**Meeting Minutes**

**Health Information Technology Council Meeting**

**February 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* *(Chair – Designee for Secretary Marylou Sudders)* | Y |
| **Daniel Tsai\*** | *Assistant Secretary, MassHealth* | N |
| **Katherine Shea Barrett** | *Director of Policy for Care Delivery Transformation and Strategy, Health Policy Commission* | Y |
| **Deborah Adair**  | *Director of Health Information Services/Privacy Officer, Massachusetts General Hospital* | Y |
| **John Addonizio** | *Chief Executive Officer, J. Addonizio & Company*  | Y |
| **John Halamka, MD** | *Chief Information Officer, Beth Israel Deaconess Medical Center* | Y |
| **Juan Lopera** | *Vice President of Business Diversity, Tufts Health Plan*  | Y |
| **Linda McGoldrick** | *CEO and President, Financial Health Associates International* | Y |
| **David Whitham** | *Assistant Chief Information Officer for Health and Eligibility* | Y |
| **Laurance Stuntz** | *Director, Massachusetts eHealth Institute* | Y |
| **Manuel Lopes** | *Chief Executive Officer, East Boston Neighborhood Health Center* | Y |
| **Michael Lee, MD**  | *Director of Clinical Informatics, Atrius Health*  | N |
| **Pramila R. Yadav, M.D.**  | *Private Practice Obstetrics & Gynecology, Beth Israel Deaconess Medical Center* | Y |
| **Sean Kay** | *Global Accounts District Manager, EMC Corporation*  | N |
| **Ray Campbell** | *Executive Director of Massachusetts Center for Health Information and Analysis* | N |
| **Frank Gervasio** | *Project Manager, Executive Office of Administration and Finance* | N |
| **Naomi Prendergast** | *President & Chief Executive Officer, D’Youville Life and Wellness* | Y |
| **Damon Cox** | *Assistant Secretary for Technology, Innovation and Entrepreneurship,*  *Executive Office of Housing and Economic Development* | Y |
| **Michael Miltenberger** | *Vice President Healthcare Team, Advent International* | N |
| **Nancy Mizzoni, RN** | *Practicing Nurse and Clinical Instructor, Northeastern University* | Y  |
| **Dicken S. C. Ko, MD** | *Chief Medical Officer/Vice President of Medical Affairs, St. Elizabeth’s Medical Center, Steward Healthcare* | N |
| **Diane Gould** | *President and Chief Executive Officer, Advocates, Inc.* | Y |

**HIT Council Members**

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

\*Monica Sawhney attended the February HIT Council meeting as Daniel Tsai’s designee

## Discussion Item 1: Welcome

Undersecretary Lauren Peters called the meeting to order at 3:34 p.m. The Undersecretary welcomed the Health Information Technology Council to the February 4, 2019 meeting.

Damon Cox introduced himself as a new Council member.

The November 2018 HIT Council meeting minutes were approved.

The Health Information Technology Council annual report was accepted.

## Discussion Item 2: HIT Council member feedback discussion

*See slides 6-8 of the presentation. The following are explanations from the presenter, and comments, questions, and discussion among the Council Members that are in addition to the content on the slides.*

Bert Ng recapped themes and feedback received from HIT Council members.

Bert Ng outlined topical subcommittees to leverage Council members to discuss technical issues with an aim to achieve interoperability. Creating subcommittees will allow for groups to determine how best to solve technical, privacy and other issues as these concerns won’t be solved at the Council meetings.

Bert Ng invited Council members to send him an email about preferences for the subcommittee topics or others (not mandatory, but an opportunity to engage more in these conversations if they have
the time).

Laurance Stuntz asked if it was just for Council members, or open for other employees. Ng clarified that the invitation is just for Council members for now, but as conversation deepens they can reassess and consider inviting additional external members.

Deborah Adair asked if there was an agenda laid out for the coming year for these subcommittees to tackle. Lauren Peters said there is not one yet, but as they continue to refine the approach and have members join, priorities will become clearer.

Bert Ng said that this is part of the development process, to determine if it makes sense. There’s a lot of work to get these committees up and running but he wanted to bring it to the Council first to make everyone aware.

Bert Ng further outlined the themes that emerged through HITC feedback and conversations.

Laurance Stuntz asked the about distinction between HIE adoption and HIway services. Ng said HIE adoption was more about how to get people onto the HIway, how they get systems, how are we bringing them in, how do we help them use the technology. HIway services and ENS services are discrete services that are part of the HIE exchange framework. Dr. John Halamka added that when you ask around, no one is clear on what to use and where, which is what the HIE adoption “bucket” is about.

Katherine Shea Barrett said that these themes are aspirational goals, they are issues that technology can help but not necessarily solve. Lauren Peters added that they are trying to develop a broader strategic plan and look at what polices are currently ongoing and see how to improve health
information exchange.

## Discussion Item 3: Future of the HIway connection requirement

*See slides 9-12 of the presentation. The following are explanations from the presenter, with additional comments, questions, and discussion among the Council Members.*

Chris Stuck-Girard presented on the HIway connection requirement and results from a survey distributed to the Council in October.

Chris Stuck-Girard elaborated on questions asked: when considering additional organizations that should connect to the HIway, they are sensitive to the ability of organizations to connect, and what facilities they may have in place to connect to the HIway.

Chris Stuck-Girard said the HIway believes they should stick to a similar timeline (no penalties until year 4) to give providers ample time to prepare and get up to speed with requirements. When talking about next steps, Chris Stuck-Girard clarified that no decisions have been made at this time; they will be looking to incorporate feedback from the Council, and possibly include some new workgroups or committees to make any changes. Any change to the connection requirement wouldn’t happen until well into next year at the earliest.

Chris Stuck-Girard thanked all members of the Council who responded to the survey; the feedback was very helpful.

Laurance Stuntz said it would be interesting to know what the actual burden is. His sense is that the vast majority of those they would require to connect may already be connected, though not necessarily using it. Chris Stuck-Girard believes that may be right, within some areas there are varying degrees of readiness and ability.

**Discussion Item 4: HIway 2.0 migration updated**

*See slides 13-15 of the presentation. The following are explanations from the presenters, and comments, questions, and discussion among the Council Members that are in addition to the content on the slides.*

David Whitham presented on the migration to 2.0. He noted that the longest part of the process is the documentation collection and notarization process.

Dr. John Halamka asked if these organizations actually know that they haven’t done what they need to do, and asked how to bring more visibility to the organizations that haven’t migrated yet. David Whitham said they are looking for more opportunities to be more visible to these organizations. Dr. Halamka added that sometimes a nudge from the right person can help. David Whitham offered a list of organizations that haven’t migrated.

**Discussion Item 5: Market-led ENS Initiative update**

*See slides 16-23 of the presentation. The following are explanations from the presenter and comments, questions, and discussion among the Council Members that are in addition to the content on the slides.*

Bert Ng summarized the ENS initiative and process that has been previously discussed.

Lauren Peters highlighted that one of the primary goals is that the organizations would only have to contract with one vendor to receive all ADTs.

Deborah Adair said they’ve talked about how one vendor would deal with ADTs sent, but they would also have a copy of their roster, and that they don’t want to get alerts for all patients they have, and asked if this model would allow them to only get the info for the subset of patients they “care about.” Lauren Peters clarified that with this model, if you had a subset of patients that you wanted information about, you could tell the vendor to provide information on that subset only. It would be shared with two vendors (routers) in this model.

Laurance Stuntz asked how this was different from the ENS put out a year ago. Lauren Peters clarified that they want to minimize the disruption of the market. With this model, hospitals and providers can preserve existing relationships with vendors rather than state coming in and becoming “kingmaker.”

Laurance Stuntz asked how in the model do they avoid “kingmaking,” and have we traded kingmaking by one to kingmaking by two? Peters answered that they are considering not limiting the number of ENS vendors, if they can meet the requirements. The vendors will be competing on the services provided, not obtaining the data.

Deborah Adair clarified that they want minimum sharing of data, and that they don’t need notifications on their entire population, just the subset important to them. They’re willing to share their information with the one contract, but they’re concerned about having all their data in more than one place.

Laurance Stuntz clarified there are two pieces to the problem: who do you have to send data to for everyone to have access, and who will provide information to you?

## Conclusion

The next meeting of the HIT Council is **May 6, 2019**.

Undersecretary Lauren Peters adjourned the HIT Council at 4:52 P.M.