

Commonwealth of Massachusetts
Executive Office of Health and Human Services



Health Information Technology Council Meeting

November 7, 2016



Agenda



1. **Welcome** [5 minutes] – *Alice Moore*
 - a) Approval of August 2016 Meeting Notes
2. **eHealth Plan** [10 minutes] – *Alice Moore*
3. **Hiway Regulations Update** [50 minutes] – *Gary Sing & Kathleen Snyder*
4. **Update on Efforts to Increase Provider-to-Provider Coordination Over the Hiway (Deep Dive Program)** [10 minutes] - *David Whitham*
5. **Relationship Listing Service (RLS) Update** [10 minutes] - *Dave Bowditch*
6. **Conclusion** [5 minutes] – *Alice Moore*
 - a) Next Steps
 - b) 2017 Meeting Schedule

Appendix: *Hiway Operations Update*



eHealth Plan

Alice Moore



Hlway Regulations Update

Gary Sing, Kathleen Snyder



Proposed HIway regulations are now available for public comment, with the goal of final regulations promulgated in early 2017

- **HIway regulations are needed to implement two main parts of M.G.L. Chapter 118I:**
 1. The **opt-in / opt-out** mechanism for the HIway
 2. The statutory requirement for Providers to **connect to the HIway** by January 2017
- **The following slides provide an overview of key components of the proposed regulations**



Public comment period



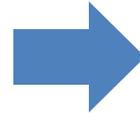
EOHHS encourages all stakeholders to submit their comments during the public comment period or at the public hearing

- **Dates of the public comment period:** November 4th – 25th, 2016
- **Date of the Public Hearing:** Monday, November 28th
- **The proposed regulations and the Notice of Public hearing are available here:**
<http://www.mass.gov/eohhs/gov/laws-regs/hhs/public-hearings.html>



Present Day

HIway Direct Messaging is the only service that is fully-implemented on the Mass HIway



Future

Mass HIway Services include:

- **HIway Direct Messaging**
- **HIway-sponsored Services**

E.g., Event Notification Service (ENS) which is anticipated to be launched in late 2017/early 2018



The proposed regulations describe the following regarding the use of HIway Direct Messaging:

- Mass HIway users may transmit information via HIway Direct Messaging in compliance with applicable federal and state privacy laws
- Mass HIway users may implement a local opt-in and/or opt-out process that applies to the use of HIway Direct Messaging by their organization, but are not required to do so.



The proposed regulations describe the following opt-in / opt-out mechanism for the use of the *forthcoming* HIway-sponsored Services (such as a state-wide Event Notification Service):

- **Opt-in:** HIway Participants must provide written notice of how the organization uses HIway-sponsored Services
- **Opt-out:** The HIway or its designee will administer a centralized opt-out system
 - a HIway Participant that has an established relationship with a patient shall:
 - Notify the HIway if the patient decides to opt-out; *and/or*
 - Provide written instructions to a patient how to notify the Mass HIway if they want to opt-out
- HIway Participants may choose to implement an additional **local** opt-in and/or opt-out process that applies to the use of HIway-sponsored Services by their organization, but they are not required to do so.
 - If a participant exercises this choice, then the local process must **supplement** (and must not replace) the HIway opt-in opt-out mechanism



The proposed regulations describe a phased-in approach whereby:

- Initially, only certain Provider Organizations are required to connect. These Provider Organizations have an initial “Year 1” connection date in 2017, 2018 or 2019 (see bottom of this slide)
- The connection requirements are phased in over 4 years (see next slide)
- HIway connection dates for other Provider Organizations will be provided in future guidance, will be no earlier than January 2018, and will be provided with at least one year in advance

The proposed initial “Year 1” connection dates are as follows:

1. **Acute Care Hospitals:** The effective date of the HIway regulations
2. **Medical Ambulatory Practices with 10 or more licensed providers*:** January 1, 2018
3. **Community Health Centers (CHCs):**
 - January 1, 2018 for large CHCs (10+ providers)
 - January 1, 2019 for small CHCs (<10 providers)

** For purposes of the regulations, “licensed providers” are limited to include medical doctors, doctors of osteopathy, nurse practitioners, or physician assistants.*



The proposed regulations describe a 4-year phased-in approach to connecting to the HIway, with the goal of progressively encouraging Provider-to-Provider communications

- **Year 1:** send **or** receive HIway Direct Messages for at least one Use Case within any category
- **Year 2:** send **or** receive HIway Direct Messages for at least one Use Case within the category of Provider-to-Provider (P2P) communications
- **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:** Provider Organizations may be subject to **penalties** if they have not met the HIway connection requirements
- **ADT submissions by Acute Care Hospitals:** The proposed regulations describe that part of the HIway connection requirement is for Acute Care Hospitals to submit ADTs to the state-sponsored ENS within one year after this forthcoming service is launched



The proposed regulations describe the following regarding the M.G.L. Chapter 118I's requirement *"to implement a fully interoperable electronic health record system that connects to the statewide HIE"*:

- Provider Organizations that have dates in the regulation for connecting to the HIway shall establish interoperability by implementing HIway Direct Messaging.
- These Provider Organizations shall submit information regarding their EHR to the Mass HIway by their initial HIway connection date

- EOHHS anticipates the information regarding Provider Organization's EHR will be basic information such as:
 - Is your organization using an EMR, and if so, which one and which version?
 - Is your EMR system connecting to the Mass HIway directly or via a non-HIway HISP?
 - Is your organization using your EMR for the Use Case that it is using to fulfill the HIway connection requirement?



The *Mass HIway Policy & Procedures (P&P)* is the detailed document that currently is used by the HIway and its users. It will be updated in early 2017 in order to align with the HIway regulations, and to streamline Mass HIway contracts and documentation.

A draft P&P is expected to be available in late 2016.

3 categories of changes / updates to the P&P include:

- 1. Streamlining Mass HIway documentation and contracts:** consolidate 4 documents (i.e., the Participation Agreement, BAA, Rate Card, Service Addendum) in order to simplify HIway enrollment.
- 2. Aligning with changes in the healthcare information technology environment:** updates to reflect that information exchange occurs among HIway Participants as well as among users of other networks.
- 3. Alignment with the pending HIway regulations:**
 - The authority for the updated P&P comes from the HIway regulations (instead of from a contract between the HIway Participant and the HIway)
 - The updated P&P will include items that are referenced in the HIway regulations, including:
 - Categories of Use Cases
 - The Participation Agreement between the HIway and HIway Participants
 - Participation Fees for users of the HIway



Conclusion



Thank you in advance for your comments via the public comment process.

Instructions on how to submit comments are found in the Notice of Public hearing which is found at the hyperlink provided below.

- **Dates of the public comment period:** November 4th – 25th, 2016
- **Date of the Public Hearing:** Monday, November 28th
- **The proposed regulations and the Notice of Public hearing are available here:**
<http://www.mass.gov/eohhs/gov/laws-regs/hhs/public-hearings.html>



Update on Efforts to Increase Provider-to-Provider Coordination Over the Hlway (Deep Dive Program)

David Whitham



Mass HIway Customer Lifecycle



Deep Dive Program Goal: Improve provider to provider communication and patient transitions of care through increased use of direct messaging

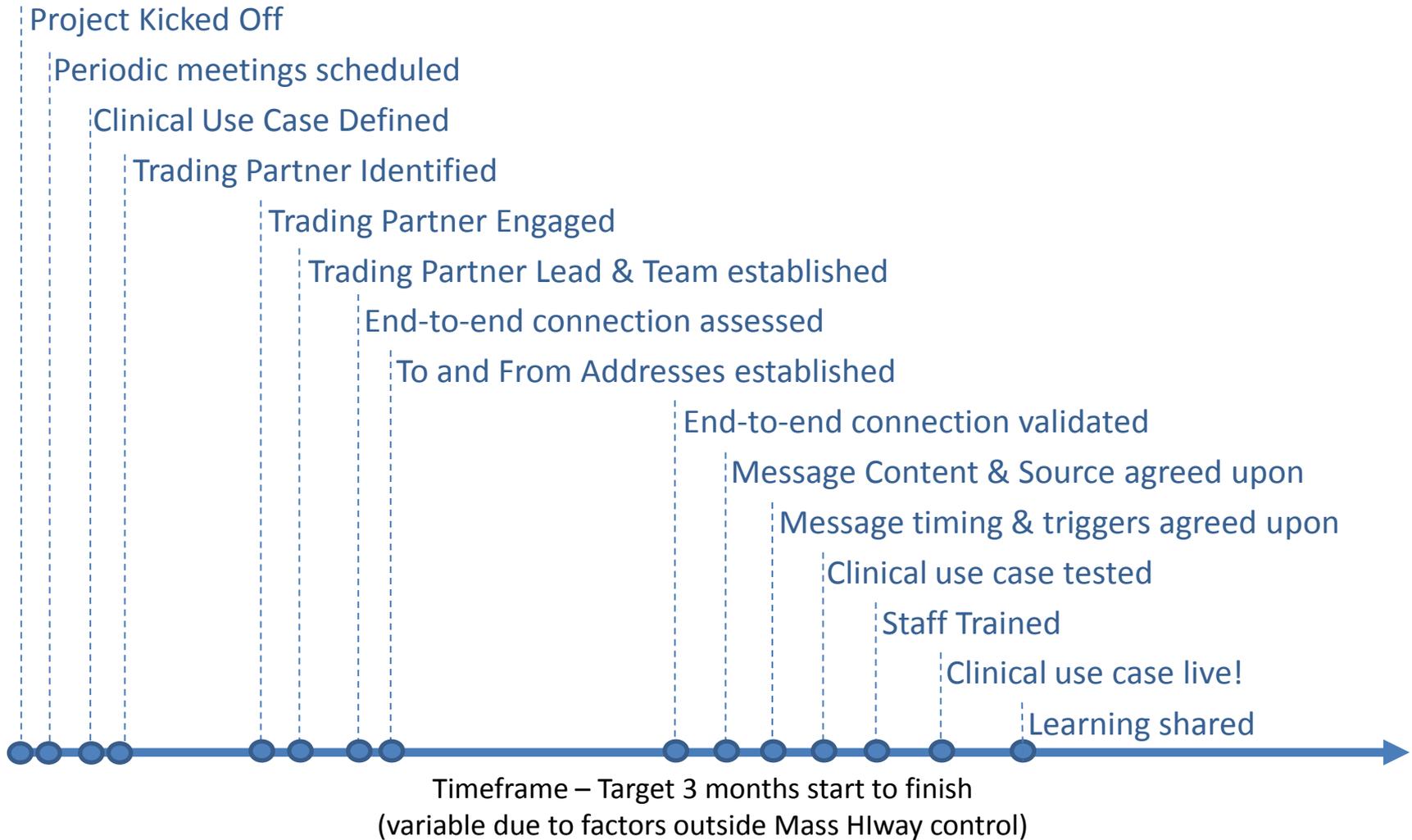
Approach: Support provider organizations with workflow modernization using Mass HIway resources who are experienced with technology and workflow improvement

1. Establish technical readiness with provider organization and trading partner(s)
2. Engage clinical and business leadership (this is not an IT project)
3. Undertake one very focused care transition workflow improvement - iterate
4. Report metrics/outcomes
5. Share lessons learned through Use Case Library

Current status: Work initiated with 14 organizations



Deep Dive Milestones & Deliverables





Deep Dive Dashboard



Organization	Status
Southcoast Health	5. Completed
Maples Nursing and Rehab	5. Completed
Cambridge Health Alliance	4. Implementing
Lowell General Hospital	4. Implementing
Franciscan Children's Hospital	4. Implementing
Boston Children's Hospital	4. Implementing
Tufts	4. Implementing
Gyn-Ob Associates	4. Implementing
Maxim Healthcare	4. Implementing
Wediko Children's Services	4. Implementing
Elizabeth Seton House	4. Implementing
Child and Family Services	4. Implementing
Primacare	4. Implementing
Edinburg House	4. Implementing
Community Nurse Home Care	1. Pipeline
Sherrill House	1. Pipeline
Dana Farber Community Cancer Care	1. Pipeline
Partners at Home	1. Pipeline

Status Definitions

- 1. Pipeline:** Account Manager proposing Deep Dive program to organization
- 2. Initiated:** Organization agrees to undertake project, establishes a team, and sets a meeting schedule.
- 3. Gathering Requirements:** Organization identifies a clinical use case and information trading partner(s)
- 4. Implementing:** Organization engages trading partner(s), validates end-to-end connection, and designs new workflow for the clinical use case.
- 5. Completed:** Organization successfully implements the clinical use case with personnel.



Customer	Maples Rehabilitation and Nursing Center: Status - Completed
High priority clinical or business improvement goal(s)	<ul style="list-style-type: none"> Maples Rehabilitation and Nursing Center receives a discharge summary and CCD from the hospital prior to patient arrival. Patient information from Maples is sent to home care agencies at discharge. These processes ensure that the necessary resources and information are available for the patient at each transition of care reducing the probability of hospital readmissions. Provider contacts are also included enabling nurses to obtain answers about the procedures and tests that may eliminate unnecessary future tests.
Information trading partners	<ul style="list-style-type: none"> Active To Maples: <ul style="list-style-type: none"> -Milford Regional Medical Center Active From Maples to: <ul style="list-style-type: none"> - Steward Home Care - Caretenders -Walpole VNA -Bayada Home Health -Pinnacle Health Management
Workflow improvement	<ul style="list-style-type: none"> The CCD and discharge summary are sent from the hospital to Maples via Direct Messaging. Maples consolidates and scans all patient documentation and sends via Direct Webmail to Home Care agencies. Faxes and hand carried notes are eliminated, improving security and HIPAA compliance, while improving the efficiency and timeliness of care coordination efforts.
MU objectives	<ul style="list-style-type: none"> Medication Reconciliation, transitions of care
Project Updates	<ul style="list-style-type: none"> Extending initial Deep Dive project with outreach to 6 new trading partners



Customer	Lowell General Hospital (LGH): Status – Implementing
High priority clinical or business improvement goal(s)	<ul style="list-style-type: none"> Streamline fetal monitoring reporting - move from an ~80 page fax report to a summary report sent via direct messaging
Information trading partners	<ul style="list-style-type: none"> Lowell General Hospital (Woman’s Health and OBGYN Associates of Merrimack Valley) Tufts Maternal Fetal Medicine
Workflow improvement Goals	<ul style="list-style-type: none"> LGH Labor and Delivery will replace the current fax process with Direct messaging and create protocols for streamlining and sending Fetal Link reports, CCDs, and referrals to Maternal Fetal Medicine at Tufts, improving content availability timeliness and security
MU objectives	<ul style="list-style-type: none"> Transitions of Care Medication Reconciliation
Project Updates Initiated: May 2016	<ul style="list-style-type: none"> Fetal Link report rebuild for Direct Messaging – Complete Interoperability Solution identified: Cerner HISP (LGH)- Mass Hiway LAND (Tufts) -secure email to eCW (Maternal Fetal Medicine) instead of eCW Plus. Currently testing from LAND to eCW



Lessons Learned from Deep Dive projects:

- **Motivation and Commitment** – Project only moves forward when two or more information trading partners are highly motivated and committed to exchanging information with one another.
- **Direct technology is still far from “plug and play”** – Most project time is spent establishing, testing, and validating end-to-end technology connection
- **Many clinical and operational conventions still need to be established** - Much inter-organizational work is left to do to establish the basics of electronic information exchange:
 - Who? Establishing team and message triage
 - What? Establishing message content for various clinical scenarios
 - Where? Establishing addressing conventions
 - When? Establishing workflows for patient care transitions
- **Change Management, both people and processes, is essential** - Changes are needed at multiple points from front desk to clinical teams, medical records and IT
- **Executive Sponsor is needed** - Successful project completion requires an executive sponsor/project champion within each provider organization who can lead/influence the administrative, clinical and technical sides of the project



Relationship Listing Service (RLS) Update

Dave Bowditch



Concluding the RLS Pilot



Key Reasons for Concluding the RLS Pilot

- EOHHS is planning to launch its next generation of HIway-Sponsored Services – this is to include a statewide Event Notification Service (ENS) as a high priority.
- Simultaneously EOHHS is going through the public process to issue regulations for the opt-in and opt-out mechanism that will apply to future HIway-Sponsored Services.
- When the new regulations take effect the current RLS would need to be frozen with no new participants because the centralized opt-out mechanism is not in place.

Impact on pilot participants is low

- The pilot is only at the data submission stage – All 4 pilot organizations tested population of the RLS successfully – BIDMC has a production data feed in use.
- None of 4 pilot organizations are at the data use stage – The second phase of opening access to production data in the RLS has not been executed.



Main Takeaway:

- Patients and providers who have been educated about the RLS capabilities and purpose have been excited about participating; however, stakeholders are ultimately interested in the RLS *in conjunction* with a real-time data retrieval service of records from within their EHR system – there is no significant demand for a stand-alone, web-based RLS system.

Other Takeaways:

- The current Active Opt-in Consent requirement presented a significant barrier to implementation; will need to change this in order to promote widespread adoption.
- Patient matching processes require specialized skillsets – both technical skills for configuring and operating the eMPI system and a combination of analytical and customer relationship skills required to manage and resolve a queue of potential matches.

The Mass Hlway team and the RLS Pilot teams are capturing detailed notes about their lessons learned for reference as future Hlway-Sponsored Services are planned.



Conclusion

Alice Moore



HIT Council - Meeting Schedule:

- Typically the 1st Monday of every third month
- Meetings are from 3:30 to 5:00 PM unless otherwise noted
- All meetings are at One Ashburton Place, 21st Floor, Boston

- Planned 2017 Meetings:
 - Monday, February 6, 2017
 - Monday, May 8, 2017, from 2:30 to 4:00 PM
**Note: This meeting is on the 2nd Monday of the month
and is starting at 2:30 instead of 3:30 PM**
 - Monday, August 7, 2017
 - Monday, November 6, 2017

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Thank you!



Appendix: *Hiway Operations Update*



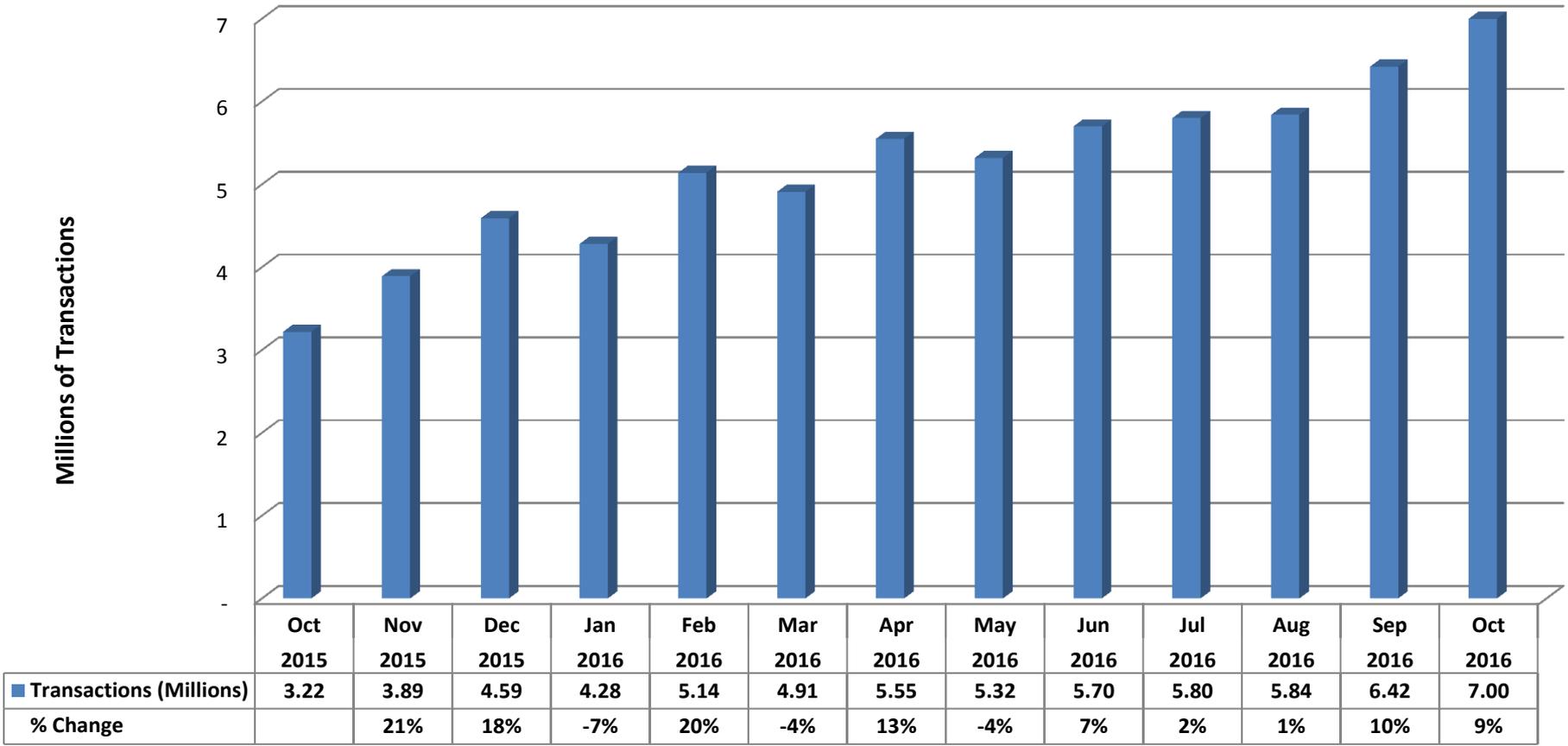
Hiway Transaction Activity



13 Month Hiway Transaction Activity

7,004,402 Transactions* exchanged in October (9/21 to 10/20/2016**)

91,792,782 Total Transactions* exchanged inception to date



* Note: Includes all transactions over Mass Hiway, both production and test
 30 ** Note: Reporting cycle is through the 20th of each month.

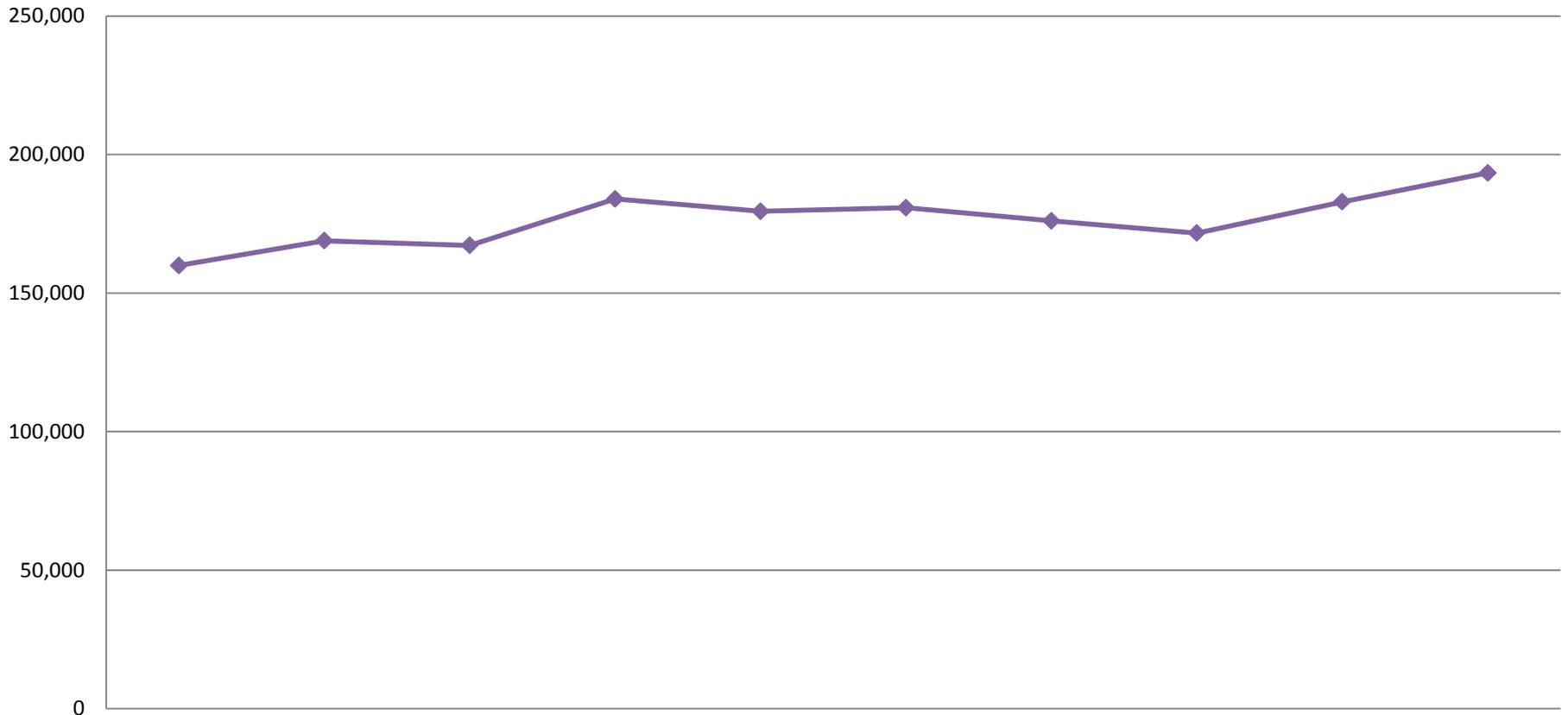


Hiway Transaction Analysis



Hiway Production Transaction Trends – Provider to Provider (2016 YTD)

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



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
Provider to Provider	159,938	168,855	167,199	183,980	179,483	180,788	176,069	171,657	182,934	193,363

* Note: Reporting cycle is through the 20th of each month.

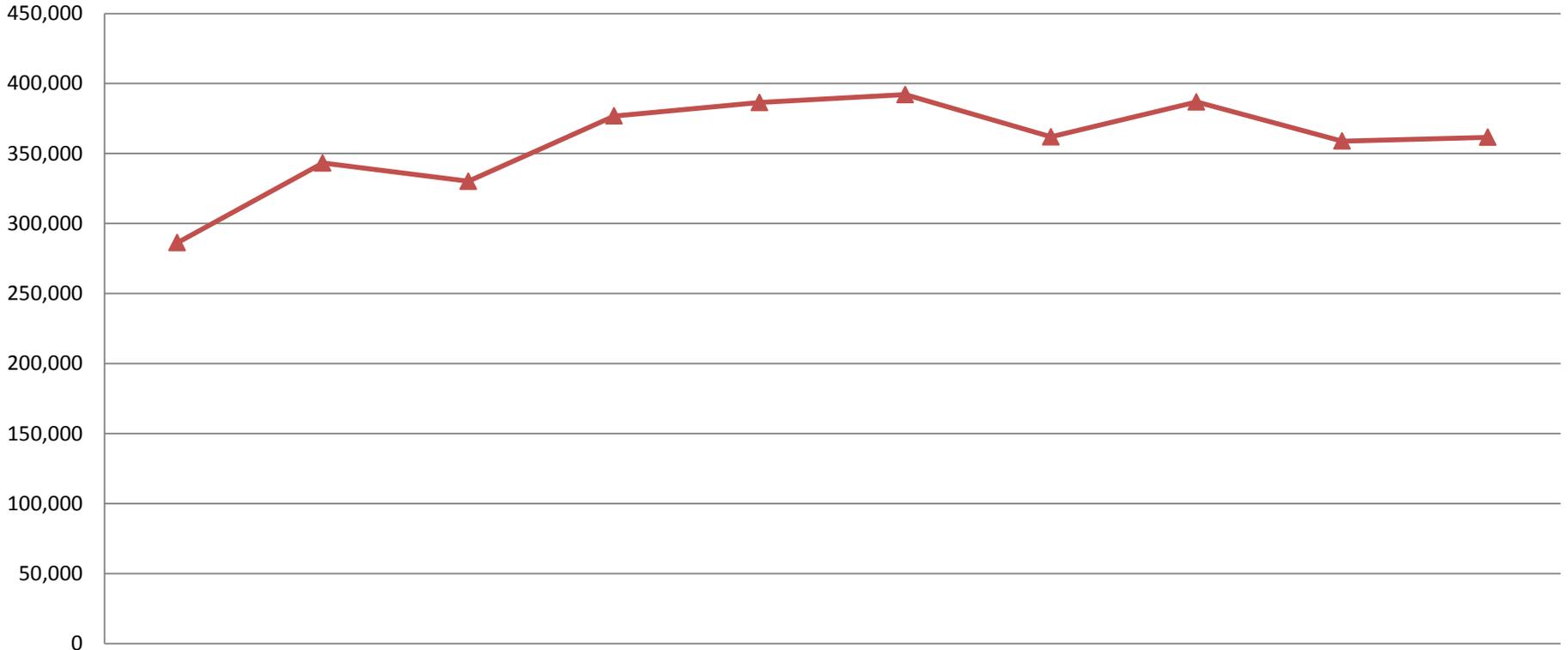


HIway Transaction Analysis



HIway Production Transaction Trends – Quality Reporting (2016 YTD)

6% of HIway activity in October* was for Quality Reporting transactions



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
Quality Reporting	286,355	343,270	330,207	376,828	386,426	392,037	361,916	386,838	358,863	361,605

* Note: Reporting cycle is through the 20th of each month.

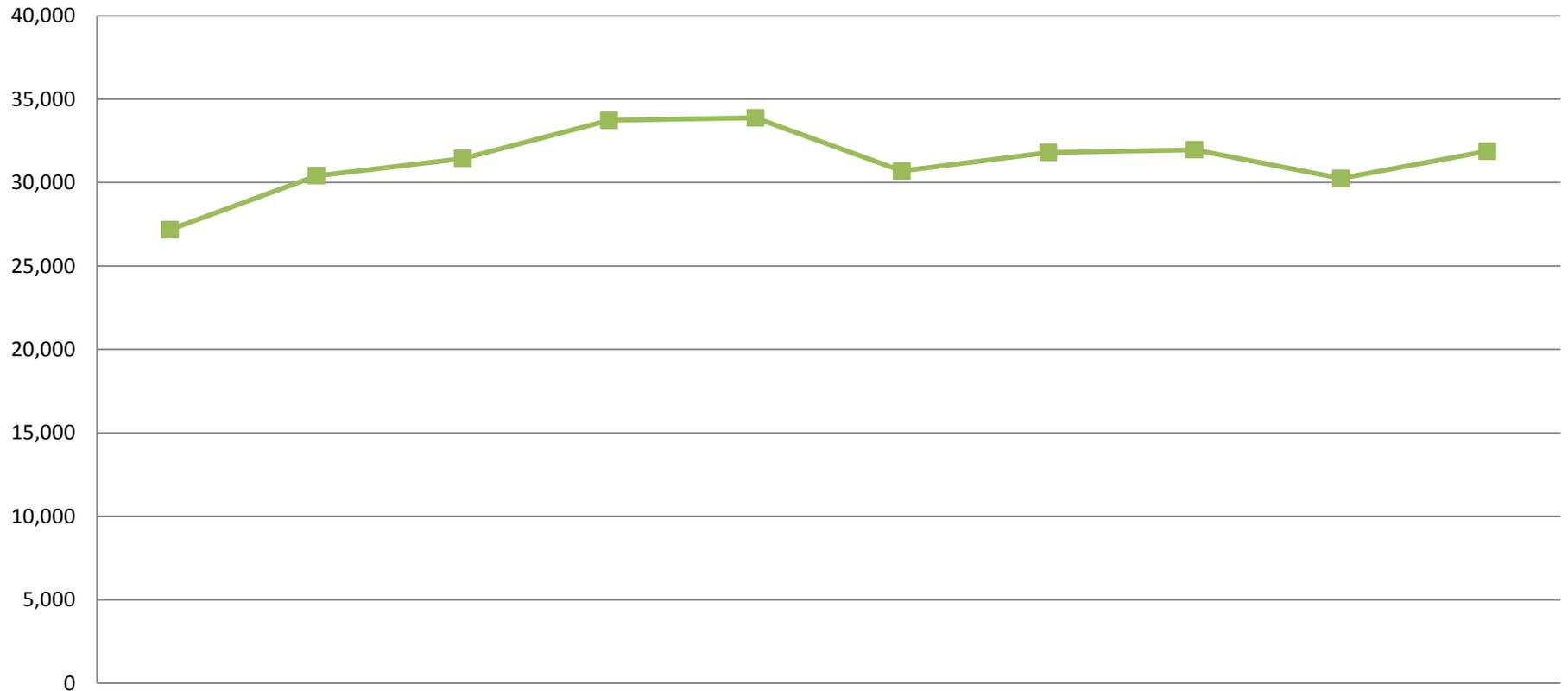


Hiway Transaction Analysis



Hiway Production Transaction Trends – Payer Case Management (2016 YTD)

1% of Hiway activity in October* was for Payer Case Management transactions



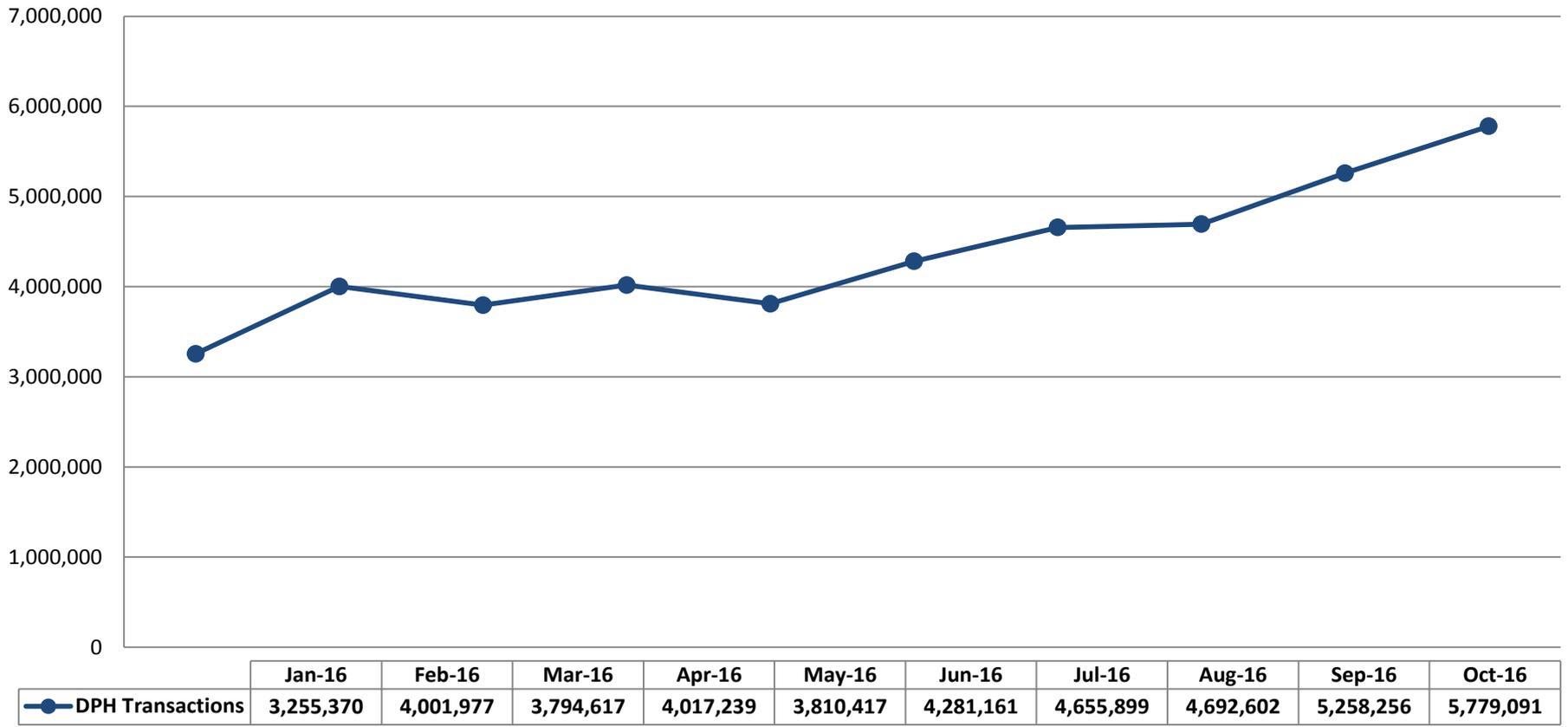
	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
—■ Payer Case	27,181	30,407	31,444	33,734	33,879	30,692	31,805	31,967	30,251	31,878

* Note: Reporting cycle is through the 20th of each month.



HIway Production Transaction Trends – Public Health Reporting (2016 YTD)

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

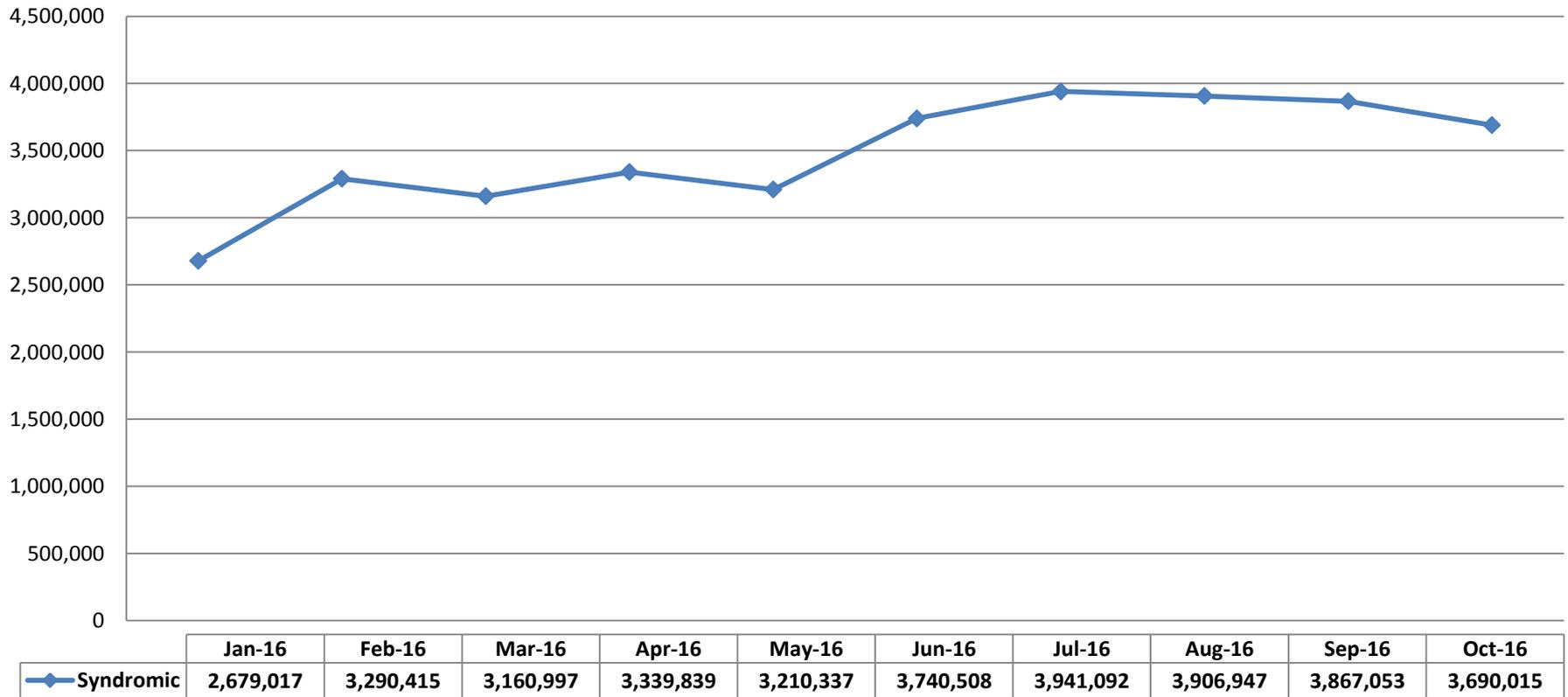


* Note: Reporting cycle is through the 20th of each month.



Public Health Reporting – Analysis by Application (2016 YTD)

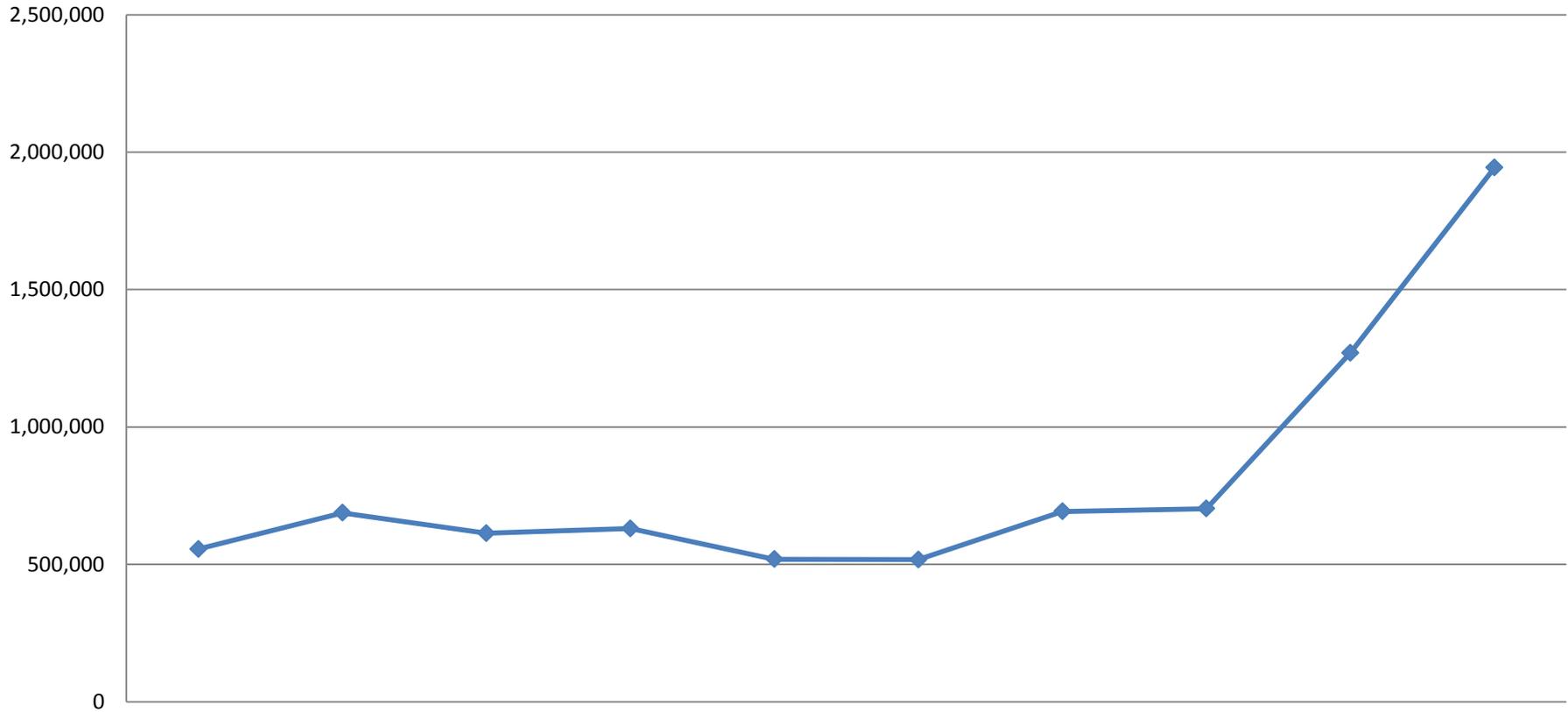
Syndromic Surveillance Transactions





Public Health Reporting – Analysis by Application (2016 YTD)

Immunization (MIIS) Transactions

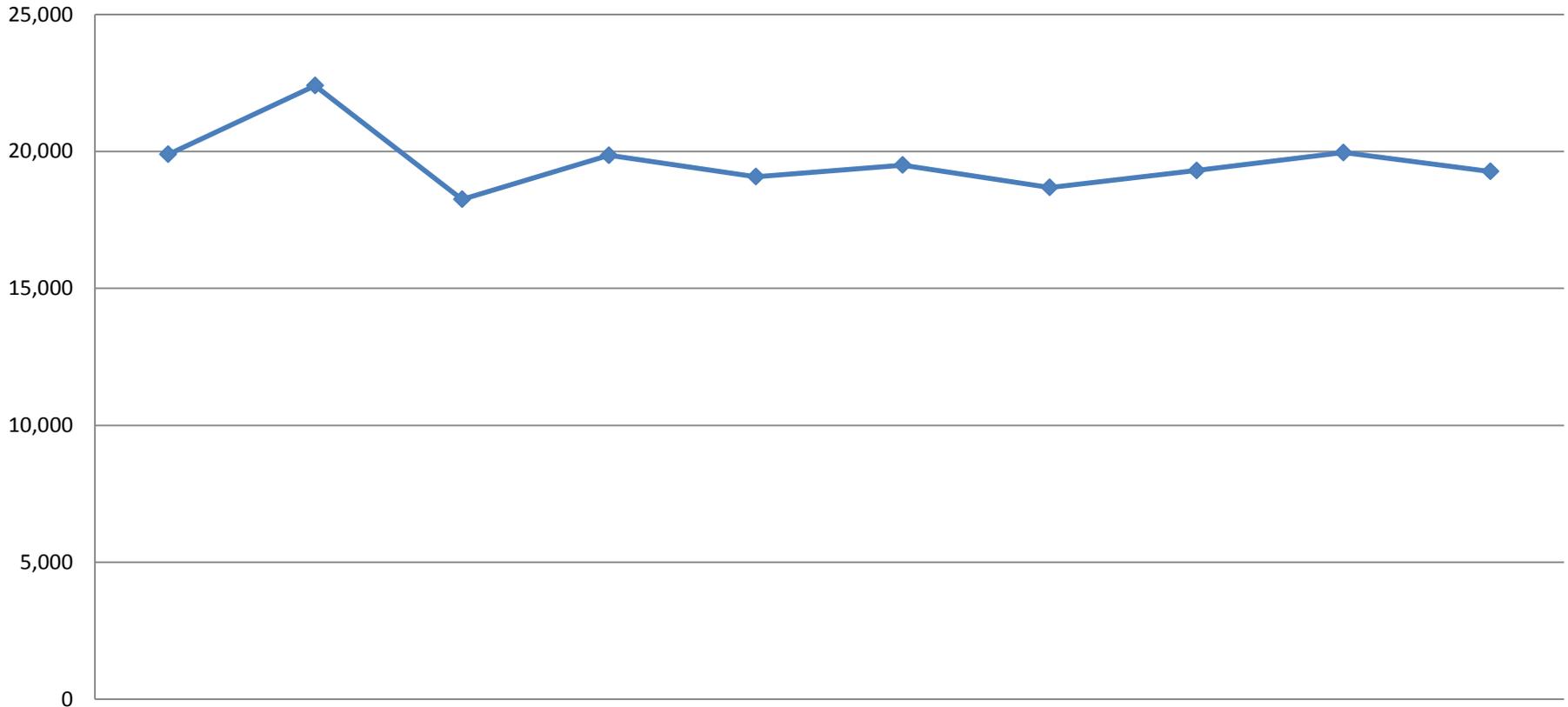


	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
MIIS	555,668	687,737	613,303	630,649	518,751	517,318	692,856	702,715	1,269,445	1,943,323



Public Health Reporting – Analysis by Application (2016 YTD)

Boston Public Health Commission Transactions

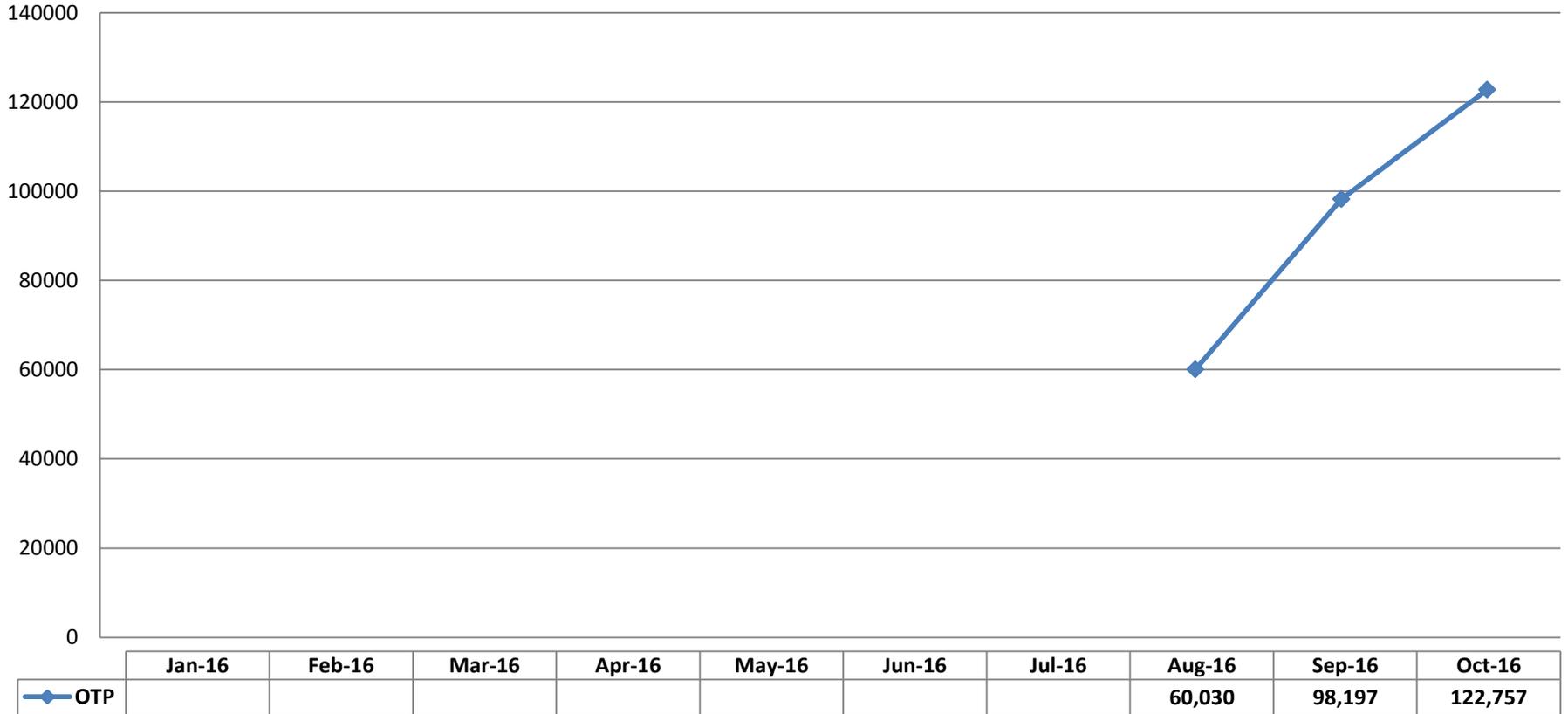


	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
◆ Boston Health	19,892	22,398	18,248	19,854	19,076	19,496	18,682	19,300	19,955	19,266



Public Health Reporting – Analysis by Application (2016 YTD)

Opioid Treatment Program (OTP) Transactions **



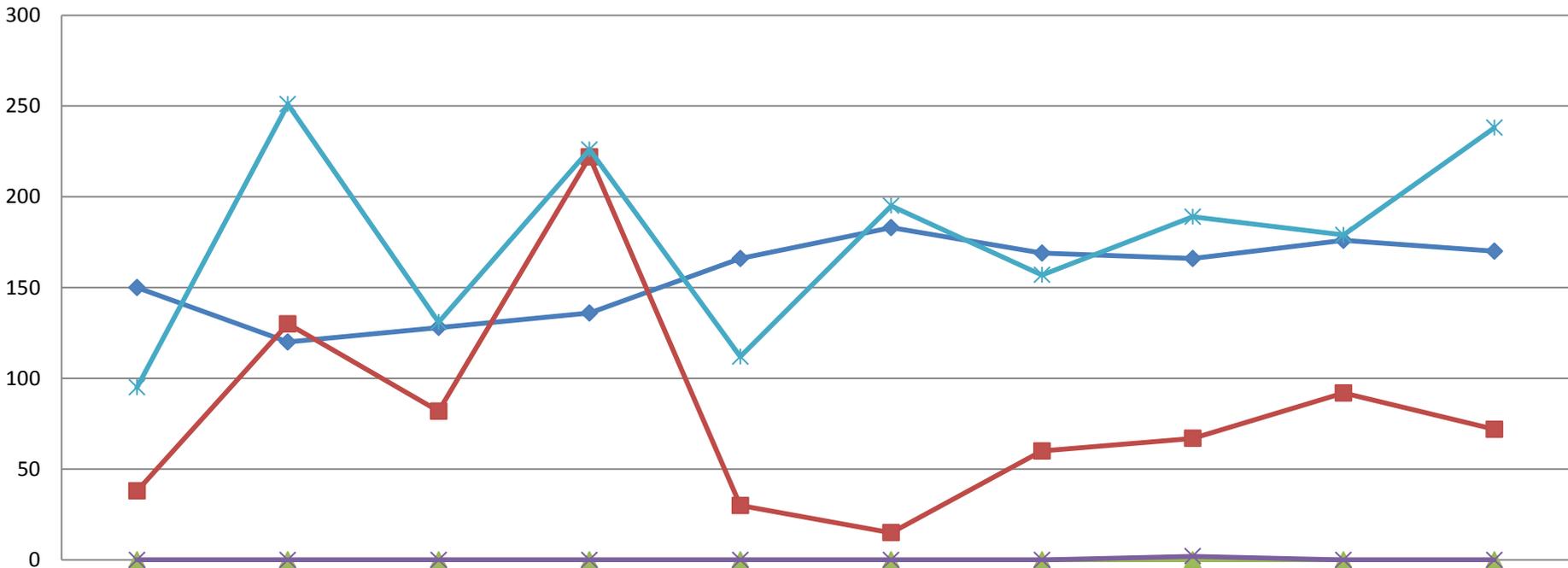
* Note: Reporting cycle is through the 20th of each month.

** Note: OTP data available starting August 2016.



Public Health Reporting – Analysis by Application (2016 YTD)

Other Public Health Transactions



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16
ELR	150	120	128	136	166	183	169	166	176	170
MCR	38	130	82	222	30	15	60	67	92	72
PMP	0	0	0	0	0	0	0	0	0	0
CBHI	0	0	0	0	0	0	0	2	0	0
eReferral	95	251	131	226	112	195	157	189	179	238



Customer Status Dashboard



Mass Hlway Customer Status Dashboard

Tier	SubTier	Universe (est)	Organizations Connected and Actively Using via Mass Hlway		Organizations Connected and Actively Using via another HISP		Total Organizations Connected to and Actively Using Mass Hlway				
			# Connected	# Actively Using	# Connected	# Actively Using	# Connected	% Connected	# Actively Using	% Actively Using	
Tier 1	1a. Large hospitals/Health Systems	29	20	17	1	1	21	72%	18	62%	
	1b. Health plans	9	4	3	-	-	4	44%	3	33%	
	1c. Multi-entity HIE	5	3	3	2	-	5	100%	3	60%	
	1d. Commercial Imaging Centers & Labs	5	5	2	-	-	5	100%	2	40%	
Tier 2	2a. Small hospitals	40	35	29	2	2	37	93%	31	78%	
	2b. Large ambulatory practices (50+)	28	13	9	15	8	28	100%	17	61%	
	2c. Large LTCs (500+ licensed beds)	8	2	2	-	-	2	25%	2	25%	
	2d. Ambulatory Surgical Centers	63	1		-		1	2%		0%	
	2e. Ambulance and Emergency Response	39	1		-		1	3%		0%	
	2f. Business associate affiliates	5	2	1	-	-	2	40%	1	20%	
	2g. Local government/Public Health	1	1	1	-	-	1	100%	1	100%	
Tier 3	3a. Small LTC (< 500 licensed beds)	310	24	18	1	-	25	8%	18	6%	
	3b. Large behavioral health (10+ licensed provi	10	2		2		4	40%		0%	
	3d. Large FQHCs (10-49)	30	15	9	8	3	23	77%	12	40%	
	3e. Medium ambulatory practices (10-49)	365	26	18	29	19	55	15%	37	10%	
Tier 4	4a. Small behavioral health(< 10 licensed provi	90	17	6	2	1	19	21%	7	8%	
	4b. Home health, LTSS	149	28	14	15	4	43	29%	18	12%	
	4c. Small FQHCs (3-9)	29	3	3	-	-	3	10%	3	10%	
	4d. Small ambulatory practices (3-9)	1595	83	46	103	41	186	12%	87	5%	
Tier 5	5a. Very Small ambulatory practices (1-2)	4010	166	58	249	29	415	10%	87	2%	
Tier TBD			-	-	133	131	133		131		
Grand Total			6,820	451	239	562	239	1,013	15%	478	7%



17 New Participation Agreements

- Alan B. Silken, MD
- Apotheker, Harvey, DMD
- Central Boston Elder Services
- DentaQuest Institute
- Howard M. Zolot, DMD
- Joseph G. Maloney, DMD
- Michael D. McKenzie MD, PC
- Newton Wellesley Interventional Spine, LLC
- Newton Wellesley Urology
- Northeast Clinical Services, Inc.
- Oakdale Dental
- Porchlight VNA/Home Care
- Root Family Medicine
- Rosemarie E. Camoscio, M.D.
- Sturdy Memorial Associates
- Western MA PT
- Xuan Q. Zhang

314 New Connections

- Alan B. Silken, MD
- Apotheker, Harvey, DMD
- Cape Cod Dermatology
- Cape Cod Pediatrics
- Central Boston Elder Services
- DentaQuest Institute
- Howard M. Zolot, DMD
- Hunt Nursing & Retirement Home
- Joseph G. Maloney, DMD
- Lab USA, Inc.
- Michael D. McKenzie MD, PC
- Natick Visiting Nursing Association, Inc.
- Newton Wellesley Interventional Spine, LLC
- Newton Wellesley Urology
- Northeast Clinical Services, Inc.
- Oakdale Dental
- Pilgrim Rehabilitation & Nursing
- Porchlight VNA/Home Care
- Root Family Medicine
- Rosemarie E. Camoscio, M.D.
- Wediko Children's Services
- Western MA PT
- Xuan Q. Zhang
- **Plus 291 Connections to Non-Participant Users**



25 HISPs Connected to Mass Hlway

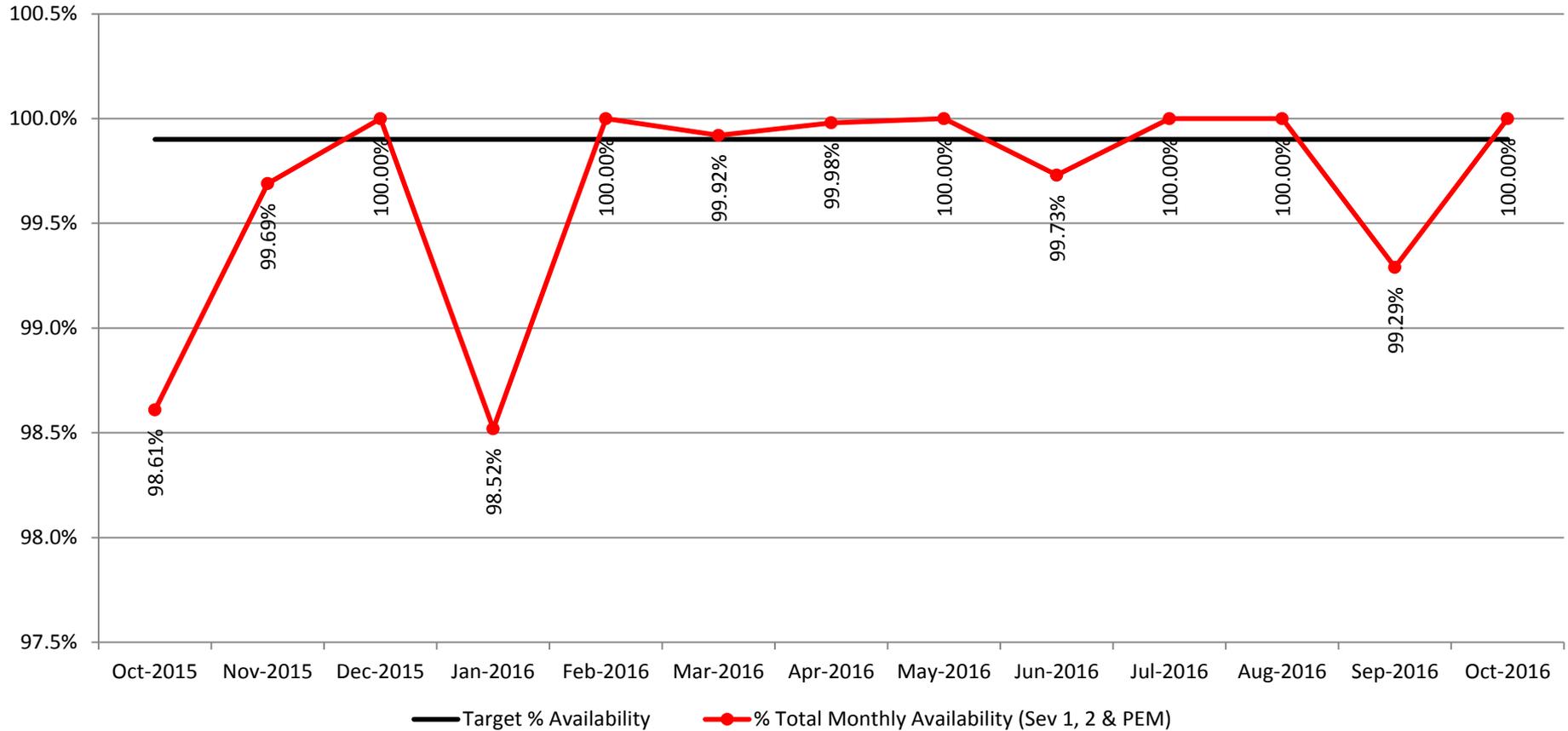
1. Allscripts (MedAllies HISP)
2. Aprima
3. Athenahealth
4. CareAccord
5. CareConnect (NetSmart HISP)
6. Cerner
7. DataMotion
8. eClinicalWorks
9. eClinicalWorks Plus
10. eLINC
11. EMR Direct
12. Inpriva
13. Lumira (Wellport)
14. MaxMD
15. MatrixCare
16. MedAllies
17. Medicity
18. MyHealthProvider (Mercy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

3 HISPs In Process of Connecting to Mass Hlway

1. ASP.MD
2. Care 360
3. IICA-Direct



13 Month HIway Availability Trends



Metric Targets:

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