

Technology Advisory Group Meeting

March 21, 2014 2-3:30 PM

Name	Organization
Sarah Moore	Tufts Medical Center
Claudia Boldman	EOHHS
Pamela May	Partners Healthcare
Adrian Gropper	HealthURL Consulting
David Bowditch	EOHHS
Keith Worthley	BIDMC
Pat Rubalcaba	Partners Healthcare
Bill Young	Berkshire Health Systems
Darrell Harmer	EOHHS
Larry Garber	Atrius/Reliant Medical Group
Sean Kennedy	Massachusetts eHealth Institute
Support Staff	
Mark Belanger	Massachusetts eHealth Collaborative
Micky Tripathi	Massachusetts eHealth Collaborative
Jennifer Monahan	Massachusetts eHealth Collaborative

Review of Materials and Discussion

Project Updates

- 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 competed 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 Participants (Slides 3-5)
 - A list of the HIway participants and go-live status was provided.
- Mass HIway Connection Forecast
 - The sequence of how they come on will depend on how the Health Information Service Providers (HISP's) do in testing.

- Primary Uses of Hlway to Date (Slide 7)
- There is decent growth, although these are still pretty modest numbers. Mass Hlway Release Schedule (Slide 8)
 - 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. In the near term, public health registries will be going live. There is a plan for the provider directory upgrade and a webmail upgrade in April. The webmail is a very light weight viewer which will allow places like long term care facilities to use the Hlway. XDR will be out in April. The Executive Office of Health and Human Services (EOHHS) team continues to make good 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 Wrap Up (Slide 9)
 - The end of the ONC grant was on February 7th. The contact for the Hlway activities is now going to be EOHHS. The Massachusetts eHealth Institute (MeHI) will continue support the Hlway with use case development and overall communications.

Discussion

- Phase 2 Rate Card Analysis (Slide 11)
 - A majority of the funding supporting the Hlway is coming from the Medicaid program. The grant has matching requirements the state is obligated to cover. In Phase 1 it was around 700k and roughly 500k for Phase 2. In the analysis we looked at where are now with Phase 1 and projected where we think things will go in Phase 2 - Phase 1 has already realized around 1.5 million dollars. Pricing for Phase 2 takes into account how many customers will sign up for both Phases and how many existing participants will move from Phase 1 to Phase 2 and what types of organizations will join.
 - The goal is to ensure there is enough private share to fulfill the state's match requirements. We also want to remove any barriers to entrance- the value will continue to go up as more participants join.
- Phase 2 Rate Card (Slide 12)
 - Phase 1 progress suggests we will get a health number of customers for Phase 2. We know there will be exponential growth in value. This is roughly 50% of the Phase 1 costs when you look across the board.
 - Question: How come the large hospitals do not get any break, but everyone else does for Phase 2?
 - Answer: The thought is that the price sensitivity is greater with smaller organizations.
 - Question: Will there be consideration to change that? Even the large hospitals have tight budgets.
 - Answer: The rate card is revisited every year; we could look at this again.

- Question: Looking at the fourth column under Phase 1 and Phase 2 totals, is this saying we would pay \$30,000 for the Direct services and \$42,500 for LAND plus HIE services.
 - Answer: Yes, the difference is “renting” the LAND- just like a cable box from Comcast you are renting the appliance.
- Question: In terms of the use of the names “Phase 1” and “Phase 2,” it might be better to say “query retrieve” not Phase 1 and Phase 2.
 - Answer: That is a good point, it is not captured here.
- Question: Is this the cost per node? If they chose to have a second node they would have to pay another?
 - Answer: The intention is that it would be by node, if Partners said they wanted to have a separate LAND for three separate connections, in principle they will be paying for all three but the rate card gives the organization some options. Unsure if there will be volume discounts if you purchase multiple nodes.
- Question: If I am using Meditech and Allscripts and have one enrollment form, would we then be charged for both?
 - Answer: Unsure where Allscripts would fall in. The devil is in the details- is it just one large ambulatory practice, or a set of small ones. In principle it is the same organization, but there are two connections.
- Question: Is there a continued set-up fee or does that go away?
 - Answer: Set up fee is one time.
- Question: What about adding new providers to the HIway? New entities that do not have LAND’s installed today- is there a fee there?
 - Answer: When you come on you have to purchase the Direct services- refer to the Phase 1 rate card. This [phase 2] rate card slide is not final, it is meant to illustrate the changes.
- Question: Is the rate card posted on the website and available with details
 - Answer: Yes, the Phase 1 card is on the HIway website, MassHIway.net and this will be updated.
- Question: The HISP to HISP agreement does not have to deal with consent at all, right?
 - Answer: Participants behind a HISP will still be signing a PA. The HISP helps authenticate and bring people on but it does not make sure they are playing by the rules of the HIway. EOHHS has said they want participants to sign the PA even though they are using the services via a HISP.

A great deal of collaboration and effort went into developing these materials – the biggest challenges were figuring out how the HIway can continue to accommodate the Chapter 224 requirements and how to make sure patients understand the RLS- demographics being sent to the state.

Those who move from Phase 1 to Phase 2 will get an addendum that rides on the PA - adding new Phase 2 policies and procedures. The state will provide participants with recommended consent language and educational materials, but will not require they use the state issued documents. There is a guide for

front office staff being used with early adopters. The HIway website will hopefully be a self-service tool – FAQ's, patient and provider content.

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 EOHHS website.
- **Next Advisory Group Meeting – TBD**
- **HIT Council – 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>**