**Meeting Minutes**

**Health Information Technology Council**

**May 3, 2021**

3:30 – 5 p.m.

**Due to COVID-19 precautions, meeting was held remotely   
in lieu of in-person meeting normally held at**

**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** | *Executive Director, Enterprise Health Information Management/Privacy,  Mass General Brigham* | Y |
| **John Addonizio** | *Chief Executive Officer, Addonizio & Company* | Y |
| **Damon Cox** | *Assistant Secretary for Technology, Innovation, and Entrepreneurship (Designee for Secretary Mike Kennealy)* | Y |
| **Frank Gervasio** | *Project Manager, Executive Office of Administration and Finance* | N |
| **Diane Gould** | *President and Chief Executive Officer, Advocates Inc.* | Y |
| **Vivian Haime** | *Manager of Care Delivery Transformation and Strategic Partnerships, Health  Policy Commission* | N |
| **John Halamka, MD** | *President, Mayo Clinic Platform* | N |
| **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, Boston Children’s Hospital* | Y |
| **Manuel Lopes** | *Chief Executive Officer, East Boston Neighborhood Health Center* | N |
| **Linda McGoldrick** | *President and CEO, Zillion* | 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)* | N |
| **Emma Schlitzer** | *Manager, External Affairs, CHIA (represented by Lisa Ahlgren)* | Y |
| **Laurance Stuntz** | *Director, Massachusetts eHealth Institute* | Y |
| **Pramila Yadav, MD** | *Private Practice Obstetrics & Gynecology, Beth Israel Deaconess Medical Center* | Y |

**HIT Council Members**

Note: The above list provides the HIT Council Members at the time of the May 3, 2021 meeting.

## Discussion Item 1: Welcome

Undersecretary Lauren Peters called the meeting to order at 3:35 p.m. The Undersecretary welcomed the HITC (Health Information Technology Council) to the May 3, 2021 meeting and reviewed topics that would be discussed.

Undersecretary Peters called for a motion to approve the minutes of the February 1, 2021 HIT Council meeting. The minutes were approved.

## Discussion Item 2: Statewide Event Notification Services Framework

*See slides 5-10 of the presentation. The following are explanations from the presenter, with additional comments, questions, and discussion among the Council Members.*

Undersecretary Lauren Peters and Bert Ng presented an update on the ENS initiative. The vendors have been selected and approved and the initiative has gone live. Ng thanked the vendors, Collective Medical and PatientPing, for their work ensuring ADT data is shared between vendors to support the Statewide ENS Framework. In April 2021 the vendors developed a VPN tunnel to share ADT information with each other.

Undersecretary Peters asked that if council members have any suggestions for improvement, please let EOHHS know so that the initiative can continue to improve.

Michael Miltenberger asked if there was any thinking around the pharmacy aspect, and how pharmacy (drug fulfillment, drug interactions) fits around the usability of this, particularly since PatientPing has been acquired by Appriss Health and Collective Medical by PointClickCare. Ng said they would consider additional use cases over the next two years. Miltenberger also asked what technologies are available and what can be expanded. Ng said that vendors have had to spend their time working on getting data from facilities and sharing the data with one another but hopes that moving forward they can focus more time on service offerings. EOHHS and the vendors want to engage with providers/vendors and see what can be done to improve services.

Ng also shared that acute care hospitals will attest to their ADT submissions through the annual connection requirement attestation forms. There will not be a separate process for this requirement.

Michael Lee shared praise for the work put into the initiative and how much it will help organizations moving forward by allowing providers to utilize a single ENS vendor. He added that the council should be careful about giving the vendors the opportunity to explore their product development, rather than requiring them to add specific services.

## Discussion Item 3: Clinical Gateway & AWS update

*See slides 11-15 of the presentation. The following are explanations from the presenter, with additional comments, questions, and discussion among the Council Members.*

David Whitham presented an update to the Clinical Gateway and AWS. Everything is moving forward on schedule for transitioning the seven public health repositories to AWS. The first four nodes, for the Massachusetts Cancer Registry (MCR), the Children’s Behavioral Health Initiative (CBHI), the Childhood Lead Poison Prevention Program (CLPPP), and for Syndromic Surveillance, were successfully moved in April during the project’s first phase. Phase Two will go live in late May 2021 and will include the Intake Enrolment Assessment and Transfer Service (IEATS), Electronic Lab Reporting (ELR), and the Massachusetts Immunization Information System (MIIS).

Once Phase Two has been completed EOHHS will evaluate other services that could be made available on AWS including FHIR, SOAP and REST APIs. There may be some proofs of concept presented at the next HIT Council Meeting in August to share some of this work.

As part of the COVID response, the Mass HIway worked closely with MassHealth and DPH to stand up a node on MIIS that allows commercial health insurers, as well as other healthcare organizations, to query immunization data to check for COVID vaccine information for member/patients. There have been over 500,000 queries of the MIIS registry per day.

Laurance Stuntz and Deborah Adair both praised Whitham for the hard work. Undersecretary Peters added her praise as well for the whole team who worked on this project.

## Discussion Item 4: Attestation/Connection Requirement update

*See slides 16-21 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 attestation/connection requirement update. As of April 30, all acute care hospitals have submitted attestation or exception forms, 84% of community health centers have submitted forms, and 91% of medium/large medical ambulatory practices have submitted forms.

There will be a shorter attestation period for 2021, and the submission deadline for this year will be October 31, with attestation forms going live this summer in August. The year 5 form for acute care hospitals will include a section on ADT requirements. One change for 2021 will be an added DirectTrust HISP-to-HISP exchange to meet the connection requirement.

Ng asked for council input on the change as it has not been discussed in over a year. Adair said that it makes sense and gets to the spirit of what they are trying to do to promote the sharing of information. Stuntz asked if the HIway had joined DirectTrust, and got confirmation that that it had. Ng clarified that as long as the HISP has joined DirectTrust (on both sides of the exchange), that will meet the requirement.

Lee asked if there were any anecdotes for organizations using this for pool-based messaging. He shared that referral messaging doesn’t really work on a provider-to-provider basis when individual provider Direct Addresses are used. Whitham responded that they have seen providers set up a “generic” Direct Address that they use as a hub address, built into their systems on the back end. From there, the messages would be routed to the appropriate person.

**Discussion Item 5: ePOLST update**

*See slides 22-32 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.*

Undersecretary Peters introduced the ePOLST initiative, and Daniel Danon, a consultant to the ePOLST initiative, presented an overview and update to the council. The initiative is on track and a draft RFP has been created and is being reviewed.

Attendee Kelly Hall asked if it is assumed that whatever the last version of the POLST is, is the “right one,” or is there a possibility of having multiple providers potentially having different versions. Hall asked who “owns” the most current version of the POLST. Danon replied that no one “owns” it currently, and there are multiple documents, “multiple sources of truth” which is why they are looking to improve the system. With the new system, before a new form is created, the provider is required to check that there is not a currently-existing form before creating a new one. The system will check a patient’s name to see whether a POLST form exists, and the provider will have the opportunity to void a current form, or update it with new notes. Hall asked if the system allowed for a notification back to the previous “owner” to let them know that the POLST has been changed. Danon said that that is not currently a part of the drafted proposal, but it is a good idea and can be added.

Adair asked if the timeline is on track. Danon replied that it would not likely be posted in five months, but everyone is doing their part to finalize the RFP and get approval. Danon believes that they are a little ahead of schedule now.

Stuntz asked for more clarification on who owns the initiative, who rolls it out, and how it will be updated effectively – is there a statewide policy, or is it institutional. He asked for a better understanding of who would manage the initiative – the HIway, DPH, etc. Kathryn Downes (Director of Policy at the Executive Office of Elder Affairs) replied that she agreed 100%, that the draft RFP is the first big milestone, and now they can start to think about what the government structure and operating model will look like. They do not have an answer yet, but it is on their radar. Adair added that they are very supportive, but the operational workflows are tough to figure out, so this will be important. Danon said that they received similar questions from the focus groups, and it is in the process of being sorted out.

## Conclusion

The next meeting of the HIT Council is scheduled for **August 2, 2021**.

Undersecretary Lauren Peters adjourned the HIT Council at 4:40 p.m.