

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



# Health Information Technology Council Meeting

November 5, 2018



# Agenda



- **Welcome**  
Undersecretary Lauren Peters
- **Mass HIway Program Director Introduction**  
Bert Ng
- **EOHHS Notification Services (ENS) Initiative Update**  
Bert Ng & David Whitham
- **HIway 2.0 Migration Update**  
Dave Bowditch
- **HIway Connection Requirement**  
Chris Stuck-Girard & Bert Ng
- **HIE Success Story**  
David LaPlatney, Behavioral Health Network



# Welcome

*Undersecretary Lauren Peters*



# Vote: Approve Minutes



**MOTION:** That the Health Information Technology Council hereby approves the minutes of the Council Meeting held on August 6, 2018 as presented/amended



# Mass Hlway Program Director Introduction

*Bert Ng*



- **Key Objectives**

- Advance the mission of EOHHS by developing HIT policies that improve cost, care, and health outcomes
- Work with the HITC to develop thoughtful policies to advance adoption and utilization of HIT to improve care quality
- Develop a roadmap for future success of the HIway in concert with market evolution and federal regulatory changes



## 5 Year Plan

- Where we started
- Where have we been
- Where should we be going

## Support Care Coordination

- Leveraging the HIway to support care coordination, including for MassHealth ACO/CPs

## Promoting Interoperability

- Ensuring there is meaningful health information exchange
- Aligning with federal initiatives

## HITC & Stakeholder Engagement

- Meeting with HITC members
- Meeting with external stakeholders
- Advisory Workgroups



# **EOHHS Notification Services (ENS) Initiative Update**

*Bert Ng & David Whitham*





## **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 Process:**

- EOHHS issued an RFR in February, 2018 to develop a state-operated ADT repository with optional ENS services in the future.
- EOHHS assessment of responses showed ENS Vendors have significant market penetration with Acute Care Hospitals.
- EOHHS determined the creation of a state-operated ADT repository would be duplicative of existing capabilities.
- Accordingly, EOHHS is looking to leverage the existing ENS marketplace to achieve universal provider access to ADTs.



On October 31, 2018, EOHHS announced the following:

Notice of Termination:  
Event Notification Service (ENS) Initiative procurement

RFI Released  
Market-led ENS Initiative



EOHHS will look to leverage the existing ENS marketplace to achieve the goal of enabling universal provider access to event notification services and comprehensive ADT data.

- EOHHS (Mass HIway and MassHealth) will continue to develop programs to support health information technology and exchange.
- The RFI seeks comments on how best to use a market-led approach to make ADTs available across the Commonwealth.
- We welcome comments from all community members including RFR respondents who are encouraged to submit responses to the RFI.



# Hiway 2.0 Migration Update

*Dave Bowditch*



## Clinical Gateway Node Migration Milestone

### ***Migration of all CG Nodes to HIway 2.0 has been completed!***

- Each CG Node is a separate and unique application, and each was revised extensively to work with HIway 2.0 and meet all of the national Direct Messaging standards.
- In addition, a coexistence strategy was implemented to allow use of these nodes by Participants on both HIway 1.0 and HIway 2.0 so that the Participant migration scheduling would not be impacted.

### **Now in Production – HIway 2.0 versions of:**

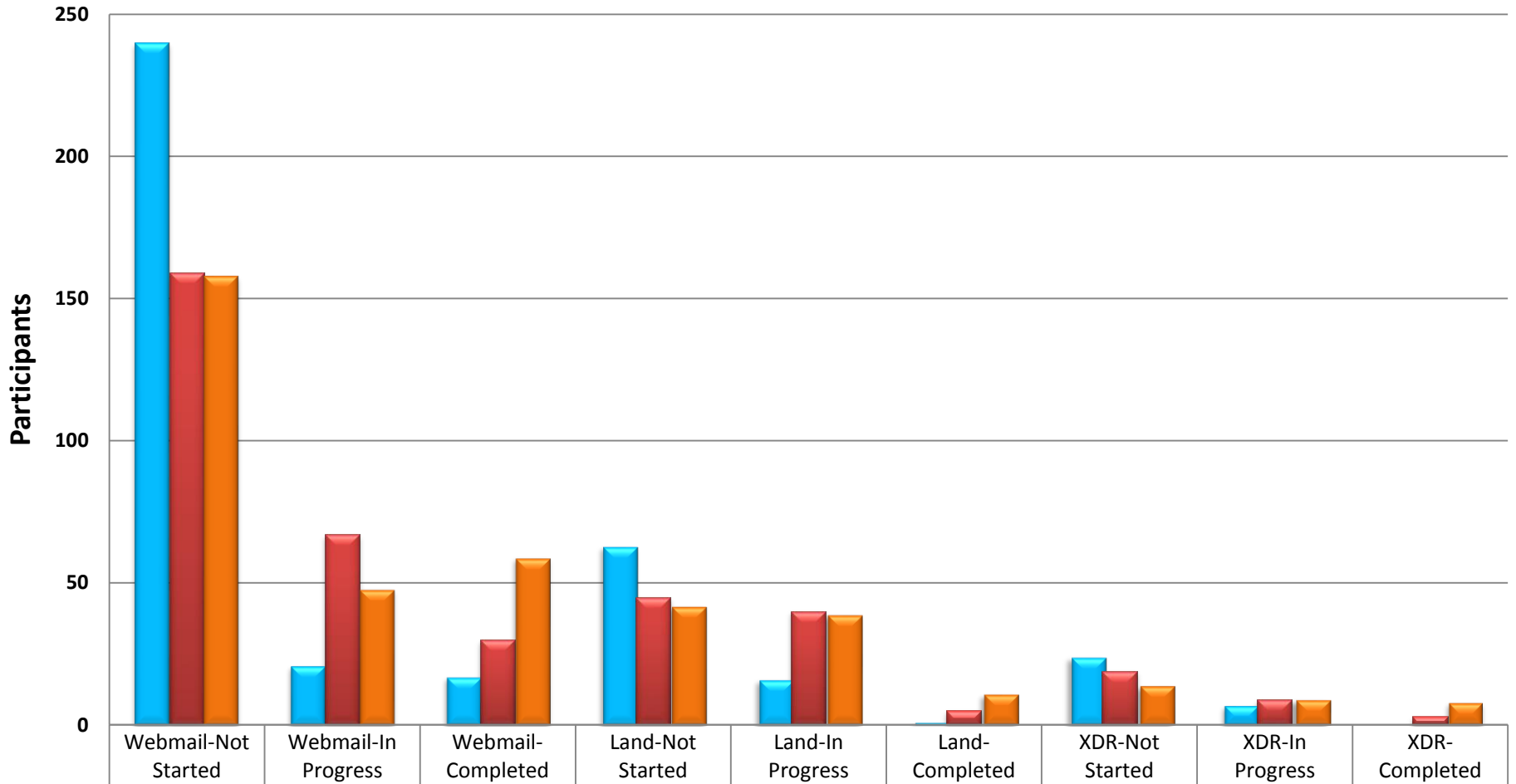
- ***CBHI*** – *Children’s Behavioral Health Initiative*
- ***CLPPP*** – *Childhood Lead Poison Prevention Program*
- ***ELR*** – *Electronic Lab Reporting*
- ***I-EATS*** – *Includes the Opioid Treatment Program and the TB Reporting Program*
- ***MCR*** – *Massachusetts Cancer Registry*
- ***MIIS*** – *Massachusetts Immunization Information System*
- ***SYND*** – *Syndromic Surveillance Program*

### **Migrated to HIway 2.0, but currently not being used in Production:**

- ***eREF*** – *eReferral Program*
- ***PMP*** – *Prescription Monitoring Program*



## HIway 2.0 Participant Migration Progress



	Webmail-Not Started	Webmail-In Progress	Webmail-Completed	Land-Not Started	Land-In Progress	Land-Completed	XDR-Not Started	XDR-In Progress	XDR-Completed
Aug-18	240	21	17	63	16	1	24	7	0
Sep-18	159	67	30	45	40	5	19	9	3
Oct-18	158	48	59	42	39	11	14	9	8



## Migration Activities Timeline

- **Initial Setup & Install – Complete**
- **CG Nodes in Production – Complete**
- **Pilot Operations – Complete**
- **Initial Migration Scheduling – through September 2018 – Complete**
  - 169 Participants have completed forms and been scheduled, so far
- **Follow-up Migration Scheduling for Late Respondents – In Progress**

Follow-up contacts by phone and email with instructions and links to forms on the HIway 2.0 Migration website and request for forms to be returned as soon as possible

*Declaration of Identity (DOID) Form*

*Health Care Organization (HCO) Account Request Form*

Participants to be scheduled as soon as possible following verification of identity for the HCO Representative



## Migration Activities Timeline (continued)

- **Production Operations – In Progress**
  - All **new** Participants are being onboarded directly to HIway 2.0
  - Existing Participants are being migrated from HIway 1.0 to HIway 2.0
    - Migration dates are 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

*Chris Stuck-Girard, Bert Ng*



**The HIway has used multiple forums for conducting outreach and education related to the HIway connection requirement.**

- Reminder emails were sent to Provider Organizations required to attest (*June, July, and August*)
- Reminder notes were included in the HIway newsletter (*June, July, August, and September*)
- Webinars addressed questions about the connection requirement
- In October, a letter was sent to ACHs and CHCs that have not attested



**As of October, almost all Acute Care Hospitals and Community Health Centers had submitted attestation materials, as had 550 Medium/Large Medical Ambulatory Practice entities.**

**Since the August HITC meeting, 28 attestations have been submitted.**

## **Status update (as of Oct. 26, 2018):**

- **59 Acute Care Hospitals** submitted Year 2 forms, and 7 provided information regarding HIway connection plans (i.e., 66 out of 67 expected).
- **32 Large Community Health Centers** submitted Year 1 forms, and 2 provided information (i.e., 87%; 34 out of 39 expected).
- **64 Large & Medium Medical Ambulatory Practices** submitted Year 1 forms, and 8 provided information.  
A total of 550 entities (including organizations, sub-organizations and practice locations) were represented in the 64 forms submitted. There are approximately 600 practices that meet the regulatory definition of a Large & Medium Ambulatory Practice.



**The HIway has reviewed and responded to the Attestation Forms submitted by Provider Organizations and is determining how to use the data collected and improve efficiency for next year's cycle.**

**As of October 26, the HIway reviewed the Attestation Forms that have been submitted.**

- Submissions were analyzed and revised answers were requested as needed
- Organizations that were unable to meet the requirement were referred to MeHI
- Data from the Attestation Forms will be used to identify opportunities for outreach and usage trends
- The HIway is brainstorming ways to make the 2019 cycle more efficient for providers and the HIway



## **HIE Success Story**

*David LaPlatney, Behavioral Health Network*



## About BHN

BHN is a regional provider of comprehensive behavioral health services for adults, children and families with life challenges due to mental illness, substance use or intellectual and developmental disabilities.



**Serves 40,000 individuals** annually (insured and uninsured) and **employs nearly 2,300 people**



Annual operating budget **\$100 million**



**40 locations** across Hampden, Hampshire, Franklin and Berkshire counties



# Behavioral Health Network

- **Offers more than 100 different programs:**
  - Mobile and hospital-based crisis services
  - Respite, Day treatment and PHP
  - Residential Developmental Services
  - Outpatient, Residential and Detox-level SUD treatment services
  - Outpatient and IOP BH treatment services
  - Medication Management
  - Integrated Primary Care / Behavioral Health
- **Serves more than 40,000 individuals each year.**



# Connected Communities Implementation (CCI)

- **BHN's Project was one of 8 funded by MeHI Statewide, and the only one led by a BH organization**
- **We supported 2 general use cases:**
  - **Facilitate the movement of individuals needing an acute level of BH care from the community into appropriate acute treatment facility**
  - **Support care coordination in medical practices with integrated behavioral health components**
- **Collaborators included 3 separate Health Systems, 5 Inpatient Facilities, 6 Community Health Centers and/or Primary Care Practices**



# Focus: Integrated Primary Care and BH

- **Holyoke Health Center**

- Independent FQHC with locations in Holyoke and Chicopee
- Member site for the Community Care Cooperative (C3) ACO
- Offers Medical (including Pediatrics, OB/GYN and Cardiology), Pharmacy, Lab, Radiology, Dental and Vision services as well as SUD and Suboxone treatment
- To 24 thousand individuals a year
- Where the vast majority are Medicaid/Medicare Patients
- Annual operating budget of \$43 Million

- **NextGen EHR**

- NextgenShare HISP and custom middleware
- Active Mass HIway connection via LAND

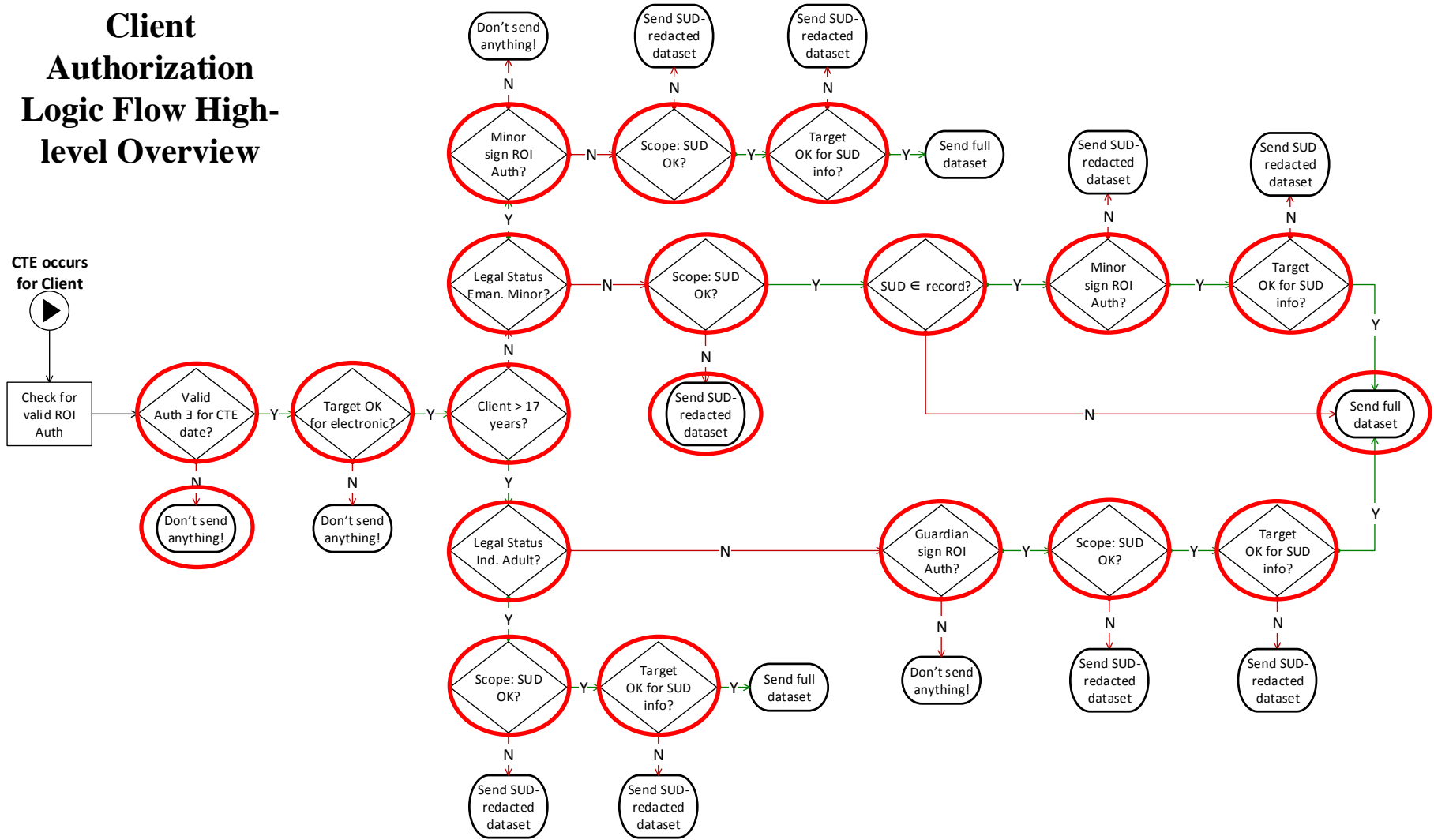


# BHN and HHC

- **Identified Clinical Trigger Events (CTEs)**
  - New BE is first signed
  - Patient misses/completes scheduled BH intake
  - Patient is at risk of losing/loses BH services
  - Psychiatric Evaluation and/or medications are started/changed/ended
  - Patient experiences a BH crisis event
- **Patient RoI Authorization check: ∃ valid RoI Auth for**
  - CTE date...
  - That is appropriately signed based on...
  - The age and Legal Status of the individual
  - The content of the payload and
  - The payload type : CCD vs PDF, for example



# Client Authorization Logic Flow High-level Overview



# Active, Automatic Transport Methods

- **“Autofax” pdf to any number**
- **Any file type via sFTP**
- **Any file type via secure (TLS) email**
- **Standard CCD via Mass HIway**
- **Customized/redacted CCD via the Mass HIway**
- **Unstructured-type CCDA via the Mass HIway**
  - **Multiple file types embedded within a CCD “wrapper”**
  - **Can be automatically matched to a patient and imported into some EHRs...**



# Massachusetts Value-based Care Initiative

- **MassHealth offers essential health care coverage to 1.9 million members, or over 27% of the Commonwealth's residents.**
- **17 ACOs within 3 ACO types and 27 Community Partners selected statewide.**
- **The ACOs and CPs work together to coordinate care for members with complex behavioral health and/or long-term support needs.**
- **Massachusetts is the first and only state to embed Social Determinants of Health into risk scores.**



# **Principles and Goals** of the Community Partner Program

- **Leverage the expertise of existing Community Based Organizations**
- **Overcome service fragmentation**
- **Improve member experience, continuity and quality of care**
- **Break down existing silos**
- **Invest in the continued development of IS and IT infrastructure**





# Implementation Challenges ...

- **Government, Medical and BH staff and providers approach patient care from different perspectives, with different assumptions, expectations, language and treatment cultures.**
- **Contracting Process: lots of “Whats”, very few “Hows”**
  - **↑ Variability and ↑Complexity**
- **Complex Billing rules**
- **We needed to be able to standardize our internal, clinical processes → ↓ time and “brain space” our Clinicians spent tracking what to do next and**
  - **↑ that spent on planning and coordinating...**
  - **While concurrently customizing inputs and outputs for 8 different ACOs**



# How we have been successful

- **We have been honest and realistic**
- **We focused on adaptability as a Business Strategy**
- **The Care Management platform we selected, JIVA by Zeomega, allows us to structure the workflows of our CMS staff**
- **Our IS and IT investments allow us to automate “no value added” tasks → essentially just pushing data around**
  - **Create and publish out reporting “Data Marts” for CP staff and managers that automatically update**
  - **Automatically create and update patient records and care information in our various platforms**



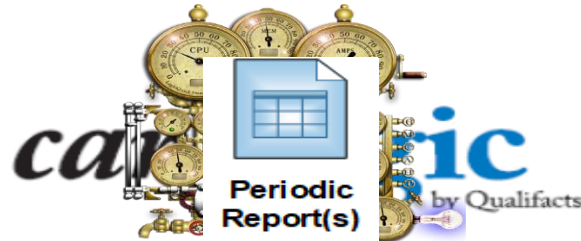
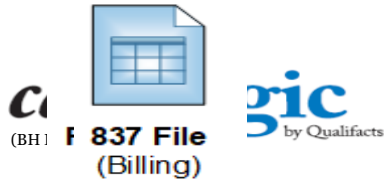
# BHN BHCP Process Overview



Assignment



Assignment



Pilotfish ePlatform



Assignment



Assignment



Qualifying Activity Report



Assignment



...to paraphrase W. Ross Ashby:

**“The only way an organization can control its own destiny is to be more flexible than its environment.”**





## **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 **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

October 22, 2018



Tier (As of October, 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	4	33%	5	42%		9
1d. Commercial imaging centers & labs	8	5	63%	3	38%		8
2a. Small hospitals	51	38	75%	11	22%		49
2b. Large ambulatory practices (50+)	33	17	52%	12	36%		29
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%		0%		
2f. Business associate affiliates	5	1	20%		0%		1
2g. Local government/Public Health	19	1	5%	18	95%		19
2h. MassHealth ACO, CP, or CSA Technical Integrator	TBD			1			1
3a. Small LTC (less than 500 licensed beds)	310	41	13%	34	11%		75
3b. Large behavioral health (10+ licensed providers)	16	3	19%	13	81%		16
3d. Large FQHCs (10-49)	30	20	67%	7	23%		27
3e. Medium ambulatory practices (10-49)	365	61	17%	24	7%		85
4a. Small behavioral health (<10 licensed providers)	90	7	8%	17	19%	1	25
4b. Home health, LTSS	149	28	19%	45	30%	3	76
4c. Small FQHCs (3-9)	29	5	17%	2	7%		7
4d. Small ambulatory practices (3-9)	1595	186	12%	123	8%	3	312
4f. CP or CSA management only entity	TBD						
4g. Outpatient Dialysis Center	TBD			2		5	7
5a. Very Small ambulatory practices (1-2)	4010	298	7%	293	7%	3	594
TBD (Categorization into Tier is pending)	N/A			1		1	2
<b>Grand Total</b>	<b>6878</b>	<b>748</b>	<b>11%</b>	<b>615</b>	<b>9%</b>	<b>20</b>	<b>1,383</b>



## 12

### New Participation Agreements

- Accurate Aesthetics, William LoVerme MD
- Briarpatch Pediatrics
- Correct Care Solutions
- Davita New Bedford Dialysis
- James J. DiResta, DPM, PLLC
- John Larossa MD
- Needham Pediatrics
- Post Road Pediatrics, LLC
- Sadruddin Hemani, MD
- Scituate Pediatrics / Healthcare South
- Sherrill House
- Sturbridge Professional Services



## 4

### New Connections

- Greater Lynn Senior Services, Inc. (GLSS)
- Sadruddin Hemani, MD\*
- Scituate Pediatrics / Healthcare South\*
- US Renal Care - Foxborough Dialysis

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



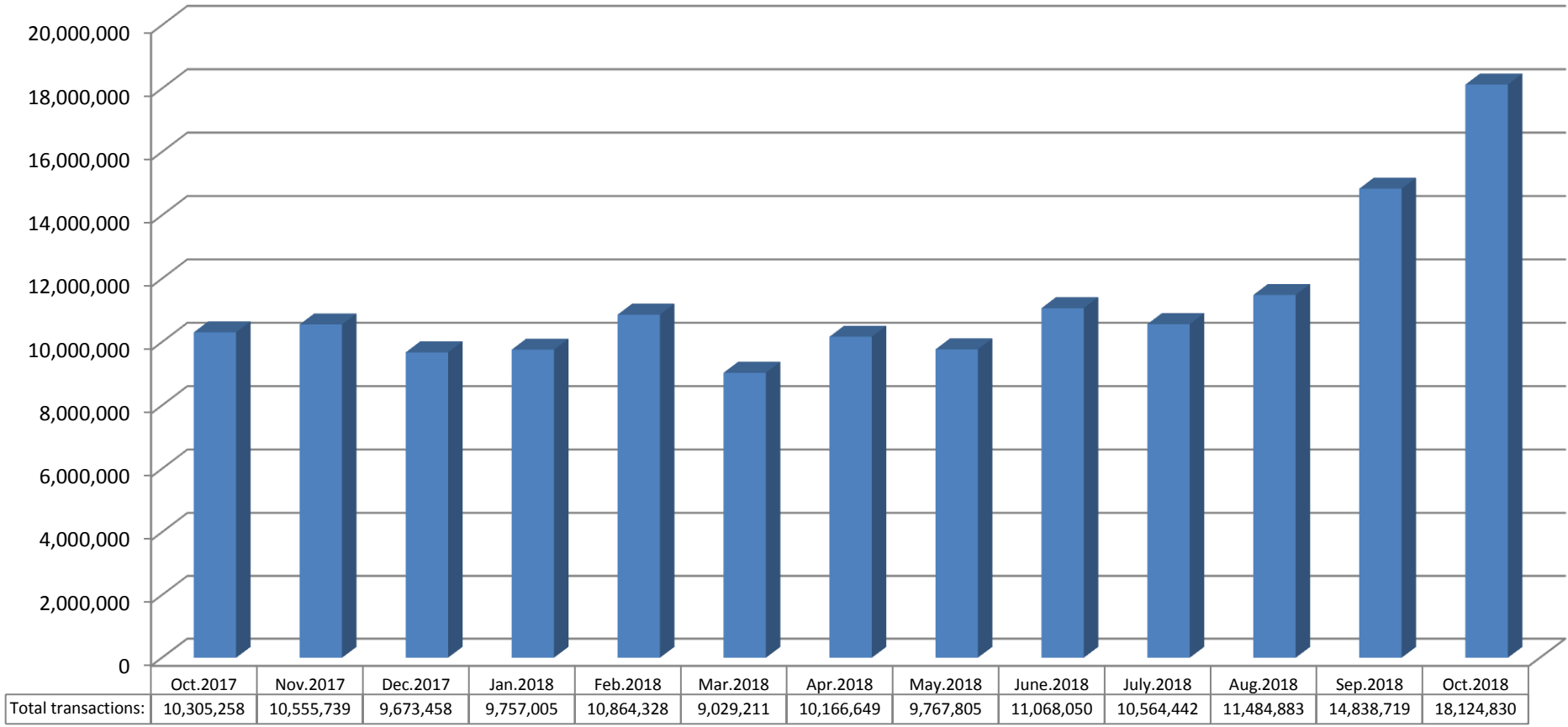
# Hiway Transaction Activity



## 13 Month Hiway Transaction Activity

18,124,830 Transactions\* exchanged in October (09/21/2018 to 10/20/2018\*\*)

**313,302,984** Total Transactions\* exchanged inception to date



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

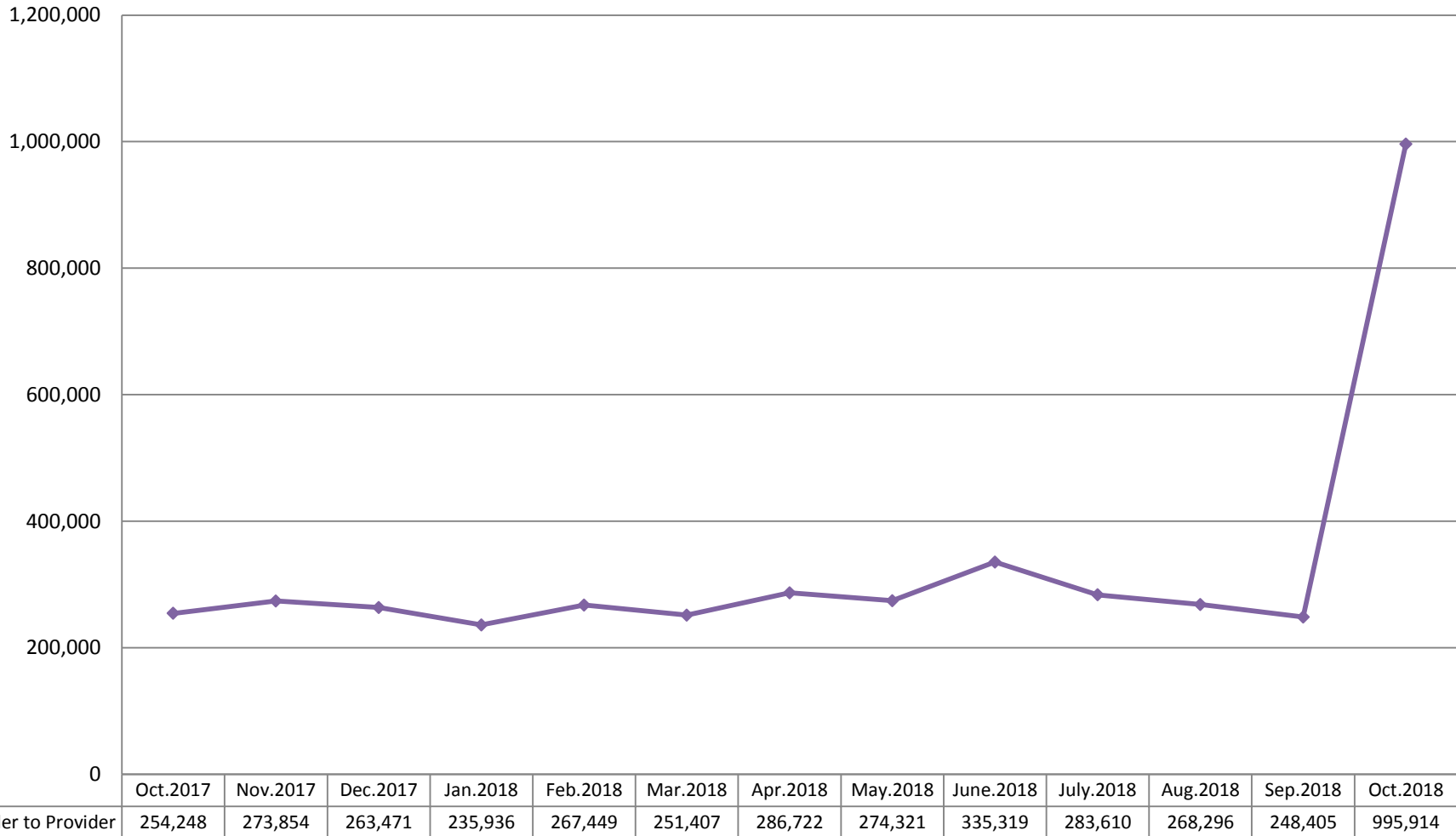


# Hiway Transaction Analysis



## Hiway Production Transaction Trends – Provider to Provider (Oct 2017 – Oct 2018)

6% of Hiway activity in October\* was for Provider to Provider transactions



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

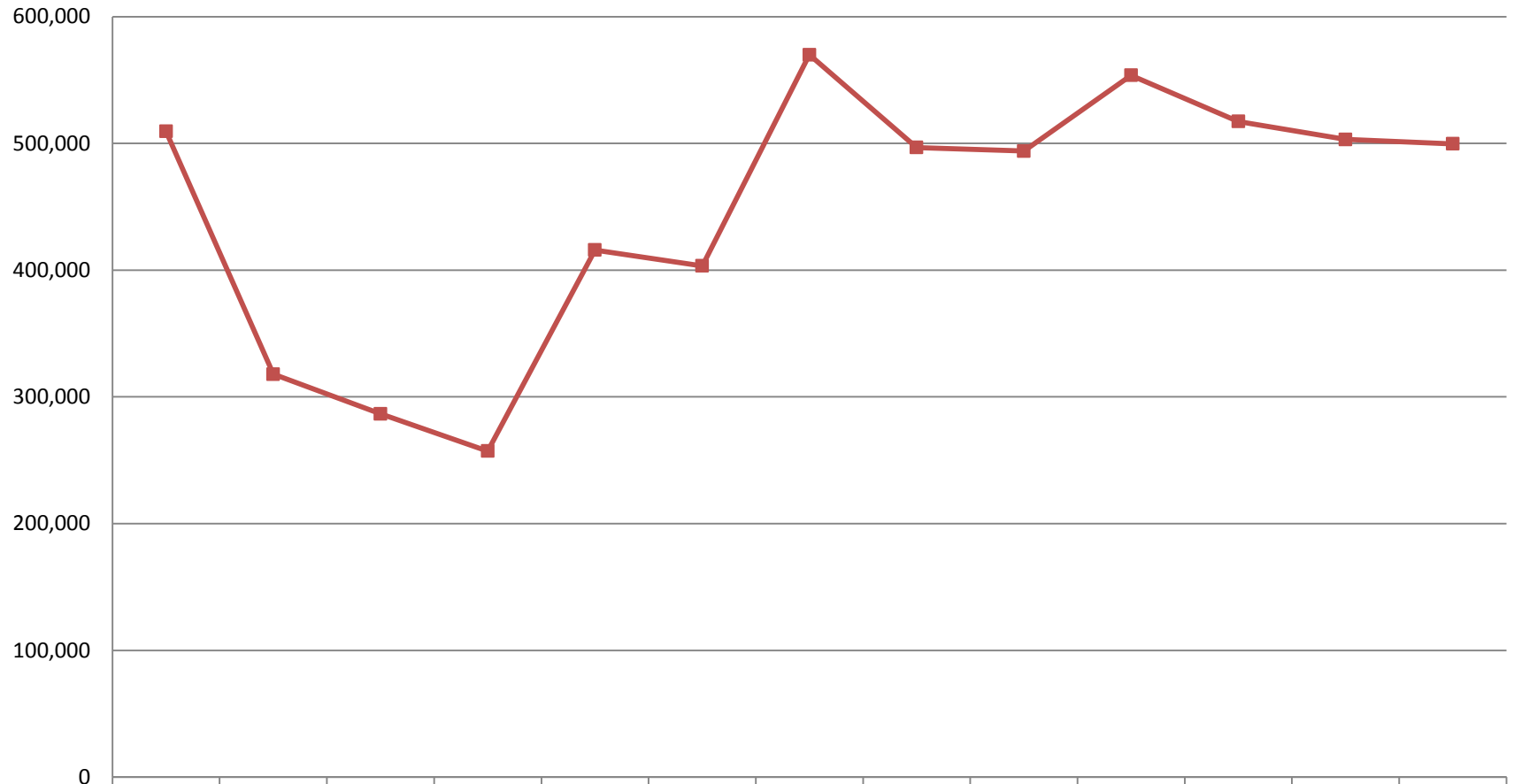


# HIway Transaction Analysis



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

**3%** of HIway activity in October\* was for Quality Reporting transactions



Quality Reporting	509,461	317,913	286,607	257,233	415,873	403,347	569,939	496,738	493,967	553,724	517,318	503,135	499,648
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\* Note: Reporting cycle is through the 20<sup>th</sup> of each month.

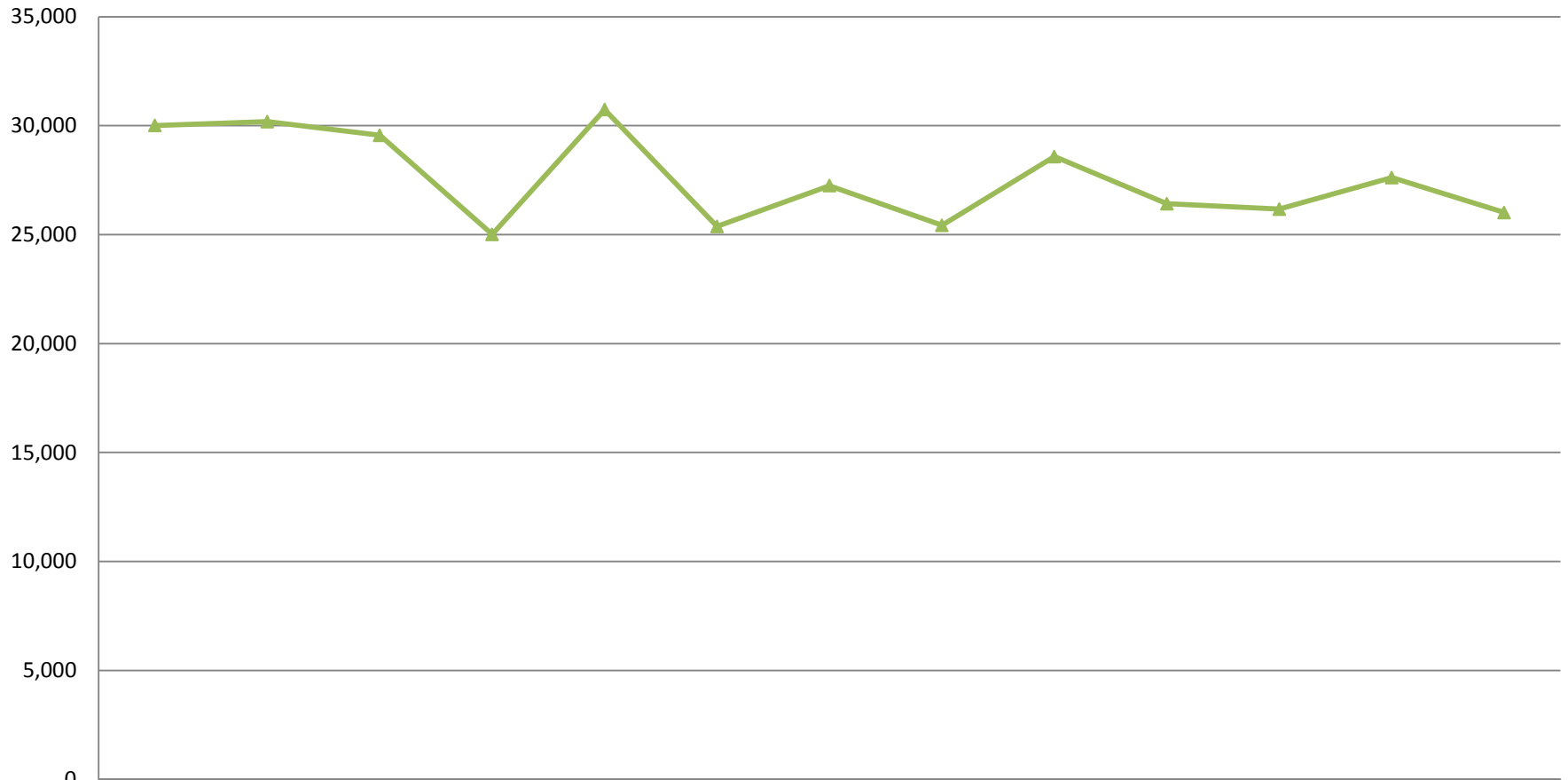


# HIway Transaction Analysis



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

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



	Oct.2017	Nov.2017	Dec.2017	Jan.2018	Feb.2018	Mar.2018	Apr.2018	May.2018	June.2018	July.2018	Aug.2018	Sep.2018	Oct.2018
—▲— Payer Case	30,004	30,181	29,554	25,010	30,736	25,375	27,243	25,428	28,578	26,413	26,167	27,615	26,009

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



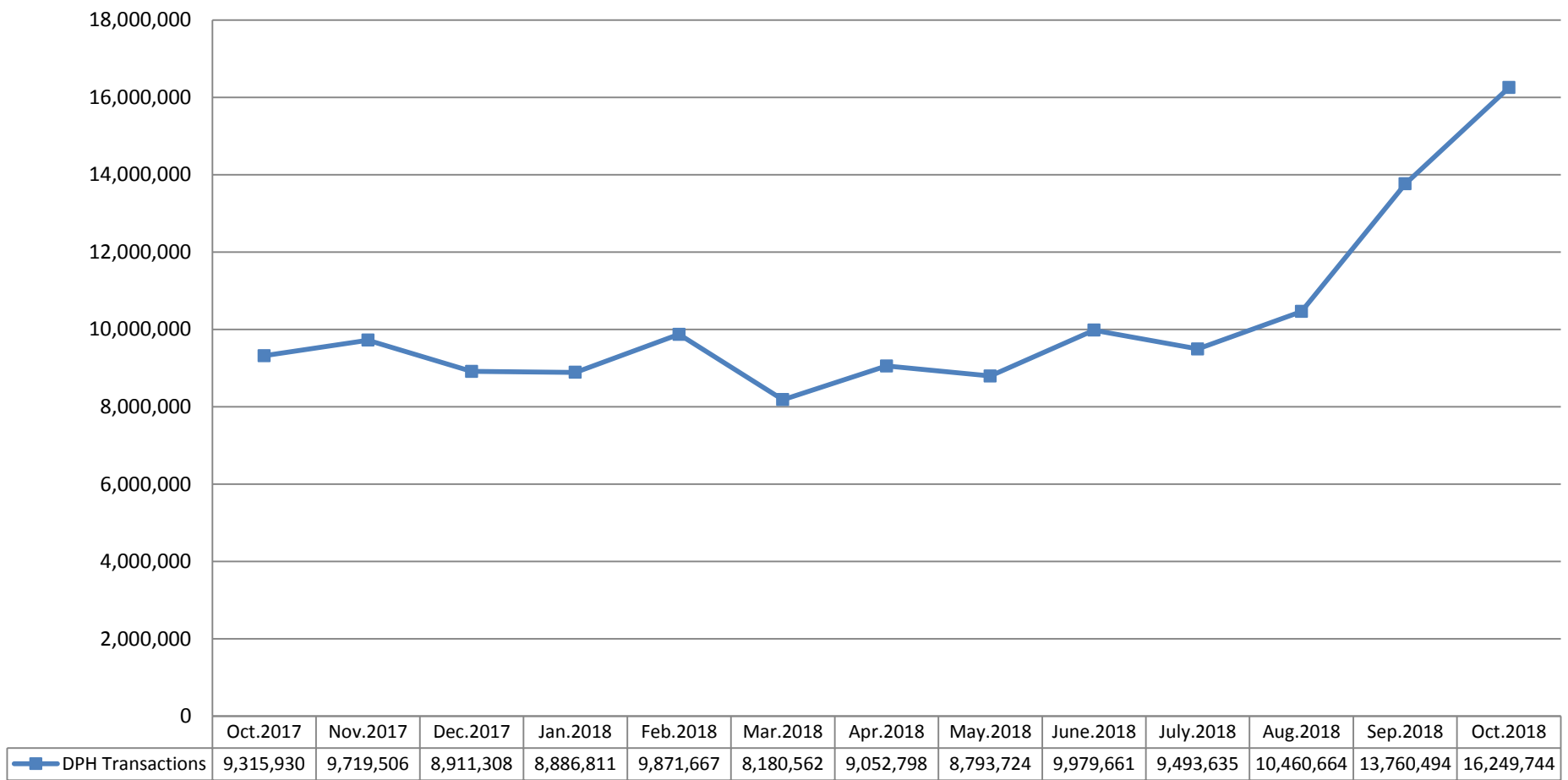
# HIway Transaction Analysis



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

**91%** of HIway activity in October\* was for Public Health Reporting transactions.

*These Public Health transactions are analyzed by application on the following slides.*



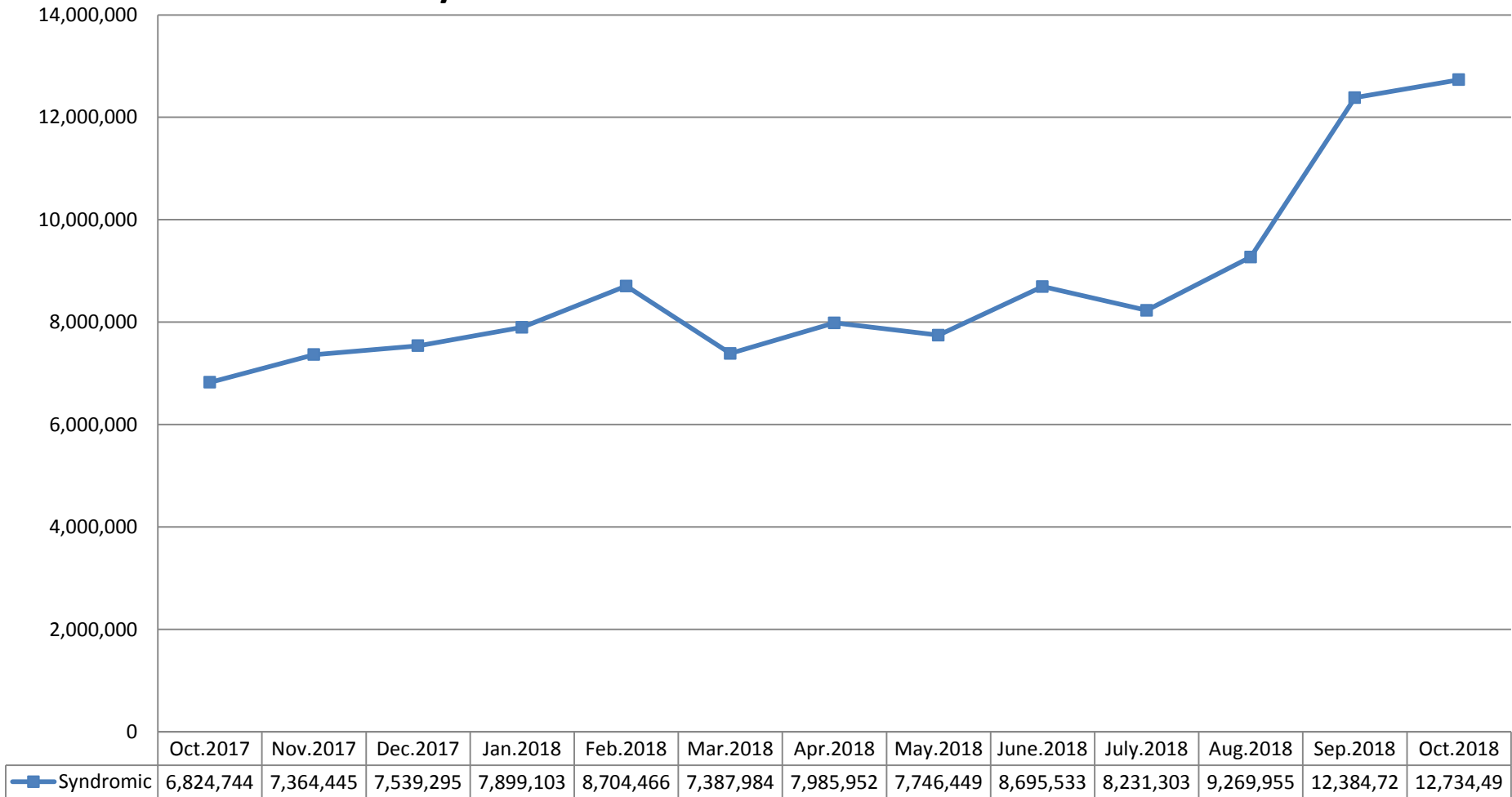
\* Note: Reporting cycle is through the 20<sup>th</sup> of each month.





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

### Syndromic Surveillance Transactions

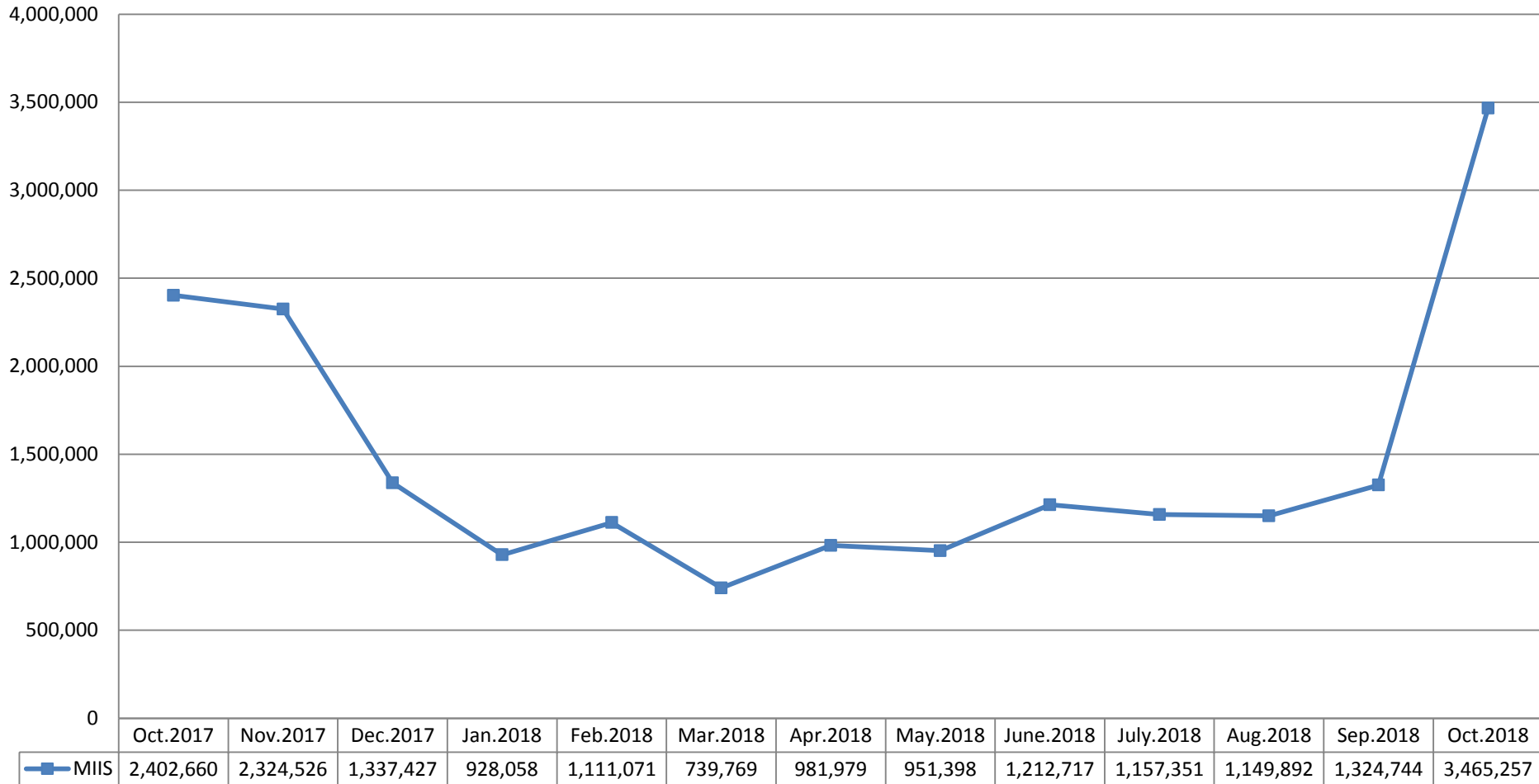


\* Note: Reporting cycle is through the 20<sup>th</sup> of each month.



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

### Immunization (MIIS) Transactions

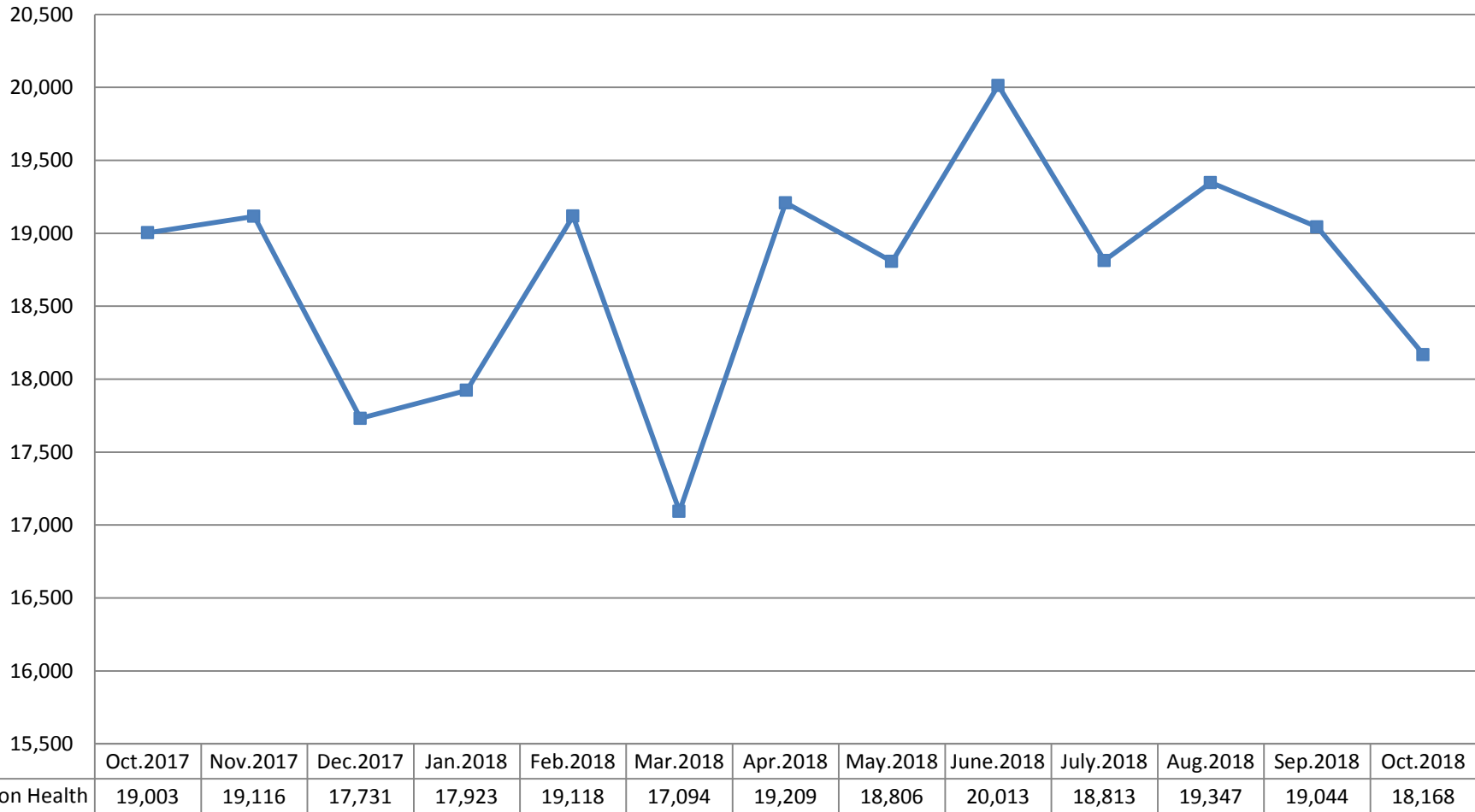


\* Note: Reporting cycle is through the 20<sup>th</sup> of each month.



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

### Boston Public Health Commission Transactions

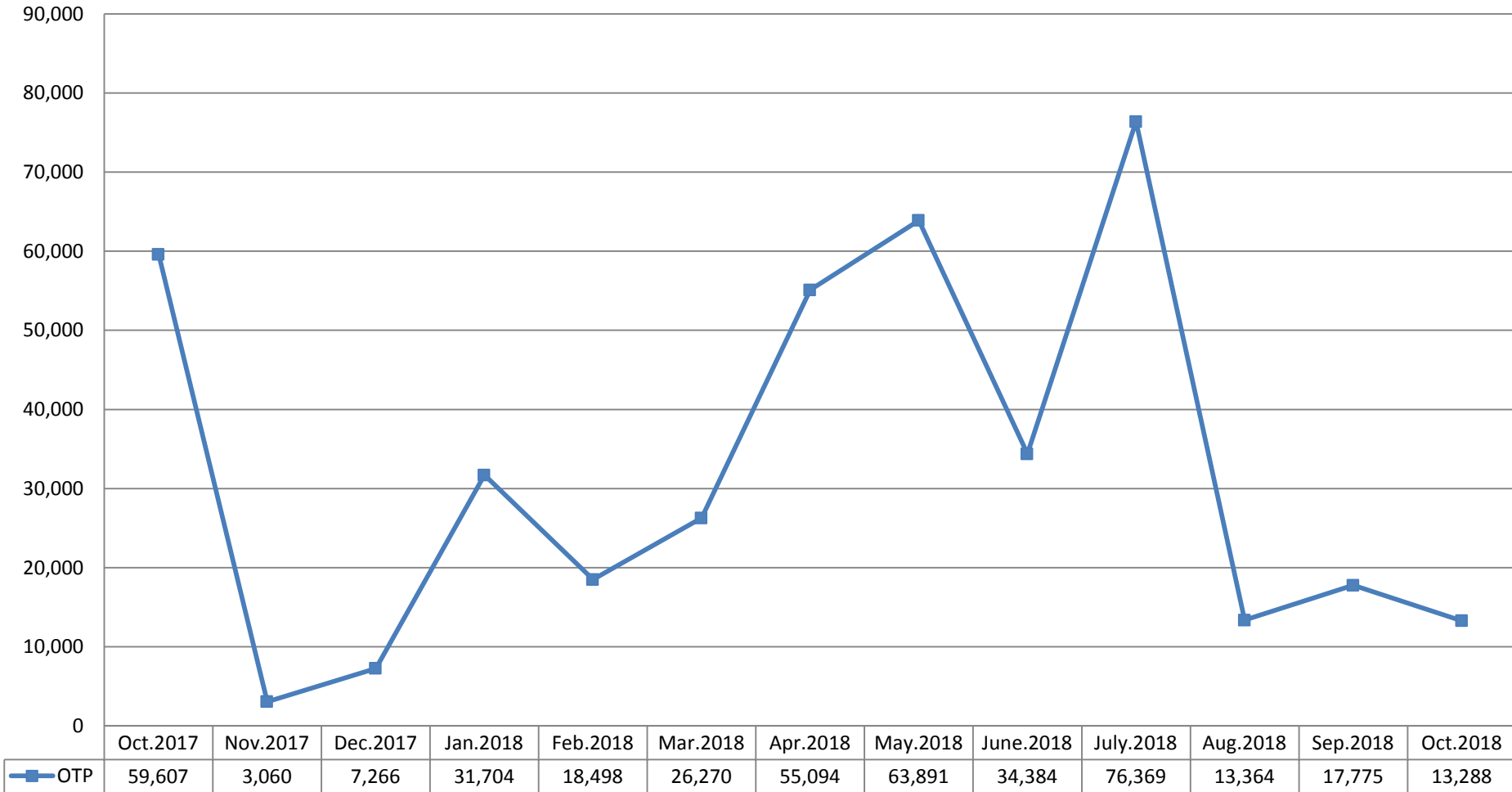


\* Note: Reporting cycle is through the 20<sup>th</sup> of each month.



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

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



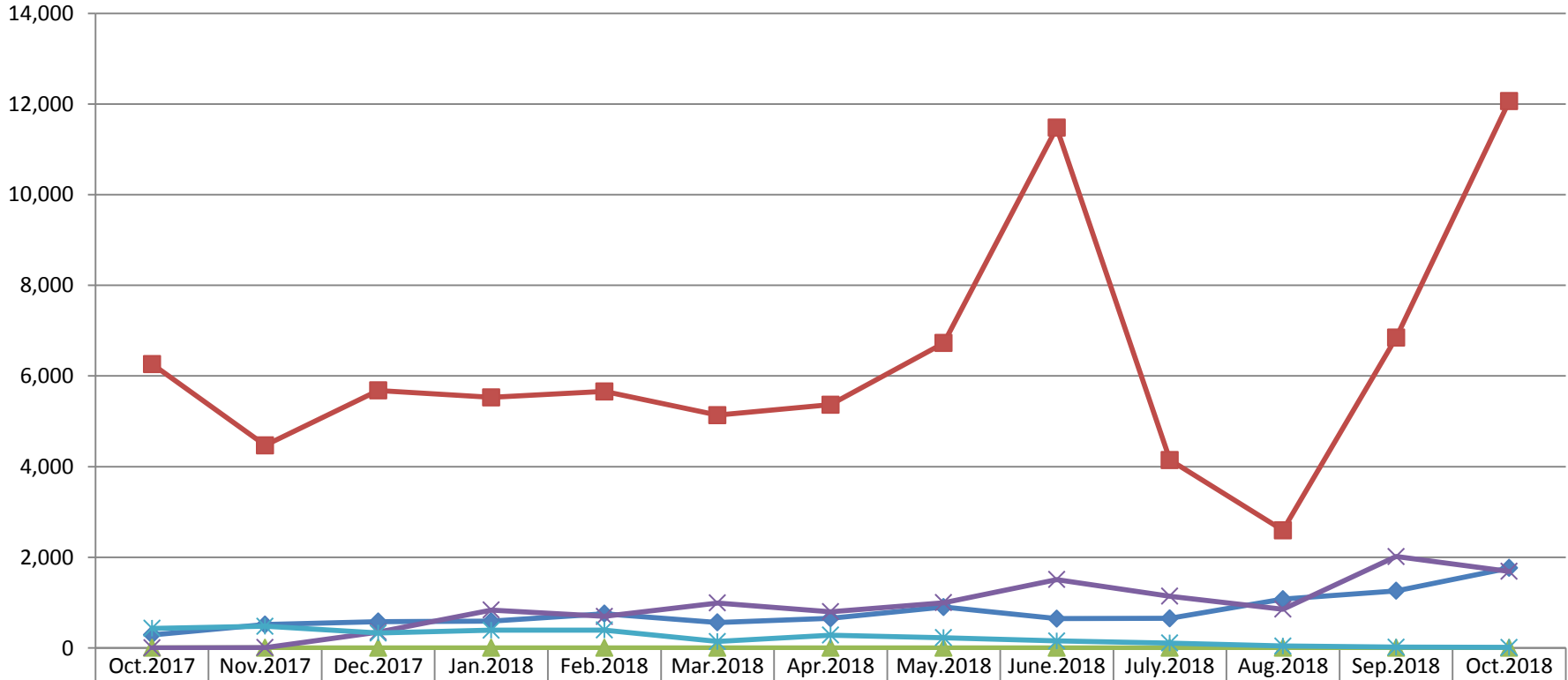
\* Note: Reporting cycle is through the 20<sup>th</sup> of each month.

\*\* Note: OTP data available starting October 2017.



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

### Other Public Health Transactions

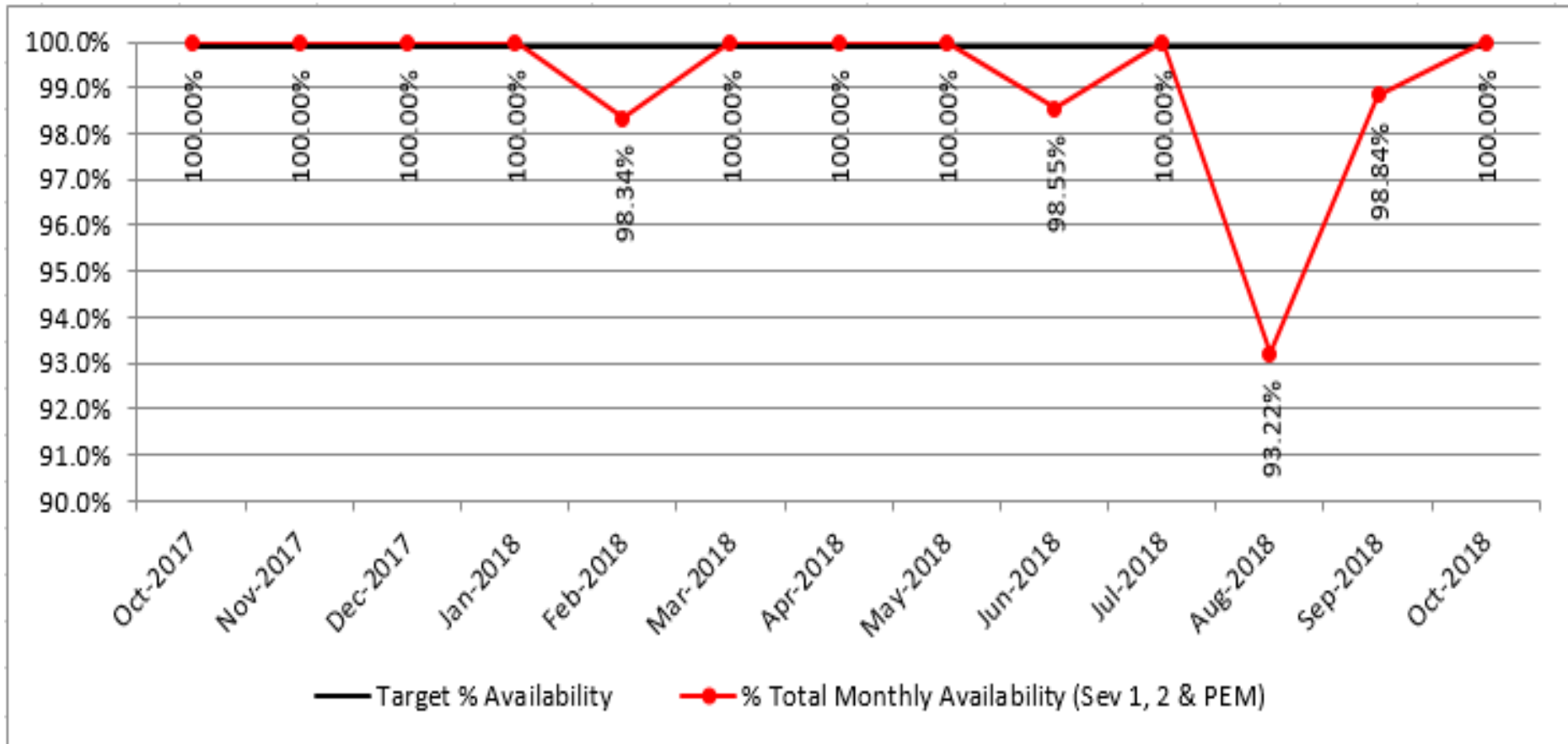


	Oct.2017	Nov.2017	Dec.2017	Jan.2018	Feb.2018	Mar.2018	Apr.2018	May.2018	June.2018	July.2018	Aug.2018	Sep.2018	Oct.2018
ELR	289	514	579	589	755	562	651	902	646	651	1,076	1,260	1,764
MCR	6,261	4,469	5,679	5,527	5,659	5,134	5,364	6,727	11,476	4,146	2,593	6,845	12,065
PMP	0	0	0	0	0	0	0	0	0	2	0	0	0
CBHI	0	8	349	834	694	991	799	997	1,508	1,141	854	2,017	1,689
eReferral	430	478	327	391	393	142	281	225	154	108	43	18	11

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



# 13 Month HIway Availability Trends



- **Target:** “Total Monthly Availability” – no lower than 99.9% (downtime no more than ~44 minutes/month)
- **October note:** From Monday morning 10/15 until Friday afternoon 10/19, Mass HIway also experienced a Severity Level 3 incident with slow processing of some acknowledgements.