Slide 1

Agenda

Mass HIway Operations Update

POLST Transition and ePOLST Registry

Behavioral Health Treatment and Referral Platform

Slide 2

* Mass HIway Operations Update
  + Mass HIway Utilization
  + Clinical Gateway API Platform
  + Statewide Event Notification Services (ENS) Framework
  + Massachusetts League of Community Health Centers Workgroups
* POLST Transition and ePOLST Registry
* Behavioral Health Treatment and Referral Platform

Slide 3

* Mass HIway Operations Update
  + Mass HIway Utilization
  + Clinical Gateway API Platform
  + Statewide Event Notification Services (ENS) Framework
  + Massachusetts League of Community Health Centers Workgroups
* POLST Transition and ePOLST Registry
* Behavioral Health Treatment and Referral Platform

Slide 4

Mass HIway Operations

The Mass HIway continues to serve as a foundation for secure, interoperable data exchange across Massachusetts, facilitating both Public Health Reporting and Care Coordination.

Slide 5

Mass HIway Utilization 2023-2024 Year to Date

As of October 2024, the Mass HIway has facilitated over **396 million transactions**, encompassing both public health reporting and care coordination activities.

Public Health Reporting

* Public Health Reporting remains the dominant use case, showing stabilization in 2023 and steady growth into 2024.
* Utilization reflects continued reliance on the Clinical Gateway for timely and accurate Public Health Reporting.

Care Coordination

* Care Coordination transactions show growth in 2023 and 2024, reflecting increasing focus on care delivery optimization.
* Utilization trends indicate wider adoption of care coordination workflows and deeper integration among providers.

2023 metrics

HIE Use Case

Public Health Reporting Total: 441,877,297. Monthly Average: 36,823,108

Care Coordination Total: 8,136,580, Monthly Average: 678,048

Total Transactions 2023: 450,013,877, Monthly Average: 37,501,156

2024 Metrics YTD(Oct 24)

Public Health Reporting Total: 386,077,481. Monthly Average: 38,607,748 percent change +4.8 percent

Care Coordination Total: 10,354,667, Monthly Average: 1,035,467, percent change +52.7 percent

Total Transactions 2024 YTD (Oct 24): 396,432,215, Monthly Average: 39,643,215, percent change +5.7 percent

Slide 6

Public Health Reporting 2023 – 2024 YTD graph representing the following metrics

2023 Q1 Public Health Reporting: 117,923,990, Public Health Reporting Number of Senders:122

2023 Q2 Public Health Reporting:114,464,149 Public Health Reporting Number of Senders:127

2023 Q3 Public Health Reporting: 101,489,353 , Public Health Reporting Number of Senders:128

2023 Q4 Public Health Reporting: 110,999,805, Public Health Reporting Number of Senders:129

2024 Q1 Public Health Reporting: 106,939,191, Public Health Reporting Number of Senders:131

2024 Q2 Public Health Reporting: 121,070,389, Public Health Reporting Number of Senders:131

2024 Q3 Public Health Reporting: 118,546,828, Public Health Reporting Number of Senders:131

Slide 7

Combined Care Coordination 2023-2024 YTD graph representing the following metrics:

2023 Q1

combined care coordination:1,911,956 combined care receivers: 766 combined care senders: 306

2023 Q2

combined care coordination 2,044,699 combined care receivers:754 combined care senders: 321

2023 Q3

combined care coordination 1,988,450 combined care number of receivers:830 combined care senders: 338

2023 Q4

combined care coordination 2,191,475 combined care number of receivers:857 combined care senders: 344

2024 Q1

combined care coordination 3,204,436 combined care number of receivers: 937 combined care senders: 357

2024 Q2

combined care coordination 3,359,374 combined care number of receivers:971 combined care senders: 385

2024 Q3

combined care coordination 2,789,060 combined care number of receivers:979 combined care senders: 384

Slide 8

Mass HIway Agenda

* Mass HIway Operations Update
  + Clinical Gateway API Platform

Slide 9

Clinical Gateway API Platform

The Mass HIway **Clinical Gateway APIs** are fully operational, providing a common foundation for multiple public health use cases.

**Alternative Reporting Pathway:** Public health reporting can now be conducted via APIs, offering an efficient alternative to Direct Messaging.

**Multi-Channel Data Exchange:** Providers can send and receive data through both RESTful and SOAP services, ensuring flexibility across systems.

**Real-Time, Synchronous Messaging:** The APIs enable instant communication between providers and public health registries, improving timeliness and accuracy.

**FHIR Integration & Transforms:** FHIR-based standards, message transformation capabilities, and strong authentication protocols ensure secure, scalable, and adaptable data exchange.

Slide 10

Clinical Gateway APIs

* **Future-Ready Platform:** Live since 2023, the CG API platform supports secure, real-time data exchange and scalable interoperability.
* **Growing Adoption:** The Mass HIway is transitioning public health submitters to RESTful APIs, driving participation and API transaction growth.
* **Get Connected:** Contact the Mass HIway to enhance data exchange capabilities with the CG API platform.

Clinical Gateway APIs graph illustrating the following metrics:

Quarter 1 2023 zero APIs

Quarter 2 2023 198,000 APIs

Quarter 3 2023 745,000 APIs

Quarter 4 2023 1,005,000 APIs

Quarter 1 2024 1,070,448 APIs

Quarter 2 2024 1,221,624 APIs

Slide 11

HIway CG API Implementation Progress

Onboarding

* **Beth Israel Lahey Health (BILH)** (Large Health System) - Syndromic
* **UMass Memorial** (Large Health System) – Syndromic, ELR
* **Boston Medical Center** (Large Health System) – Syndromic, ELR
* **Berkshire Health** (Health System) - Syndromic, ELR
* **Heywood Hospital** (Acute Hospital) - Syndromic, ELR
* **Holyoke Medical Center** (Acute Hospital) - Syndromic, ELR
* **Signature Healthcare** (Health System) - Syndromic, ELR

Testing

* **Trinity Healthcare** (Large Health System) - Syndromic – Go Live 11/2
* **eHana** (Behavioral Health EHR Vendor) for IEATS – Go Live 11/6
* **Tufts Medicine** (Large Health System) - ELR
* **Tenet NE Vanguard** (Large Health System) - MIIS, MCR

Live

* **Advocates, Inc**. (Large Outpatient Behavioral Health Organization) – CANS to CBHI
* **Tenet New England Vanguard** (Large Health System) - Syndromic
* **Baystate Healthcare** (Health System) - Syndromic
* **Boston Children’s Hospital** (Acute Care Hospital) - Syndromic
* **Cambridge Health Alliance** (Health System) – Syndromic, ELR, MIIS
* **Tufts Medicine** (Large Health System) - Syndromic

Slide 12

Mass HIway Operations Update Statewide Event Notification Services (ENS) Framework Agenda

Mass HIway Operations Update

Statewide Event Notification Services (ENS) Framework

Slide 13

Statewide ENS Framework Update

The Massachusetts Statewide ENS Framework ensures that providers across the Commonwealth receive timely ADT alerts from any Acute Care Hospital, regardless of their Certified ENS Vendor, supporting improved care coordination and healthcare delivery.

Slide 14

Statewide ENS Framework – Quarterly Report Findings

Vendor Participation & Reporting

* Both certified ENS vendors, Bamboo Health and Collective Medical Technologies, addressed reporting anomalies and submitted their quarterly reports on time.

Data Exchange Volume

* Significant volumes of ADT messages were processed by both vendors, reflecting strong activity across the network.
* As of Q2 2024, approximately 737,000 additional notifications were generated from reflected ADTs shared between certified ENS vendors.

Data Quality

* Nearly 100% inclusion of critical Demographic fields
* Improvement Focus Areas: Inclusion of Chief Complaint and Diagnosis Codes

Ongoing Improvements

* The ENS Framework continues to enhance data quality and timeliness, ensuring that healthcare providers have access to reliable, actionable information for better care coordination

Slide 15

Statewide ENS Framework – 2024 Quarterly Data

ENS 2024 Quality Data

ADTs received from MA Acute Care Hospitals Quarter 1: Vendor A : 38,568,565, Vendor B 29,704,491, Quarter 2: Vendor A: 37,908,838 Vendor B:32,241,172; combined Vendors Year to date:138,423,066.

Reflected ADTs received from the other ENS vendor Quarter 1: Vendor A 2,946,926, Vendor B: 24,728,621, Quarter 2: Vendor A: 3,492, Vendor B: 25,331,024, combined Vendors Year to date: 56,498,873.

Notifications sent using reflected ADTS Quarter 1: Vendor A:306,535, Vendor B:138,084, Quarter 2: Vendor A:185,632,Vendor B: 107,253, combined vendors year to date: 737,504.

Quality of Demographic Information: percent including Date of Birth Quarter 1: Vendor A: 97%, Vendor B: 100%, Quarter 2: Vendor A: 97%, Vendor B: 100%, combined vendors Year to Date: 99%.

Percent including Sex Quarter 1: Vendor A:100%, Vendor B: 100%, Quarter 2 Vendor A 97%, Vendor B 100%, combined vendors year to date: 99%.

Quality of Demographic Information: percent including Sex Quarter 1: Vendor A: 100%, Vendor B: 100%, Quarter 2: Vendor A: 97%, Vendor B: 100%, combined vendors Year to Date: 99%.

Quality of Demographic Information: percent including Address Line 1 Quarter 1: Vendor A: 99%, Vendor B: 99%, Quarter 2: Vendor A: 96%, Vendor B: 99%, combined vendors Year to Date: 98%.

Quality of Demographic Information: percent including City/Town Quarter 1: Vendor A: 99%, Vendor B: 99%, Quarter 2: Vendor A: 96%, Vendor B: 99%, combined vendors Year to Date: 98%.

Quality of Demographic Information: percent including Zip Code Quarter 1: Vendor A: 99%, Vendor B: 99%, Quarter 2: Vendor A: 96%, Vendor B: 99%, combined vendors Year to Date: 98%.

Quality of Demographic Information: percent including Phone Number Quarter 1: Vendor A: 77%, Vendor B: 93%, Quarter 2: Vendor A:75%, Vendor B: 92%, combined vendors Year to Date: 84%.

Quality of Demographic Information: percent including Address Line 1 Quarter 1: Vendor A: 99%, Vendor B: 99%, Quarter 2: Vendor A: 96%, Vendor B: 99%, combined vendors Year to Date: 98%.

Quality of Demographic Information: percent including SSN Quarter 1: Vendor A: 67%, Vendor B:70%, Quarter 2: Vendor A: 73%, Vendor B: 71%, combined vendors Year to Date: 70%.

Quality of Clinical Information: percent of AO1 messages with Chief Complaint Quarter 1: Vendor A: 39%, Vendor B: 0%, Quarter 2: Vendor A: 35%, Vendor B: 0%, combined vendors Year to Date: 19%.

Quality of Clinical Information: percent of AO1 messages with Chief Complaint Quarter 1: Vendor A: 39%, Vendor B: 0%, Quarter 2: Vendor A: 35%, Vendor B: 0%, combined vendors Year to Date: 19%.

Quality of Clinical Information: percent of AO3 messages with Diagnosis Code Quarter 1: Vendor A: 52%, Vendor B: 53%, Quarter 2: Vendor A: 55%, Vendor B: 54%, combined vendors Year to Date: 54%.

Quality of Clinical Information: percent of AO3 messages with Diagnosis Description Quarter 1: Vendor A: 52%, Vendor B: 53%, Quarter 2: Vendor A: 54%, Vendor B: 54%, combined vendors Year to Date: 53%.

Slide 16

ENS Framework – Notice of new RFA

* EOHHS and the Mass HIway want to recognize the efforts the ENS vendors and ENS participants have made in improving ADT message quality, leading to more meaningful notifications.
* A new Request for Applications (RFA) was published on [COMMBUYS](https://www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-25-1039-EHS01-ASHWA-109007&external=true&parentUrl=close) on 10/25/24 to continue the Statewide ENS Framework.
* The new RFA follows a similar structure, detailing certification criteria for eligible ENS vendors and outlining obligations for Certified ENS Vendors.
* The aim is to balance effectiveness and accessibility without imposing overly restrictive requirements.

Slide 17

Agenda

Mass HIway Operations Update Massachusetts League of Community Health Centers Workgroups

Slide 18

ENS Workgroups with Mass League of CHCs

* The Mass HIway has partnered with the Massachusetts League of Community Health Centers to launch a series of workgroups aimed at optimizing ADT alert usage across EHR platforms and supporting the Mass League's Health Center Control Network (HCCN) grant goal of reducing provider burden.
* The workgroups are designed to address common challenges such as reducing alert duplicity, streamlining ADT alert follow-up workflows, and improving patient care and quality measure performance.
* The workgroups are tailored to specific EHR systems, including OCHIN Epic, Community Technology Cooperative Epic, and other ambulatory EHRs like athenahealth and eClinicalWorks.
* These sessions are crucial for fostering collaboration among health centers, sharing best practices, and ultimately reducing provider burden.

Slide 19

ENS Workgroups – Session Topics

Health Centers on the same EHR are coming together to learn and share best practices across the following workgroups.

Topic

Understanding the Massachusetts ADT Landscape and your health center’s ADT Alert Current State

Presession question

How is your organization currently receiving ADT alerts? Are you receiving them in more than one way and from more than one source?

Attendees

IT & Quality/Care Management Representatives

Topic

Making the Most of Your ADT Feed

Pre-session Question

What organizational priorities need to be considered when planning for your ideal ADT feed and ADT Follow-up workflow? (Quality measures, Care Management Programs, etc.)

Attendees

IT & Quality/Care Management

Representatives

Topic

The DirectTrust Event Notification Standard and Managing Inboxes

Pre-session Questions

Do you currently have any EHR configurations to route Direct messages of certain types to support workflows?

Attendees

IT Representatives

Topic

Quality Measures and ADTs

Pre-session Questions

Which quality measures can ADTs help your health center meet?

Attendees

Quality/Care Management Representatives

Slide 20

ENS Workgroups – Series Progress

* OCHIN Epic Health Centers: Sessions held in June, July, and August, with tailored follow-ups for three health centers to address specific workflow needs.
* CTC Epic Health Centers: Sessions conducted in July, August, and September. Additional one-on-one support scheduled for Island Healthcare in November.
* Ambulatory EHRs (athenahealth, eClinicalWorks): Outreach and scheduling to begin in January.

Slide 21

Agenda

POLST Transition and ePOLST Registry

Behavioral Health Treatment and Referral Platform

Slide 22

Presentation :Behavioral Health and Treatment Referral Platform Nov 2024 Work in Progress Draft for discussion

Slide 23

Executive Summary

* The current referral process for **patients waiting in Emergency Departments (EDs) for inpatient psychiatric (IP) admission (boarding)** lacks transparency into who is waiting where and for how long, what beds are available, and requires faxing lengthy, paper-based admission packets of required documents.
* In response to the **behavioral health crisis** across the country and the significant challenges this has led to, the **Massachusetts Health & Hospital Association (MHA)** advocated to EOHHS for a real-time, electronic solution.
* [Chapter 102 of the Acts of 2021](https://malegislature.gov/Laws/SessionLaws/Acts/2021/Chapter102) required:
  + Phase 1: The establishment of a **Behavioral Health Treatment and Referral Platform (TRP**), an online portal to facilitate admission packets for patients boarding in EDs who have behavioral health needs; **and**
  + Phase 2: an electronic, real-time **bed-finding solution.**
* These platforms will **support the Department of Mental Health’s (DMH) Expedited Psychiatric Inpatient Admission (EPIA)** [**process**](https://www.mass.gov/expedited-psychiatric-inpatient-admissions),

Slide 24

Summary: Treatment & Referral Platform

In the Summer of 2022 EOHHS released a Request for Responses for qualified bidders to implement, maintain, and support the Behavioral Health Treatment and Referral Platform. The contract was awarded to Point Click Care and executed in the Summer of 2023.

The Platform will digitize processes to improve operational efficiencies among providers, health insurance carriers, and the Commonwealth by automation of the referral screening process to:

* 1. Enable electronic transmission of standardized Admission Packets (eliminating faxing);
  2. Establish baseline information for BH patients;
  3. Create a real-time view of patients who are boarding and are referred to inpatient (IP) psychiatric treatment;
  4. Streamline communication across all stakeholders; and
  5. Establish a reliable and valid data source to understand boarding.

**Most importantly, the goal is for this to result in:**

* 1. Moving patients who are boarding more quickly through ED evaluation and referral;
  2. Reducing the patient’s length of stay (LOS)

Slide 25

Treatment & Referral Platform : Goals and Outcomes

Initiate Referrals for IP psychiatric treatment

Access a real-time electronic waitlist of open referrals (with appropriate authorization)

Access uploaded admissions packets for patients/members

See psych boarding patient status, such as approved, declined, additional information requested

Receive automated escalation emails (EPIA team, payors, and state entities) at time thresholds

Receive robust analytics and reporting on patint boarding trends across state or managed populations

Slide 26

Treatment & Referral Platform: Functionality and Use

* Admission Packets will be automated through Electronic Health Records (EHR), wherever possible, or uploaded to the platform manually, if needed.
* The platform will include data currently required in the EPIA protocol and minimum functionality currently used in the EPIA teams’ RedCap platform and the Massachusetts Behavioral Health Partnership’s (MBHP) Massachusetts Behavioral Health Access (MABHA) platform.
* By utilizing ADT data and CCD data the dashboard will be able to include data points identified through the stakeholder engagement process. Point Click Care has worked with participant organizations to determine what data is needed to make the Platform useful and successful.
* A Clinical Advisory group is being organized with participant stakeholder organizations to determine what is needed to make this platform most useful and successful.
* Future expansion: community-based programs’ utilization of the TRP will be part of a later phase to allow for a more robust readiness period Community Behavioral Health Centers [CBHCs], Mobile Crisis Intervention [MCI] and Program of All-inclusive Care for the Elderly [PACE]).

Slide 27 & 28

Graphic of Treatment & Referral Platform Workflow

Slide 29

Current Status – November 2024

Hospitals are contracted and implementing the tool.

* + - Currently working through some EHR interoperability challenges, including use of PDF as exports vs XML
    - Many providers have not chosen full interoperability integration at this time due to staffing or resource issues within their organizations.
    - The Steward transitions brought one net new provider into Massachusetts and delayed the start up of one Northeast hospital absorbing the Holy Families.

Early Adopter’s cohort went live on 9/10/24 and has identified several bugs

and difficult workflows within the system that need to be fixed or updated.

In the interest of providing the best TRP solution possible the full state

go-live has been delayed to early 2025

Areas of continued improvement:

* + - * Implementing an enhancement for Receiving Facility Selection
      * Current EHR interoperability issues block the efficiencies of automated digital transactions
      * System improvements need to be rolled out

Slide 30

Questions?

Slide 31

Appendix

Slide 32

BH TRP Timeline

Project Start and Kickoff October 2023

Stakeholder Engagement, User Discovery & Products Development Spring 2024

Contracting, Scoping, Onboarding, and User Training Fall 2024

Early Adopter Go Live September 10, 2024

Full Go-Live Readiness Preparation (Training and Contracting) Fall-Winter 2024

Full Go-Live Launch TBD

Slide 33

Timeline

**2016:** An Expedited Admissions Task Force was convened by EOHHS to establish clear steps and responsibility for escalating cases when admission has not been achieved in a reasonable period of time.

* + DMH, as the state licensor of IP psychiatric hospitals/units, was responsible for making changes to regulations and implementing new policy.

**January 2018:** The Division of Insurance, DMH, DPH, and MH issued a bulletin on the Prevention of ED Boarding of Patients with Acute BH and/or Substance Abuse Disorder Emergencies

**February 2018:** EPIA policy (1.0) was initiated

* + The EPIA Implementation Workgroup continued to meet

**January 2020:** DMH released EPIA 2.0

**June 2021:** DMH released EPIA 3.0

**August 2021:** Chapter 102 of the Acts of 2021 required the establishment of a TRP and a bed-finding solution

**July 2022:** TRP RFR bids opened on CommBuys

**October 2022:** PointClickCare (PCC) was selected as the vendor

**Winter 2023:** Latest version of the EPIA policy was released

**July/August 2023:** The contract was signed, and the readiness and implementation phase began

**Winter 2025:** Roll-out of the TRP with EDs, IP psychiatric facilities in acute and psychiatric hospitals, insurance carriers, EOHHS agencies, and the EPIA team

Slide 34

Early Adopters

Hospitals:

Bournewood Hospital

Brockton Behavioral Health Center

Fuller Hospital

Southcoast Behavioral Health

South Shore Hospital

Sturdy Memorial Hospital

Health Plans:

Fallon

MBHP

MGB Health Plan

WellSense

Point32Health

State Agencies:  
EPIA and ACBH

Department of Developmental Services

Department of Mental Health

Slide 35

Next HITC meeting

Next HITC meeting

Monday, February 3rd, 2025

3:30 p.m. - 5 p.m.

Appendix

Slide 36

Mass HIway Participants: July 2024 – Oct 2024

|  |
| --- |
| New Participation Agreements: Pathnostics, Gastro Health  New Connections: Berkshire Facial Surgery, Inc., Star and Fox Pediatrics, Roslindale Pediatric Associates,  Falmouth Pediatrics, Christopher Overtree, PhD., Blue Hills Medical Group (changed connection type)  SS HIway Participants-2024 YTD Counts  Ambulatory Practices 427  Hospitals and Health Systems 66  Home Health Systems LTSS 26  Business Associate Affiliates 22  Federally Qualified Health Centers 19  Local Government & Public Health 9  Long Term Health Facilities 9  Behavioral Health Facilities 9  Multi-entity HIE 8  Health Plans and ACOs 5  Labs and Commercial Imaging Centers 5  Total Participants 605  Slide 37  Incident Summary – October 2024  All days at 100 percent Uptime Exception  scheduled Database Maintenance 10-27-24 affecting Sev 1 and 2 for 7 hours  Sev 1: All or most components impacted, resulting in a full outage  (e.g., LAND, Webmail, Direct XDR, and DPH nodes are all down).  Sev 2: Multiple components impacted due to an issue in one of the shared services  e.g., LAND and Webmail are down, but Direct XDR and DPH nodes remain operational).  Sev 3: Only a single component affected by an outage (e.g., Webmail is down, but all other services are up).  Slide 38  Mass HIway Availability October 2024  Total Monthly Availability 100 percent with expected scheduled database Maintenance on 10-2-24  **Metric Targets:** “Total Monthly Availability” – No lower than 99.9% (downtime no more than ~44 minutes/month) |