HIT Council May 2022 Presentation

Slide title: **Title slide**

**Health Information Technology Council Meeting**

**May 2, 2022 draft**

Slide title: **Agenda**

**Welcome**

Undersecretary Lauren Peters

* + Approval of Feb 2022 minutes (vote)
	+ Approval of Annual HITC Report to the Massachusetts Legislature (vote)

**Governor’s Healthcare Bill – Summary Update**

 *Lauren Peters*

**HIT Spotlight: Lowell Community Health Center**

*Padmaja Sastry*

**HIway Attestation & ENS Utilization Update**

 *Pam Boutin-Coviello*

**New Provider Directory API**

*Elizabeth Reardon*

***BH Treatment and Referral Platform (Tentative)***

*Kevin Mullen*

**Conclusion**

*Undersecretary Lauren Peters*

Slide title:***Welcome***

**Welcome**

Undersecretary Lauren Peters

Slide title:***Vote: Approve minutes and Annual Report***

**MOTION #1:** That the Health Information Technology Council hereby approves the minutes of the council meeting held on February 7, 2022 as presented/amended

**MOTION #2**: That the Health Information Technology Council hereby approves the Annual HITC Report the Massachusetts Legislature as submitted

Slide title: **AN ACT INVESTING IN THE FUTURE OF OUR HEALTH**

**AN ACT INVESTING IN THE FUTURE OF OUR HEALTH**

*Lauren Peters*

Slide title: **AN ACT INVESTING IN THE FUTURE OF OUR HEALTH**

 **AN ACT INVESTING IN THE FUTURE OF OUR HEALTH**

**This legislation requires health care providers and payers to increase investment in primary care and behavioral health through setting a statewide spending target and addresses excess costs and affordability through a multi-faceted approach that both targets systemic cost drivers and promotes patient access to high-value, affordable care, incorporating lessons learned from the COVID-19 pandemic.**

**The bill centers on three key areas:**

* **Prioritizing Primary Care and Behavioral Health: increases investment in primary care and behavioral health care through setting a statewide target to address historic underinvestment in these services, particularly for underserved populations**
* **Managing Health Care Cost Drivers: addresses excess costs and affordability through a multi-faceted approach that targets systemic cost drivers and promotes consumer access to high-value, affordable care.**
* **Improving Access to High-Quality Coordinated Care: promotes access to high-quality, coordinated care and modernizes licensure and practice standards.**

Slide title: **AN ACT INVESTING IN THE FUTURE OF OUR HEALTH**

**What the legislation does to meet the future of HIE**

* Amends 118I to accelerate the adoption of new interoperable health information exchange activities by health care providers and payers to improve the quality of care, increase care coordination, and create provider efficiency.
* Broadens EOHHS’s authority to define the types of healthcare entities (providers, payers, etc.) required to participate in health information exchange (HIE) initiatives.
	+ *Example: The bill would allow EOHHS to compel payers to participate in certain HIE initiatives such as the ED boarding referral and treatment platform, currently under development, which will support notifications from EDs to payers alerting them of a member boarding in the ED with a BH diagnosis.*
* Gives EOHHS the authority to establish uniform data standards to support improved interoperability, public health reporting and adoption of new use cases (e.g., ED boarding, Health Equity, Health-related social needs, etc.)
* Authorizes the Executive Office of Elder Affairs (EOEA) to make the transition from the current paper based MOLST system to the electronic POLST (ePOLST) system. This transition will ensure that end-of-life wishes are more easily accessible and honored across care sites, providers, and state lines.

Slide title: **HIT Spotlight: Lowell Community Health Center**

*Padmaja Sastry, Director of Information Systems*

*Lowell Community Health Center*

Slide title: **Health IT Spotlight:
 Lowell Community Health Center**

Lowell Community Health Center uses Direct Messaging to Send and Receive Referrals and Consult Notes with Trading Partners

Lowell Community Health Center (LCHC) serves the greater Lowell communities by offering comprehensive primary healthcare as well as dental, eye care, and specialty services. It aims to provide culturally-competent health services regardless of a patient’s financial status in order to reduce health disparities and empower each individual to maximize their overall well-being.

**Challenge**

* Referrals and consult notes were sent between LCHC and its clinical partners via paper fax and phone calls
* Manual processes resulted in significant delays in closing the referral loop and a months-long backlog of paperwork to be scanned into LCHC’s EHR system

Slide title**: Health IT Spotlight:** **Lowell Community Health Center**

 Solution

LCHC leveraged its eClinicalWorks (eCW) EHR system to send referrals via P2P, eCW’s Direct messaging HISP integrated with the Mass HIway

Now, when a patient needs to see a specialist, the clinician sends the referral and appointment request  to the receiving organization via P2P Direct Messaging

Text communications to patients reminding them of their appointments are sent directly through the EHR via eCW Messenger

Once the patient has been seen, the specialist sends their clinical notes back to LCHC via Direct Messaging directly into LCHC’s eCW EHR

Support from Mass HIway

A HIway Account Manager facilitated calls and correspondence with the trading partners, worked with eCW and trading partners’ EHR vendors to resolve technical issues, and documented feedback to keep the project on track

Slide title: **Health IT Spotlight:
 Lowell Community Health Center**

Impact

* With the new workflow, LCHC was able to close the gaps in its processes and now consistently meets its referral targets, ensuring that patients with stat or urgent needs can be seen by a specialist in a timely manner
* 1,500 texts are sent monthly, resulting in fewer phone calls and mailings to patients
* Once the specialist’s consult notes are received, these are added to the patient’s electronic record within 24 hours

Bar graph show reduction over time from 3954 open Referral Backlog of a combination on Adult, Eye Care, FM, Metta, CB, Pedi and Specialty on Jan 29, 2021 to 2714 on Feb17, 2021 between which Direct and Text messaging was implemented, and then to 321 on April 26 2021. Equivalent to a 92% reduction in the Open Referral Backlog.

Slide title: **Attestation update**

 Pam Boutin-Coviello

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

The HIway connection requirement requires providers to engage in health information exchange 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).

Provider organization First year requirement applied Submit in 2021

Acute care hospitals 2017 Yr 5 attestation form

Large and medium medical ambulatory practices 2018 Yr 4 attestation form

Large community health centers 2018 Yr 4 attestation form

Small community health centers 2019 Yr 3 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: Statistics for 2021 Reporting Year**

Although attestation submissions got off to a slow start, we saw an influx of submissions towards the end of 2021. Attestation submissions received in the 2021 reporting year surpassed submissions in previous years.

Final Count for 2021:

Total forms submitted: 192

Year 3/4 forms: 104

Year 5 forms: 53

Exception forms: 35

Breakdown by Organization Type

Acute Care Hospitals (n=67)

* 53 attestations submitted
* 14 exception forms submitted
* Submitted: 100%

Community Health Centers (n=41)

* 26 attestations submitted
* 9 exception forms submitted
* Submitted: 85%

Medium/Large Medical

Ambulatory Practices (n=442)

* Attestations: 314 practices
* Exception forms: 65 practices
* Total: 379 practices
* Submitted: 86%

Slide title: **HIway attestation: 2021 statistics**

More provider organizations are meeting the HIway connection requirement through DirectTrust HISP-to-HISP exchanges. As a result, more provider organizations submitted attestation forms and fewer organizations requested exceptions.

**As of Feb 1st 2022:**

*190 forms submitted*

Year 3/4 forms: 103

Year 5 forms: 53

Exception forms: 34

* **Acute Care Hospitals** (n=67)

53 attestations submitted

14 exception forms submitted

Submitted: 100%

* **Community Health Centers** (n=41)

24 attestations submitted

8 exception forms submitted

Submitted: 78%

* **Medium/Large Medical**

**Ambulatory Practices** (n=442)

Attestations: 314 practices

Exception forms: 65 practices

Total: 379 practices

Submitted: 86%

Slide title: **HIway attestation: 2021 statistics**

Due to the 2021 sub-regulatory guidance to count sending and receiving submissions via DirectTrust accredited HISPs, early in the attestation cycle more provider organizations submitted attestation forms vs exception forms. This trend has continued.

 Acute Care Hospital

Yr. Attestation Exception Exception percent of total

2017 61 0 0%

2018 59 7 11%

2019 41 14 36%

2020 51 14 22%

2021 53 14 21%

Medium and Large Ambulatory Practices

Yr. Attestation Exception Exception percent of total

2017 0 0 0%

2018 60 8 12%

2019 57 30 34%

2020 61 34 36%

2021 81 11 12%

Small and Large Community Health Centers

Yr. Attestation Exception Exception percent of total

2017 0 0 0%

2018 32 2 6%

2019 32 4 11%

2020 17 15 47%

2021 21 9 30%

Slide title: **HIway attestation: 2022 timeline**

2022 Attestation timeline:

Dec. 31, 2021: Use case implementation deadline

* May-July 2022: HIway outreach and education
	+ Emails and Newsletters
	+ Website updates
	+ Direct contact with POs
* Summer 2022: Webform testing, HIway attestation/exception webforms go live and begin accepting submissions
* Fall 2022: Deadline for attestation/exception submissions
* Winter 2022: HIway reaches out to POs that have not submitted, HIway closes webform

Slide title: **Preparing for Attestation 2022 & beyond**

Preparing for Attestation 2022 & beyond

Identification of the “Attestation window” for 2022

Working with development team to create a timeline for webform revision and preparation for public use

Testing of the online webforms

Creating Attestation date announcements; newsletters and standalone emails

Developing Newsletter and Website content

Informing HIT Council of Attestation updates

Planning and preparing for Attestation changes beyond 2022

Timetable for the HIway connection requirement has been completed for the regulated organizations (acute care hospitals, community health centers, medical ambulatory practices)

Consideration of future disposition, revision or sun-setting components of HIway attestation process

Slide title: **ENS Update**

**Pam Boutin-Coviello & Kevin Mullen**

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)

Graphics picture the ENS framework:

Hospitals submit data to one of 2 certified ENS vendors, data sharing occurs between vendors in the network, ENS recipients receive data from certified vendor they have contracted with.

Scenarios :

1. Boston Hospital sends ADT to ENS1, ENS 1 Contract: Boston PCP
2. 2. Current (silo): ENS runs own matching algorithm, positive match for client: notification sent to Boston PCP however, Boston CP doesn’t know that their patient was seen at Boston Hospital. This operates under Governance: BAA (CE1/BA1).
3. Proposal: non silo operating under Governance: BAA (CE2/BA2). ENS 1 also reflects ADT copy to ENS2 and ENS3.
4. ENS2 runs own matching algorithm, there is a positive match, a notification is sent to Boston CP.
5. ENS3 runs own matching algorithm, operating under Governance: State, there is no positive match ADT is deleted, retaining only audit data

All scenarios operate under Federal obligations: HIPPA and 42 CFR Part 2 and State Obligations: HIV and Genetic testing

Slide title: ENS: Number of reflected ADTs received

In the fourth quarter of 2021, the stabilization of Statewide ENS Framework participants resulted in almost eight million ADTs being reflected

 Vendor Q2 2021 Q3 2021 Q4 2021 percent increase

 # received by reflection # received by reflection # received by reflection Q3vQ4

 A 325k 3,671k 4,465k 22%

 B 621k 2,784k 3,439k 24%

In Q2 2021, both vendors began scaling up the transactions as they worked to define the gaps in their data

Both vendors experienced a significant increase of ADTs flowing into their systems as the gaps were increasingly closed in Q3 2021.

The number of reflected ADTs from Q3 & Q4 increased by more than 20% for both vendors.

Slide title: **ENS: Number of notifications generated by reflected ADTs**

The number of notifications generated by the reflected ADTs increased for both vendors in Q4 2021 compared to Q3 2021.

 Vendor Q2 2021 Q3 2021 Q4 2021 % Increase

 Apr-June Jul-Sep Oct-Dec Q3 vQ4

 # of notifications # of notifications # of notifications

A 11k 45k 61K 37%

B 19k 182k 234k 29%

Both vendors reported an increased volume of reflected ADTs received and the number notifications sent between Q3 and Q4

Vendor A reported an increase of ~37% and Vendor B an increase of ~29%

Notifications as a percentage of total ADT volume remained consistent with vendor baselines (~2%-7% of total ADT volume)

Slide title: **Mass HIway Provider Directory API**

Elizabeth Reardon

Slide title: **Provider Directory (PD) API**

The PD API offers a direct interface to the Mass HIway Provider Directory for provider organizations to search, bulk import and export data, and/or perform individual operations for modifying data.

 Benefits include:

No need to maintain cumbersome Excel documents for updates

* + No more risks of formatting conversions, such as IDs into dates or dropping the leading zero in zip codes
	+ More frequent updates to provider data
	+ Add, update, and remove provider information for your organization as it happens, instead of just once a month
	+ Timely access to DirectTrust and other Direct messaging participant data
	+ Search the Provider Directory on demand, including the national DirectTrust Provider Directory, and eliminate timely processes to update your internal Trading Partner Directory
	+ Opportunity for automation
	+ Integrate the Provider Directory API into your organization’s provider registration process to have updates sent automatically
	+ Enhanced search capabilities
	+ Search on one or many fields, including *First Name*, *Last Name*, *Organization Name*, *Facility*, *Location* (address), *NPI*, and *Specialty*
	+ Self-service
	+ Make updates and/or request Provider Directory information on your own time
	+ Access to "source of truth"
	+ You’ll have immediate access to the most current provider information, and not just a “point in time” when a file was created

Slide title: **Provider Directory (PD) API**

Working with Provider Organizations to adopt this newly available technology

 Large Hospital System

* + - * The MeHI and Orion teams have been working closely with a large hospital system over the past several months to test the functionality of the PD API
			* This system plans to adopt the use of the PD API later this year

Other Pilot Sites

* + - * The Mass HIway is in communication with other organizations who may wish to integrate the PD API into their workflows in the near term

Interested?

* + - * If your organization is interested in learning more about how to leverage the PD API to enhance your care coordination workflows, please reach out to your Mass HIway Account Manager or contact MassHIway@state.ma.us

Slide title: **New RFR: Behavioral Health Treatment & Referral Platform**

 Kevin Mullen

Slide title: **BH Treatment & Referral: Background**

Massachusetts continues to experience significant challenges with patients waiting in EDs for inpatient psychiatric admission (otherwise known as “boarding”) and other appropriate treatment for their behavioral health diagnosis

**In response, Massachusetts developed the Expedited Psychiatric Inpatient Admission (EPIA) policy.**

* EPIA is a protocol that establishes clear steps and responsibility for escalating cases, where an admission has not been achieved in a reasonable period of time, to senior clinical leadership at Insurance Carriers, Inpatient Psychiatric Providers, and ultimately to DMH.
* EPIA aims to streamline communication across all stakeholders, reduce the length of stay in the ED for behavioral health patients needing an inpatient level of care, ensure that no one is boarding without an advocate, and establish baseline information for behavioral health patients with long stays in EDs for monitoring and policy purposes.

**While there have been improvements since implementing this process, some challenges remain.**

* EPIA is currently a fully manual process that lacks a centralized and consistent source of information. This means that ED staff must take time away from patient care and bed searches to detail information that carriers will need for their own searches, as required by the EPIA Protocol.
* The information provided to carriers and hospitals may be provided through a variety of avenues, including phone calls, emails, and faxes—increasing the risk of missing vital information on a particular case and providing such information inconsistently, which hinders data collection efforts

Slide title: **BH Treatment & Referral Platform-RFR**

**THIS IS AN ADVANCE NOTIFICATION OF AN UPCOMING PROCUREMENT. No RFR documents are available at this time but will be added to this page:**

[**22EHSBHTRPSRFR: RFR for Behavioral Health Treatment Referral Platform Software**](https://www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-22-1039-EHS01-EHS01-74235&external=true&parentUrl=close)

EOHHS intends to issue a procurement to procure a software system to enable acute care hospital personnel to identify patients with a psychiatric diagnosis waiting in Massachusetts EDs seeking inpatient psychiatric treatment and community crisis stabilization. The platform will enable hospitals, health plans, community-based crisis intervention teams, and state agencies to securely share required information and referral forms, including the transfer of admissions packets between stakeholders.

Slide title: **BH Treatment & Referral Platform-Detail**

The Commonwealth is seeking a vendor to improve operational efficiencies among providers, carriers, and the Commonwealth by automation of the screening and referral process  to move patients more quickly through the emergency department (ED) evaluation and referral process for those seeking behavioral health (BH) treatment, reducing the length of stay in EDs

The proposed *Behavioral Health Treatment and Referral Platform* will support;

* + Automation of the ED BH screening, evaluation, and referral process, including EPIA protocols
	+ Enable the electronic transmission of standardized admissions information
	+ Create a real-time, transparent view of patients seeking BH treatment for critical stakeholders (EDs, ESPs and behavioral health crisis intervention system providers, psychiatric units, freestanding psychiatric facilities, insurance carriers and state agencies)

Additionally, it is expected that the procured solution will;

* + Leverage and build upon existing vendor networks and exchanges
	+ Integrate with the Statewide Event Notification Services (ENS) framework
	+ Allow for future integration with technology partner(s) to enable search and identification of available psychiatric treatment beds (including inpatient and crisis stabilization) for expedited placement.

Slide title: **Conclusion**

Undersecretary Lauren Peters

Slide title: **Next HITC meeting**

 Next HITC meeting

 August 1, 2022

3:30 – 5 p.m.

Slide title: **Appendix A: HIway Operations Update**

Slide title: **HIway participation
 January 21, 2022 – April 20, 2022**

 One New participation agreements

* CareLinx
* Community Technology Cooperative / C3
* David L. Stormberg, MD
* Tia

Confidential Draft – Policy in Development

Slide title: **HIway participation
 January 21, 2022 – April 20, 2022**

 Two New connections

* Beth Israel Deaconess Family Medicine, Waltham
* CareLinx\*
* David L. Stormberg, MD\*
* Tia\*
* Tufts Medicine

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

Confidential Draft – Policy in Development

Slide title: **HIway transactions**

HIway transaction volume update

 The Mass HIway processed 37.9 million production transactions during the Apr 2022 reporting period (3/21/21 through 4/20/22) with consistent volume attributed to the COVID-19 queries to the MIIS. From May 2021 through Apr 2022, the average increased to 33.1 million production transactions per month for a total of 398 million over the past year.

In April, Public Health Reporting accounted for 37.2 million transactions, or 98% of total production volume. This included 10.5 million Syndromic Surveillance transactions and 26 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 average over 352,000 per month for the past year, and which support a number of use cases. For April, the total was 426,656.

Quality Reporting volume has normalized over the last year and is currently averaging around 168,000 transactions per month for the past 9 months.

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**

 **April 2022**

Graph shows 100% Uptime 4/1/2022 through 4/30 2022

Slide title: **HIway Availability Trends – April 2022**

 Metric Targets:

“Total Monthly Availability” – no lower than 99.9% (downtime no more than ~44 minutes/month)

Graph shows target availability -100%

Graph shows % Total Monthly Availability (Sev1,2 and PEM) 100% May 2021 to April 2022, with the exception of June 2021 at 99.65%, and July 2021 at 99.74%.

Slide title: **Thank you!**