**Meeting Minutes**

**Health Information Technology Council**

**November 4, 2019**

3:30 – 5 p.m.

**One Ashburton Place
Boston, MA 02108**

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| Name | Organization | Attended |
| **Lauren Peters**  | *Undersecretary of Health and Human Services (Designee for Secretary Sudders)* | Y |
| **Deborah Adair** | *Director of Health Information Services/Privacy Officer,* *Massachusetts General Hospital* | Y |
| **John Addonizio** | *Chief Executive Officer, Addonizio & Company* | Y |
| **Damon Cox** | *Assistant Secretary for Technology, Innovation, and Entrepreneurship (Secretary Kennealy’s designee)* | N |
| **Frank Gervasio** | *Project Manager, Executive Office of Administration and Finance* | N |
| **Diane Gould** | *President and Chief Executive Officer, Advocates Inc.* | N |
| **Vivian Haime** | *Manager of Care Delivery Transformation and Strategic Partnerships, Health Policy Commission* | N |
| **John Halamka, MD** | *Chief Information Officer, Beth Israel Deaconess Medical Center* | Y\* |
| **Sean Kay** | *Global Accounts District Manager, EMC Corporation* | N |
| **Dicken S. C. Ko, MD** | *Chief Medical Officer/Vice President of Medical Affairs, St. Elizabeth’s Medical Center, Steward Health Care* | N |
| **Michael Lee, MD** | *Medical Director, Children’s Hospital Boston* | Y |
| **Juan Lopera** | *Vice President of Business Diversity, Tufts Health Plan* | N |
| **Manuel Lopes** | *Chief Executive Officer, East Boston Neighborhood Health Center* | Y |
| **Linda McGoldrick** | *CEO and President, Financial Health Associates International* | Y |
| **Michael Miltenberger** | *Vice President Healthcare Team, Advent International* | Y |
| **Nancy Mizzoni, NP** | *Professor and Nurse Practitioner, Middlesex Community College* | Y |
| **Naomi Prendergast** | *President and Chief Executive Officer, D’Youville Life and Wellness Community* | Y |
| **Monica Sawhney** | *Chief of Staff, MassHealth (Designee for Assistant Secretary Daniel Tsai)* | Y |
| **Laurance Stuntz** | *Director, Massachusetts eHealth Institute* | Y |
| **Pramila Yadav, MD** | *Private Practice Obstetrics & Gynecology, Beth Israel Deaconess Medical Center* | N |
| **Emma Schlitzer** | *Manager, External Affairs, CHIA* | Y |

**HIT Council Members**

Note: The above list provides the HIT Council Members at the time of the November 4, 2019 meeting.

*\*Joined meeting by phone*

## Discussion Item 1: Welcome

Undersecretary Lauren Peters called the meeting to order at 3:33 p.m. The Undersecretary welcomed the Health Information Technology Council to the November 4, 2019 meeting. Undersecretary Peters noted that since August’s meeting, an influx of provider attestations were received, and the Governor filed health care legislation in October.

The Aug. 5 HIT Council meeting minutes were approved.

## Discussion Item 2: Market-based ENS Initiative – regulation/certification update

*See slides 5-11 of the presentation. The following are explanations from the presenter, and comments, questions, and discussion among the Council Members that supplement the content on the slides.*

Undersecretary Peters and Bert Ng presented an update on the ENS (Event Notification System) Initiative. The updated HIway regulations went into effect on Oct. 4, the same day a public forum collected helpful feedback on ENS implementation. Ng then walked through the timeline of the project, criteria, obligations of vendors, and next steps (see slides for details).

Michael Lee asked for clarification on why “delete” is listed three times on slide 10 under “Recipient vendor processes.” Ng replied it reflects a snapshot of the status of the ADT (admission, discharge, or transfer notification) at that point. It is a theoretical representation, not a process of what vendors are doing related to the raw ADT. Undersecretary Peters added that the slide shows different scenarios and what needs to be done with raw ADTs in those circumstances.

Michael Miltenberger asked what data would be tracked at a de-identified level: how many ADTs are submitted, how many are read, and any other metrics that might be captured by the state. Miltenberger recommends tracking the ENS subscriber population as a means of gauging the program’s effectiveness. Ng replied that the state will only be able to see counts of ADTs and not the information contained in the ADT, thus it is looking to see how many ADTs are coming in, how many are being deleted, and using that information to help determine whether a vendor is not deleting. Ng said the HIway will look at high level percentages to identify those vendors that may not be deleting the data. For example, we would never foresee an ENS vendor keeping 100% of the shared ADTs. The HIway wants data to determine how many providers have adopted this framework.

Laurance Stuntz asked for confirmation that the framework covers only ADTs required to be sent under the certification (*e.g.,* Acute Care Hospitals). Ng confirmed that is the case. Stuntz then asked what the process would be for capturing other organizations not currently covered by the regulations. Ng said the process would include regulatory changes if the state were to expand the regulations, specifically the connection requirement, to include other organizations (*e.g.*, nursing homes, behavioral health).

There was discussion on how to present security regulations to participants. John Halamka remarked that HITRUST should not be placed into regulation as the security requirement. Halamka further suggested that there could be new security standards. Ng agreed and confirmed that HITRUST is the starting point today and it will be incorporated into the certification criteria allowing flexibility to adapt to the evolving market.

Undersecretary Peters added that there is nothing stopping hospitals from starting to submit ADTs now. Hospitals need not wait until the deadline, which the HIway may move back to April 1, 2020. The HIway expects to issue a bulletin confirming the ADT submission deadline later this month.

Naomi Prendergast asked if the HIway is looking for a specific number of vendors. Undersecretary Peters said no, but noted that given the ENS certification criteria, there will likely be only a handful.

Michael Lee added that if a vendor operates in all 50 states and each state had a certification program with different certification requirements, it could get very challenging for the ENS vendor.

## Discussion Item 3: HIway connection requirement/attestation update

*See slides 12-18 of the presentation. The following are explanations from the presenter, with additional comments, questions, and discussion among the Council Members.*

Chris Stuck-Girard presented an update to the HIway connection requirements and attestation.

There was a major drop from 2018-2019 in medium/large ambulatory practices sending data to DPH. Stuck-Girard and Stuntz clarified that this doesn’t mean these practices stopped sending to DPH; rather, these organizations are in Year 2 of attestation and sending to DPH no longer qualifies as a use case. These organizations are likely still sending data to DPH.

Stuck-Girard discussed two types of use cases the HIway is considering accepting in the future: those using Query HIE and those using exchange where neither party is “touching” the HIway. If the HIway makes these changes, they would issue an administrative bulletin within the next few months to notify provider organizations. Stuck-Girard then opened it up for questions and comments from the council concerning these potential changes to the connection requirement.

Michael Lee did not want to see Query HIE replace Direct Messaging as a use case to fulfill the connection requirement. Lee said Query HIE and Direct Messaging are very different and that while Query HIE could work for an advanced use case, it wouldn’t always work and may not be effective. In reference to HISP-HISP exchange occurring outside the Mass HIway, Lee expressed concern that accepting these use cases could limit the connection between different orgs because people would move away from the HIway, which is supposed to be a common channel of exchange statewide. Lee believed it was possible that moving off the HIway connection could result in data siloing again and we have worked hard to avoid that scenario.

David Whitham added that these potential changes were conceived as a response to the rise of CommonWell and Carequality. Provider organizations are using these technology platforms and the HIway wants to incentivize their use and encourage innovation in HIE. Undersecretary Peters added that if the goal is to both incentivize innovation and increase participation in HIE so that the majority of the market is participating in HIE activities, yielding a broader benefit for care coordination and patient access to information. She asked the council if the only way to do this through some democratized framework? Would allowing other methods of meeting the attestation requirement still achieve the end goal of both innovation and broad participation in HIE? Undersecretary Peters requested feedback on whether these alternative approaches would silo data within certain networks.

Deborah Adair said she is skeptical of allowing HISP-HISP use cases because it would move users away from exchange using the HIway. Adair said Partners uses Epic but also uses the HIway because of its wide adoption across Massachusetts. Adair said she thinks there are ways to incentivize HISP-HISP exchange but that we should not give up the good work that has been done to encourage exchange over the HIway.

Stuntz added that it’s important to have a low bar (such as HIway Direct Messaging) so that we know that everybody who is participating in HIE can send and receive. Query HIE is a step above the basic bar. One issue that needs to be solved is that if none of a PO’s trading partners are on the HIway, and the PO is sending and receiving messages using their EHR vendor HISP rather than the Mass HIway, those POs should be able to attest to meeting the requirement. That’s a problem that providers want to solve.

Ng added that the HIway wants the floor to be Direct Messaging, and the HIway is looking to see if there are other ways that orgs could attest so that if orgs want to attest but they don’t have another trading partner that uses Direct Messaging from the HIway, they could still attest.

Michael Lee commented that they don’t want to fall into the situation of someone deciding not to trade with a partner anymore because they’ve already met the Connection Requirement.

**Discussion Item 4: HIway Education, Outreach, and Provider Consulting Services annual update**

*See slides 19-27 of the presentation. The following are explanations from the presenters, and comments, questions, and discussion among the Council Members that supplement the content on the slides.*

Laurance Stuntz and Julie Creamer provided an overview and update on these services. There were no additional questions or comments.

**Discussion Item 5: Governor’s healthcare bill & HIway strategic plan**

*See slides 28-34 of the presentation. The following are explanations from the presenter and comments, questions, and discussion among the Council Members that supplement the content on the slides.*

Undersecretary Peters and Ng presented on the Governor’s legislation and the HIway strategic plan.

Undersecretary Peters proposed to the council that they should consider what the next use case should be. The Undersecretary noted that the HIway will continue to solicit feedback on this matter and will pick up at this point at the next council meeting.

Stuntz commented that a Record Locator Service (RLS; see slide 32) is basically query and wondered whether an RLS is too technical a service and if it’s something the HIway should consider as a potential service. John Halamka added that lots of vendor platforms have an RLS, so the Mass HIway should encourage people to subscribe to a record locator service rather than the state creating one.

Undersecretary Peters asked council members to go back to their organizations to solicit ideas and feedback on what use cases would be useful to their operations.

## Conclusion

The next meeting of the HIT Council is **February 3, 2020**.

Undersecretary Lauren Peters adjourned the HIT Council at 4:59 p.m.