

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



# **Health Information Technology Council Meeting**

November 6, 2017



**1. Welcome & HIT Council Annual Report**

*Secretary Sudders*

**2. Hlway Connection Requirement: Year 1 & Year 2 Updates**

*Michael Chin*

**3. EOHHS Event Notification Service (ENS) Initiative Update**

*David Whitham*

**4. Mass Digital Health Initiative Update**

*Laurance Stuntz*

**5. MeHI Behavioral Health Learning Collaborative Update**

*Laurance Stuntz*

**Appendix A: Hlway Operations Update**



# **Hlway Connection Requirement: Year 1 & Year 2 Updates**

*Michael Chin*



## Background:

- In February 2017, the Mass HIway Regulations went into effect
- One key part of these regulations was to implement the statutory requirement that all providers in the Commonwealth connect to the Mass HIway. This presentation refers to that requirement as the *“HIway connection requirement.”*
- The regulations implemented a phased-in approach for the HIway connection requirement:
  - The phased-in approach progressively encourages use of the Mass HIway for Provider-to-Provider communications and bi-directional exchange of health information.
  - The approach was phased-in by several different aspects, including:
    1. **The initial date** by which an organization needs to connect to the HIway (i.e., the “Year 1 HIway connection requirement”) is different for different types of provider organizations
    2. **The specifics** of what organizations must do to meet the HIway connection requirement are different in Year 1 vs. Year 2 vs. Year 3 (see next slide for more details)



**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 uses cases should be within the **Provider-to-Provider Communications category** of use cases.
- **Year 4:** The provider organization may be **subject to penalties**, if that organization has not met the requirements established in this section. Penalties do not take effect until Year 4 of the connection requirement (i.e., in January 2020, at the earliest).

**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.



- **As of mid-October:** the HIway has received Year 1 Attestation Forms from 65 acute care hospitals in the Commonwealth
- **Findings from the Year 1 Attestation Forms:**
  - a) Only one acute care hospital has not yet implemented at least one use case of sending or receiving HIway Direct Messages
  - b) What type of use case is being used to meet the HIway connection requirement?
    - 64% Public Health Reporting
    - 34% Provider-to-Provider Communications
    - 2% Quality Reporting
  - c) How are the hospital EHR systems connecting to the Mass HIway?
    - 98% using an EHR connecting **directly** to the Mass HIway
    - 2% using an EHR connecting via a **HISP** to the Mass HIway



- **Findings from the Year 1 Attestation Forms (continued):**
  - c) Does the use case involve sending, receiving, or both?
    - 84% **Sending** but not receiving
    - 8% **Receiving** but not sending
    - 8% **Sending and receiving**
  
  - d) What does the use case entail?
    - 63% Sending **immunization and/or syndromic surveillance data**
    - 17% Sending or receiving **discharge summaries or encounter summaries**
    - 16% Sending or receiving **CCDs or CCDAs**
    - 2% Sending **ADTs**
    - 2% Receiving **referrals**



## Below are the Hlway connection requirements for 2018:

- **Acute Care Hospitals:**

- **January 1, 2018:** Their Year 2 requirement is to send or receive Hlway Direct Messages for at least one use case that is within the **Provider-to-Provider Communications** category of use cases
- **July 1, 2018:** due date for the Year 2 Attestation Form

- **Large & Medium Medical Ambulatory Practices and Large Community Health Centers:**

- **January 1, 2018:** Their Year 1 requirement is to send or receive Hlway Direct Messages for at least one use case (and that use case can be within any category of use cases)
- **July 1, 2018:** due date for the Year 1 Attestation Form
- As per section 20.06 of the regulations, Large & Medium Medical Ambulatory Practices, and Large Community Health Centers have 10 or more licensed providers participating in providing health care.

In the regulations, a licensed provider is defined to be a medical doctor, doctor of osteopathy, nurse practitioner, or physician assistant.



- **Work is underway to make the updated Year 1 Attestation Form and the new Year 2 Attestation Form available by the following dates (in advance of the July 1, 2018 submission due date for these forms):**
  - January 1, 2018: for a paper version of the form
  - March 1, 2018: for an on-line version of the form
- **The HIway plans to conduct additional stakeholder outreach regarding the HIway connection requirement, including a January 2018 webinar to help stakeholders who will be completing the attestation forms by the July 2018 submission due date**
- **Stakeholders can contact the Mass HIway about the attestations form:**
  - To ask a general questions about the attestation: [MassHIway@state.ma.us](mailto:MassHIway@state.ma.us)
  - To submit a completed attestation form: [MassHIwayAttestation@state.ma.us](mailto:MassHIwayAttestation@state.ma.us)

*The following two slides were presented at the August HIT Council meeting, and are included in case they are needed to address any questions that HIT Council members have during the November HIT Council meeting.*



# Year 1 Attestation Form: Who, When, How



- **Who & When:** Provider organizations that have HIway connection dates that are specified in the Mass HIway Regulations are required to submit a Year 1 Attestation Form by July 1<sup>st</sup> after their initial HIway connection requirement.

Provider Organization	Date of the “Year 1” HIway connection requirement	Due date of the Year 1 Attestation Form
Acute Care Hospitals	February 10, 2017	July 1, 2017
Large and Medium Medical Ambulatory Practices	January 1, 2018	July 1, 2018
Large Community Health Centers	January 1, 2018	July 1, 2018
Small Community Health Centers	January 1, 2019	July 1, 2019

- **How:** Year 1 Attestation Forms should be submitted to the Mass HIway (via email at: [MassHIwayAttestation@state.ma.us](mailto:MassHIwayAttestation@state.ma.us) )
- The Year 1 Attestation Form (and instructions) are available on the [Mass HIway web page](#).



# Year 1 Attestation Form: What



The Year 1 Attestation Form is two pages long, and will be used by provider organizations that have a Hlway connection requirement date.

The form will provide information about: (1) how the organization met the requirement, and (2) their EHR (if they have one), and how they connect to the Mass Hlway.

## The Year 1 Attestation Form collects the following information:

### 1. How the organization met the Year 1 Hlway connection requirement:

- **The Year 1 requirement:** To send or receive Hlway Direct Messages for at least one use case (The use case may be within any category of use cases)
- **Questions on the attestation form include:**
  - The use case is within what category of use cases?  
*Categories include: (1) Provider-to-Provider Communications, (2) Payer Case Management, (3) Quality Reporting, (4) Public Health Reporting, (5) Other*
  - Describe the use case
  - Approximate # of Hlway Direct Messages per month for the use case

### 2. Describe whether or not the organization has an EHR (and if so, how does it connect to the Hlway):

- **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 Hlway?  
*Options include: (1) EHR directly to Hlway, (2) EHR via a HISP, or (3) via Mass Hlway webmail*



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

*David Whitham*



## Mission Statement

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

## Background

- At the previous HIT Council meetings, highlights from EOHHS' stakeholder engagement, market research, and Request for Information (RFI) were described
- **The current landscape:**
  - A wide variety of stakeholders have consistently raised the need for improved access to event notification services
  - Multiple private ENS vendors currently offer services in the Commonwealth
  - The technical and operational requirements are varied among different stakeholders



- Stakeholders have identified two distinct needs:
  1. A statewide ADT repository
  2. Improved access to receiving event notifications
- In order to address these two needs, EOHHS considered a spectrum of approaches, including the following:
  - “Marketplace” approach:  
i.e., EOHHS collects and **shares ADTs** with private ENS vendors, and **does not produce notifications**
  - “State ENS” approach:  
i.e., EOHHS **collects ADTs and produces notifications sent directly to participants**
  - “Hybrid” approach:  
i.e., EOHHS collects and **shares ADTs** with private ENS vendors, and **has the option of producing notifications to be sent to participants**
- EOHHS plans to implement the hybrid approach that may be implemented in two phases (which are described on the following slide)



- **Phase One – Implement a statewide ADT repository**

In order to address the need for a statewide ADT repository:

- EOHHS will implement a centralized statewide ADT Repository and share ADTs from this repository with authorized private ENS vendors
- Implementation of the statewide ADT Repository will include patient identification and matching functions, and management of a centralized opt-in/opt-out mechanism

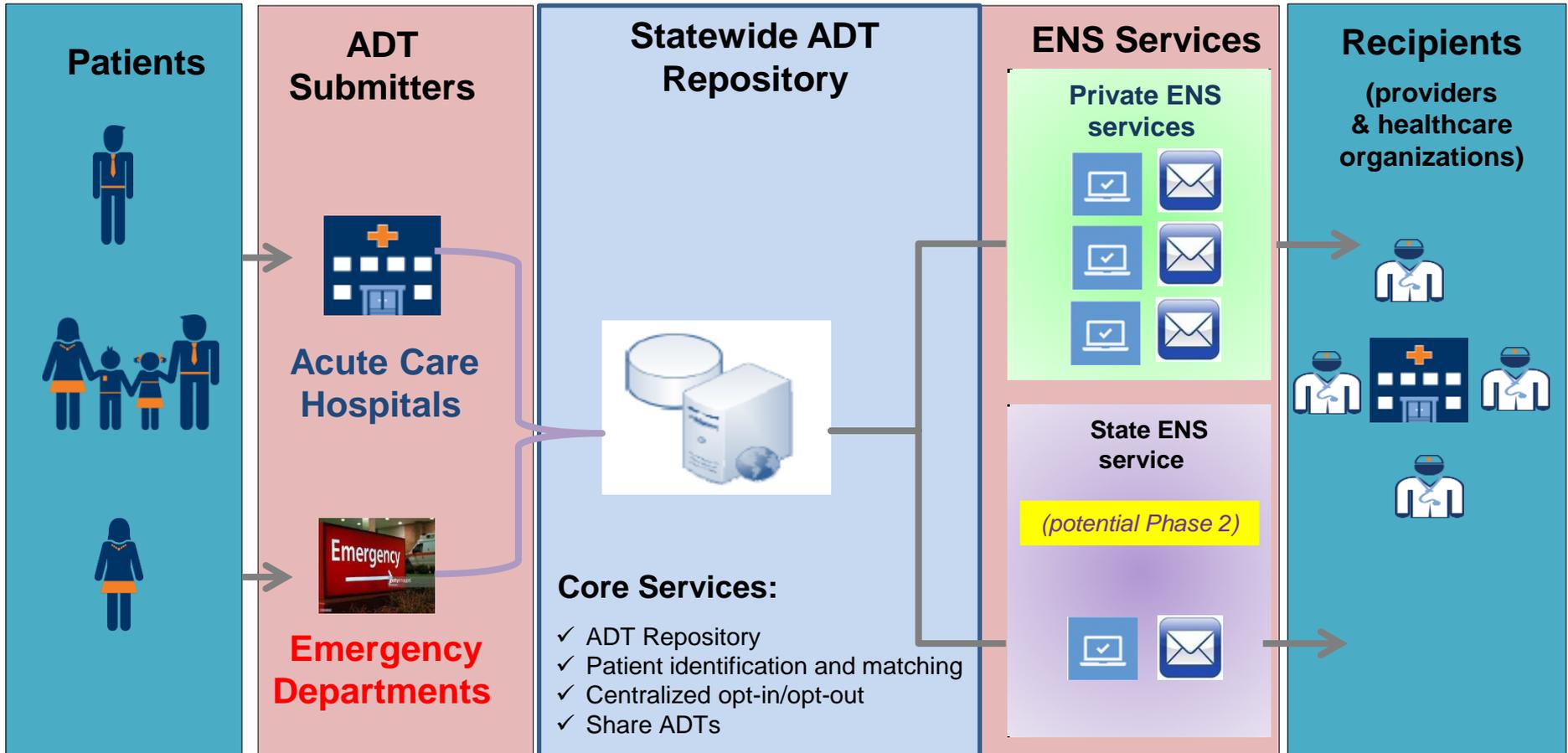
- **Phase Two (optional) – Implement a statewide ENS**

In order to address the potential need for access to receiving event notifications:

- EOHHS will look for specific market segments that have difficulty in receiving notifications despite the implementation of Phase One
- If EOHHS determines it necessary, it may implement a statewide ENS to produce event notifications for particular market segments that lack adequate access



- **Benefits to the recommended hybrid approach:**
  - Leverages EOHHS' unique position (from statute and regulations) to create a statewide ADT repository to benefit care coordination, while allowing private vendors to utilize their strengths in innovation and meeting needs of various market segments
  - Recognizes the existing robust ENS vendor presence in the state by providing authorized ENS vendors with access to the statewide ADT repository
  - May result in more rapid access to event notifications, by leveraging ENS vendors that already have experience and a presence in the state
  - Provides EOHHS with the flexibility to produce event notifications if there are gaps in access for certain market segments
- **Important aspects to keep in mind for implementing this approach:**
  - Developing the process and criteria for authorizing ENS vendors to receive ADTs from the statewide ADT repository
  - Assessing gaps in access to ENS services in a timely fashion
  - Monitoring and assessing the impact of statewide ADT repository, and making improvements/adjustments as the HIT landscape evolves





- **What ADT data will EOHHS receive from acute care hospitals?**
  - EOHHS will accept the ADTs that acute care hospitals are currently producing. Therefore, EOHHS may receive limited clinical data fields in the ADTs.
    - This approach minimizes additional burden on acute care hospitals
    - Other ENS vendors will be able to configure their notifications as they do currently and are not hindered by a limited dataset
    - Will require MassHealth to write a specific Use Case for storing the limited clinical data in ADT repository
- **Will the centralized opt-in/opt-out mechanism be “provider-specific” or “global”?**
  - A “global” mechanism: would mean that if a patient decides to opt-out, then their opt-out would apply to all providers.
- **Will Providers in bordering states be allowed to subscribe to the ENS?**
  - At this time EOHHS will not allow out-of-state providers to subscribe to receive ENS notifications.
- **How to minimize “alert fatigue”?**
  - EOHHS believes that subscribers should be able to designate what types of notifications they want to receive for their patients (e.g., a subscriber will be able to designate that they only want to receive notifications related to hospital discharges, and not those related to an ER visit).



- **Second Quarter of Calendar Year 2017: *completed***

Release RFI, review responses, meet with selected vendors

- **Third and Fourth Quarter of Calendar Year 2017: *in progress***

Prepare and release RFR

- **First Quarter of Calendar Year 2018:**

Review RFR responses, select vendor, negotiate contract

- **Second and Third Quarter of Calendar Year 2018:**

Begin preparations for launching the ADT Repository

(includes establishing business processes, testing, and defect remediation)

- **Fourth Quarter of Calendar Year 2018:**

ENS soft launch



# Mass Digital Health Initiative Update

*Laurance Stuntz*

# Mass Digital Health Initiative Update

# Mass Digital Health Initiative

Announced in January 2016, the Massachusetts Digital Health Initiative, or **Mass Digital Health**, is a public-private partnership building a stronger and more competitive digital health ecosystem across the Commonwealth.



**Make Massachusetts the leading global Digital Health ecosystem, in turn driving economic growth and improving healthcare outcomes and efficiency.**

# Mass Digital Health Cluster



# Mass Digital Health Council



The Digital Health Council was established to advise the Governor regarding the digital health industry, and to develop a growth plan to achieve the goal of creating the leading global ecosystem for digital health in Massachusetts.

Items to consider include:

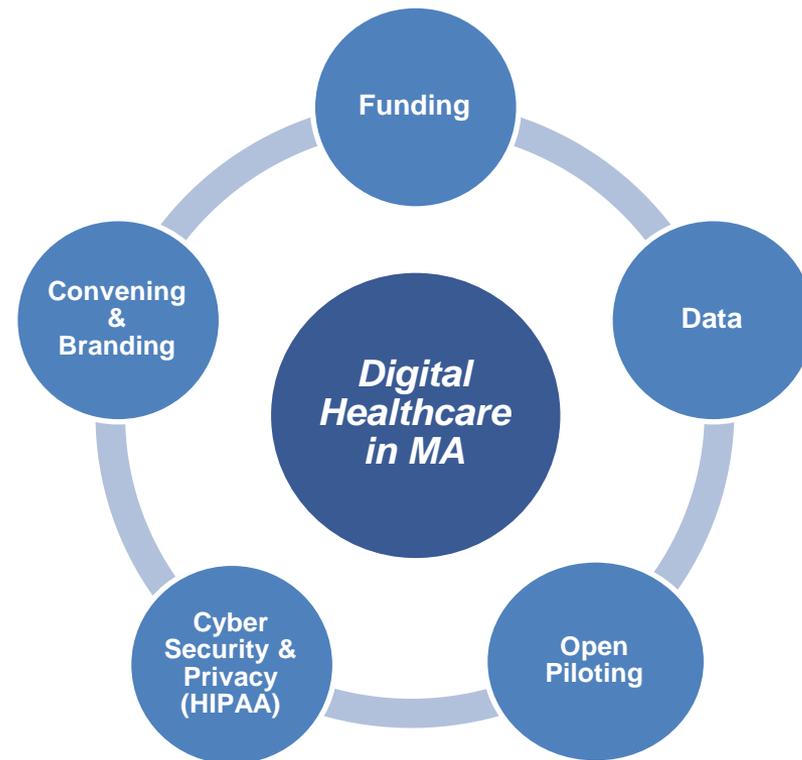
- Helping companies grow and compete
- Helping to connect the broader marketplace
- Aligning Commonwealth programs to support digital health workforce needs
- Regional growth
- Opportunities for the Commonwealth to harness the benefits of digital health tech
- Opportunities for cross sector collaboration with cybersecurity and data analytics



# Mass Digital Health Council Organizing Framework

The Council's stated objective is to support initiatives that create fertile ground for digital health companies and entrepreneurs to start, grow or move companies in/to Massachusetts, as opposed to picking and supporting specific companies or healthcare proposals.

*Digital Health Council  
Strategy Framework:*



# Mass Digital Health Marketplace

# Marketplace Challenges

There are challenges associated with both selling and buying early and mid-stage digital health innovations in Massachusetts:

## Entrepreneur Challenges

- Time and cost required to enter into agreements with healthcare organizations makes it challenging for startups to survive
- Many startups have difficulty gaining access to MA customers
- It can be difficult to entrepreneurs to arrive at business models that work in healthcare
- Many digital health companies go outside Massachusetts for validation, demonstration or customer relationships

## Customer Challenges

*(Providers, Payers, Life Sciences firms, the Commonwealth)*

- Lack of awareness of opportunities to leverage digital health innovations, particularly in community health settings
- Lack of capacity to process, evaluate and select from a large number of innovations
- Startups approaching customers with a wide range of maturity levels – and often unprepared to enter into business agreements with large complex organizations

# Marketplace Framework

## GAPS

- Access to clinical expertise/education, networking and mentorship

- Access to clinical settings for pilot/validation
- Access to clinical expertise and mentorship
- Navigating security & interoperability

- Access to clinical settings & researchers for further refinement/validation
- Difficult to survive 18-month-plus sales cycles pre-revenue
- Access to right people in customer orgs
- Navigating security & interoperability

- Access to right people in customer orgs for enterprise sales
- Lack of pathways for marketing / market differentiation
- Talent, Space, and Funding challenges
- Need for meaningful peer and executive mentor relationships

## GROWTH PHASE

**Discovery**  
[idea & team]

**Development**  
[vetting & insights]

**Deployment**  
[initial partnerships]

**Distribution**  
[strategic partnerships, scaling]

## PROGRAMMING

- Meetups: PULSE Check and Tap into TechSpring
- Regional pipeline support (Hawkathon at UMass Lowell, etc.)

- PULSE@MassChallenge
- Marketplace Assessment Tool
- Marketplace Directory
- TechSpring Insights
- Security / HIPAA Education

- PULSE@MassChallenge
- Marketplace Assessment Tool
- Marketplace Directory
- TechSpring Projects
- Security / HIPAA Education

- Scaling Company Interviews (18 completed)
- Ecosystem Support Network
- Marketing/Promotional Support (of company clinical outcomes and entrepreneur brand profiles)

# Needs / Gaps at Various Stages

Company Growth Stages	Gaps / Needs
<p><b>Discovery</b>  <i>Early-stage digital health startup with an idea and a team, but before they have a minimum viable product or revenue</i></p>	<ul style="list-style-type: none"> <li>• Better organization and aggregation of existing support assets</li> <li>• Better support for early-stage digital health startups outside of Boston</li> <li>• Opportunities to build relationships which can result in future business partnerships / strategic relationships</li> </ul>
<p><b>Development</b>  <i>Startup with an idea, and likely with funding, but not yet with a viable product or activated business model</i></p>	<ul style="list-style-type: none"> <li>• Partners for validation and vetting of idea/product</li> <li>• Better and earlier access to understanding of customer needs and criteria</li> <li>• Mentorship and access to healthcare experts</li> <li>• Opportunities to build relationships and customer connections which can result in strategic partnerships</li> </ul>
<p><b>Deployment</b>  <i>Startup with a minimum viable product, ready to engage with customers through strategic partnerships, further demonstrations, or an early customer experience. Active, vetted business model, annual revenue of \$0-3 Million</i></p>	<ul style="list-style-type: none"> <li>• Scalable and efficient ways to identify customer/innovation matches</li> <li>• Access to mentors and strategic support</li> <li>• Better and earlier access to understanding of customer needs and criteria</li> <li>• Opportunities to build relationships and customer connections which can result in strategic partnerships</li> </ul>
<p><b>Distribution</b>  <i>Scaling start-up with staff, revenue, and a stress-tested product. Typically \$3-\$5 Million in annual revenue, and multiple professional references.</i></p>	<ul style="list-style-type: none"> <li>• Identification of this community of companies Strategic, saturated support tailored to their individual needs</li> <li>• Enhanced marketing and promotional support</li> <li>• Access to a more open and transparent Mass Digital Health customer network</li> </ul>

# Marketplace Program Overview

*The Marketplace Program is managed by the Massachusetts eHealth Institute at MassTech, and is a key component of the Mass Digital Health Initiative.*

## **Vision:**

Massachusetts is home to the most transparent, accessible, and organized Digital Health Marketplace, driving more local firms to grow and scale, and helping local customers better access and adopt digital health innovations.

## **Goal:**

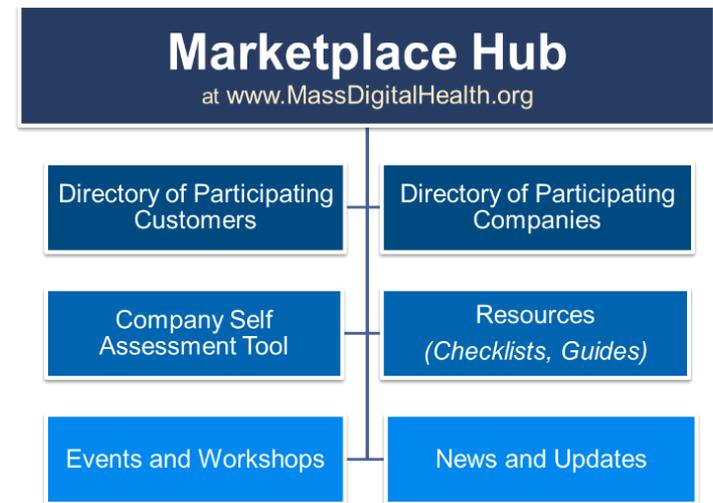
Strengthen digital health entrepreneur-customer connections across Massachusetts

## **Strategies:**

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

# 1. Create Collaboration Opportunities

- Build directory of marketplace participants at MassDigitalHealth.org
- Build online tools, including a self-assessment tool which defines company readiness to engage w/customers, and resources such as checklists and guides for doing business
- Support regional digital health entrepreneurship pipeline in high-potential geographies (Springfield, Worcester, Lowell/Merrimack Valley) via meetups, events, hackathons



## 2. Directly Facilitate Entrepreneur – Customer Connections

*Three program pathways for building connections:*



- \$170K in grant support for PULSE@MassChallenge to directly facilitate approximately 30 entrepreneur-customer relationships each in FY17 and FY18
- Focused on companies in the Development and Deployment stages

- \$80K in grant support for TechSpring to facilitate entrepreneur-customer relationships in Baystate Health, a community hospital setting
- Focused on companies in the Development, Deployment, and Distribution stages

- Will provide strategic business development support and facilitated introductions for individual firms in the Deployment and Distribution stages via Marketplace Program Manager
- MeHI-supported Healthy Aging Marketplace in partnership with EOHHS

### 3. Scaling Company Support Network

- Identify list of high-potential, high-growth firms
- Complete scaling firm interviews (18 completed so far)
- Provide activist relationship management and business development support
- Explore Scaling Company Roundtables
- Explore Customer Working Group
- Support ecosystem efforts to build relationships/connections via workshops and dinners
- 12x12x12 2.0?

# Marketplace Program Tactics

## Mass Digital Health Marketplace Program: Current Projects and Tactics

### PULSE@ MassChallenge and TechSpring Grants

- *Year 2 Grants Underway*
- Grant funding for direct facilitation of startup-customer partnerships
- Greater ecosystem connectivity through monthly meetups

### Startup Assessment and Resources Tool

- *Development near-complete, go-live in Fall 2017*
- Cultivated, tailored entrepreneur resources segmented by growth stage
- A shareable assessment status tool which customers can quickly review and better understand the company's status

### Marketplace Digital Directory

- *Development near-complete, go-live in Fall 2017*
- An online hub for digital health customers to find new products
- An online hub for digital health startups for finding potential customer

### Aging and Caregiving Marketplace

- *Preliminary activities underway*
- A partnership with Executive Office of Elder Affairs: working with aging care delivery organizations, caregivers, and the entrepreneur community to drive new products and partnerships

### Scaling Company Support Network

- Preliminary research and project development underway
- Working with the community to identify and interview high-potential growing digital health firms, in order to develop solutions which increase their chance of growing to scale in MA

# Marketplace Program Status

## UNDERWAY:

- PULSE@MassChallenge Program (Year 1 complete, Year 2 underway)
- TechSpring programs (Year 2 funding underway)
- PULSECHECK and Tap into TechSpring Meetups
- Asset Inventory Created of validation sites, sandboxes, accelerators, etc.
- Sponsorship/support for challenges/hackathons in key areas (outside Metro Boston, aging/caregiving)
- Aging and Caregiving EOE Champion Confirmed
- Marketplace Manager hired (Garrett Quinn)
- Aging Reverse Pitch HUBWeek event on 10/10/17
- 18 Scaling Company Interviews Completed, tracking 28 Scaling Firms

## IN-PROCESS:

- Startup Assessment Tool
- Customer / Product Directory
- Access to new entrepreneur resources, including checklists privacy/security documents, better security & interoperability education/tools

## IDEAS / IN DEVELOPMENT:

- Grant program to offset costs of high-value pilots/demonstration projects
- Executive Mentor Network for Scaling Firms (12x12x12 2.0?)
- Validation Network (Entrepreneurs, Researchers & Customers connecting and transparently sharing outcomes)
- 'Innovation Fellows' program to enable more community healthcare settings to become digital health customers



# **MeHI Behavioral Health Learning Collaborative Update**

*Laurance Stuntz*

# MeHI Behavioral Health Learning Collaborative Update

# Impetus for Learning Collaborative

- Behavioral Health information-sharing is often limited by misconceptions about laws and regulations
  - Specific (often stricter) laws and regulations for behavioral health and substance use disorder information
  - Confusion and reluctance among care providers
    - Tendency to err on the side of caution
    - Sharing is reduced to “lowest common denominator”
  - May lead to inconsistencies, fragmented care, and poor patient outcomes
- MeHI decided to address these issues through a Learning Collaborative
  - Give participants a forum to define problems and what might help
  - Develop tools to:
    - Facilitate communication among providers and encourage participation in BH information exchange
    - Educate patients and caregivers about the benefits and potential risks of health information-sharing

# Participants

- Amesbury Psychological Center
- Baystate Community Services
- Beacon Health Options
- Behavioral Health Network
- Berkshire Health Systems
- Brockton Neighborhood Health Center
- Child and Family Services
- Experience Wellness Centers
- HighPoint Treatment Center
- L.U.K. Crisis Center, Inc.
- Lowell House
- MA Attorney General's Office
- Mass League of Community Health Centers
- MassHealth
- Multicultural Wellness Center, Inc.
- South Shore Mental Health
- SSTAR
- UMass Medical School

# Process & Timeline

Phase	Activities
<b>Workshop 1</b> October 7, 2016	<ul style="list-style-type: none"> <li>• Approved scope of project and work products</li> <li>• Reviewed first drafts of Patient Handout and Patient Talking Points</li> </ul>
<b>Workshop 2</b> November 4, 2016	<ul style="list-style-type: none"> <li>• Reviewed revised Patient Handout and Patient Talking Points</li> <li>• Reviewed first draft of Provider Discussion Document</li> </ul>
<b>Workshop 3</b> December 16, 2016	<ul style="list-style-type: none"> <li>• Reviewed revised Provider Discussion Document</li> <li>• Reviewed first draft of Administrator FAQs and Consent Form Template</li> </ul>
<b>Legal Review</b>	<ul style="list-style-type: none"> <li>• Outside legal counsel reviewed and provided recommendations on               <ul style="list-style-type: none"> <li>• Provider Discussion Document</li> <li>• Administrator FAQs</li> <li>• Consent Form Template</li> </ul> </li> <li>• Documents updated accordingly</li> </ul>
<b>Pilot, Education and Promotion</b> July-December 2017	<ul style="list-style-type: none"> <li>• Published tools on MeHI website mid-July</li> <li>• Currently piloting documents at participating organizations and collecting feedback</li> <li>• Plan to deliver educational webinars</li> </ul>

# Learning Collaborative Work Products

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

# Pilot: Brockton Neighborhood Health Center (BNHC)

## July 2017

- Distributed four of the work products to program managers and administrative staff in Behavioral Health, Mental Health, and Harm Reduction Clinic
  - Administrator FAQs, Consent Form, Patient Talking Points, Provider Discussion Document
  - Waiting to share Patient Handout – needs to be translated into other languages
- Qualitative feedback: Program Managers were grateful for reference documents that had undergone legal review

## August 2017

- Continued to use tools with new patients in Harm Reduction Clinic
- Rolled out documents to 10 additional providers in Mental Health Department
- Qualitative feedback: providers in the Mental Health Department had questions about BNHC policies governing appropriate use of the consent form
  - i.e. if Consent Form should only be used for clinical purposes, or when disclosing information to a lawyer or family member
  - Use of the tools is prompting discussion and decision-making about internal policies

# Pilot: Brockton Neighborhood Health Center (BNHC)

## September 2017

- Continued to use tools in both the Harm Reduction Clinic and the Mental Health Department
- Qualitative feedback: staff reported that use of the tools was going well and that patients had few questions and were willing to sign the Consent Form.
- Next steps: BNHC is contracting to create an electronic version of the Consent Form to make filling out the form easier, including auto-populating demographic information, and to better track whether or not a consent form is on file.



## **Conclusion**

*Secretary Sudders*



## **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 2018 Meetings:
  - Monday, February 5, 2018
  - Monday, May 7, 2018
  - Monday, August 6, 2018
  - Monday, November 5, 2018

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



**Thank you!**



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



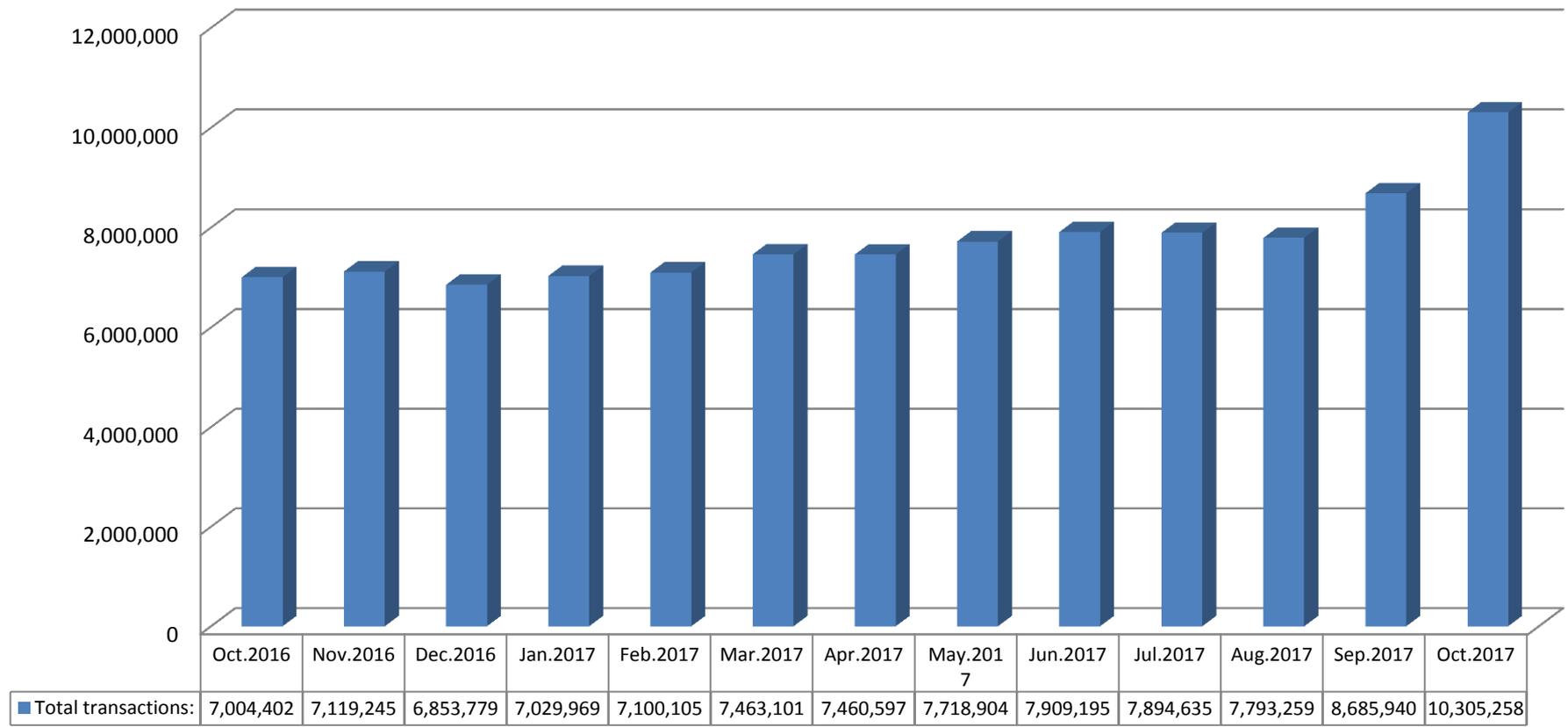
# Hiway Transaction Activity



## 13 Month Hiway Transaction Activity

10,305,258 Transactions\* exchanged in October (09/21/2017 to 10/20/2017\*\*)

**177,407,865** Total Transactions\* exchanged inception to date



\* Note: Includes all transactions over Mass Hiway, both production and test  
 49 \*\* Note: Reporting cycle is through the 20<sup>th</sup> of each month.

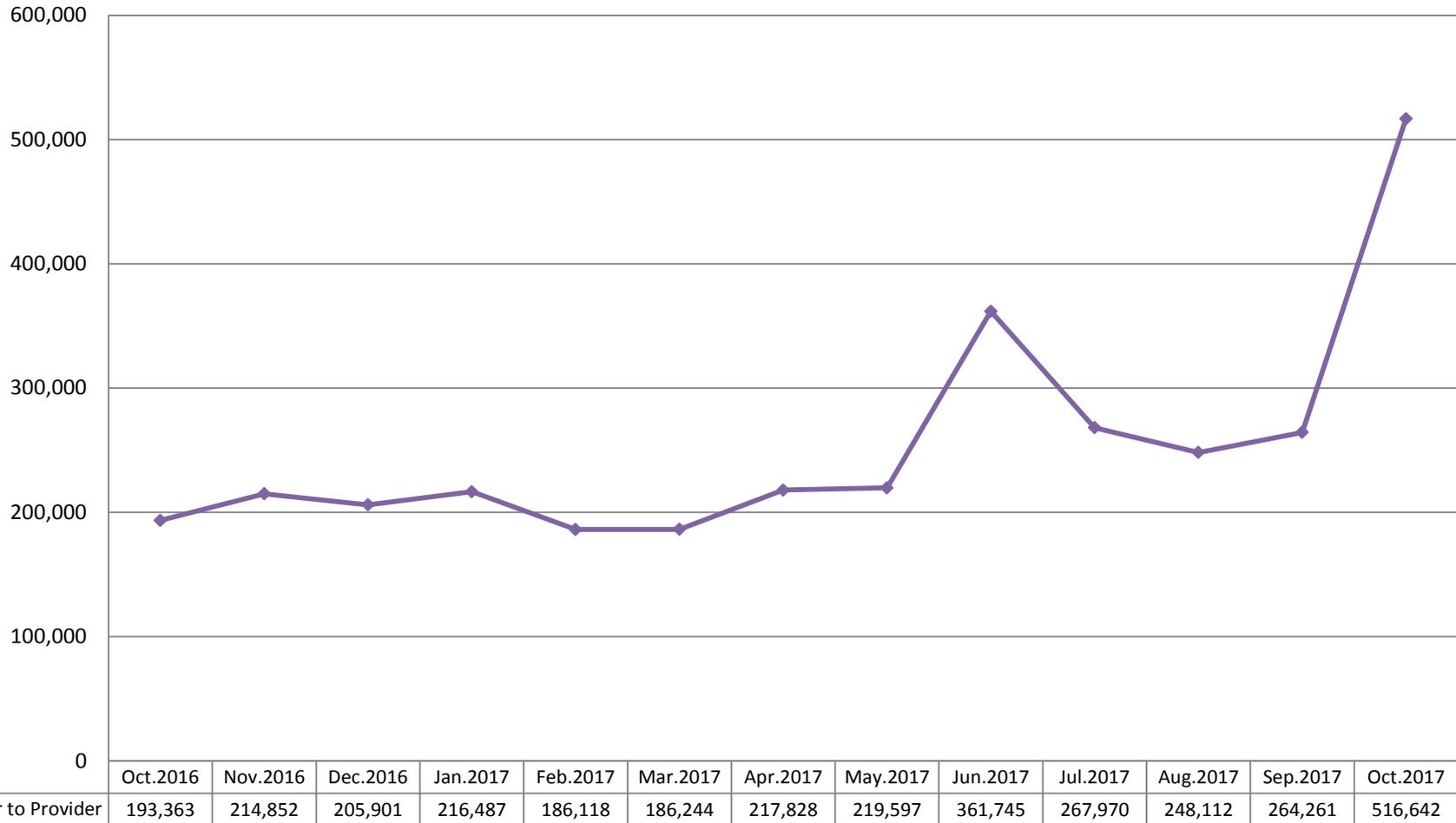


# Hiway Transaction Analysis



## Hiway Production Transaction Trends – Provider to Provider (Oct 2016 – Oct 2017)

**3%** of Hiway activity in October\* was for Provider to Provider transactions



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

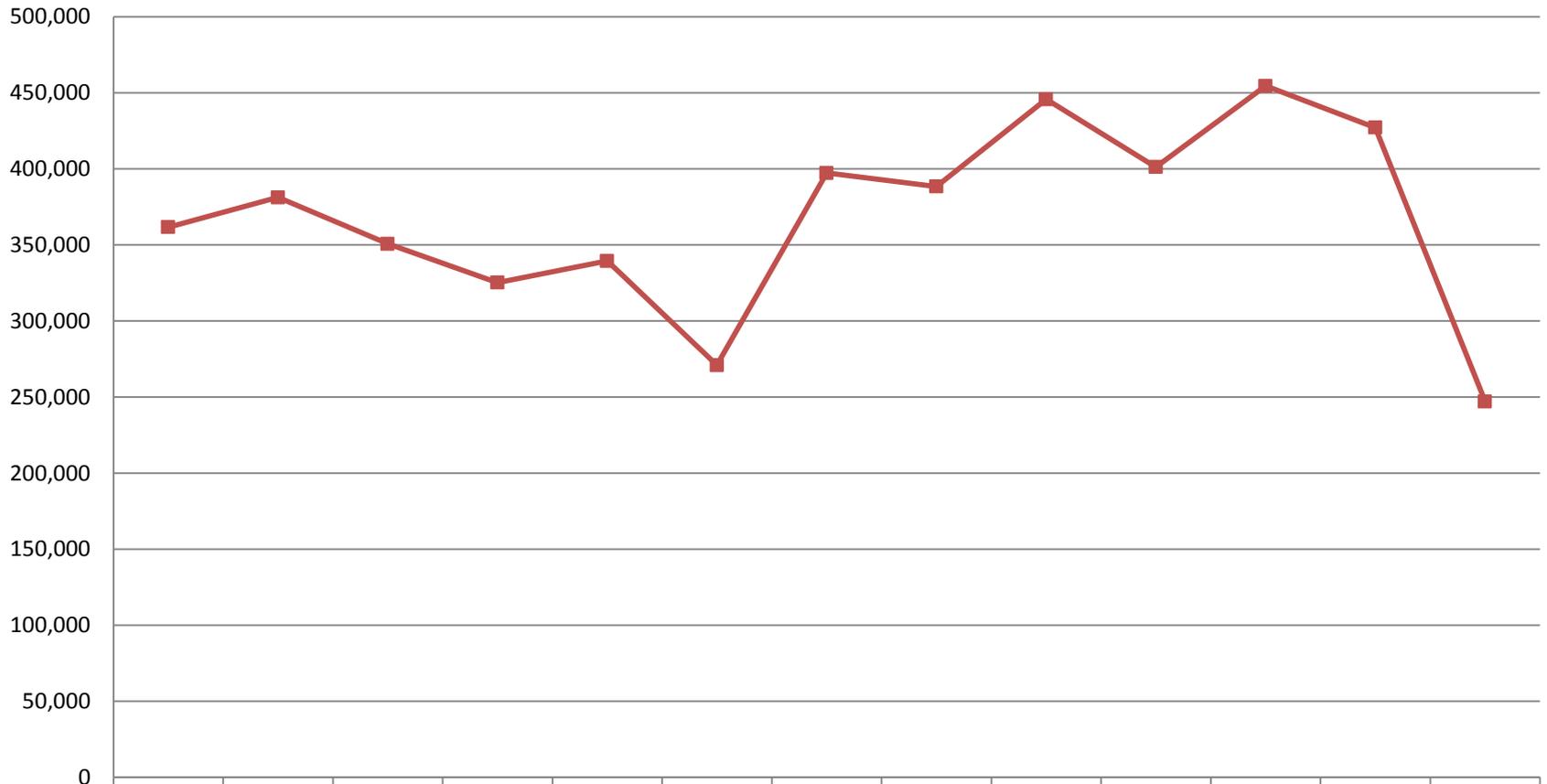


# HIway Transaction Analysis



## HIway Production Transaction Trends – Quality Reporting (Oct 2016 – Oct 2017)

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



Quality Reporting	361,605	381,174	350,651	325,166	339,380	270,903	397,178	388,311	445,709	401,163	454,485	427,053	247,067
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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 2016 – Oct 2017)

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



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



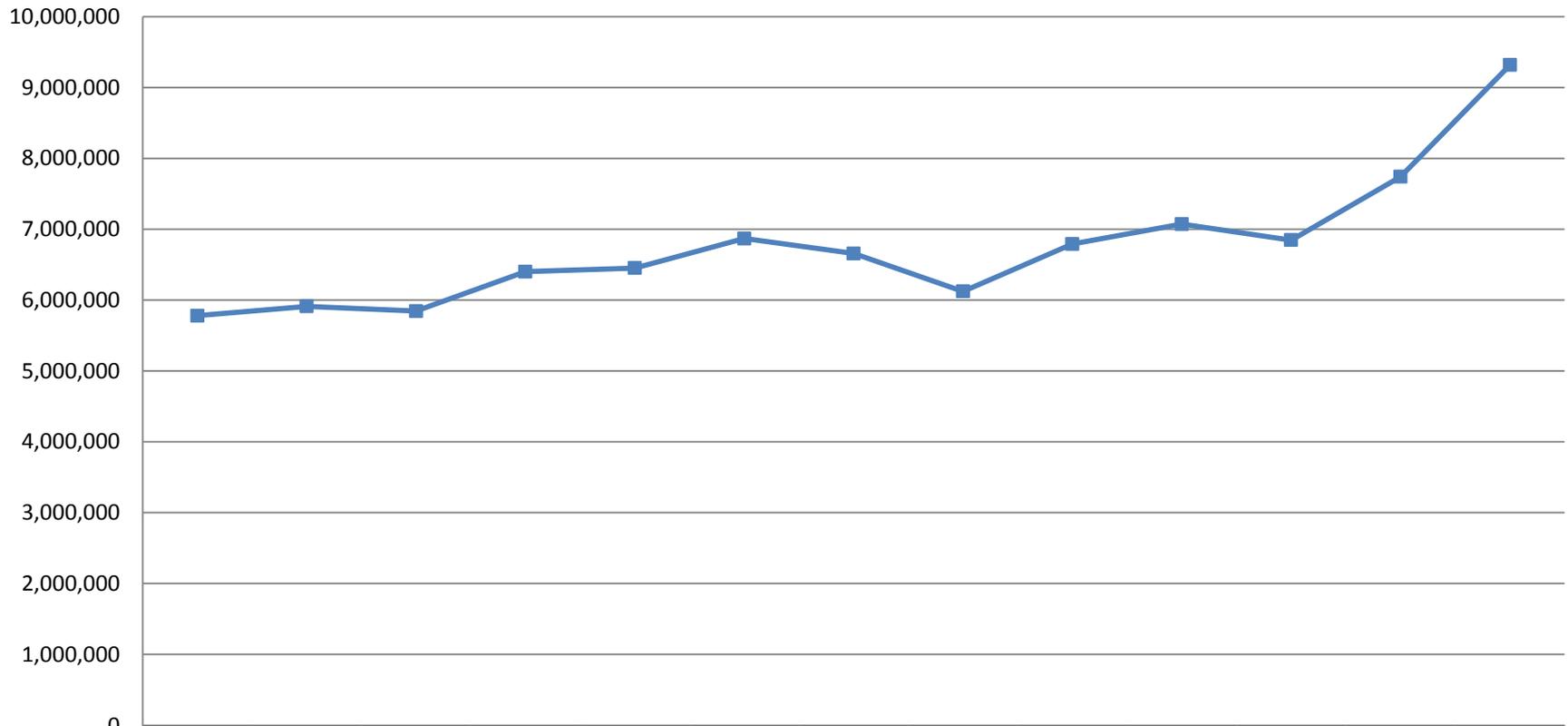
# HIway Transaction Analysis



## HIway Production Transaction Trends – Public Health Reporting (Oct 2016 – Oct 2017)

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

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



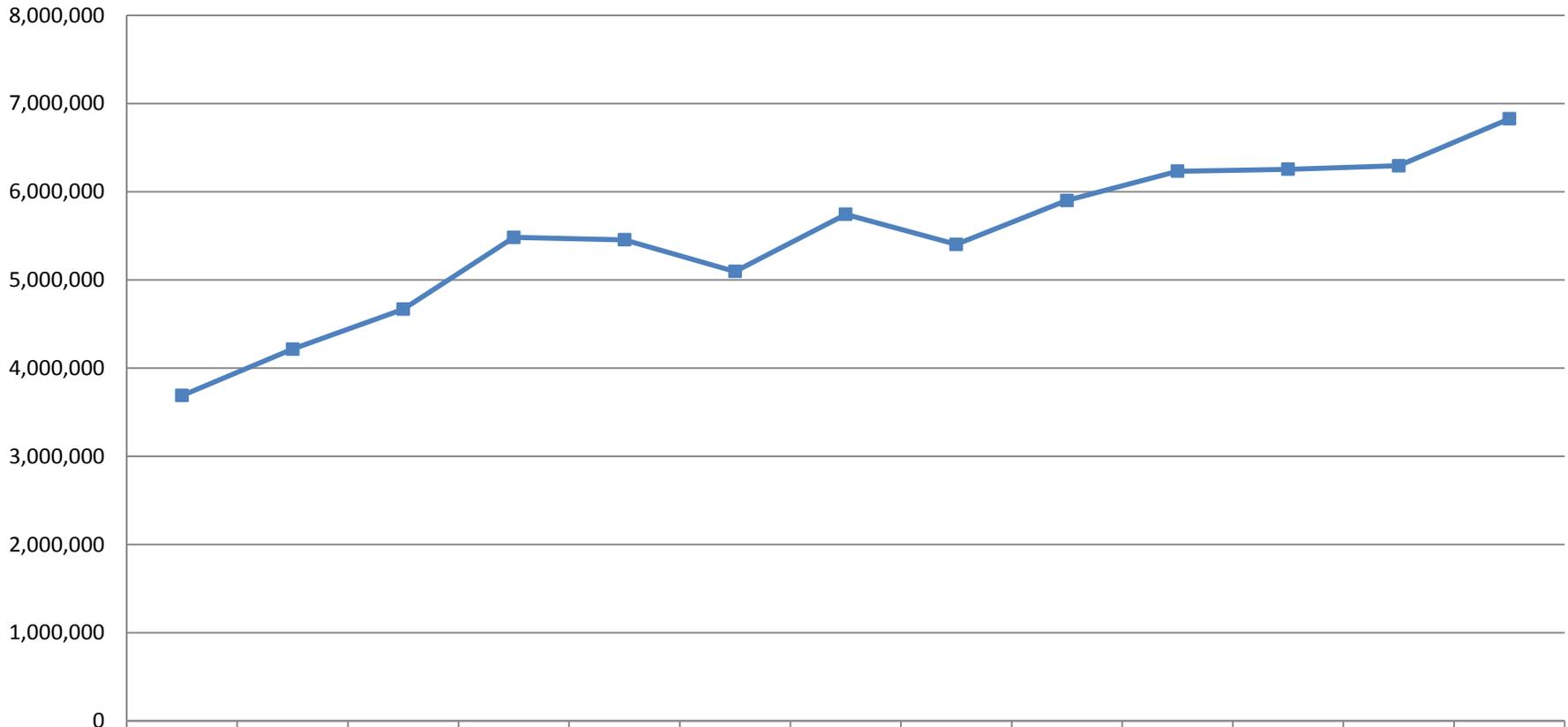
DPH Transactions	5,779,091	5,911,329	5,843,908	6,401,741	6,452,225	6,867,272	6,656,846	6,122,834	6,790,207	7,072,265	6,845,895	7,739,614	9,316,011
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\* Note: Reporting cycle is through the 20<sup>th</sup> of each month.



## Public Health Reporting – Analysis by Application (Oct 2016 – Oct 2017)

### Syndromic Surveillance Transactions



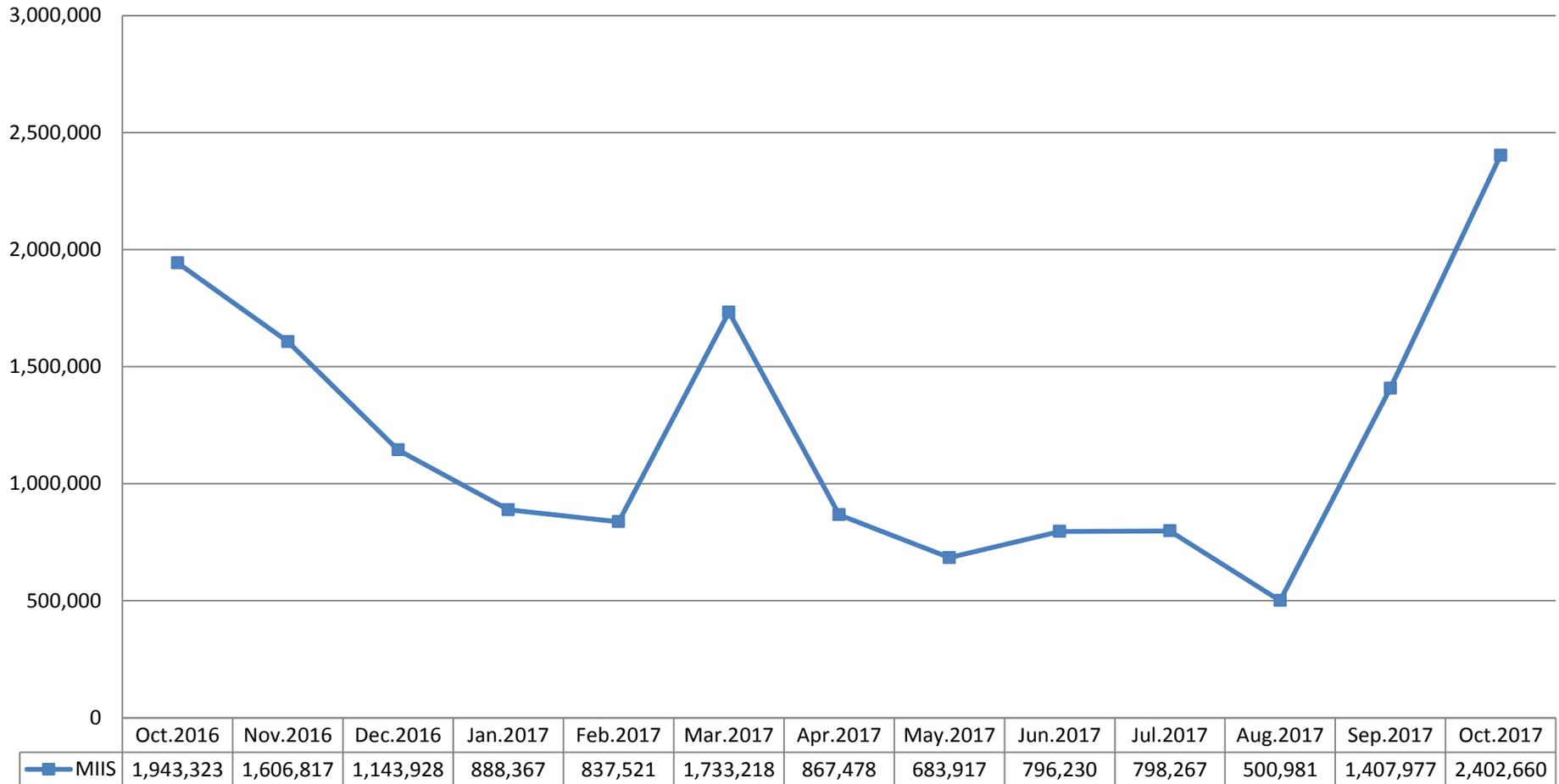
	Oct.2016	Nov.2016	Dec.2016	Jan.2017	Feb.2017	Mar.2017	Apr.2017	May.2017	Jun.2017	Jul.2017	Aug.2017	Sep.2017	Oct.2017
—■— Syndromic	3,690,015	4,214,062	4,667,528	5,480,332	5,454,437	5,094,559	5,742,681	5,400,986	5,899,280	6,232,258	6,253,392	6,292,697	6,824,744

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



## Public Health Reporting – Analysis by Application (Oct 2016 – Oct 2017)

### Immunization (MIIS) Transactions

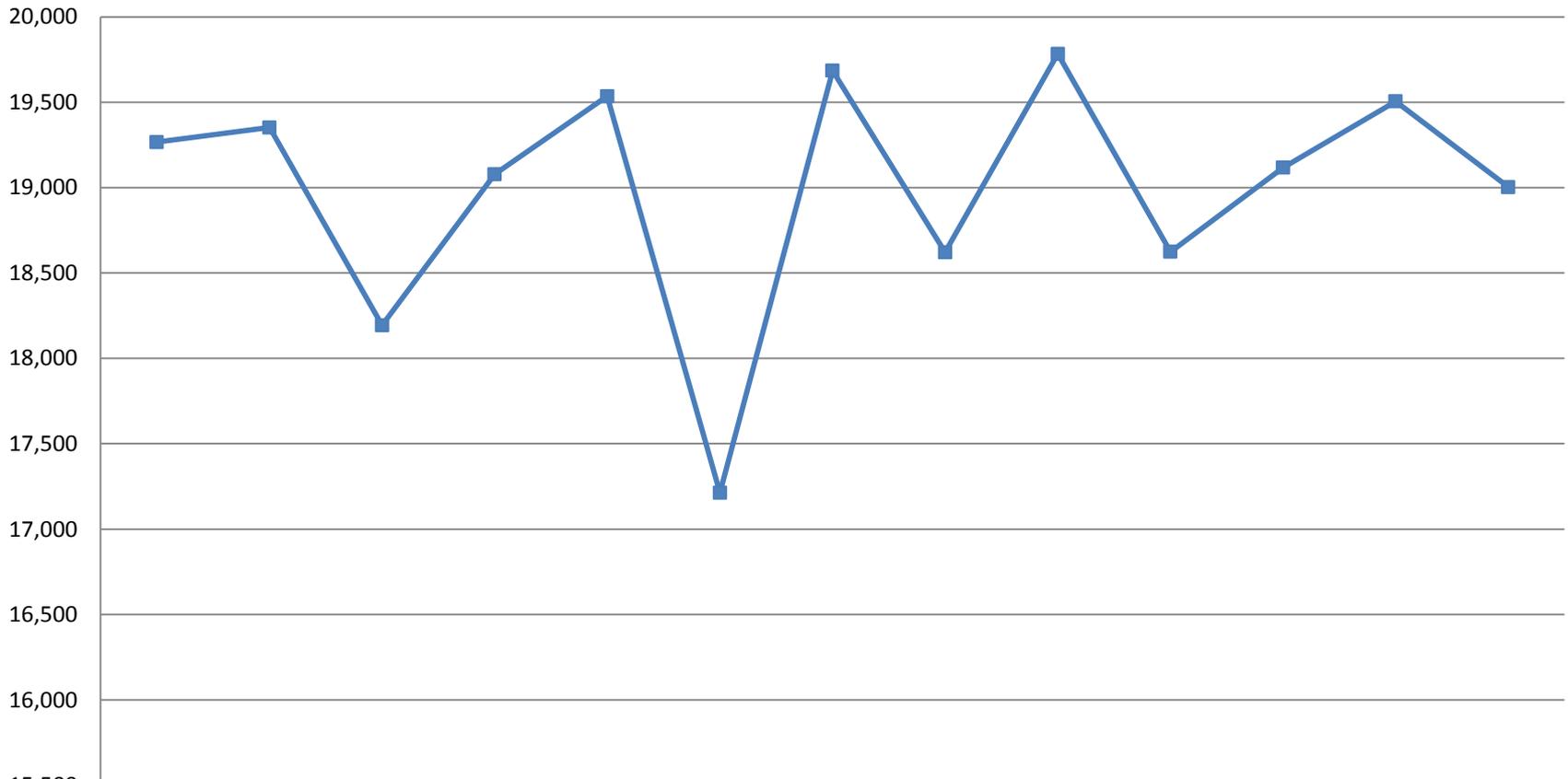


\* Note: Reporting cycle is through the 20<sup>th</sup> of each month.



## Public Health Reporting – Analysis by Application (Oct 2016 – Oct 2017)

### Boston Public Health Commission Transactions



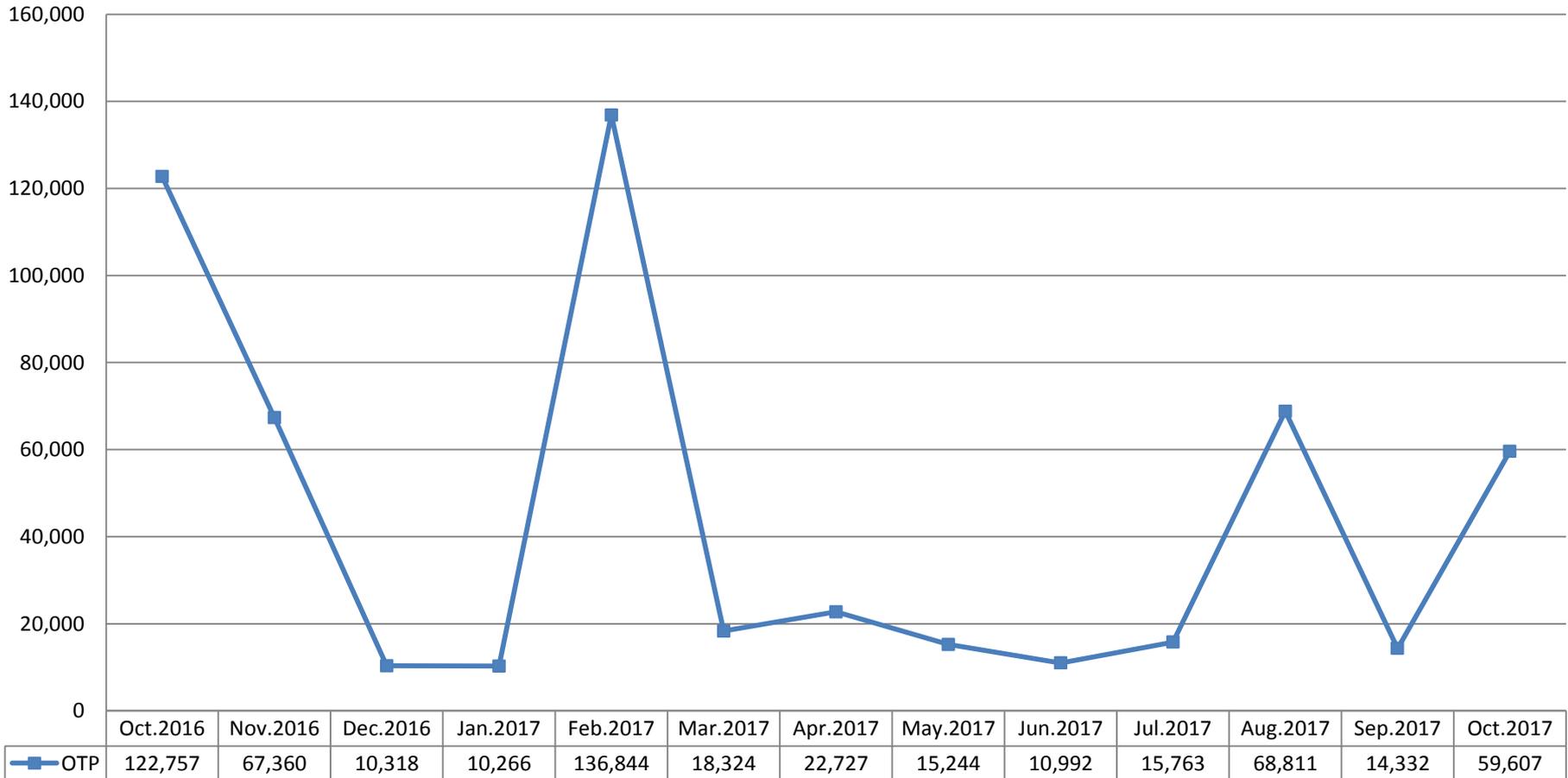
—■ Boston Health

	Oct.2016	Nov.2016	Dec.2016	Jan.2017	Feb.2017	Mar.2017	Apr.2017	May.2017	Jun.2017	Jul.2017	Aug.2017	Sep.2017	Oct.2017
—■ Boston Health	19,266	19,352	18,193	19,078	19,535	17,213	19,685	18,621	19,783	18,624	19,117	19,505	19,003



## Public Health Reporting – Analysis by Application (Oct 2016 – Oct 2017)

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



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

\*\* Note: OTP data available starting August 2016.

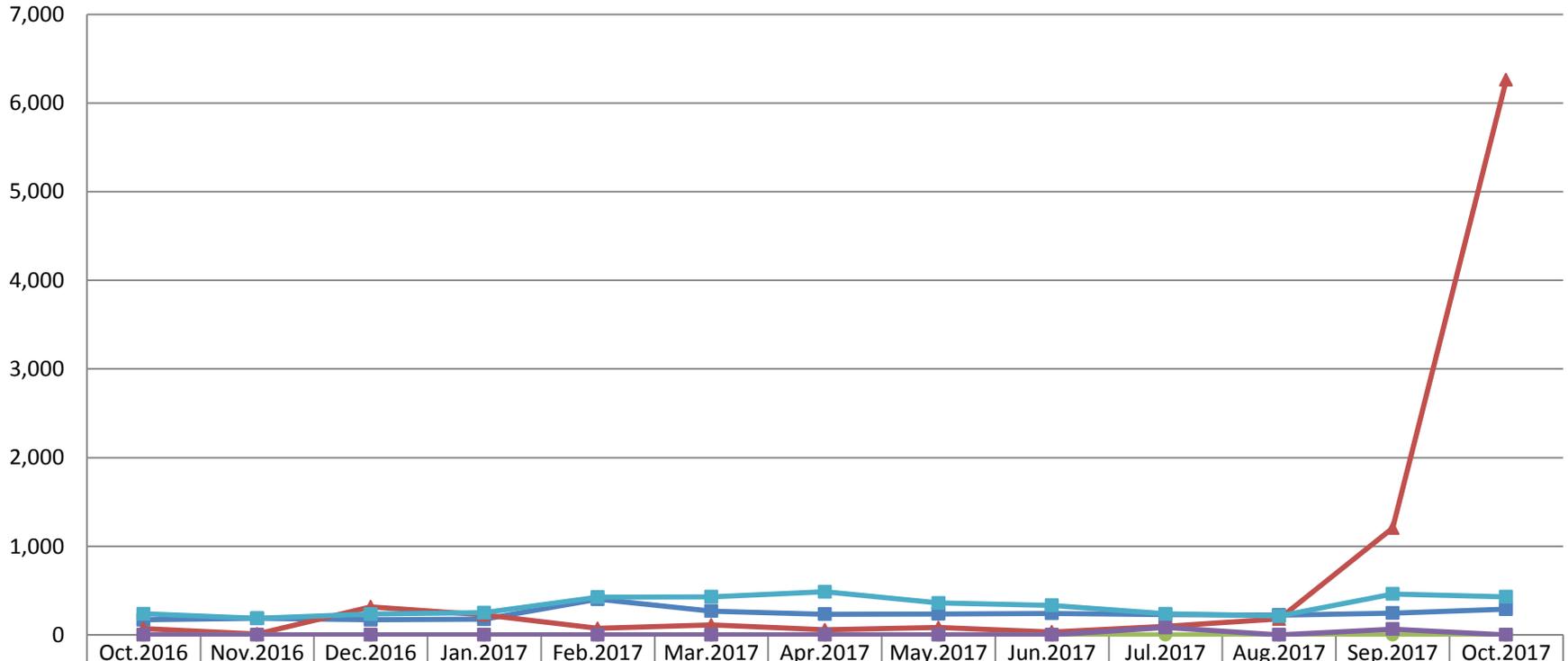


# Transaction Analysis – Detail



## Public Health Reporting – Analysis by Application (Oct 2016 – Oct 2017)

### Other Public Health Transactions



	Oct. 2016	Nov. 2016	Dec. 2016	Jan. 2017	Feb. 2017	Mar. 2017	Apr. 2017	May. 2017	Jun. 2017	Jul. 2017	Aug. 2017	Sep. 2017	Oct. 2017
ELR	170	186	170	176	402	268	233	236	242	227	223	246	289
MCR	72	10	316	226	73	111	57	82	32	98	179	1,204	6,261
PMP	0	0	0	0	0	0	0	0	0	0	0	0	0
CBHI	0	0	0	0	0	0	0	0	0	82	0	65	0
eReferral	238	187	235	250	426	430	485	360	333	238	212	461	430





## 12 New Participation Agreements

- Boston Healthcare for Women
- Boston West Cardiology
- Child and Adolescent Health Specialists
- Elder Services of Berkshire County, Inc.
- Greater Lynn Senior Services, Inc. (GLSS)
- Hanover Pediatrics
- Harbor Health Services
- Kuldip K. Vaid, MD, PC
- Newton Wellesley Surgeons
- Plymouth Carver Primary Care
- Tang Benjes and Associates
- The Brien Center (Northern Berkshire Counseling Center)



## 26 New Connections

- Behavioral Health Network Inc.
- Beth Israel Deaconess Hospital - Plymouth
- Boston Healthcare for Women
- Boston West Cardiology
- Chelsea Skilled Nursing and Rehab
- Child and Adolescent Health Specialists
- Courtyard Nursing Care Center
- Elder Services of Berkshire County, Inc.
- Elder Services of Worcester
- Franciscan Childrens Hospital
- Gilchrist, Michael MD
- Hallmark Health Systems
- Hallmark Health Systems
- Hand Surgery, PC
- Hanover Pediatrics
- Kuldip K. Vaid, MD, PC
- Lawrence General Hospital
- Leon Remis, MD
- MAeHC
- MGH Dental
- Newton Wellesley Surgeons
- Pediatrics Healthcare at Newton Wellesley
- Peter J. Kelly, M.D., P.C.
- Robert C. Goodman, DPM
- Tang Benjes and Associates
- Wayland Pediatrics

- **Plus Non-Participant Orgs - 7**

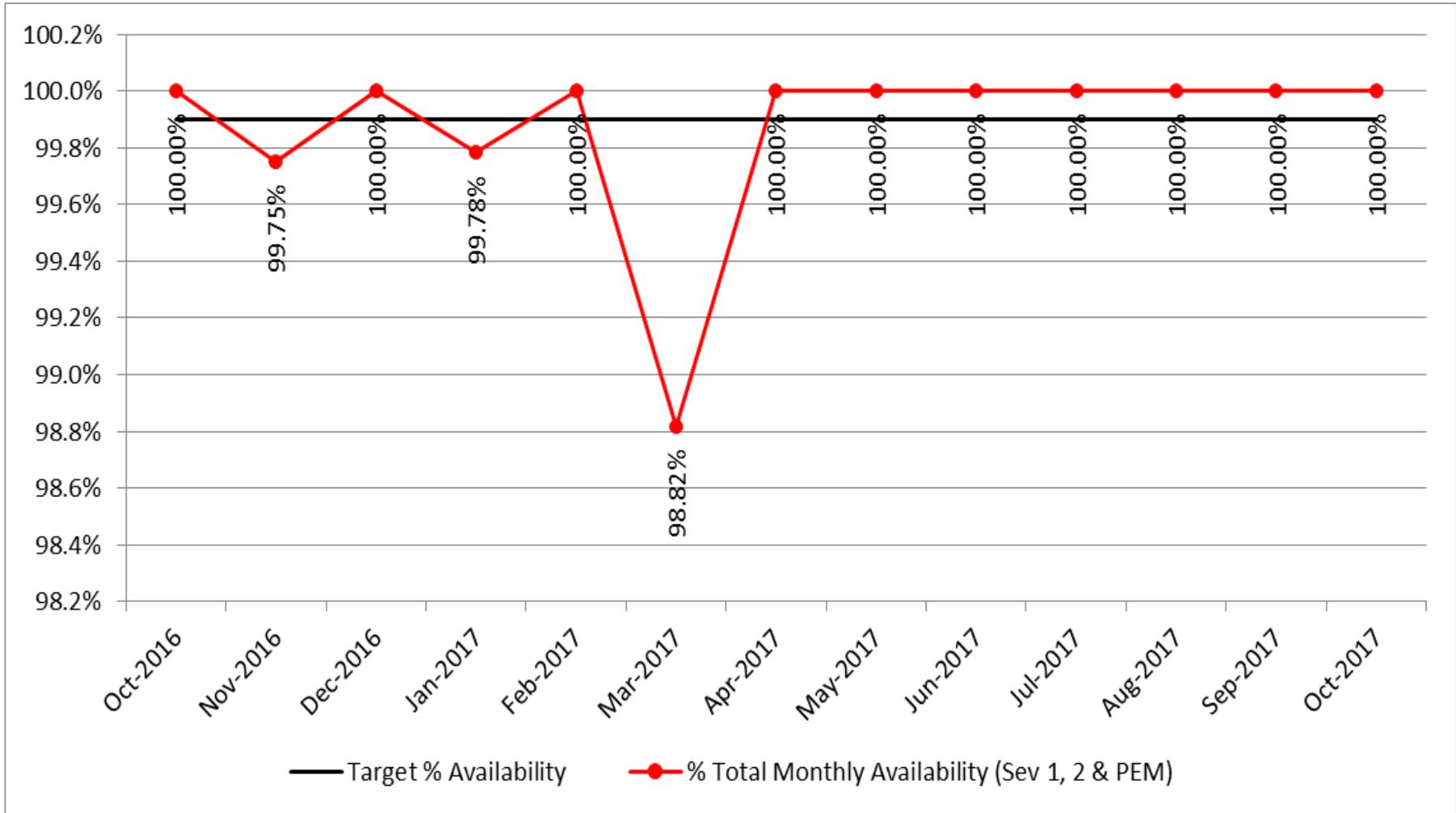


## 25 HISPs Connected to Mass Hlway

1. Allscripts (MedAllies HISP)
2. Aprima
3. ASPMD
4. Athenahealth
5. CareAccord
6. CareConnect (NetSmart HISP)
7. Cerner
8. DataMotion
9. eClinicalWorks
10. eClinicalWorks Plus
11. eLINC
12. EMR Direct
13. Inpriva
14. MaxMD
15. MatrixCare
16. McKesson (RelayHealth)
17. Medicity
18. MyHealthProvider (Mercy Hospital)
19. NextGen Share
20. NHHIO
21. PCE Systems
22. SES
23. Surescripts
24. UpDox
25. Wellport (Lumira HISP)



# 13 Month HIway Availability Trends



## Metric Targets:

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