

## Provider Advisory Group Meeting

March 18, 2014, 7-8:30am

Name	Organization
<b>Phone</b>	
Michael Lee	Atrius Health
David Smith	MA Hospital Association
Darby Buroker	Steward Healthcare
Jeanie Markus	Pediatric Health Care - Newton-Wellesley
Amy Caron	EOHHS
Steven Fox	BCBSMA
Darrell Harmer	EOHHS
Dan O'Neil	Steward Healthcare
Norma Lopez	WellCrest
<b>Support Staff</b>	
Mark Belanger	Massachusetts eHealth Collaborative
Micky Tripathi	Massachusetts eHealth Collaborative
Jennifer Monahan	Massachusetts eHealth Collaborative

## Review of Materials and Discussion

### Project Update

- HIway Operations Update (as of February 2014) (Slide 2)
  - This was a slide from the last Health Information Technology Council (HITC) meeting. It gives a 13 month view of transaction volumes.
  - Four new Participation Agreements (PA's) were completed in February- the Carson Center for Human Services, Fairlawn Rehabilitation Hospital, Mount Auburn Hospital and Dr. John D. Murdock. We can get the full customer lists out more regularly if people are interested.
  - There are now 132 HIway participants, 104 participants are live and 5 participants went live. Total transactions in February- 109,021, putting totally transactions above two million- 2,096,557. Those transactions are mainly around quality reporting and Public Health reporting- starting to see more provider to provider transactions rise as more trading partners come online.
- Mass HIway Release Schedule (Slide 3)
  - This is a slightly different list than you are used to seeing on the update, this is a more detailed plan of the development timeline. There is a 6 month horizon on the programs they are planning to release. In the near term are registries going live, there is a plan for the provider directory upgrade and a webmail upgrade in April. The webmail is a very

lightweight viewer which will allow places like long term care to use the HIway. External Data Representation (XDR) will be out in April. The Executive Office of Health and Human Services (EOHHS) continue to make progress with Health Information Service Provider (HISP) to HISP connectivity. Right now there are 6 different HISP's at different levels of testing.

- Last Mile Program Wrapped Up on February 7<sup>th</sup> (Slide 4)
  - The Office of the National Coordinator (ONC) has wrapped up for the statewide HIE program. Part of the original funding was with the Last Mile program at The Massachusetts eHealth Institute (MeHI) Grantees will now receive assistance from EOHHS. MeHI will continue to support HIway communication and outreach.

### **Discussion: Phase 2 Consent Policy and Documents**

- Mass HIway Phase 2 Document Architecture (Slide 6) – *skipped*
- Consent Policy – Scope of Consent (Slide 7)
  - The Chapter 224 requirements mandate that consent is collected- using the Relationship Listing Service (RLS that is persisting patient data raises the stakes. There is a set of principles that have been finalized now.
- Consent Policy – Levels of Consent (Slide 8)
  - There are two levels of consent because there is a step-up in functionality. For those who want to use the Phase 2 services now the policies and procedures are being updated. If a participant only wants to use Direct Messaging they must get patient permission to use the HIway to transmit that patient's health information and name the HIway in their consent form or Notice of Privacy Practices (NPP). If the participant would like to enable the Query and Retrieve functionality they must also get patient permission to transmit specified demographic information to the RLS and they must provide the patient with educational materials explaining the RLS..
- Consent Policy- Forms and Language (Slide 9)
  - There is a consent template and consumer education materials under development- being reviewed by the Consumer Advisory Group, Legal and Policy Advisory Group and Consent Subgroup's in addition to this group.
  - It is the participant's responsibility to educate the patients on the RLS.
  - Comment: This is going to require a lot of education for the providers- this is a lot to explain. I really think this is going to be a hurdle to get over.
    - Response: We completely agree, part of this exercise today will be to review some of what the patients and participants might see and get your opinions.
- Consent Policy- Duration of Consent (Slide 10)
  - There is no time limit on consent, however that consent may need to be gathered again if one of two things happen- there is a change in HIway functionality or when the patient turns 18.
  - Question: Will the patient be given the opportunity to manage their own consent if they change their minds?

- Answer: The idea is to have a consumer portal down the road so patients can be in the driver seat. The sticking point right now is that there is no standard way to reconcile consent today. If a patient logs into a portal and says “yes,” then the next day they switch to “no,” there is no standard business process to manage that.
  - Comment: To me the disclosures and Health Insurance and Portability and Accountability (HIPAA) issue is the harder one to explain than the RLS functionality.
  - Circling back to the issues around minors-there is a lot of complexity around adolescents that turn 18. Some kind of cookie cutter approach to handling their consent was not going to work from a HIway perspective. The parent or guardian may have already given consent, but what will happen to that consent when the child turns 18? Should the HIway automatically turn off visibility to any of those people and therefore require a new consent from the patient who is now an adult? Or does the HIway keep those consents on and put it on the provider to manage the consent status? There are arguments for both sides, but we would value your opinion and perspective.
  - Response: I think auto shut off makes the most sense. If you think about it legally, what if something went out to the parents that should not have. It is hard to rely on the providers to look every day and see who is turning 18. It is easier to shut the information off and let the provider know information is not going to flow, or have the patient realize information is no longer flowing, so that they can notify someone rather than have the potential for error.
  - Response: I see a lot of these patients and it is really interesting to see that they themselves are very aware that when they turn 18 they can make decisions. One example I have seen, there was a family opposed to immunizations and when their child turned 18 she came in and asked to be immunized. When a parent calls our office today about an 18 year old the first question that comes up is whether or not we have permission from their child to talk to them. Most of the time we do, but there have been a few times where the kid was estranged from their parents and it was not clear so we had to go directly to the child.
  - Comment: I reached out to Atrius, Beth Israel Deaconess and a couple of others to find out how they deal with this in their patient portals and they all said they turn off parental access at 18- which would be consistent with having the HIway automatically shut off their consent.
- Consent Policy – Changes in Consent, Audit Logs (Slide 11) – *skipped*

**Discussion- Document Review** - *Please Refer to: Consumer Education Document Draft and Participant Training Presentation Draft*

As was mentioned earlier, providers will need a lot of help explaining this information. A number of people put a lot of work into building this educational material. An 8 page document was handed off to a plain language specialist and this was the first draft that came back. What we are doing now is

shopping this around to different groups to try to level set it- get all of the necessary information in, but make sure it is also understandable. A workflow illustration is also in the works.

- Response: In looking over this, I am wondering how this can be condensed, this is a lot to read and someone might think to bring it home and not ever get back to it. There is a lot of information on this to absorb, it will be hard at least on the first round.
- Response: I agree, I think the first page ought to say “This is what the HIway does and this is what your provider does now.” Highlight that this really is not that different than what is happening now. Then the second page should have some examples of uses. It should be really upfront and simple so people do not think this is some dramatic new thing.
- Question: Is there any mention of the patient’s ability to audit?
  - Answer: It is in there on the tail end of the second page but can be made more prevalent. We are aiming to get this down to two pages, hopefully the graphic will help with some of the length.

## Training Guide

The pilot groups had requested these materials. The hope was to keep them as short as possible and really highlight what the user will see. Materials will be given to ‘front line’ staff and prepare them for explaining this to patients. Looking at your organizations who would you want to train?

- Response: Front desk and nurses- they are the ones that greet the patients first and the nurses do the preliminary things like vitals. Front desk could give the patients the initial information and nurses could answer questions or emphasize that there is a new service available. The first response for a lot of people might be “I want to talk to my spouse.” They do not want to make a commitment right now- I think it may take several visits for them to totally absorb this. I think if someone is seeing a specialist and needs to have their information sent prior they are going to come onto this quickly - some of the specialists now are requiring records in advance of an appointment. That is going to be the carrot that will get some people onto the HIway from my experience.
- Response: I do not know if this is possible but can the HIway create a video you could leave in the waiting room? Some people are more visual and there would be less reliance on staff. We do this with a lot of basic prevention related issues in our office. Some watch and some do not but at least it does catch some people’s attention.
- Response: I think we should not count on a seeing a mass sign-on to this, I think it will probably be more of a slow rolling thing that will come about over two or three years. Patients will say I don’t need my information to go anywhere, but then down the road when their info needs to go somewhere they will realize there is a way to get it there quickly.
- Response: I think two things will happen- a lot of people will sign on without reading it, it just gets bundled with all of the other documents they need to sign like the Notice of Privacy Practices. The biggest fear is when the patients start to ask some real questions, someone needs to be trained well to answer those questions. Right now with our patient portal the questions often come back to me.

- Response: There are difficult questions that might come up- some patients might say things like why wouldn't you just fax it when I need it?
- Response: That is why the material really needs to call out that this is the way things are done today and these are the reasons this is a better way- safer and more secure electronically.
- Question: Are you anticipating organizations already integrated, under a single enterprise, already have some process in place now? This would take place in parallel?
  - Answer: I think most providers in a single enterprise operate mainly under HIPAA and it is assumed it is being used under those parameters. What is different here is that Chapter 224 specifically names the statewide HIE.

#### **Next steps**

- Reactions to be taken into account by Phase 2 design team
- Meeting notes synthesized and provided back to Advisory Group for final comments
- Presentation materials and notes to be posted to Executive Office of Health and Human Services website
- Next Advisory Group Meeting – TBD
- HIT Council – scheduled for April 7, 3:30-5:00 One Ashburton Place, 21st Floor

HIT Council meeting schedule, presentations, and minutes may be found at

<http://www.mass.gov/eohhs/gov/commissions-and-initiatives/masshiway/hit-council-meetings.html>