

(1)

Finalize answers to open policy questions (EOEA, DPH)

(2)

Adopt National POLST & transition to POLST Form(3)

Secure funding for next decade: IT system and “customer service”

(4)

Formalize governance structure

(5)

Develop care setting implementation guide: IT system and operational workflow

(6)

 Develop CQI plan with a focus on health equity

(7)

Provide education/training: clinicians and consumers

(8)

Longer term: Support incorporating POLST into clinician training

**Slide Title:** ePOLST: Technical requirements

The stakeholder engagement helped identify some key technical requirements for a system to successfully support the transition to POLST

(1)

Ability to conduct POLST process end-to-end electronically

(2)

Ability to identify most current & other forms for given patient

(3)

Streamlined, automated form validation process and work queue for invalid forms

(4)

Portals for clinicians

(5)

Portal for EMS w/mobile compatibility

(6)

Portal for patients and agents (if changes 🡪 notify clinician)

(7)

Visibility into other Advanced Care documents

(8)

Interoperability with 3 major EMRs (and eventually with EMS dashboards) and Vitals Registry

(9)

Other: SSO, HIPAA compliance, role-based access, ~100% up-time, robust reporting for CQI, HL7/FHIR CDA support

**Slide Title:** ePOLST: Next steps

* Transition to POLST
	+ EHS, EOEA, and DPH crafting transition strategy from MOLST to POLST
	+ Developing a plan for early adopters
	+ Funding
	+ Await CMS approval for ARPA/HCBS funds
	+ Current funding availability allows state to proceed in the short-term
	+ RFR
	+ Finish drafting the RFR

**Slide Title:** Conclusion

Undersecretary Lauren Peters

**Slide Title:** Next HITC meeting

Next HITC meeting: Feb. 7, 2022

 3:30 – 5 p.m.

Slid**e Title:** Appendix A: HIway operations update

**Slide Title**: HIway participation
July 21, 2021 – October 20, 2021

1 New Participation Agreement: Mani George, MD (Great Barrington Internal Medicine)

Confidential Draft Policy in Development

**Slide Title**: HIway participation
July 21, 2021 – October 20, 2021

1 New Participation Agreement: Mani George, MD (Great Barrington Internal Medicine)

Confidential Draft Policy in Development

**Slide title**: HIway transactions

HIway transaction volume update

* The Mass HIway processed a record 25.1 million production transactions during the April 2021 reporting period (March 21 through April 20) with the significant increase due to the COVID-19 queries to the MIIS. From May 2020 through April 2021, the average was 15.1 million production transactions per month for a total of 181 million over the past year.
* In April, Public Health Reporting accounted for 24.6 million transactions, or 98% of total production volume. This included 8.5 million Syndromic Surveillance transactions and 16.1 million Immunization transactions.
	+ Note: Immunization queries from commercial insurance companies for COVID-19 vaccination updates that processed through the new, high-volume “MIIS QBP” Clinical Gateway node are included in the Immunization total.
* Provider-to-provider transactions now average over 250,000 per month for the past year, with new use cases added regularly. For April, the total was 290,608.
* The Mass HIway team continuously monitors transaction levels, both to support operations and to identify data that provide additional insight into HIway trends
and progress.

Confidential Draft Policy in Development

**Slide Title:** 2019 Mass HIway Incident Summary Dashboard

October 2021

*All services are up and running*

**Slide Title:** HIway Availability Trends – October 2021

**Metric Targets:**

* “Total Monthly Availability” – no lower than 99.9% (downtime no more than ~44 minutes/month)
* Nov 2020 99.95%
* Dec 2020 100%
* Jan 2021 100%
* Feb 2021 100%
* March 2021 100%
* April 2021 100%
* May 2021 100%
* June 2021 99.65%
* July 2021 99.74%
* Aug 2021 100%
* Sept 2021 100%
* Oct 2021 100%

**Slide Title:** HIway Direct Messaging Volume for Care Coordination & Annual HIway Participant Fees\*

**Slide Title**: Mass HIway Rate Card

Shows HIway Rate card effective Dec 1, 2017

**Slide Title:** Thank you!