

**Commonwealth of Massachusetts**  
Executive Office of Health and Human Services



# **Health Information Technology Council Meeting**

**August 6, 2018**



# Agenda



## **1. Welcome**

*Undersecretary Lauren Peters*

## **2. EOHHS Event Notification Service (ENS) Initiative Update**

*David Whitham*

## **3. HIway 2.0 Migration Update**

*Kim Tuon-Mennella*

## **4. HIway Connection Requirement: 2018 Update**

*Michael Chin, Chris Stuck-Girard*

## **5. MeHI FY19 Operating Budget**

*Laurance Stuntz*

## **6. HIway success story: Brockton Neighborhood Health Center**

*Allyson Pinkhover*

## **Appendix A: HIway Operations Update**



**Welcome**

*Undersecretary Lauren Peters*



# **EOHHS Event Notification Service (ENS) Initiative Update**

*David Whitham*



# ENS Initiative Background



## **EOHHS ENS Initiative goal:**

The goal of the EOHHS ENS Initiative is to support timely statewide event notification services (ENS) in order to improve health care delivery, quality, and coordination

## **EOHHS ENS Initiative promotes:**

- Adoption and use of Electronic Health Records (EHR)
- Interoperability and Meaningful Use
- Admission, Discharge and Transfer (ADT) data exchange
- Improved healthcare outcomes
- Efficiency for providers
- Safety and security for patients



## Request for Responses (RFR) Milestones:

- The RFR was posted to COMMBUYS on February 15, 2018
- The Bid Opening date was April 27, 2018
- Six Bidder Responses were received
- EOHHS requested input from the HIT Council and incorporated feedback received into the evaluation process
- Evaluation of the Bidder Responses is ongoing
- Approval of the SST's winning Bidder selection and commencement of contract negotiations is currently estimated for November 2018



## First Quarter of Calendar Year 2018:

- Release RFR (**completed**)
- Begin Reviewing Responses (**completed**)

## Second and Third Quarters of Calendar Year 2018:

- Finish Reviewing Responses
- Recommend Vendor Selection (Procurement Team)

## Fourth Quarter of Calendar Year 2018:

- Approve Recommendation (EOHHS Leadership)
- Negotiate Contract

## First Half of Calendar Year 2019:

- Approve Contract (CMS)
- Prepare for ADT Repository Launch  
(includes establishing business processes, testing and defect remediation)
- ADT Soft Launch  
(repository ready to receive ADTs)



## **Hiway 2.0 Migration Update**

*Kim Tuon-Mennella*



## HIway 2.0 Background Recap

- The HIway team at EOHHS is working closely with Orion Health to implement and operate a new Mass HIway Direct Messaging System, also known as “HIway 2.0”
- HIway 2.0 uses Orion Health Communicate, an EHNAC/DirectTrust accredited, cloud-based, multi-tenant, Software as a Service solution that is an ONC 2015 Edition certified Direct Project, Edge Protocol, and XDR/XDM product
- The upgrade to HIway 2.0 was necessary to leverage the national standards for Direct Messaging that didn’t exist when the HIway was launched in 2012, and to make it easier for organizations to connect to the Mass HIway and to other health care organizations via the Mass HIway



## Migration Progress Highlights

- Migration of the Clinical Gateway nodes for Public Health Reporting is in progress, with **5** nodes migrated and in production use on Hlway 2.0 and **4** nodes remaining to be migrated
- The initial Webmail Participant migration into Hlway 2.0 production was completed in June, with the first LAND and XDR Participant migrations scheduled for August
- The pilot sites, besides being the first into production, have also worked carefully through the migration process and provided valuable feedback to help the Hlway Migration Team improve the process as well as the instructions, forms, and other materials



## Many Clinical Gateway Nodes Already On HIway 2.0

After extensive testing, the migration of the CG nodes to HIway 2.0 has been seamless for Participants, handled during scheduled maintenance downtimes with no system changes required by Participants.

- Migrated to HIway 2.0 during May, June, and July:
  - **MCR** – *Massachusetts Cancer Registry*
  - **CLPPP** – *Childhood Lead Poison Prevention Program*
  - **PMP** – *Prescription Monitoring Program*
  - **eREF** – *eReferral Program*
  - **ELR** – *Electronic Lab Reporting*
  
- Scheduled for Migration in August:
  - **CBHI** – *Children's Behavioral Health Initiative*
  - **MIIS** – *Massachusetts Immunization Information System*
  - **SYND** – *Syndromic Surveillance Program*
  - **OTP** – *Opioid Treatment Program*



## Thank You: Participant Organizations Helping to Pilot HIway 2.0

The HIway 2.0 Migration Team identified a number of active Participants that represent a variety of connection types and patterns to help pilot the migration process. We would like to thank them for their feedback and suggestions throughout the process.

- Migrated to HIway 2.0 in June:
  - ***Cape & Islands Plastic Surgery*** – Webmail migrated to Communicate Webmail
- Scheduled for Migration in August:
  - ***Boston Medical Center*** – LAND migration to Communicate Connect
  - ***Holyoke Medical Center*** – XPL migration to Communicate Direct XDR
  - ***Massachusetts eHealth Collaborative*** – XPL migration to Communicate Direct XDR
  - ***Tufts Medical Center*** – Test LAND migration to Communicate Connect
- Migration to be Scheduled:
  - ***Cape Cod Health Care*** – XPL migration to Communicate Direct XDR
  - ***Emerson PHO*** – XPL migration to Communicate Direct XDR
  - ***Milford Regional Medical Center*** – LAND migration to Communicate Connect



## Migration Activities Timeline

- Initial Setup & Install – **Complete**
- CG Node Testing and Pilot Participant Coordination – **Complete**
- Pilot Operations – June through August 2018 – **In Progress**

Clinical Gateway nodes are being moved to production

Pilot Participant connections are being tested and moved to production

- Migration Scheduling – through September 2018 – **In Progress**

Participant awareness campaign started in June with request for contact updates

Follow-up email sent in July with instructions and links to forms on the HIway 2.0 Migration website and request for all forms to be returned by **August 31, 2018**

*Declaration of Identity (DOID) Form*

*Health Care Organization (HCO) Account Request Form*

Participants to be scheduled for migration based on the organization's preferences, following verification of identity for the HCO Representative



## Migration Activities Timeline (continued)

- **Production Operations – starting July 2018 – In Progress**
  - All **new** Participants will be onboarded directly to HIway 2.0
  - Existing Participants will be migrated from HIway 1.0 to HIway 2.0
    - Migrations will take place in waves
    - Migration date will be set when registration and identity proofing is complete
  - HIway 1.0 will continue to operate in maintenance-only mode with no new enhancements or upgrades
- **HIway 1.0 Sunset – 1<sup>st</sup> Quarter 2019**
  - All existing Participants expected to be migrated from HIway 1.0 to HIway 2.0
  - HIway 1.0 will be decommissioned after all Participant migrations are completed



## What Migration to HIway 2.0 means for current Participants

- **New verification and paperwork requirements for LOA 3**
  - Level of Assurance 3 (LOA 3) is the government standard for electronic authentication of identity required for health information exchange
- **Domain names and Direct addresses do not change (unless desired)**
- **Webmail to *Communicate Webmail***
  - Low Participant impact
  - Migration of mailbox data
- **LAND to *Communicate Connect***
  - Device and Usage review (replace old hardware if necessary)
  - Remote login and image update will be more common
- **XDR/XPL to *Communicate Direct XDR***
  - New certificate chain and personal certificate delivery
  - Participant installs certificates on their infrastructure



# **Hiway Connection Requirement: 2018 Update**

*Michael Chin, Chris Stuck-Girard*



# HIway Connection Requirement



- The **HIway connection requirement** is the requirement for providers to connect to 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).
- The providers that have a required HIway connection date specified in the Mass HIway Regulations are listed below.

Provider Organization	Calendar Year (CY) 2017	CY 2018	CY 2019
Acute Care Hospitals	Year 1	Year 2	Year 3
Large and Medium Medical Ambulatory Practices	No HIway connection requirement	Year 1	Year 2
Large Community Health Centers	No HIway connection requirement	Year 1	Year 2
Small Community Health Centers	No HIway connection requirement	No HIway connection requirement	Year 1

- **Who & when:** Provider organizations that have HIway connection dates specified in the Mass HIway Regulations are required to submit the applicable Attestation Form by July 1<sup>st</sup> of the applicable year.

**In CY 2018, by July 1<sup>st</sup>:** (1) *Acute Care Hospitals*: submit Year 2 Attestation Form

(2) *Large & Medium Medical Ambulatory Practices + Large CHCs*: submit Year 1 Attestation Form



# HIway Connection Requirement



**The HIway connection requirement is implemented using a phased-in approach**

**The phased-in approach has four aspects:**

- 1. Three types of Provider Organizations (i.e., Acute Care Hospitals, Large and Medium Medical Ambulatory Practices, and Community Health Centers) have connection dates that are specified in the Mass HIway Regulations.**

EOHHS anticipates that Provider Organizations that are not specified in the regulations will be required to connect at a future date, with future guidance providing at least one year notice for affected organizations to connect.

- 2. The three types of Provider Organizations have an initial “Year 1” connection requirement between Calendar Year 2017 and 2019.**
- 3. How Provider Organizations fulfill the HIway connection requirement is phased-in over four years, with penalties for not meeting the requirement beginning in Year 4.**
- 4. The statutory requirement that providers implement “interoperable EHR systems” that connect to the Mass HIway is fulfilled by implementing HIway Direct Messaging, as specified in the Mass HIway Regulations.**



# HIway Connection Requirement: Years 1 - 4



The HIway connection requirement follows a four-year phased-in approach that progressively encourages use of the Mass HIway for Provider-to-Provider communications and bi-directional exchange of health information.

## How Provider Organizations connect:

- Year 1: Send or receive HIway Direct Messages for **at least one use case**.  
The use case may be 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 use 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 requirements established in this section. Penalties do not take effect until Year 4 of the connection requirement (i.e., January 2020 at the earliest) as stated above.

**Acute Care Hospitals:** 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.



Categories of Use Cases for HIway Direct Messaging are detailed in the [Mass HIway Policies & Procedures](#), and include the following categories:

- **Public Health Reporting**
- **Provider-to-Provider Communications**
- **Quality Reporting**
- **Payer Case Management**

## Examples of HIway Direct Messaging Use Cases:

- **Public Health Reporting:**
  - *Example:* Immunization information sent from Pediatric Primary Care Provider to the Massachusetts Immunization Information System (MIIS) at DPH
- **Provider-to-Provider Communications**
  - *Example:* Summary of Care sent from a Primary Care Provider to a consulting Specialist at time of a Patient referral
- **Quality Reporting**
  - *Example:* CCDA documents sent from Healthcare Organizations to a Quality Data Center for measures calculation, feedback, and reporting
- **Payer Case Management**
  - *Example:* Summary of Care sent from Primary Care Provider to a Case Manager for intensive case management support



# The Mass Hlway Regulations



Supporting documents related to the Mass Hlway Regulations include the following:

- [Mass Hlway Regulations Summary](#) (February 2017)
- [Mass Hlway Fact Sheet for Patients](#) (February 2017)
- [Mass Hlway Regulations FAQs](#) (version 2 was released in April 2018)
- [Mass Hlway Policies & Procedures](#) (version 4 became effective in December 2017)
- [Year 1 and Year 2 Attestation Forms](#):
  - for use by Provider Organizations that have a Hlway connection requirement in 2018
  - updated **PDF versions** for planning purposes were released in April 2018
  - **online versions** were available beginning in May 2018

The screenshot shows the homepage of 'THE HIWAY' (Massachusetts Health Information Highway). The navigation bar includes links for Home, About, Services, Resources, News and Events, How to Join, Patients and Families, and Contact Us. The 'About' link is highlighted with a red box, and its dropdown menu is open, showing options: 'About The Mass Hlway', 'HIT Council and Advisory Boards', 'Mass Hlway Regulations Summary', and 'Mass Hlway Regulations FAQ'. Below the navigation bar, there is a paragraph of text: 'In February 2017 the Massachusetts Executive Office of Health & Human Services (EOHHS) promulgated the state regulation 101 CMR 20.00: Health Information Exchange, which is also known as the [Mass Hlway Regulations](#). These regulations implement key components of Massachusetts General Law (M.G.L.) Chapter 118I, pertaining to the Mass Hlway, which is the state-sponsored, statewide health information exchange (HIE) for the Commonwealth of Massachusetts.'



The Year 1 & Year 2 Attestation Forms are used by Provider Organizations that have a HIway connection requirement date. These forms are used to provide two areas of information:

1. how the organization met the HIway connection requirement, and
2. whether the organization has an EHR, and if so, how it connects to the HIway

The Year 1 Attestation Form collects the following information:

**1. How the organization met the Year 1 HIway connection requirement:**

- **Questions on the Attestation Form include:**

- The use case is within which category of use cases?  
*Use case categories: (1) Provider-to-Provider Communications, (2) Payer Case Management, (3) Quality Reporting, (4) Public Health Reporting*
- Describe the use case
- Approximate # of HIway Direct Messages per month for the use case

**2. Whether the organization has an EHR (and if so, how it connects to the HIway):**

- **Questions on the Attestation Form include:**

- Name and version of the EHR?
- Is the EHR an ONC Certified Health IT Product?
- How is the organization connecting to the HIway?  
*Options include: (1) EHR directly to HIway, (2) EHR via a HISP, or (3) via Mass HIway webmail*



# Attestation Forms: Where & How



- **Where:** The Attestation Forms are available on the Mass Hlway website: [www.masshiway.net](http://www.masshiway.net)
- **How:** Provider Organizations attest using the online Attestation Form
  - Note: Incomplete online Attestation Forms cannot be saved; therefore the recommended steps include ...
  - **Step 1:** Download a PDF version of the form by going to the “Resources” drop-down menu and selecting “Participant Forms.”
  - **Step 2:** Use the PDF version to prepare answers
  - **Step 3:** When ready to submit the online form in a single session, click on the link for “Click here to access the online version...”

The screenshot shows the homepage of the Mass Hlway website. The header includes the logo and the text "Welcome to the Massachusetts Health Information Hlway". The navigation bar has links for Home, About, Services, Resources (highlighted with a red box), News and Events, How to Join, Patients and Families, and Contact Us. The Resources dropdown menu is open, showing options like "Use Cases & Success Stories", "Participant List", "HISP and Vendor Participants", "Meaningful Use", and "Participant Forms" (highlighted with a light blue box). The main content area has a breadcrumb trail "Home > Resources > Participa" and a section titled "Mass Hlway Documentati". It lists two items: "Mass Hlway Policies and Procedures" and "Mass Hlway Attestation Form". The "Mass Hlway Attestation Form" item is expanded, showing a list of instructions. A purple box highlights the instruction "Click here to access the online version of the Year 1 or Year 2 Attestation Form." A green box highlights the instruction "Important: The online Attestation Form must be completed in one session. Data cannot be entered and saved for completion at a later time. If you are not ready to complete the full Attestation Form at this time, we suggest that you use the PDF version of the Attestation Form to plan and prepare responses, then complete the online version when all of your responses are ready. Click here for the Year 1 Attestation Form and here for the Year 2 Attestation Form (both updated April 2018)".

Home > Resources > Participa

Mass Hlway Documentati

- **Mass Hlway Policies and Procedures.** Policies and Procedures apply to all Mass Hlway Participants.
- **Mass Hlway Attestation Form.** Provider Organizations with required dates for connecting to the Mass Hlway must submit information regarding 1) whether or not they have an EHR, and 2) how their EHR, if any, connects to the Mass Hlway. Review the Mass Hlway Regulations [Summary](#) and [FAQ](#) for more information. The due date to receive Attestation Forms from Provider Organizations subject to the Regulations is July 1 of the year of the connection requirement specified in the Regulations. *Mass Hlway will no longer accept paper Attestation Forms after May 1, 2018, Provider Organizations must use the online version.*

- Click [here](#) to access the online version of the Year 1 or Year 2 Attestation Form.
- **Important: The online Attestation Form must be completed in one session.** Data cannot be entered and saved for completion at a later time. If you are not ready to complete the full Attestation Form at this time, we suggest that you use the PDF version of the Attestation Form to plan and prepare responses, then complete the online version when all of your responses are ready. Click [here](#) for the Year 1 Attestation Form and [here](#) for the Year 2 Attestation Form (both updated April 2018)



# Attestation Forms: PDF Versions



## Attestation Form Year 1 Mass HIway Connection Requirement

Updated April 2018



**Purpose:** This Attestation Form shall be completed by Provider Organizations in order to report compliance with the first year of the HIway connection requirement, which is the statutory requirement that Provider Organizations connect to the Mass HIway in accordance with the [Mass HIway Regulations \(101 CMR 20\)](#). The Mass HIway is the Commonwealth's statewide, state-sponsored health information exchange. Instructions for this form appear as endnotes on pages 7 to 8 of this document.

An authorized individual at the applicable Provider Organization should complete and submit this Attestation Form by the date specified in the instructions.<sup>1</sup> Provider Organizations should contact Mass HIway (via email at: [MassHIwayAttestation@state.ma.us](mailto:MassHIwayAttestation@state.ma.us)) if they have questions regarding this Attestation Form or if their organization does not meet their 2018 Mass HIway connection requirement.

### Section A: Provider Organization Information:

1) Legal name of the Provider Organization (Example: George Washington Hospital):

2) Street Address (Please include the address for the Provider Organization, not for the administrative or billing office if these are different):

Questions 3-5 are required in order to help identify the Provider Organization that is completing the Attestation Form.

3) Massachusetts Tax ID (TIN):

4) Organization NPI (Can be retrieved from the NPPES NPI Registry here: <https://npiregistry.cms.hhs.gov/>):

<https://npiregistry.cms.hhs.gov/>

5) Provider Organization's Direct address domain(s)<sup>2</sup>:

6) Name of parent company or organization (if applicable):



- **The HIway has used multiple forums for conducting outreach and education related to the HIway connection requirement.**
- **As of mid-July 2018, the HIway had received Attestation Forms from most Acute Care Hospitals and outreach with Community Health Centers and Medium/Large Medical Ambulatory Practices is ongoing.**

## **Status update (as of July 23, 2018):**

- **45 Acute Care Hospitals** submitted Year 2 forms, and 7 provided information regarding HIway connection plans (i.e., 77%; 52 out of 67 expected)
- **23 Large Community Health Centers** submitted Year 1 forms, and 1 provided information (i.e., 66%; 24 out of 36 expected)
- **60 Large & Medium Medical Ambulatory Practices** submitted Year 1 forms, and 8 provided information  
A total of **546** entities (including organizations, sub-organizations and practice locations) were represented in the 60 forms submitted. There are approximately 600 practices that meet the regulatory definition of a Large & Medium Ambulatory Practice.

## **Developing the list of Medical Ambulatory Practices that have a connection requirement:**

- The list is being developed from multiple sources, including information from Mass HIway, MeHI, Registration of Provider Organizations Program (RPO), and outreach with individual practices and organizations



# Plans For Organizations To Meet Connection Requirement



**If a Provider Organization does not meet its connection requirement, instead of completing an Attestation Form, the Organization is required to send the HIway an email explaining why it did not comply and its plans to become compliant.**

If a Provider Organization does not meet its 2018 HIway connection requirement, then instead of completing an Attestation Form, the Provider Organization is required to email the Mass HIway with the following information:

- Identifying/contact information
- Information about their EMR/EHR
- Reason for not complying with the connection requirement
- Brief description and estimated timeline of the organization's plan to comply with the connection requirement



**Numerous Provider Organizations have submitted questions on topics including how to fill out the Attestation Forms and whether a certain activity fulfills the connection requirement.**

## **Questions from Provider Organizations:**

Leading up to and following the July 1 attestation deadline, the HIway responded to Provider Organizations' attestation questions. These answers have been saved so they can be quickly deployed if similar questions are asked.

## **Question themes include:**

- Whether certain activity fulfills the connection requirement
- How to fill out the Attestation Form
- Whether the Provider Organization has a connection requirement in CY 2018
- How "sub-organizations" should be included on a Provider Organization's form



# Current Activity and Next Steps



**The HIway continues to review Attestation Forms and engage Provider Organizations that have a connection requirement. The HIway is making plans for the Calendar Year 2019 attestation cycle.**

## **The HIway is currently:**

- Reviewing individual Attestation Forms (and following up as needed)
- Continuing outreach to Provider Organizations (instructional webinars, monthly newsletters, reminder emails, conference calls)
- Communicating with Provider Organizations to address questions (see previous slide)

## **Next steps:**

- Develop outreach plan and supporting materials for Calendar Year (CY) 2019 HIway connection requirement. In CY 2019 ...
  - **Acute Care Hospitals** will have a Year 3 requirement
  - **Large Community Health Centers and Large/Medium Medical Ambulatory Practices** will have a Year 2 requirement
  - **Small Community Health Centers** will have a Year 1 requirement
- Gather input from the HIT Council regarding the HIway connection requirement for additional types of provider organizations

# Mass eHealth Institute

## FY19 Plan & Budget

# MeHI Vision, Mission and Goals

## VISION

Massachusetts is the global eHealth leader. Our connected communities enjoy better health at lower cost and serve as models of innovation and economic development.

## MISSION

To leverage the Commonwealth's extraordinary digital health infrastructure and expertise to drive innovation in healthcare

## GOALS

Adoption



Support  
Health Reform



Consumer eHealth  
Engagement



Mass Digital  
Health Initiative



# MeHI Key Accomplishments

## 2008-2018

### Digitize Healthcare Data

- 100% of acute hospitals in MA on EHRs
- >90% of physicians
- >80% of post-acute facilities
- >60% of Community Behavioral Health orgs
- Developed and Deployed Toolkits for
  - EHR Adoption
  - Meaningful Use
  - Health Information Exchange
- Direct support for >70 hospitals, >8,000 physicians, and hundreds of post-acute and behavioral health orgs
- Channeled > \$300 million in federal and state funding to hospitals and providers to support EHR adoption

### Share Healthcare Data

- MeHI and EOHHS worked together to make Massachusetts the first in the nation to leverage federal Medicaid funds to build a statewide Health Information Exchange
- 100% of large ambulatory practices connected to the HIway
- >90% of hospitals
- >80% of large community health centers
- >80% of large behavioral health practices

### Drive Innovation in Healthcare

- Helped launch the Massachusetts Digital Health Initiative
- > 350 digital health companies are headquartered in MA
- 13 of the 100 largest in the US are headquartered in MA
- Launched PULSE@MassChallenge and TechSpring innovation hubs
- Developed Community Digital Health Assessments for every community in the state
- Innovation grants
  - 33 for HIway adoption and use
  - Eight connected communities grants across the state
  - Vendor grants to support the Children's Behavioral Health Initiative

# Core Planning Assumptions

- The eHealth Institute Fund will be primarily used to encourage and support innovation using digital health technologies and the development of the digital health cluster in Massachusetts. We will place particular emphasis on supporting innovation in Aging & Caregiving, Health Reform, and responses to the Opioid Crisis in alignment with the Baker Administration's priorities
- MeHI will continue providing contractual services as appropriate and available to support EHR and HIE adoption. These services are likely to be exclusively funded by public programs, state or federal
  - Continue our business supporting the Medicaid Meaningful Use program for MassHealth (contract began in 2011)
  - Fully operationalize the new service program providing adoption and utilization consulting support as well as outreach and education for the Mass HIway (contract began in March 2018)
- Connected Communities grants will be completed by June 2018. Minimal close out and promotion of program accomplishments to occur in FY '19.
- The Digital Health Initiative will continue to grow and evolve in connection with the activities of the Digital Health Council and our own stakeholder research

# Program Design Assumptions

- Digital Health Initiative-related programs will be focused on using technology innovation to solve health challenges
  - Less focus on grant projects that support adoption of particular technology
  - More focus on the growth of the market for digital health
  - Grant program to support healthcare provider access to innovation
- Educational offerings on EHR and HIE adoption will continue being provided as part of the contractual side of our business
  - Both contractual programs include funding for educational content development and deployment

# FY19 Operating Assumptions

## Digital Health Initiative Activities

- Digital Health Marketplace
  - Support PULSE@MassChallenge and TechSpring with grants and staff assistance
  - Continue rollout of Marketplace Assessment Tool
  - Partner with the Health Policy Commission to support additional pilot opportunities to address the needs of the MassHealth ACOs
  - Launch Sandbox Network and Matching Program\*
  - Healthcare Innovation Workforce Development (collaboration with BWH, MGH, TechSpring, Children's and others)
  - Develop and support a Cybersecurity in Digital Health Community\*
  - CHIA Healthcare Price Transparency Challenge
- Cluster Marketing and Business Development Support
  - Build and maintain pitch decks, massdigitalhealth.org, cluster directory
  - Continue providing concierge service for digital health companies coming to MA
- Aging & Caregiving Initiative
  - Make Massachusetts the "Silicon Valley" for Aging (coordinated with Governor's Council to Address Aging in Massachusetts)
  - Advanced Care Directives and eMOLST Pilot (collaboration with BCBSMA, MA DPH and the Coalition for Serious Illness Care)
  - Continue partnership with EOEA re innovation to support aging in place
  - Activities to promote digital health technology and support for family caregivers
- Staffing
  - 6.35 FTE

\*Launched to support Governor's Digital Health Council priorities

# FY19 Digital Health Initiative

## Key Outcome Metrics

- Digital Health Initiative Impacts
  - PULSE provides support to > 30 high-potential startups
  - TechSpring brings innovative solutions to Western MA and integrates with the rest of MA
  - Statistics on digital health companies and customers helped
  - Assess and report on the diversity of presenters at events that our grantees and we support

# FY19 Operating Assumptions

## Medicaid Services

- Continue successful operation of the Medicaid Services work under contract to MassHealth
- MassHealth posted a Notice of Intent to extend the current master contract with MeHI through the end of the program in 2022
  - Current contract was extended for 90 days while this was completed
  - After approval of the NOI, MeHI and MassHealth will negotiate the scope of work for FY19
- Key Outcome Goals/Metrics
  - Total number of applications processed
  - Maintain processing efficiency and cycle time for applications
  - Increase emphasis on education and support to improve provider compliance and retention
- Staffing
  - 11.3 FTE

# FY19 Operating Assumptions

## HIway Adoption and Utilization Services

- HIway Adoption and Utilization Services are focused on:
  - Enrollment, Account Management, and Delivery of Consulting Services
  - Education and Outreach
  - Development of Consulting Services Toolkits and Methodologies
  - HIT Council Meeting Support
- Key Outcome Goals/Metrics shall include:
  - Number of organizations enrolled for HIway Adoption and Utilization Services (HAUS)
  - % of HAUS-enrolled organizations that have transitioned processes
  - % of HAUS-enrolled organizations that are engaged in care coordination activity on the HIway
  - # of providers actively using the Mass HIway for provider to provider/care coordination activities
  - % of provider organizations meeting their HIway attestation requirements
- Staffing
  - 6.7 FTE

# MeHI Financial Overview

- FY19 Funding Sources
  - \$2M revenue for contracted Medicaid Services
  - \$1.7M revenue for contracted Hlway Adoption and Utilization Services
  - \$1.7M from the eHealth Institute Fund
- Beyond FY19
  - Medicaid Services Contract is projected to be continued through 2022
  - Hlway Outreach Services agreement goes through June 30, 2020 with options to extend to 2025
  - The eHealth Institute Fund would fund remaining MeHI activities

# MeHI Connected Communities Implementation Grant Project

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Allyson Pinkhover, MPH

Brockton Neighborhood Health Center

Project Manager – Substance Use Community Initiatives



# Spirit of Connected Communities

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- Work collaboratively to improve care coordination for patients with substance use disorder or other behavioral health needs
- Involved 5 partner organizations:
  - BAMSI – Whitman Counseling
  - Brockton Neighborhood Health Center – Mental & Behavioral Health Teams, HRC
  - Good Samaritan Medical Center – ED
  - High Point Treatment Center – Brockton Campus
  - Signature Healthcare Brockton Hospital – ED & Inpatient psychiatric unit



# Overview of Connections

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Organization	EHR	HISP	Connection Type
BAMSI	eHana	Mass HIway	Direct
Brockton Neighborhood	Nextgen	Nextgen Share	Direct
Good Sam	Meditech	Interfaced to StewardConnect	Direct
High Point	Netsmart TIER	Netsmart CareConnect	Direct
Signature	Meditech	Mass HIway	Direct

# Overview of Use Cases

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## **1) Coordinating care for patients with behavioral health needs.**

- BNHC, HPTC, BAMSI, & Brockton Hospital

## **2) Coordinating care for patient in detox or inpatient SUD treatment who experience a medical emergency.**

- Good Samaritan Medical Center & HPTC

## **3) Coordinating care for patients requiring Section 12 emergency psychiatric evaluation.**

- BNHC & Brockton Hospital

# Consent to Release Information

- Ended up being the issue we spent the most time on
- Require revisions to Release forms at multiple organizations
- BNHC ultimately developed an eConsent module in its EHR
  - Able to block the transmission of a CCD if patient denies consent
  - Release form available in languages for the first time

05/08/2018 03:17 PM : Document "BNHC\_HIE\_consent" x

TX Text

**PATIENT INFORMATION (Please Print Clearly)**

XXtest Elaine  
Last Name First Name Middle Name  
04/04/2000 000000129374  
Date of Birth (mm/dd/yyyy) Medical Record Number  
18 Park Avenue, Boston, MA 02111-  
Home Address: City, State, Zip Code

**PATIENT CONSENT FOR HEALTH INFORMATION EXCHANGE**

By agreeing to GIVE CONSENT below, I hereby authorize any of the parties designated on the next page to communicate with one another about me verbally, in writing, or via electronic information exchange. Such communication may include requesting, receiving, providing, and using my medical information. I understand that the purpose of communicating about me is to allow the parties to evaluate my needs, provide services to me, and coordinate my care. I further understand that I may be required to sign additional consent forms to be eligible for insurance coverage and payments or certain types of treatments and services.

I understand that my medical information will include all pertinent information from my medical record as described here:

<ul style="list-style-type: none"><li>• My name and other personal identifying information.</li><li>• My identity as an applicant for or recipient of healthcare services, which may include substance use disorder and/or mental health services.</li><li>• The contents of my medical record, which may include:<ul style="list-style-type: none"><li>– Problems/diagnoses.</li><li>– Visit/discharge/examination assessments and summaries.</li><li>– Laboratory/x-ray tests and results.</li><li>– Medications.</li><li>– Procedures.</li><li>– Family/social history.</li><li>– Other information about my health.</li></ul></li></ul>	<ul style="list-style-type: none"><li>• My medical record may include information about the following conditions and treatment:<ul style="list-style-type: none"><li>– Mental health.</li><li>– Substance use disorder.</li><li>– Sexually transmitted diseases.</li><li>– Pregnancies/abortions.</li><li>– Domestic abuse.</li><li>– Rape/sexual assault.</li><li>– Genetic diseases, testing, and test results.</li><li>– Mammograms.</li><li>– Other information about my health.</li></ul></li></ul>
---	--

I understand I have the right to exclude certain types of health information from being exchanged. I exclude the following:

05/08/2018 03:17 PM : Document "BNHC\_HIE\_consent" x

TX Text

Electronic transmission, and by the electronic signature, the patient hereby:

**MY CONSENT CHOICE**

I understand that I have the right to receive a copy of this consent form.

☒ **I GIVE CONSENT.** By my signature below, I acknowledge that I have given my consent as indicated above freely, voluntarily, and without coercion. I understand that I have the right to revoke this consent at any time, however, any information that was already exchanged cannot be taken back. If I have not revoked this consent, it will expire when one of the following conditions is satisfied.

Choose one:

☐ Consent expires one year after the Effective Date of this consent (below).

☐ Consent expires on this date: \_\_\_\_\_

☐ Consent expires upon the condition or event: \_\_\_\_\_

☐ **I DENY CONSENT.** By my signature below, I acknowledge that I have denied consent for my healthcare provider to communicate my health information to one another. I acknowledge that by denying my consent, my healthcare provider may have limits on its ability to provide and coordinate my care.

Prescribe only:  
Not valid if stable  
signature document

Signed By: Elaine XXtest

Signature of Patient  
(SIGNATURE PAGE)

Signature of Patient's Legal Guardian or Authorized Representative

Print Name of Legal Guardian or Authorized Representative

(SIGNATURE PAGE)

Signature of Translator (if applicable)

Printed Name of Translator (if applicable)

05/08/2018 03:09 PM  
Effective Date

05/08/2018 03:09 PM  
Effective Date

Description of Authority (if signed by Legal Guardian or Authorized Representative)

Allows for e-signature  
Tracks expiration date



Auto-populates  
demographics

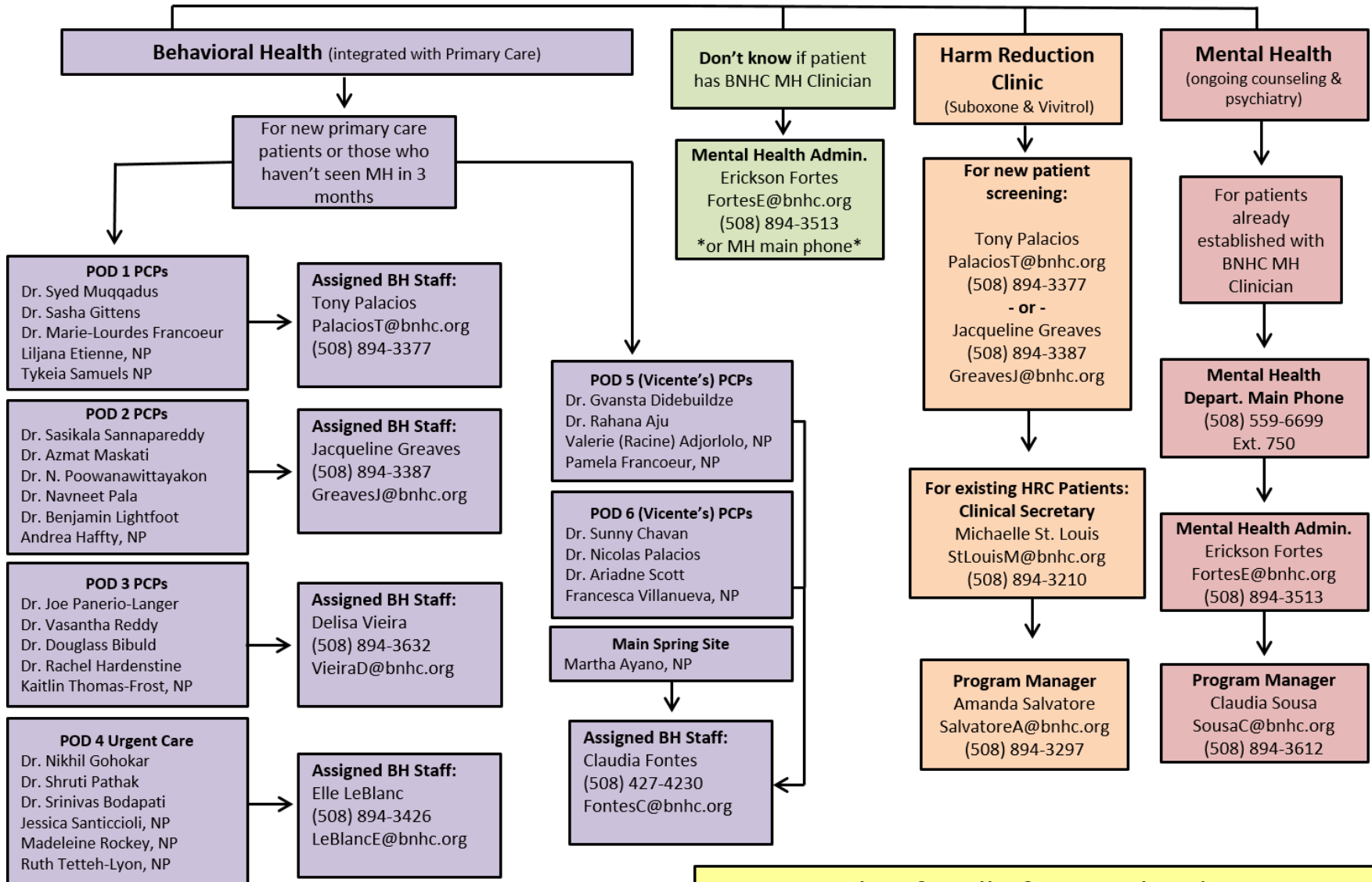
# Use Case Deep Dive

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- **Coordination for psychiatric patients**
  - Patients sent to Brockton Hospital from BNHC for Section 12 psychiatric evaluation
  - Patients released from C3 inpatient psychiatric unit with a PCP at BNHC
- Was an organically identified use case by BNHC mental health staff
- Multiple meetings between BNHC & Brockton Hospital
- Participated in “Connected Communities Meet & Greet”
- Developed communication chart for BNHC

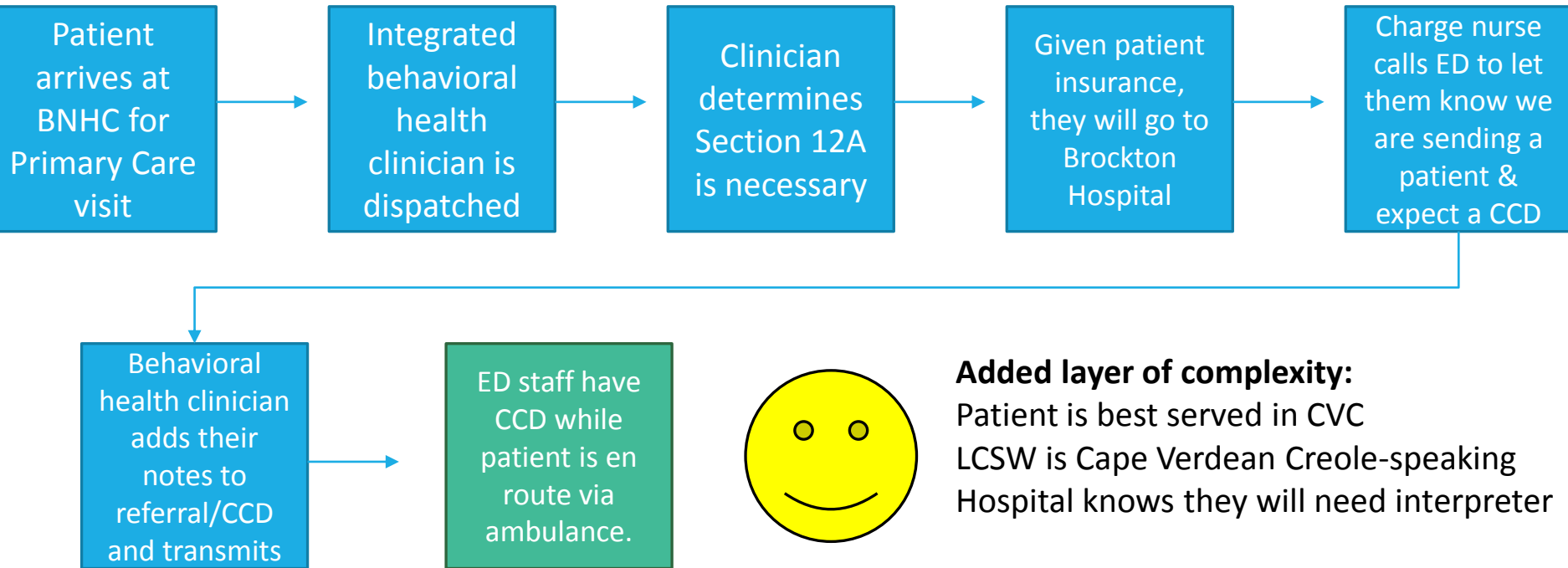
# Brockton Neighborhood Health Center Communication Chart

For coordinating care of Brockton Hospital C3/Psychiatric patients



e-Fax Number for all of BNHC: (508) 584-9061

# Use Case Story



# Accomplishments

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1. Established the ability to exchange Continuity of Care Documents (CCDs) and electronic referrals between trade partners.
2. Developed streamlined workflows in order to better coordinate care and eliminate paper exchange of documents.
3. Implemented a new Authorization to Release Information form via an eConsent module that: a) extended period of consent from 60 days to 1 year, b) incorporated a general designation, and c) allowed for translation of consent form.
4. Small volumes of CCDs/electronic referrals exchanged as staff become accustomed to the new workflow, EHR updates are made, and ACO technology rolls out.

# Outcomes

---

- **221 staff** trained in workflows across 5 organizations
- Average number of minutes for workflow decreased **14 minutes** across the 5 organizations

Measure	Baseline	Target	Actual
Brockton Hosp: repeat ED visits for all BH diagnoses	20.4%	18.4%	19.9%
Brockton Hosp: readmissions for all BH diagnoses	11%	9.0%	5.3%

# Lessons Learned

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- Collaboration is key
- Evaluating consent to release information is extremely important
- Clinicians like the ability to send information electronically – fewer steps, faster, and less paper, however adoption of new workflows is slow
- Working with EHR and HISP vendors can be a challenge
- Competing IT priorities can hinder project implementation
- Implementing new workflows is especially challenging in emergency situations

# Looking ahead...

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- BNHC hopes to continue its work with Brockton Hospital's psychiatric unit
- Connect directly with the CCBC Crisis team via similar workflow
- Connect with Gosnold Treatment Center
- Continue community-wide efforts to coordinate care for behavioral health patients



## Conclusion

*Undersecretary Lauren Peters*



## HIT Council - Meeting Schedule:

- Typically the 1<sup>st</sup> Monday of every third month
- Meetings are from 3:30 to 5:00 PM unless otherwise noted
- All meetings are at One Ashburton Place, 21<sup>st</sup> Floor, Boston
- Planned upcoming **2018** meetings:
  - Monday, November 5, 2018
- Planned upcoming **2019** meetings:
  - Monday, February 4, 2019
  - Monday, May 6, 2019
  - Monday, August 5, 2019
  - Monday, November 4, 2019

**Commonwealth of Massachusetts**  
Executive Office of Health and Human Services



**Thank you!**



## **Appendix A: *Hiway Operations Update***



# Customer Status Dashboard

## July 20, 2018



Tier (As of July 2018)	Universe (Est.)	Actively Using	%Actively Using	Connected or Implementing	%Connected or Implementing	Enrolled	Tier Total
1a. Large hospitals/Health Systems	37	29	78%	1	3%	4	34
1b. Health plans	9	3	33%	2	22%		5
1c. Multi-entity HIE	12	6	50%	6	50%		12
1d. Commercial imaging centers & labs	8	5	63%	3	38%		8
2a. Small hospitals	51	38	75%	12	24%		50
2b. Large ambulatory practices (50+)	33	18	55%	12	36%		30
2c. Large LTCs (500+ licensed beds)	8	1	13%		0%		1
2d. Ambulatory Surgical Centers	63		0%	1	2%		1
2e. Ambulance and Emergency Response	39		0%	2	5%		2
2f. Business associate affiliates	5	1	20%	1	20%		2
2g. Local government/Public Health	8	1	13%	7	88%		8
2h. MassHealth ACO, CP, or CSA Technical Integrator	TBD			1			1
3a. Small LTC (<500 licensed beds)	310	41	13%	37	12%		78
3b. Large behavioral health (10+ licensed providers)	16	3	19%	13	81%		16
3d. Large FQHCs (10-49)	30	18	60%	7	23%		25
3e. Medium ambulatory practices (10-49)	365	60	16%	22	6%		82
4a. Small behavioral health(<10 licensed providers)	90	8	9%	19	21%	1	28
4b. Home health, LTSS	149	29	19%	45	30%	4	78
4c. Small FQHCs (3-9)	29	5	17%	2	7%		7
4d. Small ambulatory practices (3-9)	1595	185	12%	121	8%	3	309
4f. CP or CSA management only entity	TBD			1			1
5a. Very Small ambulatory practices (1-2)	4010	294	7%	292	7%	3	589
TBD – Categorization into Tier is pending	N/A	11		13		5	29
<b>Grand Total</b>	<b>6867</b>	<b>756</b>	<b>11%</b>	<b>620</b>	<b>9%</b>	<b>20</b>	<b>1396</b>



# HIway Participation

## April 21-July 20, 2018



### **20 New Participation Agreements**

Boston Urogyn  
Brookline Village OB/GYN  
Carla Ginsberg, MD  
David Kieff, MD LLC  
DaVita Salem Northeast Dialysis  
Eye Care and Laser Surgery of Newton Wellesley  
Gary Perlmutter, MD  
Highland Valley Elder Service Center, Inc.  
Hyde Park Pediatrics  
Jeffrey Bentley, MD  
John Niles, MD  
Middleboro Pediatrics  
Personalized Medical Care  
Quincy Pediatric Associates  
Richard Eisner, DPM  
Sang-Gil Lee, MD  
Start Line Pediatrics  
Stavros Center for Independent Living  
US Renal Care – Foxborough Dialysis  
Vitreo Retinal Associates



# HIway Connections

April 21-July 20, 2018



## 21 New Connections

AdLib, Inc.  
Behavioral Health Partners Metrowest (BHPMW)  
Boston Urogyn\*  
Boulevard Medical Group  
Carla Ginsberg, MD\*  
David Kieff, MD LLC \*  
DaVita Salem Northeast Dialysis\*  
Eye Care and Laser Surgery of Newton Wellesley\*  
Greater Springfield Senior Services, Inc. (GSSSI)  
Highland Valley Elder Service Center, Inc.\*  
Hyde Park Pediatrics\*  
John Larossa MD  
Middleboro Pediatrics\*  
Personalized Medical Care\*  
Qualifacts  
Quincy Pediatric Associates\*  
Richard Eisner, DPM\*  
Sang-Gil Lee, MD \*  
Start Line Pediatrics\*  
Stavros Center for Independent Living\*  
Vitreo Retinal Associates\* 57

*\* Participants that were enrolled  
and connected in the same period*



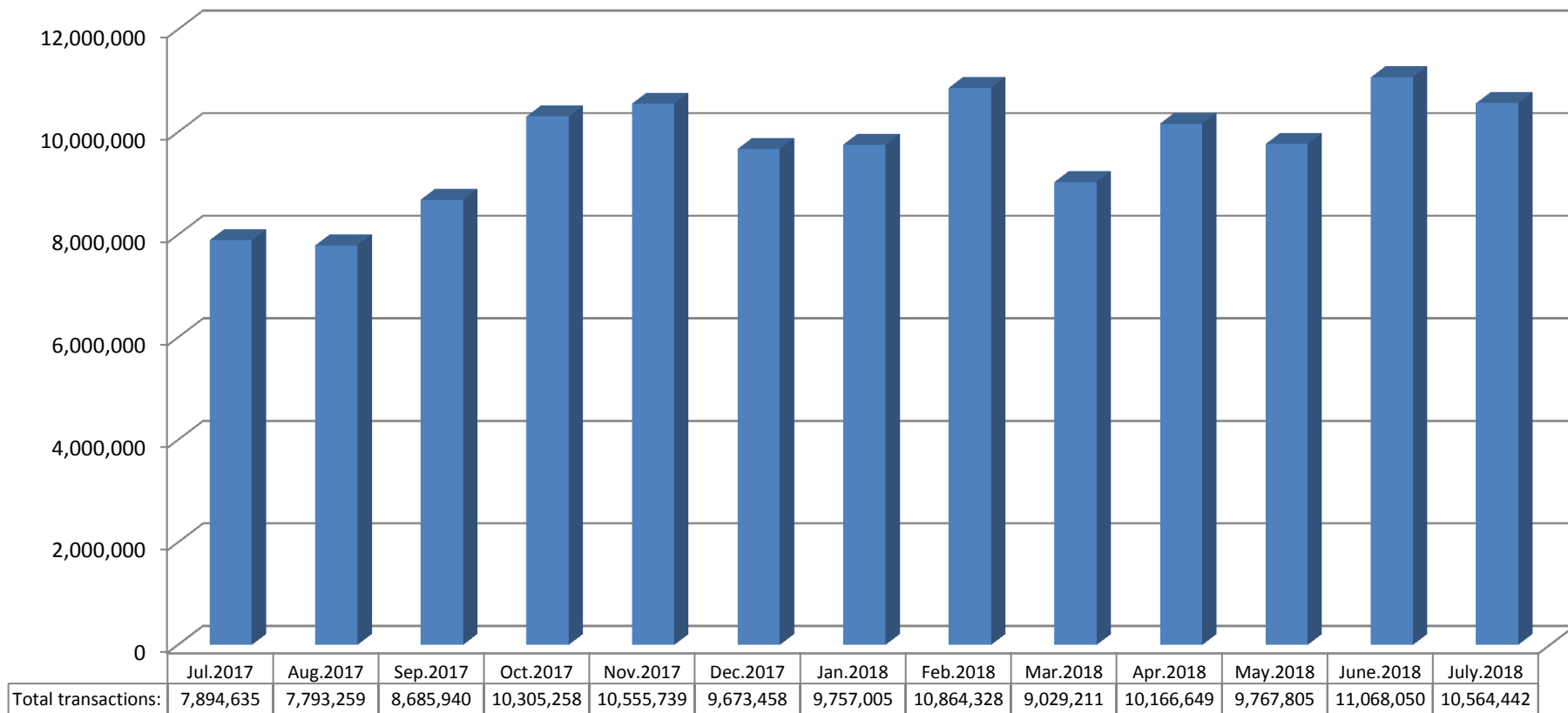
# HIway Transaction Activity



## 13 Month HIway Transaction Activity

10,564,442 Transactions\* exchanged in July 2018 (06/21/2018 to 07/20/2018\*\*)

**268,854,552** Total Transactions\* exchanged inception to date



\* Note: Includes all transactions over Mass HIway, both production and test

58 \*\* Note: Reporting cycle is through the 20<sup>th</sup> of each month.

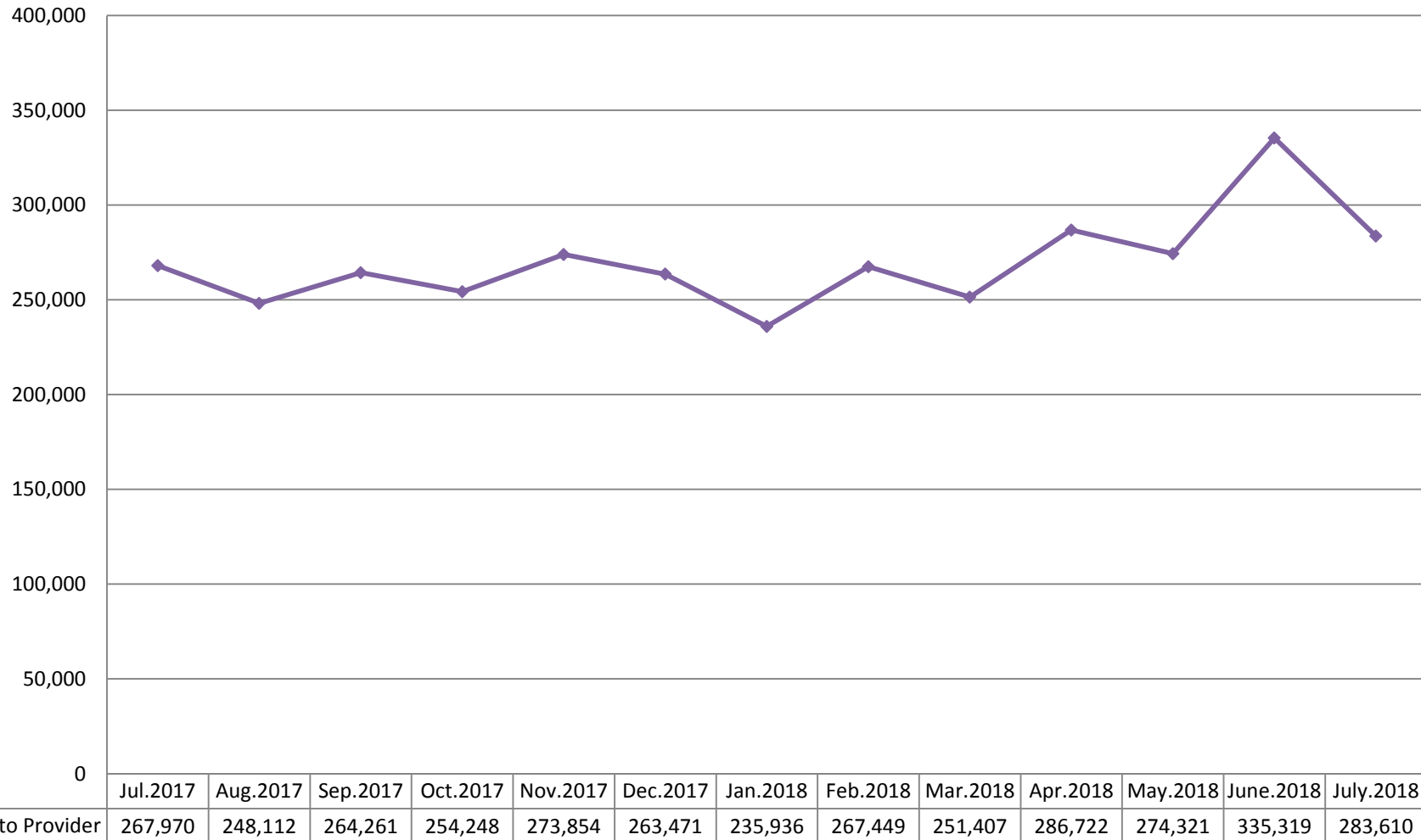


# HIway Transaction Analysis



## HIway Production Transaction Trends – Provider to Provider (July 2017 – July 2018)

**3%** of HIway activity in July 2018\* was for Provider to Provider transactions



\* Note: Reporting cycle is through the 20<sup>th</sup> of each month.

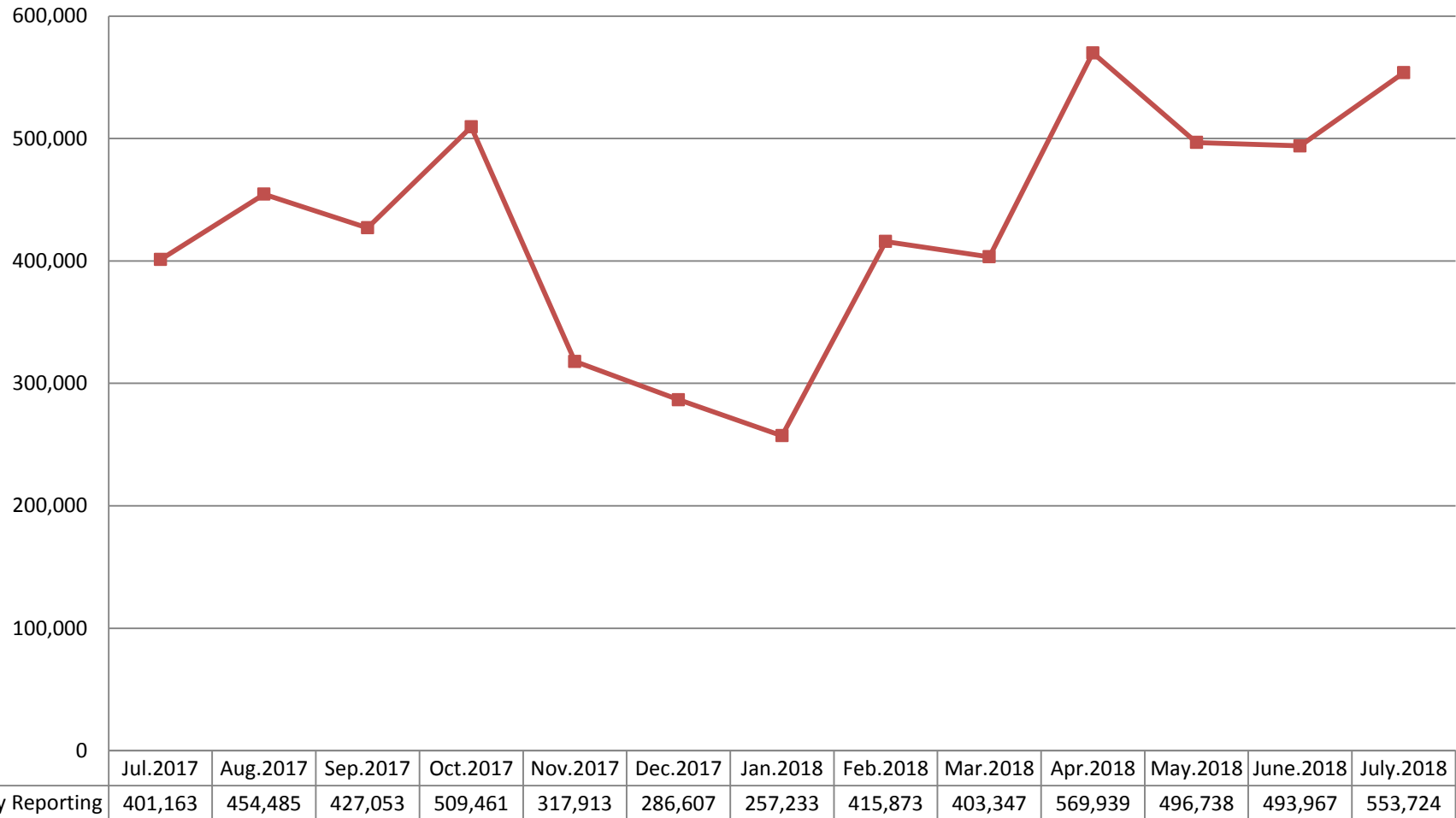


# HIway Transaction Analysis



## HIway Production Transaction Trends – Quality Reporting (July 2017 – July 2018)

**5% of HIway activity in July 2018\* was for Quality Reporting transactions**



\* Note: Reporting cycle is through the 20<sup>th</sup> of each month.

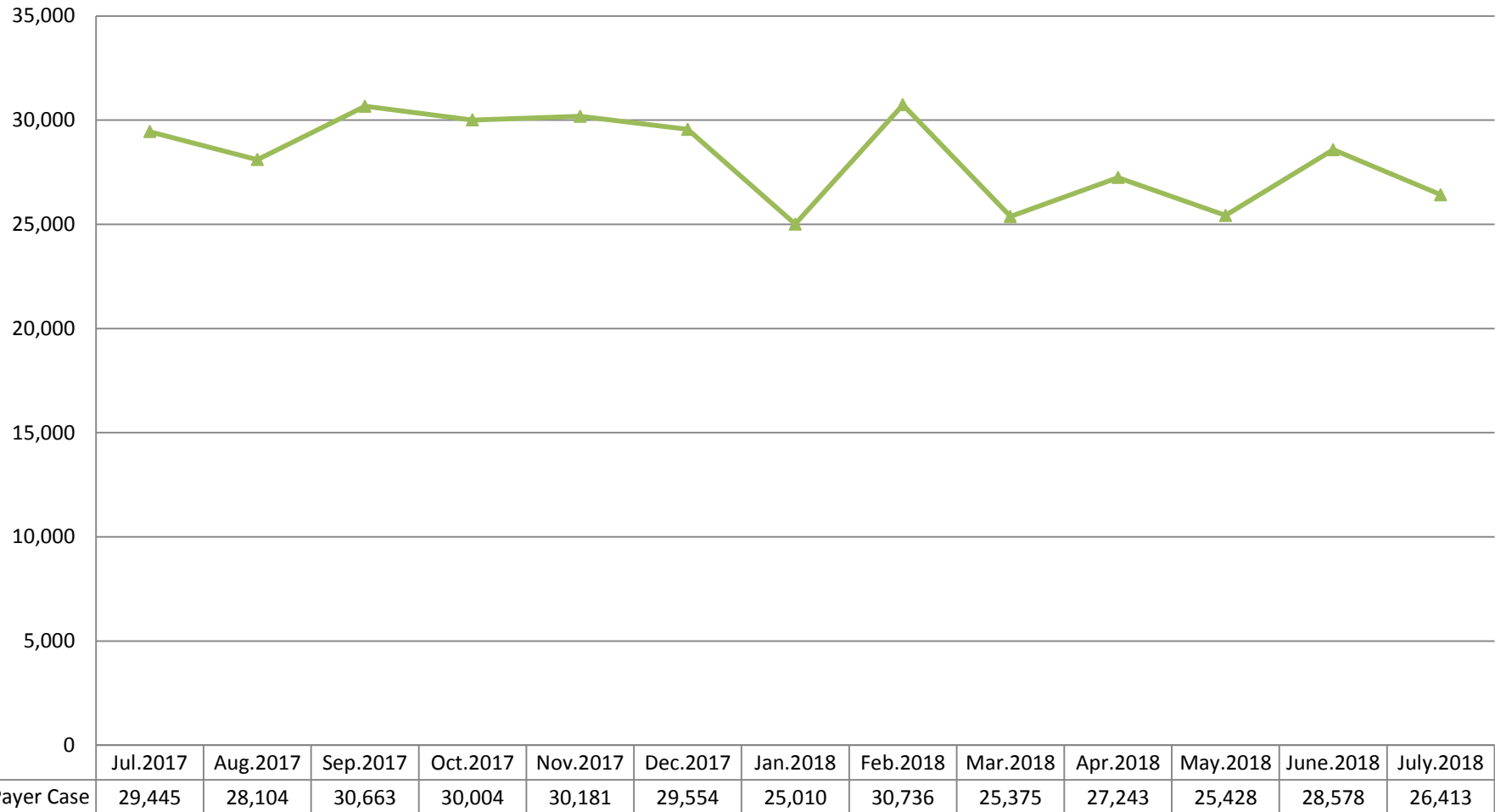


# HIway Transaction Analysis



## HIway Production Transaction Trends – Payer Case Management (July 2017 – July 2018)

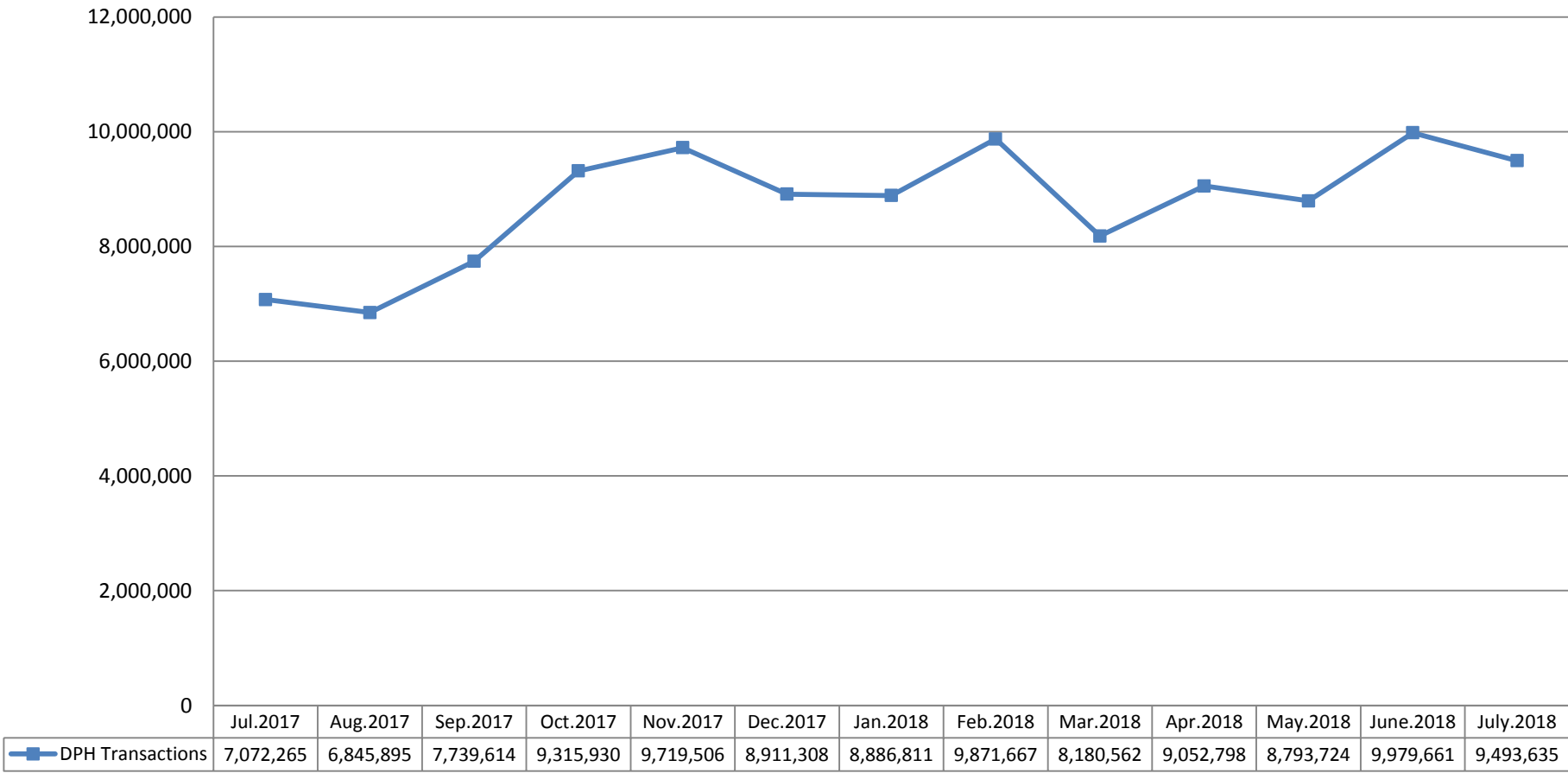
< 1% of HIway activity in July 2018\* was for Payer Case Management transactions





## HIway Production Transaction Trends – Public Health Reporting (July 2017 – July 2018)

**91%** of HIway activity in July 2018\* was for Public Health Reporting transactions.  
*These Public Health transactions are analyzed by application on the following slides.*



\* Note: Reporting cycle is through the 20<sup>th</sup> of each month.

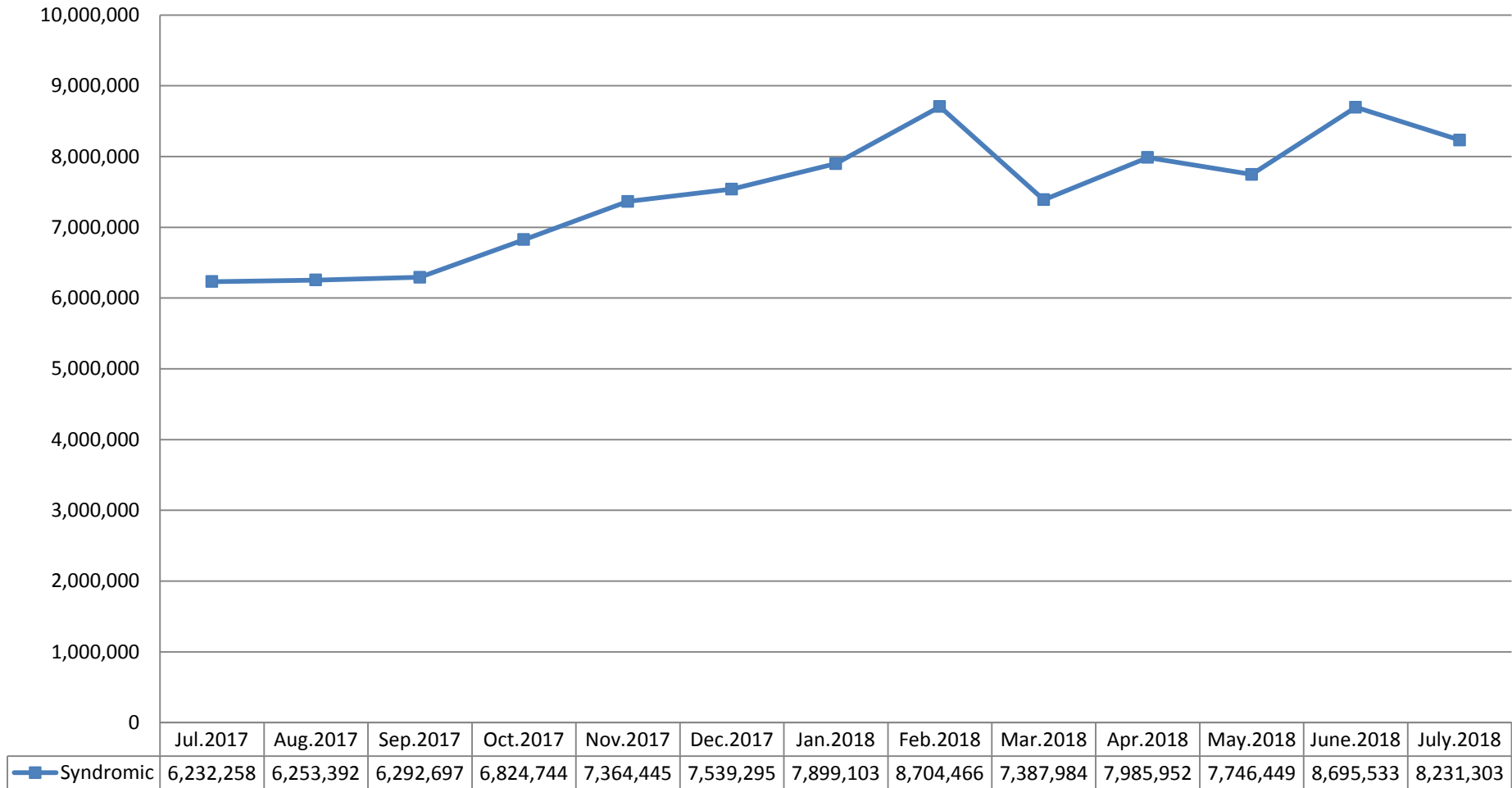


# Transaction Analysis – Detail



## Public Health Reporting – Analysis by Application (July 2017 – July 2018)

### Syndromic Surveillance Transactions



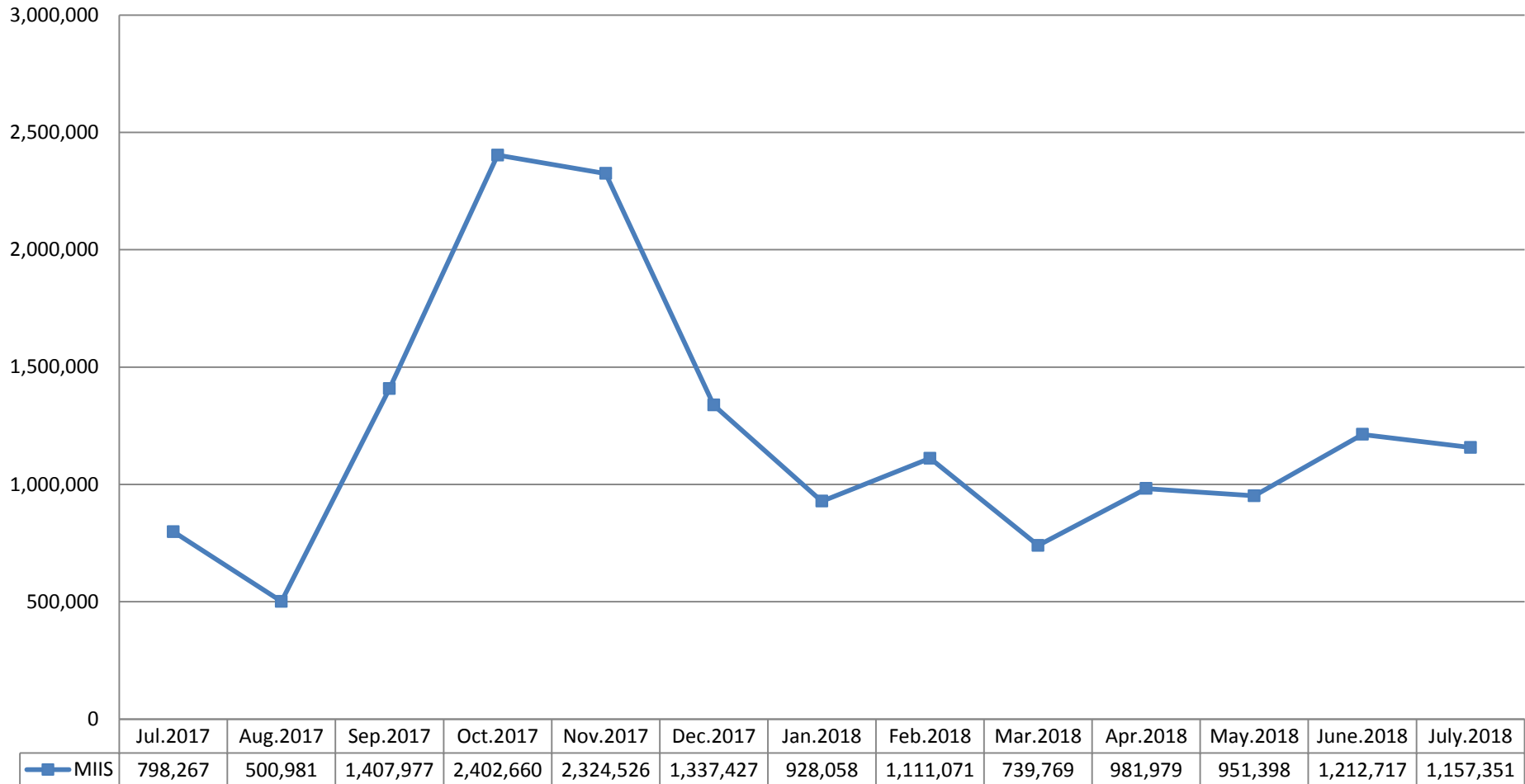


# Transaction Analysis – Detail



## Public Health Reporting – Analysis by Application (July 2017 – July 2018)

### Immunization (MIIS) Transactions



\* Note: Reporting cycle is through the 20<sup>th</sup> of each month.

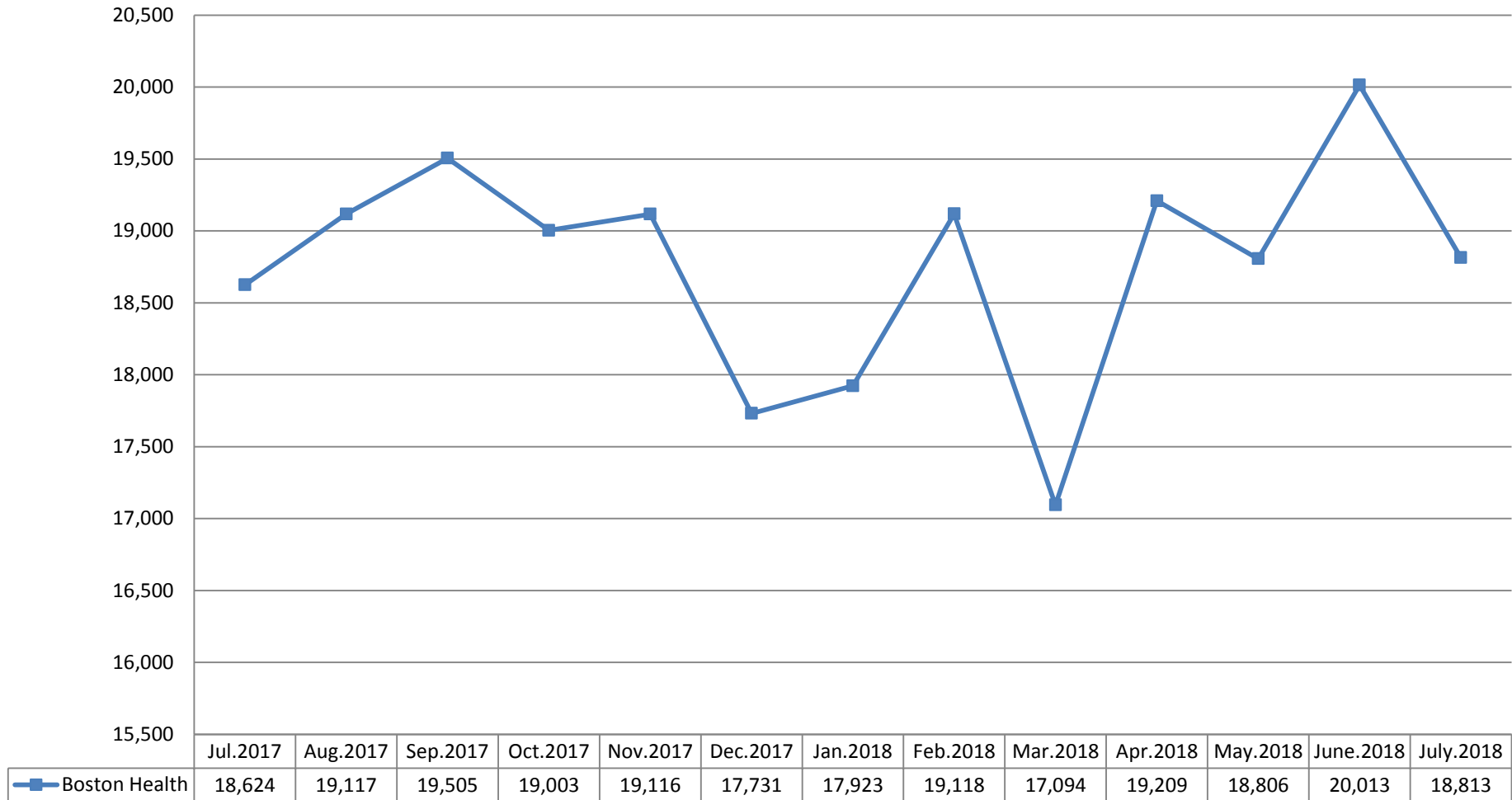


# Transaction Analysis – Detail



## Public Health Reporting – Analysis by Application (July 2017 – July 2018)

### Boston Public Health Commission Transactions



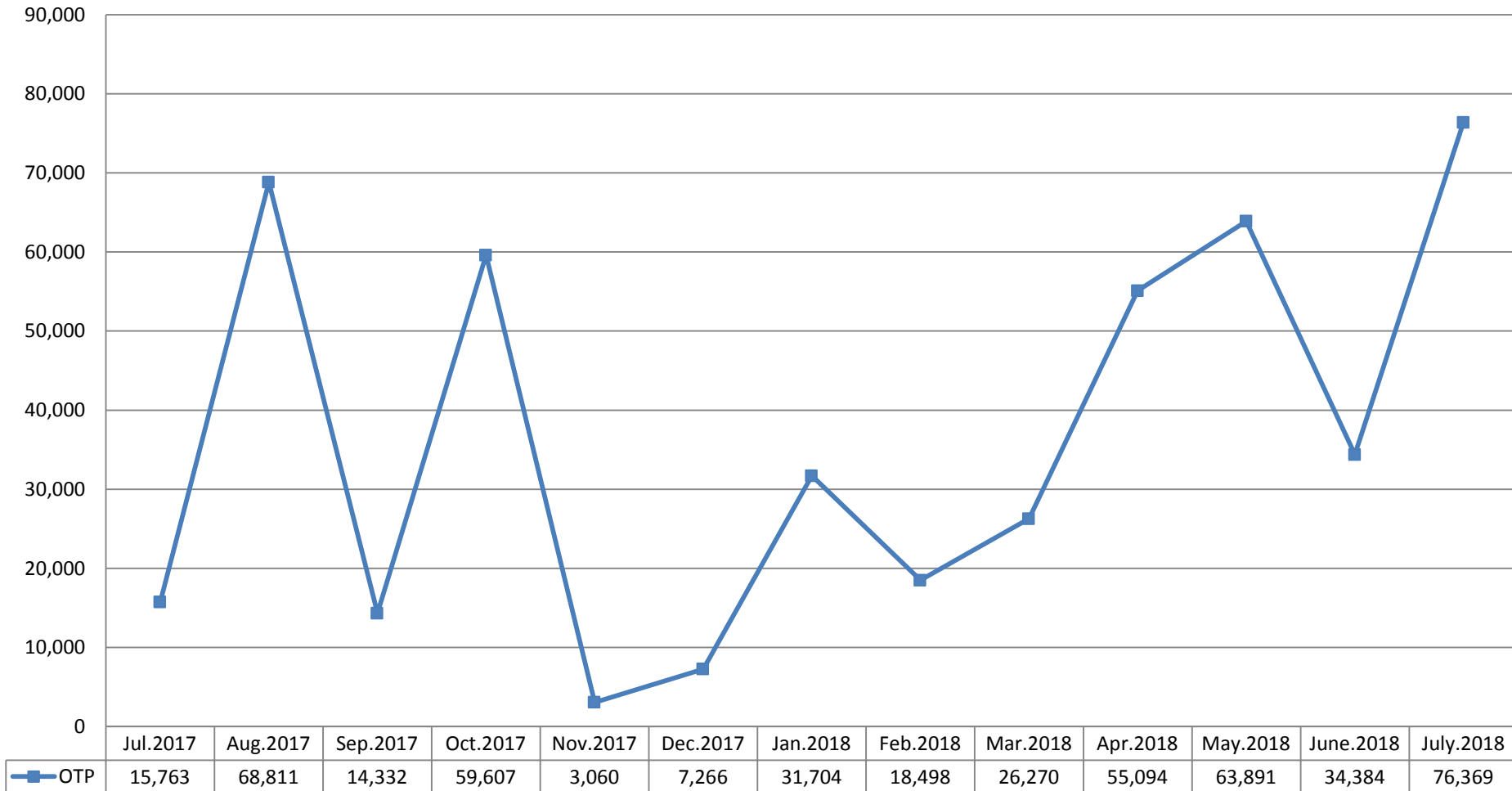


# Transaction Analysis – Detail



## Public Health Reporting – Analysis by Application (July 2017 – July 2018)

### Opioid Treatment Program (OTP) Transactions \*\*



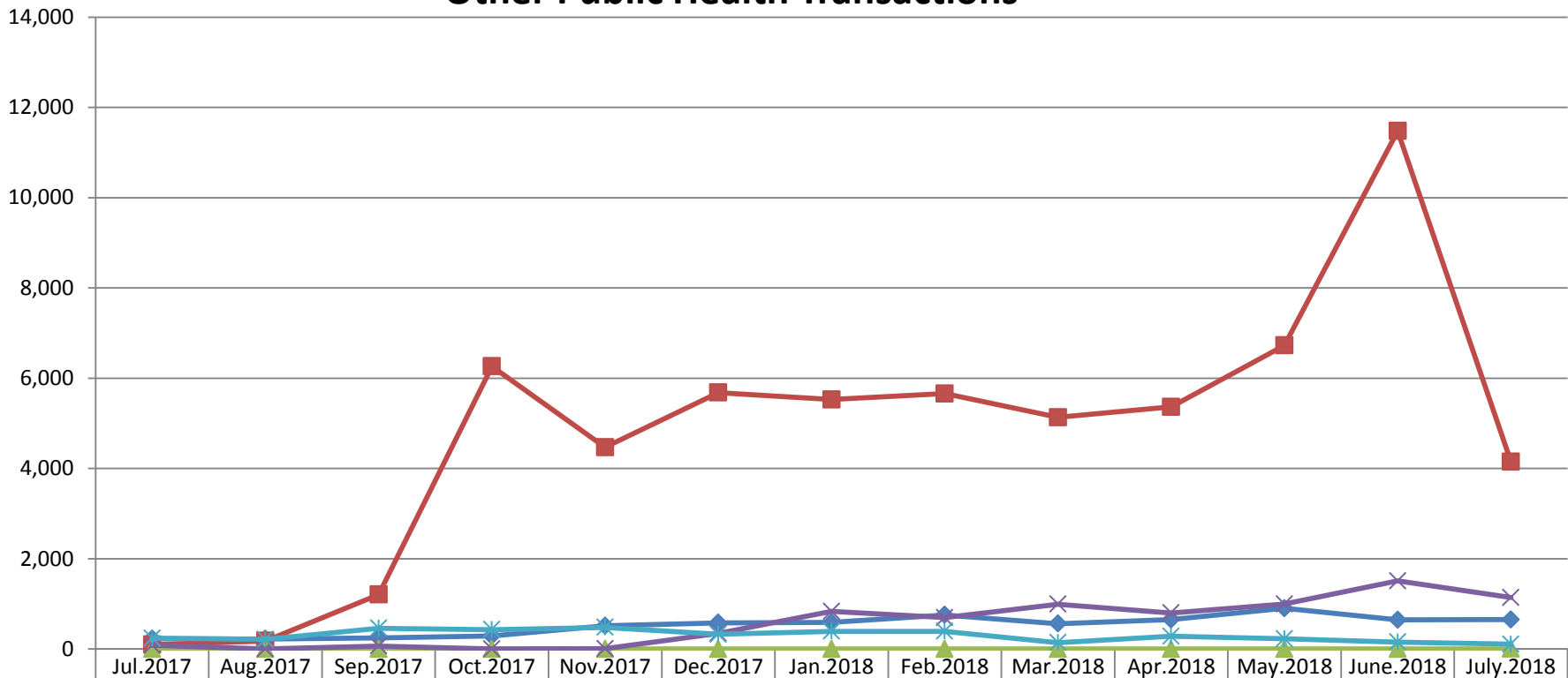


# Transaction Analysis – Detail



## Public Health Reporting – Analysis by Application (July 2017 – July 2018)

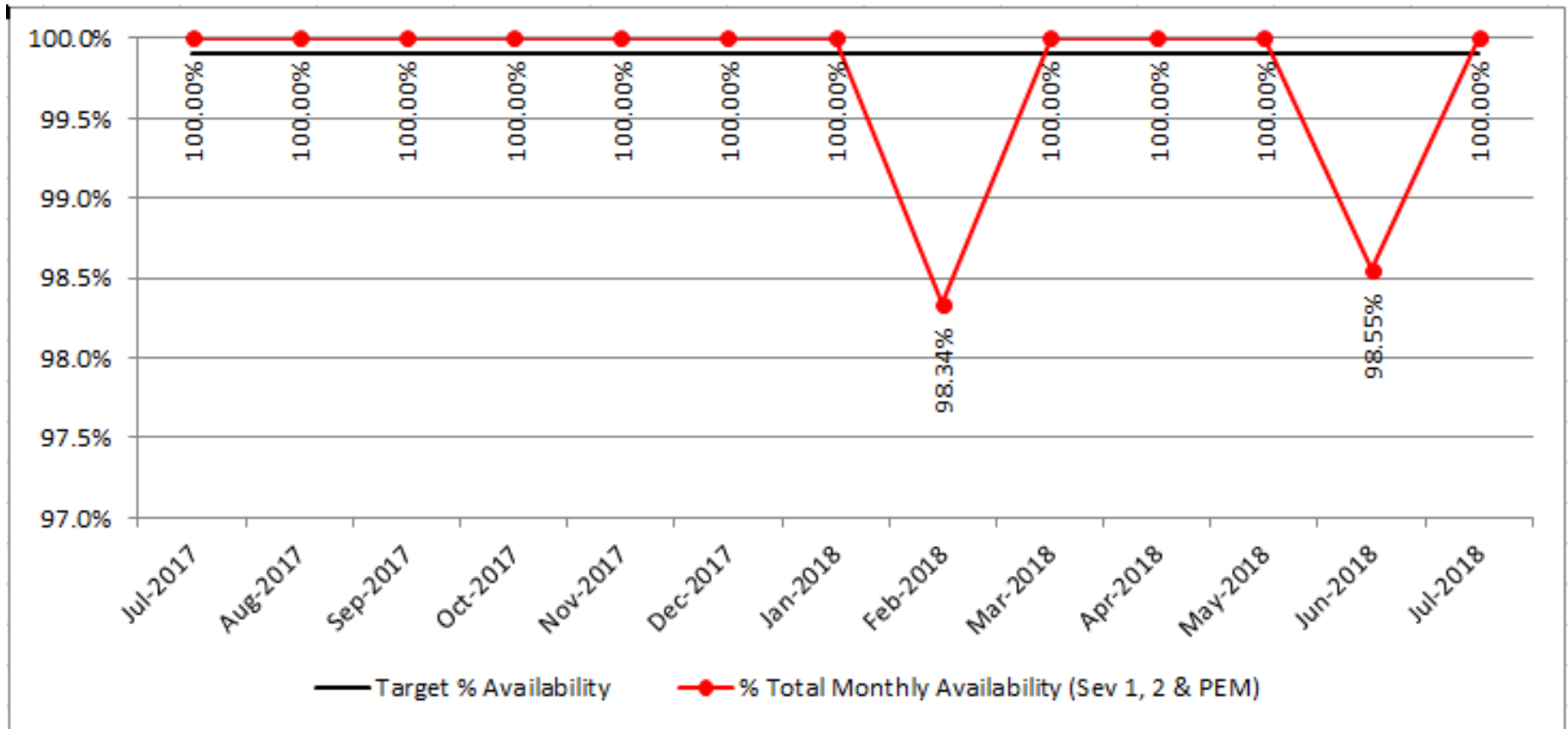
### Other Public Health Transactions



—◆— ELR	227	223	246	289	514	579	589	755	562	651	902	646	651
—■— MCR	98	179	1,204	6,261	4,469	5,679	5,527	5,659	5,134	5,364	6,727	11,476	4,146
—▲— PMP	0	0	0	0	0	0	0	0	0	0	0	0	2
—×— CBHI	82	0	65	0	8	349	834	694	991	799	997	1,508	1,141
—*— eReferral	238	212	461	430	478	327	391	393	142	281	225	154	108



# 13 Month HIway Availability Trends



- **Target:** “Total Monthly Availability” – no lower than 99.9% (downtime no more than ~44 minutes/month)
- **June 2018 Availability Note:** From Sunday, 6/24, 10:22pm, until Monday, 6/25, 8:45am, Mass HIway experienced a Severity Level 2 degradation in service for Webmail, XDR, and LAND.