

Legal & Policy Advisory Group

September Update

September 23, 2014



Update on Mass Hlway Customers

225 organizations have signed Mass Hlway Participation Agreements – For a full customer list see <http://www.masshiway.net/resources/hiwayparticipants.jsp>

New in June

- David E. Adelberg MD
- Jeremy B. Stern MD
- Lighthouse Nursing
- Noble VNA (Visiting Nurse and Hospice Services)
- Tri-County Medical Associates
- Wing Memorial

New in July

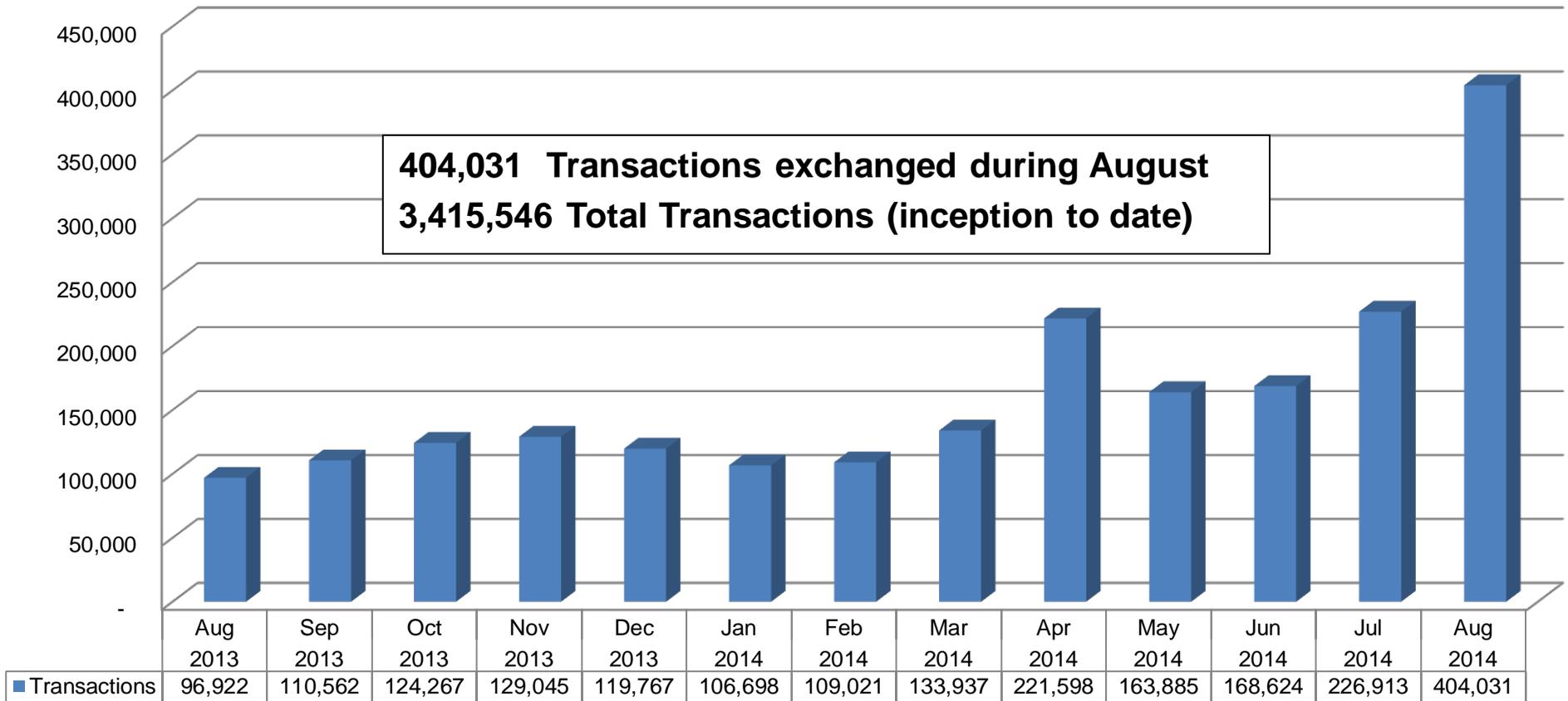
- Adam A. Paszkowski MD
- Bright Star Health
- Carewell Dental PC
- Charlton Optical
- William Dunn MD
- Hugh M. Cooper MD
- John Howland MD
- John Kalinowski DDS
- Lisa M. Kralian OD
- Robert Lebow MD

New in August:

- Ashraf Farid, MD
- Elder Services of the Merrimack Valley, Inc.
- Mass Ave Dental, LLC.
- Salmon VNA & Hospice

Update on Mass Hlway Transactions

August Transaction Update



Update on Query & Retrieve Pilots

4 organizations are piloting Mass Hlway Query & Retrieve services

- **Atrius**
- **Beth Israel Deaconess**
- **Holyoke**
- **Tufts**

Anticipated first uses of Q&R services are to support Bi-directional exchange for Cardiology Admissions and support of Magic Button functionality

Pilots are meeting regularly to share progress, documents (e.g., Consent forms), and lessons learned (see next slides)

All pilots have been able to implement consent – It is taking ~3 months

- **Each site has worked with its vendors to configure consent flag capture**
- **Sites have been able to update consent workflow processes and forms but caution that this is time consuming taking ~3 months per pilot**

All sites are on track to begin sending patient-consented demographics to the Relationship Listing Service in late summer/early Fall

Update on Consent

Organizations are successfully implementing the Mass Hlway consent policy – Feedback is that the consent approach is both patient centered and meaningful

Many organizations are using the patient education materials that the Advisory Groups helped to develop – Thank you!

Several consumers/patients have contacted the Mass Hlway staff to let them know how supportive they are of the consent policy

Partners and Beth Israel presented their consent models at a recent MeHI webinar on consent – You may view this at <https://www.youtube.com/watch?v=vQ6GF6uK5Bw&feature=youtu.be>



Beth Israel Deaconess Medical Center

Boston, MA 02215

GENERAL AGREEMENT

PATIENT'S NAME _____
 MED. REC. # _____
 DOB _____
Patient Identification

General Information:

I request care from one or more of the following organizations, for treatment of my medical and/or health condition, and/or for the routine or intensive care of my child:

- Beth Israel Deaconess Medical Center (BIDMC)
- Harvard Medical Faculty Physicians at BIDMC (HMFP)
- Affiliated Physicians Group (APG)

This care may include medical tests, exams, or treatments that are needed for my (my child's) condition. I agree to this treatment and care.

Use and Disclosure of Medical Information:

BIDMC, HMFP, and APG may share with others and request from others my medical information for treatment, healthcare operations, and payment purposes, in accordance with the law.

- I agree to the sharing of my medical information for treatment, healthcare operations and payment purposes.
- I have the right to request a restriction or limitation on how my medical information is used or shared. I understand that these organizations may not be able to act on all of my requests.
- I have the right to take back my consent, in writing, except when my consent has already been acted upon.

Insurance and Payment Information:

BIDMC, HMFP, and APG receive payment for patient care from insurance companies, Medicare, and/or other third party programs.

- I agree to let my doctor(s) and/or BIDMC submit claims and treatment information to my insurance program (private insurance, Medicare, etc.).
- I agree to have my insurance program make payments directly to BIDMC, HMFP, and APG.
- I understand that I must pay all charges, co-payments, and deductibles that are not covered by my insurance program.

Permission to Communicate with Your Primary Care Physician, Other Community Care Providers and/or Mental Health Providers:

I understand that it is often necessary for my primary care doctor and other providers including mental health providers, to communicate with my insurance company. These communications may include information about my medical treatment and mental health or substance abuse treatment. This information is only what is necessary to figure out my insurance and/or to coordinate my care.

- I give my permission to communicate information about me either as an inpatient or an outpatient, as described above.

Special Note about Mental Health Benefits:

I understand that if I am using my health insurance benefits to pay for mental health treatment, and/or substance abuse treatment, my insurance program may need some information from my clinician(s).

The information which insurance companies need for initial sessions of outpatient treatment is limited in its scope (i.e. diagnosis, type of treatment). However, if my outpatient treatment is to go beyond those initial sessions authorized by my insurance company, then additional information will need to be given to my insurer. If I am going to receive mental healthcare as an outpatient, I understand that my insurance company may have limits on the number of visits for which it agrees to pay. I need to stay informed of my plan's mental health benefits.

If I am going to receive mental health treatment as an inpatient, my insurer will request information from my clinicians about my hospitalization. This additional information allows my insurer to determine if the treatment is medically necessary and if payment for treatment will be authorized.

Durable Medical Equipment: Durable Medical Equipment (DME) is medical equipment to be used outside the hospital and at home. Examples of DME include nebulizers, wheelchairs and blood pressure monitors. I understand that it is my responsibility to obtain any DME that my healthcare professional says that I need. I am responsible for any and all costs not covered by insurance.



Beth Israel Deaconess Medical Center

Boston, MA 02215

GENERAL AGREEMENT

- continued -

PATIENT'S NAME _____
 MED. REC. # _____
 DOB _____
Patient Identification

Release of Liability for Retention of Valuables: I understand that it is not wise to keep personal valuables or belongings with me while I am in the Medical Center. I understand that the BIDMC staff is willing to keep my valuables safe by placing them in a secure location while I am in the Medical Center. I understand that if I keep my valuables with me, and they are either stolen or lost, BIDMC does not have any liability and they will not reimburse me for the item(s).

The Healthcare Team: Beth Israel Deaconess Medical Center is a teaching facility. I understand that treatment and care will be provided by a team of healthcare providers headed by a staff doctor. I understand that this healthcare team may include resident doctors, nurses, and clinical students / staff. These healthcare team members may also watch or take part in my treatment and care.

Massachusetts Health Information Highway (Mass HIway):

Mass HIway is a secure computer program that allows healthcare providers to send medical records to each other. Any of my providers at BIDMC, HMFP, and APG may indicate on the Mass HIway (if applicable) that I am their patient. This will allow them to better coordinate my care with my other providers. The Mass HIway will only receive and store a small amount of demographic information about me (as listed on the Mass HIway information sheet). The information stored will *not* include my social security number. The Mass HIway will not receive or store any medical or financial information about me. If I agree to participate in the Mass HIway, I have the right to take back my consent, in writing, at any time. This will remove my information from the Mass HIway. It will mean that my providers cannot send records via the Mass HIway.

Instructions for Patients: Please complete section A and sign sections B and C.

A. I have received an information sheet about the Mass HIway: Yes No
 I Agree to allow the Mass HIway to store my name and demographic information, and to store a record of my relationship with my providers. Yes No

B. General Information: I have read this form and I understand what it says. All of my questions have been answered in a language that I understand. I agree with the information on this form.

X _____ **OR**
 Patient's Signature Print Name
 X _____ and _____
 Signature of Person authorized to sign for patient Print Name Relationship to patient
 Date: ___/___/___ Time: ___:___:___ a.m. o p.m.

B. Privacy Notice: I have received copies of the BIDMC "Notice of Privacy Practices" and "Your Rights and Responsibilities as a Patient". BIDMC has the right to change privacy practices. Any changes will be effective for medical information BIDMC already has about me as well as information BIDMC receives in the future. I am aware that I may request an additional or revised copy of "Notice of Privacy Practices".

X _____ **OR**
 Patient's Signature Print Name
 X _____ and _____
 Signature of Person authorized to sign for patient Print Name Relationship to patient
 Date: ___/___/___ Time: ___:___:___ a.m. o p.m.

Update on Health Information Services Providers

Mass HIway continues to work with other Health Information Services Providers (HISPs) to connect Massachusetts providers

HIway to HISP connections made:

- **SES (eLINC)**
- **Alere**
- **ADS / Data Motion**
- **Inpriva**

HIway to HISP connections underway:

- **Surescripts**
- **eClinicalWorks**
- **McKesson / Relayhealth**
- **Athenahealth**
- **Allscripts**
- **Other smaller vendors (Medfx, NexJ, Aprima, Claimtrak)**

Update on Connection with Public Health Registries

Public Health Registry	Status
Massachusetts Immunization Information System (MIIS)	Available
Electronic Lab Reporting (ELR)	Available
Syndromic Surveillance (SS)	Available for Eligible Hospital Emergency Departments
Massachusetts Cancer Registry (MCR)	Available
Specialized registry - Disease surveillance and case management system (MAVEN)	Available
Opioid Treatment Program (OTP)	Available
Childhood Lead Paint Poison Prevention Program (CLPPP)	Available

Update on SFY '15 Targets - Preliminary Metrics

Expanding Breadth: More of the market using the HIway

1. Organizations using the HIway (# customers)
2. Market penetration (% of total organizations in each market segment)

Each organization doing more on the HIway

- **Volume of Transactions**
 3. # of organizations sending/receiving production transactions
 4. % of live organizations sending/receiving production transactions
 5. # of transactions per segment (month-on-month growth, year-on-year growth)
- **Range of Use Cases**
 6. # of different use cases in production
 7. # of organizations transacting in each use case
 8. % of each market segment transacting in each use case

Use of metrics

- Create targets for measures 1-4: these are measures HIway can influence
- Report descriptive statistics on measures 5-8: HIway has limited influence over these measures

Update on SFY '15 Targets - Preliminary FY 2015 Targets

From Rate Card				Status as of 6/30/14				FY 2015 Targets	
Tier	Sub-Tier	Category	Customer base (est)	# PAs	# Live	# in production	% in production	# in production	% in production
Tier 1	1a	Large hospitals	14	9	8	4	29%	9	64%
	1b	Health plans	9	3	3	1	11%	3	33%
	1c	Multi-entity HIE	5	1	1	0	0%	tbd	tbd
	1d	Commercial imaging centers & labs	tbd	0	0	0	tbd	2	tbd
Tier 2	2a	Small hospitals	37	30	22	12	32%	30	81%
	2b	Large ambulatory practices (50+)	11	5	1	1	9%	5	45%
	2c	Large LTCs	8	0	0	0	0%	4	50%
	2d	ASCs	63	0	0	0	0%	4	6%
	2e	Ambulance/Emergency Response	39	1	1	0	0%	5	13%
	2f	Business associate affiliates	5	1	1	1	20%	3	60%
	2g	Local government, public health	tbd	1	1	1	tbd	tbd	tbd
Tier 3	3a	Small LTC	310	12	11	1	0%	12	4%
	3b	Large behavioral health	10	2	2	0	0%	3	30%
	3c	Large home health, LTSS	15	4	4	1	7%	5	33%
	3d	Large FQHCs (10-49)	10	9	7	3	30%	9	90%
	3e	Medium ambulatory practices (10-49)	365	7	5	1	0%	15	4%
Tier 4	4a	Small behavioral health	90	17	8	0	0%	17	19%
	4b	Small home health, LTSS	134	6	5	3	2%	10	7%
	4c	Small FQHCs (3-9)	29	0	0	0	0%	5	17%
	4d	Small ambulatory practices (3-9)	1595	8	3	1	0%	80	5%
Tier 5	5a	Small ambulatory practices (1-2)	4010	78	66	2	0%	200	5%
tbd		Category tbd	tbd	2		0	tbd	tbd	tbd
		Total		196	149	32		421	

- High goals set for segments that are well-defined and already have high traction
- “In Production” goals of ~5% set for segments with large and diffuse makeup (small LTCs, medium and small ambulatory practices)

Update on SFY '15 Targets - Key Assumptions & Challenges

Assumptions

- Much of the anticipated growth in physician connections to the Hlway will likely come from HISP connections (eCW, SureScripts, etc.)
- Major driver for increased use of Direct Messaging by hospitals is getting enough of their trading partners on the Hlway for them to interact with – ambulatory practices and LTPAC entities
- Populating RLS is key driver, and hospitals have the most usable and most valuable information

Challenges

- How to get physicians using the Hlway when they are behind the wall of another network?
 - Hlway will have limited means for knowing who they are, how many there are, and what they are doing
- Ability of the Hlway team to effectively track and report on usage given limited data retained on Hlway organizations and transactions (by design)

Next steps

Next steps

- Advisory Group insights to be relayed to Mass HIway leadership team
- Presentation materials and notes to be posted Next Advisory Group Meeting – December 2, 2014 Conference call (866) 951-1151 x. 8234356
- HIT Council – scheduled for October 6, 3:30-5:00 One Ashburton Place, 21st Floor

Advisory Group and HIT Council meeting schedule, presentations, and minutes may be found at <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/masshiway/>