Commonwealth of Massachusetts
Executive Office of Health and Human Services

Health Information Technology Council Meeting

April 4, 2016

Agenda

1. **Welcome** [5 minutes] – *Alice Moore*
   a) Introductions
   b) Approval of December 7, 2015 Meeting Notes
2. **Opt-In/Opt-Out and Regulations Update** [45 minutes] – *Sharon Boyle and Kathleen Snyder*
3. **State Medicaid Director Letter 16-003** [10 minutes] – *David Whitham*
4. **Outreach Deep Dive Approach for Active Use** [10 minutes] – *David Whitham*
5. **FAST Initiative Update** [10 minutes] – *Dave Bowditch*
6. **Operations Update** [5 minutes] – *Dave Bowditch*
7. **Conclusion** [5 minutes] – *Alice Moore*
   a) Next Steps
   b) 2016 Schedule

Appendix:

M.G.L. Chapter 118I references

Opt-In/Opt-Out and Regulations Update

Sharon Boyle and Kathleen Snyder

Executive Summary

- **HIway regulations are being developed** to clarify two sections of MGL Chapter 118I:

  - **Section 7 [Provider must connect]:** "<u>All providers in the commonwealth shall implement fully interoperable electronic health records systems</u> that <u>connect to the statewide health information exchange</u>" by January 1, 2017

  - **Section 11 [Opt-in/opt-out]: "**Any plan approved by the executive office …. shall establish a mechanism to allow patients to <u>opt-in</u> to the health information exchange and to <u>opt-out</u> at any time"

- These slides focus on a <u>proposed</u> **mechanism for establishing the opt-in/opt-out**, where:

  - Opt-in is established by the Participant providing <u>public notice* of the Participant's use of the Mass HIway</u>

  - Opt-out is a <u>centralized process managed by the HIway for HIway-hosted services</u>
    - Opt-out options for Direct Messaging are under review

- A separate presentation will walk through the issues related to the connection requirement laid out in Section 7 of M.G.L. Chapter 118I

*For purposes of this regulation, **"public notice**" may include, but is not limited to: visible posters, handouts, inclusion in the privacy notice, banner on a web portal, letter or email to the patient.

HIway Regulations Discussion
Focus on Mechanism for Opt-In/Opt-Out

- Background

- Opt-In/Opt-Out

- Proposed Regulations Language

The Two Functions of the HIway

A primary goal of the HIway is to facilitate Participants in sharing information with other Participants and entities, in order to improve patient care and care coordination.

The HIway aims to achieve these goals via its two main functions, which are described in the table below.

Function	Example use cases	Key point
1. Direct Messaging	a) Provider-to-Provider Communication b) Public Health Reporting c) Quality Reporting d) PreManage ED e) Vendor-hosted ENS	The HIway **does NOT** store information[‡]
2. HIway-hosted services	a) RLS *(existing)* b) HIway-hosted ENS *(potential)*	The HIway **does** store information, but only stores the minimum amount necessary to perform the designated function.*

[‡] *One way to send Direct messages is by Webmail. Webmail is similar to Gmail or Yahoo Mail, where messages remain on a remote server and are accessed via a portal which allows HIway Participants to send and receive Direct Messages if they do not have an EHR. Webmail messages are securely stored on the HIway infrastructure, but the HIway does not access the contents of these private messages.*

* *Information stored by the HIway includes: patient name, address, gender, date-of-birth, date-of-service, name of the Provider organization that treated the patient. A basic amount of information is needed to determine if records from different sources pertain to the same patient.*
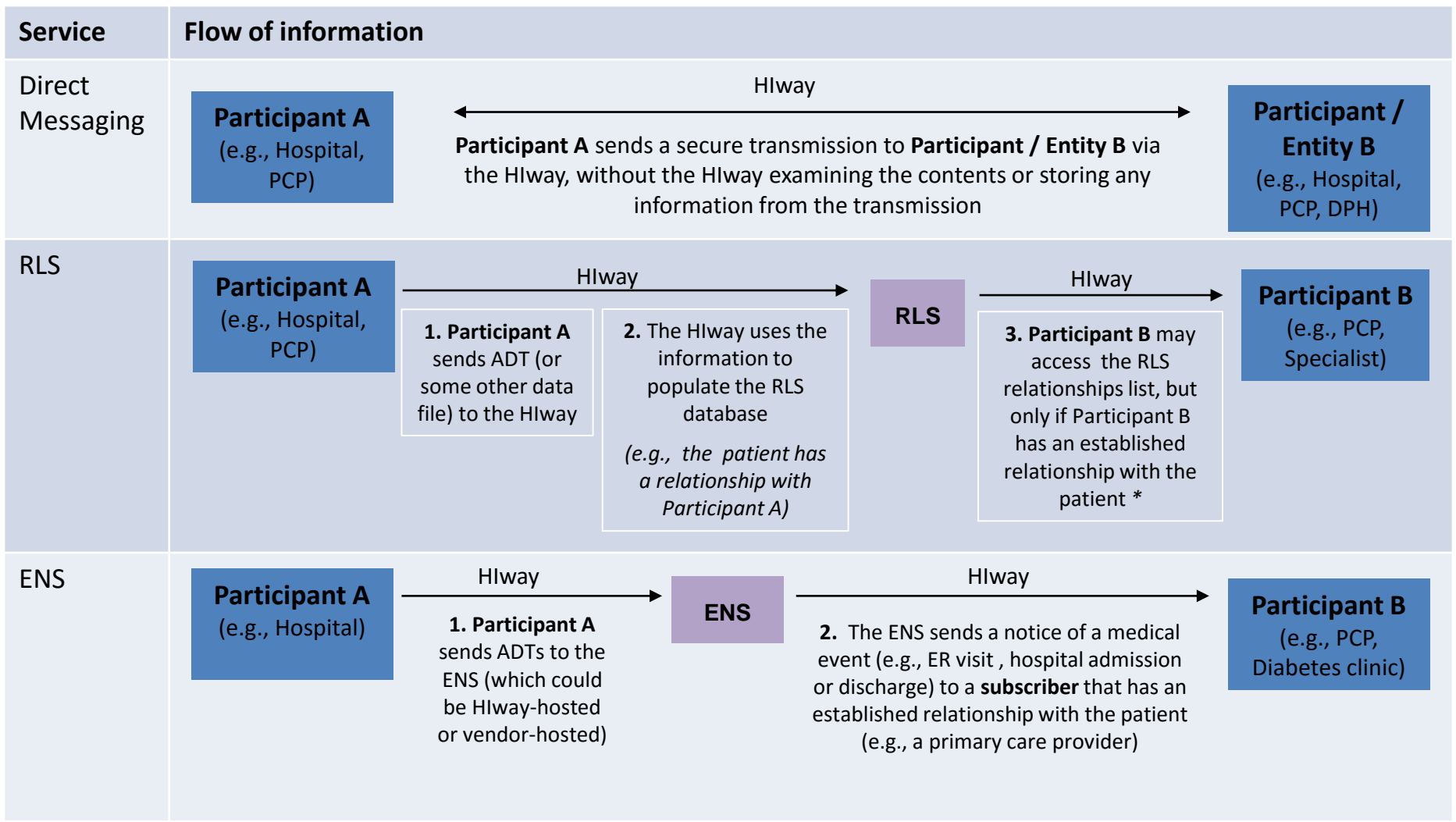
Basic Definitions

Service	Definition	Flow of information
Direct Messaging	Direct Messaging is an **existing service** for sending secure transmissions, where **the HIway does not examine the contents** or store any information from the transmission *	**Participant A** (e.g., Hospital, PCP) ←— HIway —→ **Participant / Entity B** (e.g., Hospital B, HISP, DPH)
RLS	The Relationship Listing Service (RLS) is an **existing service** that gives Participants that are treating a patient access to a database that displays what relationships that patient has to other Participants in the state	**Participant A** (e.g., Hospital, PCP) —HIway→ **RLS** —HIway→ **Participant B** (e.g., PCP, Specialist)
ENS	The Event Notification Service (ENS) is a **proposed service** that provides real-time alerts about key medical encounters for a patient (e.g., ER visits, hospital admissions & discharges) to authorized subscribers that have an established relationship with the patient (e.g., a primary care provider)	**Participant A** (e.g., Hospital) —HIway→ **ENS** —HIway→ **Participant B** (e.g., PCP, Diabetes clinic)

* *Data can flow from a Participant to a trusted third party or from a trusted third party to a Participant.*

Basic Definitions: With More Details

Service	Flow of information
Direct Messaging	**Participant A** (e.g., Hospital, PCP) ←— HIway —→ **Participant A** sends a secure transmission to **Participant / Entity B** via the HIway, without the HIway examining the contents or storing any information from the transmission ←→ **Participant / Entity B** (e.g., Hospital, PCP, DPH)
RLS	**Participant A** (e.g., Hospital, PCP) — HIway → **1. Participant A** sends ADT (or some other data file) to the HIway **2.** The HIway uses the information to populate the RLS database *(e.g., the patient has a relationship with Participant A)* **RLS** — HIway → **3. Participant B** may access the RLS relationships list, but only if Participant B has an established relationship with the patient * **Participant B** (e.g., PCP, Specialist)
ENS	**Participant A** (e.g., Hospital) — HIway → **1. Participant A** sends ADTs to the ENS (which could be HIway-hosted or vendor-hosted) **ENS** — HIway → **2.** The ENS sends a notice of a medical event (e.g., ER visit, hospital admission or discharge) to a **subscriber** that has an established relationship with the patient (e.g., a primary care provider) **Participant B** (e.g., PCP, Diabetes clinic)

* The RLS may also be accessed by a designated emergency care provider in an emergency situation, even without an existing relationship to the patient. In these cases the reason and details of the access are recorded for audit and review purposes.

Participant Disclosure

Participant A is authorized to disclose information to **Participant / Entity B** under applicable privacy laws (including HIPAA).

The HIway is acting as a *Business Associate* on behalf of **Participant A,** and as a *Business Associate*, the HIway is able to facilitate the disclosure of information from **Participant A** to **Participant / Entity B**.

Service	Flow of information
Direct Messaging	**Participant A** (e.g., Hospital, PCP) ←— HIway —→ **Participant / Entity B** (e.g., Hospital, PCP, DPH) **Participant A** uses the HIway to send transmission to **Participant / Entity B**
RLS	**Participant A** (e.g., Hospital, PCP) —HIway→ **RLS** —HIway→ **Participant B** (e.g., PCP, Specialist) **Participant A** authorizes the HIway to disclose a patient's relationship with Participant A to **Participant B.** The HIway stores the relationship information in the RLS to enable disclosure to Participant B.
ENS	**Participant A** (e.g., Hospital) —HIway→ **ENS** —HIway→ **Participant B** (e.g., PCP, Diabetes clinic) **Participant A** authorizes the HIway to notify authorized subscribers of the occurrence of a specific event related to a patient. The HIway uses the subscriber information stored in the ENS in order to notify **Participant B** of the event.

HIway Regulations Discussion
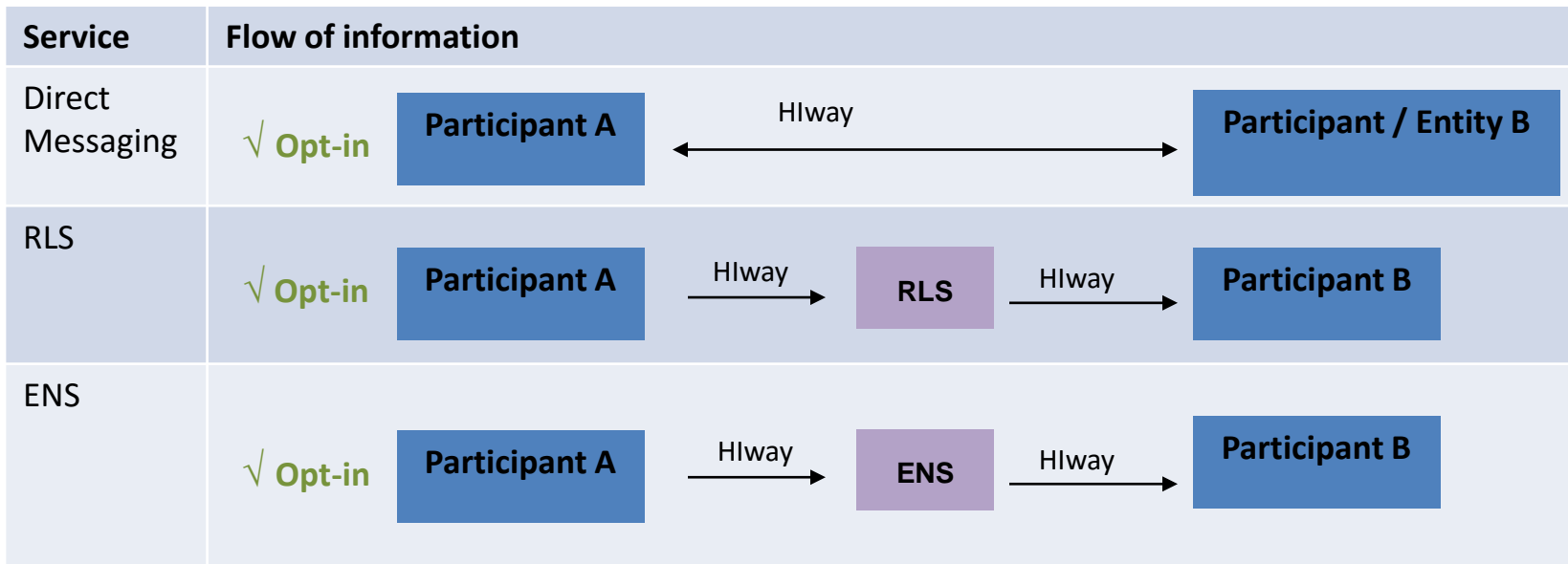**Focus on Mechanism for Opt-In/Opt-Out**

- Background
- Opt-In/Opt-Out
- Proposed Regulations Language

DRAFT: Proposed Mechanism for Opt-In

- M.G.L. Chapter 118I provides that EOHHS, "*shall establish a mechanism to allow patients to <u>opt-in</u> to the health information exchange and to <u>opt-out</u> at any time.*"

- **The HIway regulations will clarify that the proposed mechanism for opt-in is provided by the Participant providing public notice of the Participant's use of the Mass HIway**.
  - For purposes of this regulation, **"public notice"** may include, but is not limited to: visible posters, handouts, inclusion in the privacy notice, banner on a web portal, letter or email to the patient.

- This proposed opt-in mechanism applies for all HIway services, as shown in the figure below with "√ **Opt-in**".

- All existing privacy laws (e.g., HIPAA) & regulations will still apply to the Participants who use the HIway

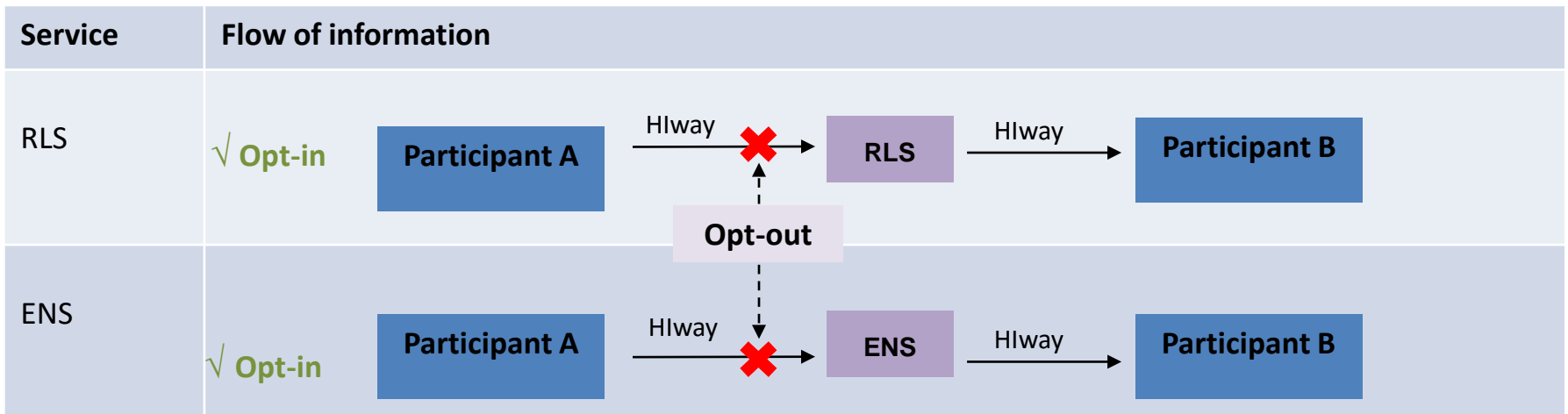| Service	Flow of information				
Direct Messaging	√ **Opt-in**	**Participant A**	← HIway →		**Participant / Entity B**
RLS	√ **Opt-in**	**Participant A**	→ HIway →	**RLS**	→ HIway → **Participant B**
ENS	√ **Opt-in**	**Participant A**	→ HIway →	**ENS**	→ HIway → **Participant B**

DRAFT: Proposed Mechanism for Opt-Out

- In order to provide a mechanism for patients who do not want their information to be shared by a government entity, it is proposed that a **mechanism will be provided for patients to be able to opt-out of HIway-hosted services** where patient information is being shared by a government entity on behalf of the authorizing Participant. Opt-out mechanisms for Direct Messaging are under review.

- In order to decrease the administrative burden on Participants, it is proposed that **a centralized opt-out process will be provided.** This will require new systems and additional resources at the HIway.

- In order to allow Participants more flexibility, it is proposed that those **Participants that want to implement additional local opt-in processes may do so** by collecting opt-in or opt-out preferences, and sharing those patient preferences with the HIway.

- In order to implement the recommendation from the HIT Council and its Consent Workgroup, **the use of Direct Messaging over the HIway should not need additional opt-in requirements above HIPAA and other privacy laws.**

Service	Flow of information					
RLS	√ **Opt-in**	**Participant A**	HIway ✖	**RLS**	HIway	**Participant B**
			Opt-out			
ENS	√ **Opt-in**	**Participant A**	HIway ✖	**ENS**	HIway	**Participant B**

Opt-out mechanisms for Direct Messaging are under review

HIway Regulations Discussion
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Draft HIway Regulation: Language Describing Opt-In/Opt-Out Mechanism

Draft opt in/opt out language for the regulation

Implications

Participant shall comply with Section 13 of M.G.L. 118I with respect to the use of the Mass HIway **if the Participant has provided public notice of the Participant's use of the Mass HIway**.

For purposes of this regulation, public notice may include, but is not limited to the following: visible posters, handouts, inclusion in the privacy notice, banner on a web portal, letter or email to the patient.

Opt-in to the HIway is done by public notice for <u>both</u> of the two HIway functions: (1) provide secure transmission via Direct Message, and (2) provide HIway-hosted services (e.g., RLS)

Participant shall ensure that all uses of the Mass HIway to disclose health care related data comply with all privacy laws and regulations applicable to the Participant.

Privacy laws (e.g., HIPAA) & regulations apply to the Participants who use the HIway

Patients can opt-out of the HIway-hosted Relationship Listing Service (RLS) and a HIway-hosted Event Notification Service (ENS) via the centralized Mass HIway opt-out process.

Participants have the option of electing to implement an additional local opt-in process, or an additional opt-out process where that Participant collects patients' opt-out decisions, and communicates these decisions to the Mass HIway.

Accepting treatment from a Participant who has posted the required public notice, establishes patient opt-in for both of the two HIway functions (including Direct Messaging, RLS, ENS).

Opt-out of HIway-hosted RLS & ENS is managed centrally by EHS, which would require additional HIway resources. Participants have the option of an additional local opt-in & opt-out process. Opt-out mechanisms for Direct Messaging are under review.

Proposed HIway Regulations Timeline

Proposed regulations address both the opt-in/out-requirement as well as the requirement for all providers to connect to the statewide health information exchange by **January 1, 2017**

- Continue HIway regulations development: **April – May 2016**

- Engage stakeholders about proposed regulations, including HIT Council: **May 2016**

- Submit proposed regulations to the public register: **June 2016**

- Public hearing and public comment period: **June to September 2016**

- Promulgate final regulations: **October 2016**

State Medicaid Director Letter 16-003

David Whitham

On February 29th, CMS/ONC issued a letter announcing:

- <u>Expansion of funding scope for HIEs:</u> Previously, matching funds were limited to supporting HIE for Meaningful Use EPs and EHs *only.* Given MU Stage 2/3 focus on coordination and transitions of care, guidance was updated. Now, Medicaid HITECH funds can be used to support Medicaid providers that EPs coordinate with.

- <u>This means that:</u> Support is available to help non MU eligible Medicaid providers effectively use the HIE to help an EP achieve Meaningful Use Stage 2/3. Examples include behavioral health, long term care, substance abuse, and correctional health providers.

  - "Support" includes activities under onboarding to the HIE and enhancing interoperability architecture. It does not include ongoing operations and maintenance.

  - <u>Funds cannot be used to support EHR purchasing or implementation, or supplementing functionality of EHR systems.</u>

  - <u>Non eligible providers are still non eligible providers. This does not expand the eligibility definition.</u>

HIE On-Boarding:

- The letter defines On-boarding as: **"The technical and administrative process by which a provider joins an HIE or interoperable system and secure communications are established and all appropriate Business Associate Agreements, contracts and consents are put in place."**

- Medicaid provider examples include: behavioral health providers, substance abuse treatment providers, long-term care providers (including nursing facilities), home health providers, pharmacies, laboratories, correctional health providers, emergency medical service providers, public health providers, and community-based Medicaid providers.

- The SMD Letter also adds 3 new types of providers:

  - Pharmacies

  - Clinical laboratories

  - Pubic health providers.

All activities must directly support an EP's achievement of MU Stage 2/3

The funding supports the cost of HIway onboarding activities only and <u>does not</u> provide for subsidies to support provider activities.

HIE Architecture and Interoperability Enhancement:

- The SMD Letter supports the design, development, and implementation of infrastructure for HIE components and interoperable systems that support Eligible Providers in coordinating care with other Medicaid providers via HIEs or other interoperable systems, if doing so helps them demonstrate Meaningful Use

- Examples include:
  - Provider Directories:
  - Secure Electronic Messaging
  - Query Exchange
  - Care Plan Exchange
  - Encounter Alerting
  - Public Health Systems
  - Health Information Services Provider (HISP) Services

- This is not an exhaustive list of the types of state costs for design, development, and implementation of HIE components and interoperable systems for which 90 percent HITECH match might be claimed.

While this is an exciting opportunity that can enhance interoperability, it's important to remember that:

- All activities are subject to prior CMS approval in the Implementation Advance Planning Document (IAPD).

- State has to match funds at 90/10 rate.

- <u>Funding must connect Medicaid providers to EPs, and help the EP achieve MU Stage 2/3</u>. This means the State must map specific MU measures to HIE use, and describe activities to support trading partners.

- <u>Benchmarks and implementation metrics are not defined.</u> State must outline and submit to CMS for review, comment, and approval.

- <u>Process of data reporting must be defined and implemented.</u> State must have a process to track and report MU implications of all activities. Some new systems, like encounter alerting or care plan exchange) may not have defined data standards, but must support MU. State needs to determine how.

EOHHS is in the process of further assessing the opportunities in the SMD Letter and will develop a plan for proposal and keep the community informed.

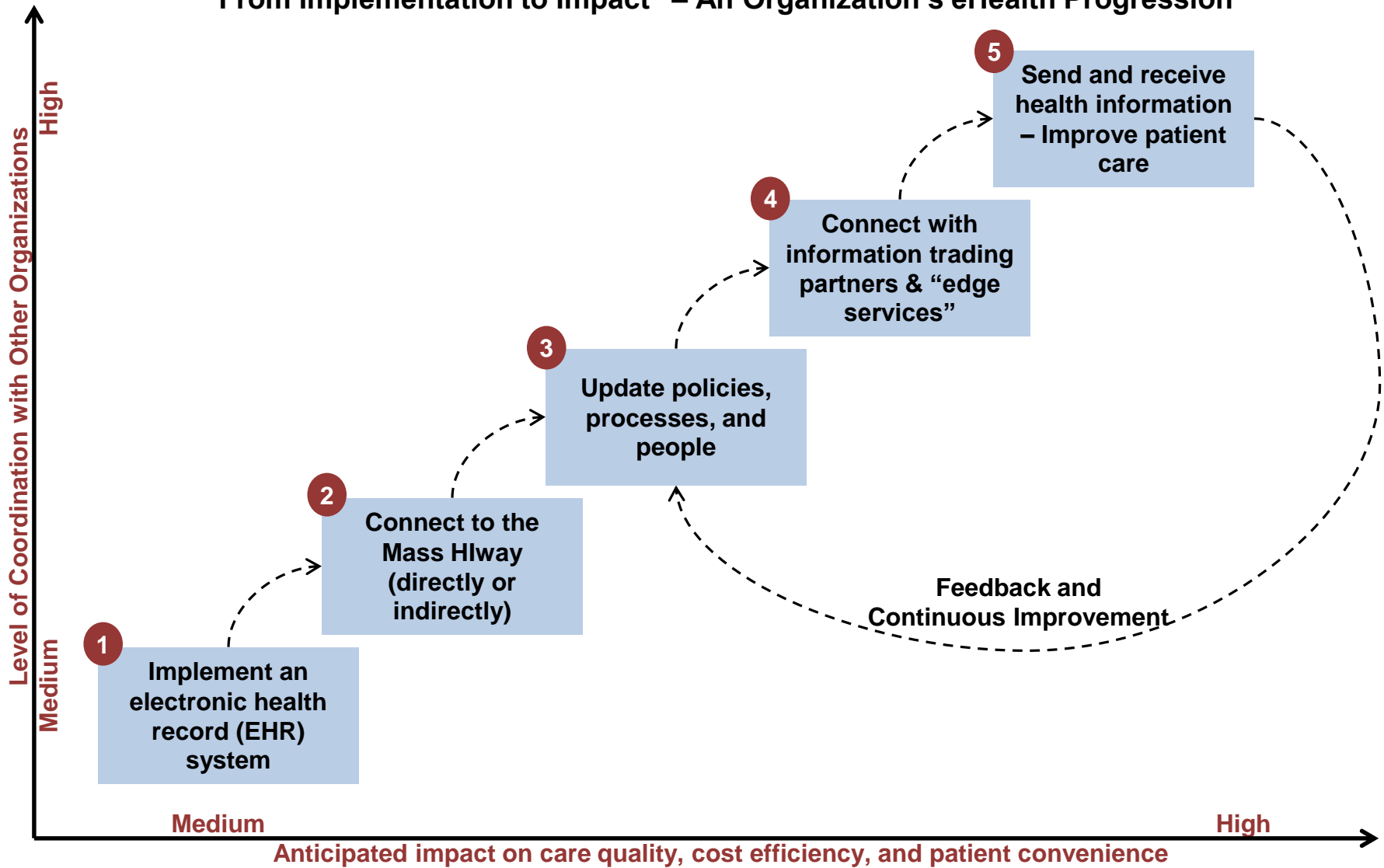**Outreach Deep Dive Approach for Active Use**

David Whitham

- **The Mass HIway Account Management team has shifted focus from just <u>connecting participants </u>to helping participants <u>actively exchange </u>health information in SFY'16**

- **Why the shift?**
  - Technical connectivity is not enough. Though connectivity converts to active public health reporting it does not convert to active care coordination.
  - Active exchange of health information requires complex multi-organizational change management. Healthcare organizations need coordination support, feedback from information trading partners, and shared learning.
  - Mass HIway is one of the entities that is positioned to assist providers. MeHI Connected Communities and HPC CHART staff are also focusing on this.

- **What is needed from a participating healthcare organizations?**
  - Commitment of organizational leadership
  - Direct involvement of business and clinical leadership (this is not an IT project)
  - Development of a discreet, time limited project that is in line with the shared clinical improvement goals.

"From Implementation to Impact" – An Organization's eHealth Progression

Level of Coordination with Other Organizations (High / Medium)

Anticipated impact on care quality, cost efficiency, and patient convenience (Medium / High)

1 Implement an electronic health record (EHR) system

2 Connect to the Mass HIway (directly or indirectly)

3 Update policies, processes, and people

4 Connect with information trading partners & "edge services"

5 Send and receive health information – Improve patient care

Feedback and Continuous Improvement

A Catalyst for Collaboration

Sample questions raised and resolved through recent active exchange work with Massachusetts providers:

- Who are our information trading partners? Who is connected? What is their address? Who can I talk to when setting up new communications processes?

- How are our outbound messages being sent? When do we trigger them? To whom are they going? What content is being sent?

- How do we process inbound messages? Who should receive them? How should follow up work be managed and tracked?

- We're thrilled to be getting problems, allergies, medications, and immunizations but where are the discharge instructions and the specialist notes? We really need those!

The HIway Account Management team is available to begin the coordination of these types of discussions at all levels of a healthcare provider and continue to expand the ranks of Mass HIway Active Users.

FAST Initiative Update:

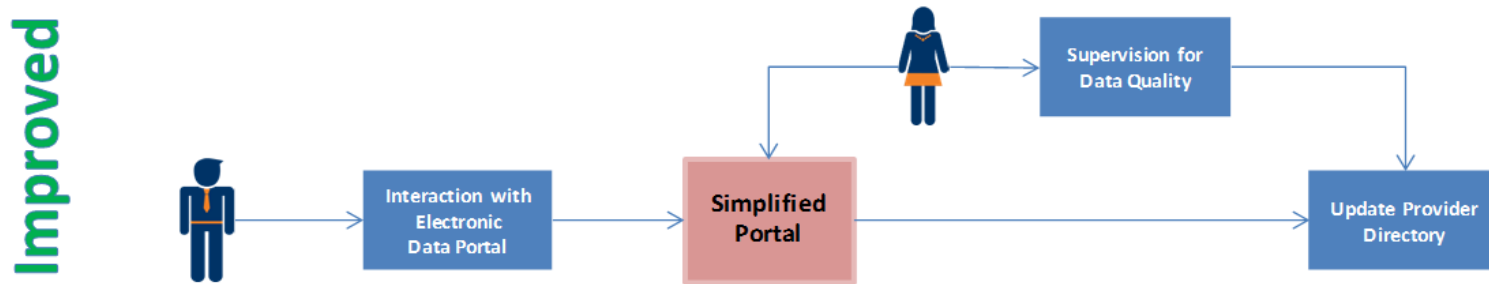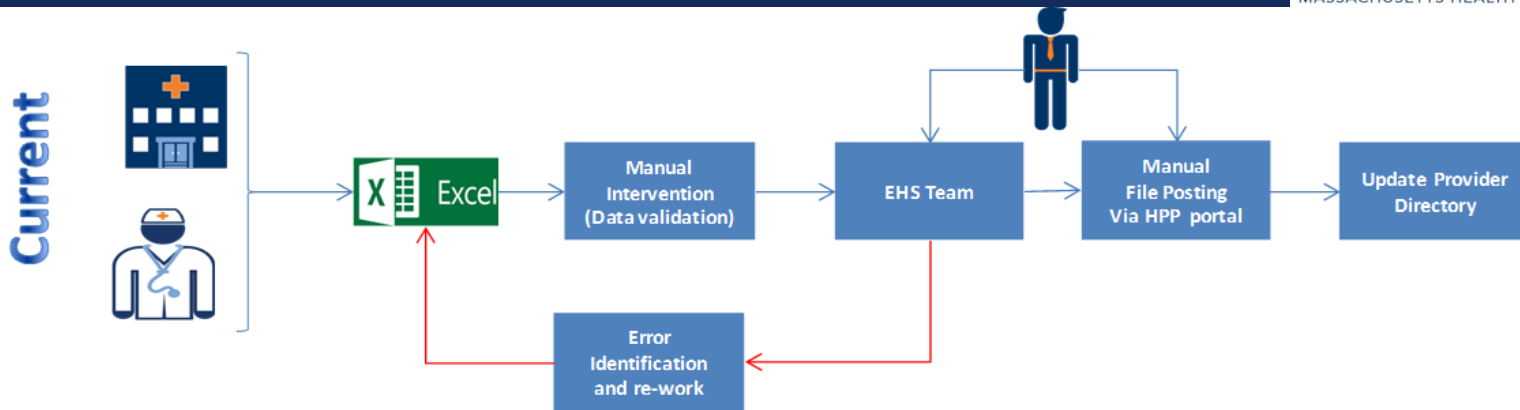**Provider Directory Update Simplification Overview**

Dave Bowditch

- Improving onboarding, connectivity and overall ease of use of the HIway is a high priority initiative for 2016

- As part of this process, the HIway has taken a close look at the provider onboarding process

- In its present state, Participants are required to manually enter all providers and associated demographic information into a spreadsheet

- This is a time consuming, manual process that typically requires extensive re-work and follow up on the back end by the HIway team

- The Mass HIway is designing a new system with a user friendly interface that includes auto population of fields and much less data entry on behalf of Participants.

Current

- Manual Intervention (Data validation)
- EHS Team
- Manual File Posting Via HPP portal
- Update Provider Directory
- Error Identification and re-work

Improved

- Interaction with Electronic Data Portal
- Simplified Portal
- Supervision for Data Quality
- Update Provider Directory

➢ Current process is cumbersome

➢ Manual processes and intervention – error prone

➢ Frustrations among Data providers

➢ New Process is aimed to be all electronic

➢ Better validations

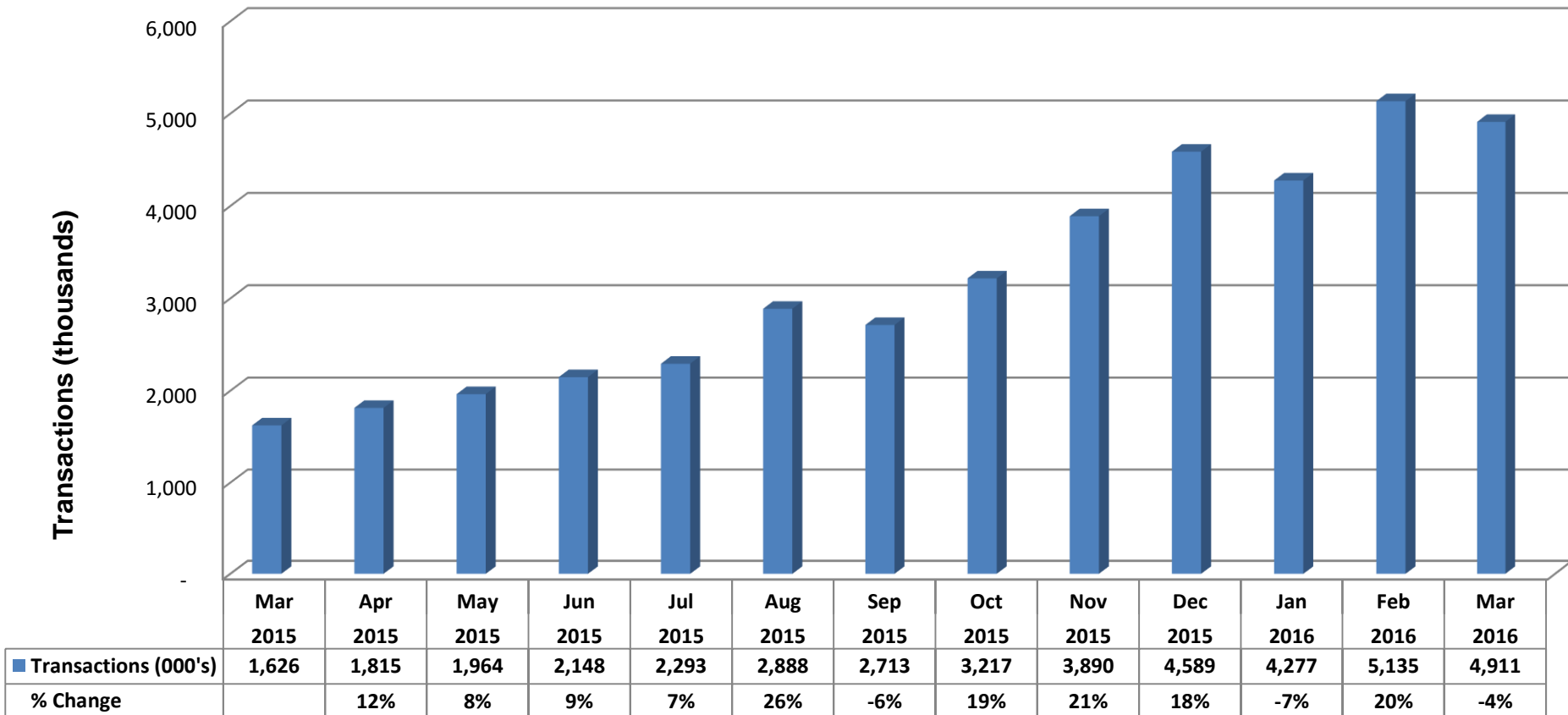➢ Minimal human intervention for Data integrity

Operations Update

Dave Bowditch

13 Month HIway Transaction Activity

4,910,774 Transactions* exchanged in March (2/21 to 3/20/2016**)

50,159,860 Total Transactions* exchanged inception to date

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
■ Transactions (000's)	1,626	1,815	1,964	2,148	2,293	2,888	2,713	3,217	3,890	4,589	4,277	5,135	4,911
% Change		12%	8%	9%	7%	26%	-6%	19%	21%	18%	-7%	20%	-4%

Note: Includes all transactions over Mass HIway, both production and test
*** Note: Reporting cycle is through the 20th of each month.*

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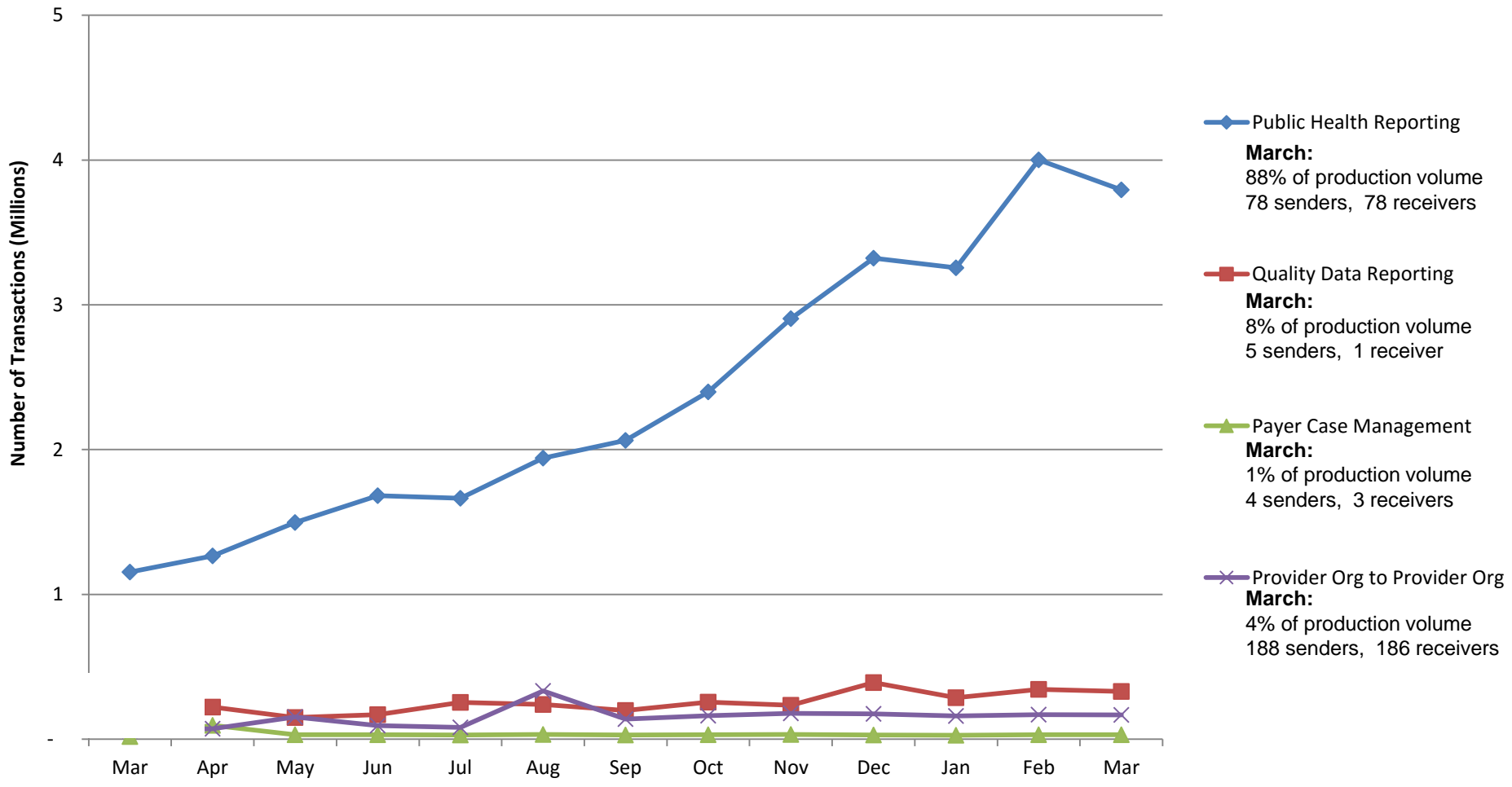## 13 Month HIway Production Transaction Trends by Use Case Type

88% of HIway activity in March* was for production transactions

Public Health Reporting
March:
88% of production volume
78 senders, 78 receivers

Quality Data Reporting
March:
8% of production volume
5 senders, 1 receiver

Payer Case Management
March:
1% of production volume
4 senders, 3 receivers

Provider Org to Provider Org
March:
4% of production volume
188 senders, 186 receivers

Y-axis: Number of Transactions (Millions)

X-axis: Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar

Note: Reporting cycle is through the 20th of each month.

Tier	SubTier	Universe (est)	Mass HIway HISP			Via another HISP		Total			
			# Signed on	# Connected	# Actively Using	# Connected	# Actively Using	# Connected	% Connected	# Actively Using	% Actively Using
Tier 1	Large Hospitals / Health Systems	29	25	20	16		-	20	69%	16	55%
	Health Plans	9	4	4	3		-	4	44%	3	33%
	Multi-entity HIE	5	4	2	1		-	2	40%	1	20%
	Commercial Imaging Centers & Labs	4	4	3				3	75%	-	0%
Tier 2	Small Hospitals	40	38	35	28	2	-	37	93%	28	70%
	Large ambulatory practices (50+)	26	14	13	6	13	6	26	100%	12	46%
	Large LTCs	8	2	2	2		-	2	25%	2	25%
	ASCs	63	1	1				1	2%	-	0%
	Ambulance/Emergency Response	39	1	1	-			1	3%	-	0%
	Business Associate Affilliates	5	2	2	1		-	2	40%	1	20%
	Local government, publichealth	1	1	1	1		-	1	100%	1	0%
Tier 3	Small LTC	310	22	21	12	1	-	22	7%	12	4%
	Large behavioral health	10	2	2		1		3	30%	-	0%
	Large FQHCs (10-49)	30	19	12	6	10	2	22	73%	8	27%
	Medium ambulatory practices (10-49)	365	27	23	11	22	13	45	12%	24	7%
Tier 4	Small behavioral health	90	18	16	5	1	-	17	19%	5	6%
	Home Health, LTSS	149	28	23	12	6	3	29	19%	15	10%
	Small FQHCs	29	5	1	1	2	-	3	10%	1	3%
	Small ambulatory practices (3-9)	1595	82	75	22	58	19	133	8%	41	3%
Tier 5	Small ambulatory practices (1-2)	4010	213	174	42	109	15	283	7%	57	1%
Grand Total		6817	512	431	169	225	58	656	10%	227	2%

New Participation Agreements

- Commonwealth Pediatrics
- Anthony E. Breglio, D.M.D
- Bass River Pediatrics
- BJD Pediatrics
- Cape Ann Medical Center, LLC
- Cape Ann Pediatricians PC
- Child Health Associates
- Dedham Medical
- Dermatology Associates of Concord
- Dr. Yolanda Lenzy, MD, MPH
- Exceptional Health
- Falmouth Women's Health
- Granite Medical
- Harvard Vanguard Medical Associates
- Highland Pediatrics
- Macony Pediatrics

- New England Hand Associates PC.
- Newton Pediatrics
- Northeast Center for Youth and Families, Inc.
- Pediatric Associates of Greater Salem
- Pediatric Health Care Associates
- Pediatric Healthcare Associates
- Pediatricians Inc.
- Plymouth Dermatology Associates, PC
- Quest Diagnostics Chantilly
- QUEST DIANOSTICS Marlboro
- Rhode Island Department of Health
- Shriners Hospitals for Children
- South Shore Medical Center
- Steven R. Kanner MD, LLC (Orchard Healthcare)
- Sudbury Podiatry
- Surgi-Care, Inc.
- Woburn Pediatrics
- Worcester Dermatology Associates, P.C.
- Worcester Eye Consultants P.C.

New Connection Activity

- Amherst Pediatrics
- Abington Pediatrics
- BJD Pediatrics
- Blue Hills Medical Associates (HermesIQ)
- Bolton Street Pediatrics P.C.
- Cambridge Health Alliance
- Chelmsford Pediatrics
- Child Health Associates
- Commonwealth Pediatrics
- Dedham Medical
- Dermatology Associates of Concord
- Dr. Yolanda Lenzy, MD, MPH
- Dracut Family Healthcare
- Drumhill Pediatrics
- Fairview Pediatrics
- Falmouth Women's Health
- Granite Medical
- Harvard Vanguard Medical Associates
- Highland Pediatrics

- Lowell Community Health Center
- Macony Pediatrics
- Merrimack Valley Pediatrics
- Pediatric & Adolescent Medicine
- Pediatric Associates of Fall River, Inc
- Pediatric Associates of Greater Salem
- Pediatric Health Care Associates
- Pediatric Healthcare Associates
- Pediatric Healthcare At Newton Wellesley
- Plymouth Dermatology Associates, PC
- QUEST DIANOSTICS Marlboro
- QUEST DIANOSTICS NICHOLS
- Rainbow Pediatrics / Northend Medical Associates
- Rhode Island Department of Health
- South Shore Medical Center
- Steven R. Kanner MD, LLC (Orchard Healthcare)
- Surgi-Care, Inc.
- Woburn Pediatrics
- Worcester Dermatology Associates, P.C.

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5 New Participation Agreements

- Charles River Pediatrics
- Garden City Pediatric Associates
- Marion Pediatrics
- Pediatrics West
- Weston Primary Care

7 New Connections

- Bass River Pediatrics
- Garden City Pediatric Associates
- Milton Orthopedic & Sports Physical Therapy PC
- Pediatrics West
- Seven Hills Behavioral Health Inc
- SMOC Behavioral Health Services
- Weston Primary Care

21 HISPs Connected to Mass HIway

1. Allscripts (MedAllies HISP)
2. Aprima
3. Athenahealth
4. CareAccord
5. CareConnect (NetSmart HISP)
6. Cerner
7. DataMotion
8. eClinicalWorks
9. eLINC
10. EMR Direct
11. Inpriva

12. MaxMD
13. McKesson (RelayHealth)
14. Medicity
15. MyHealthProvider (Mercy Hospital)
16. NextGen Share
17. NHHIO
18. SES
19. Surescripts
20. UpDox
21. Wellport (Lumira HISP)

4 HISPs In Process of Connecting to Mass HIway

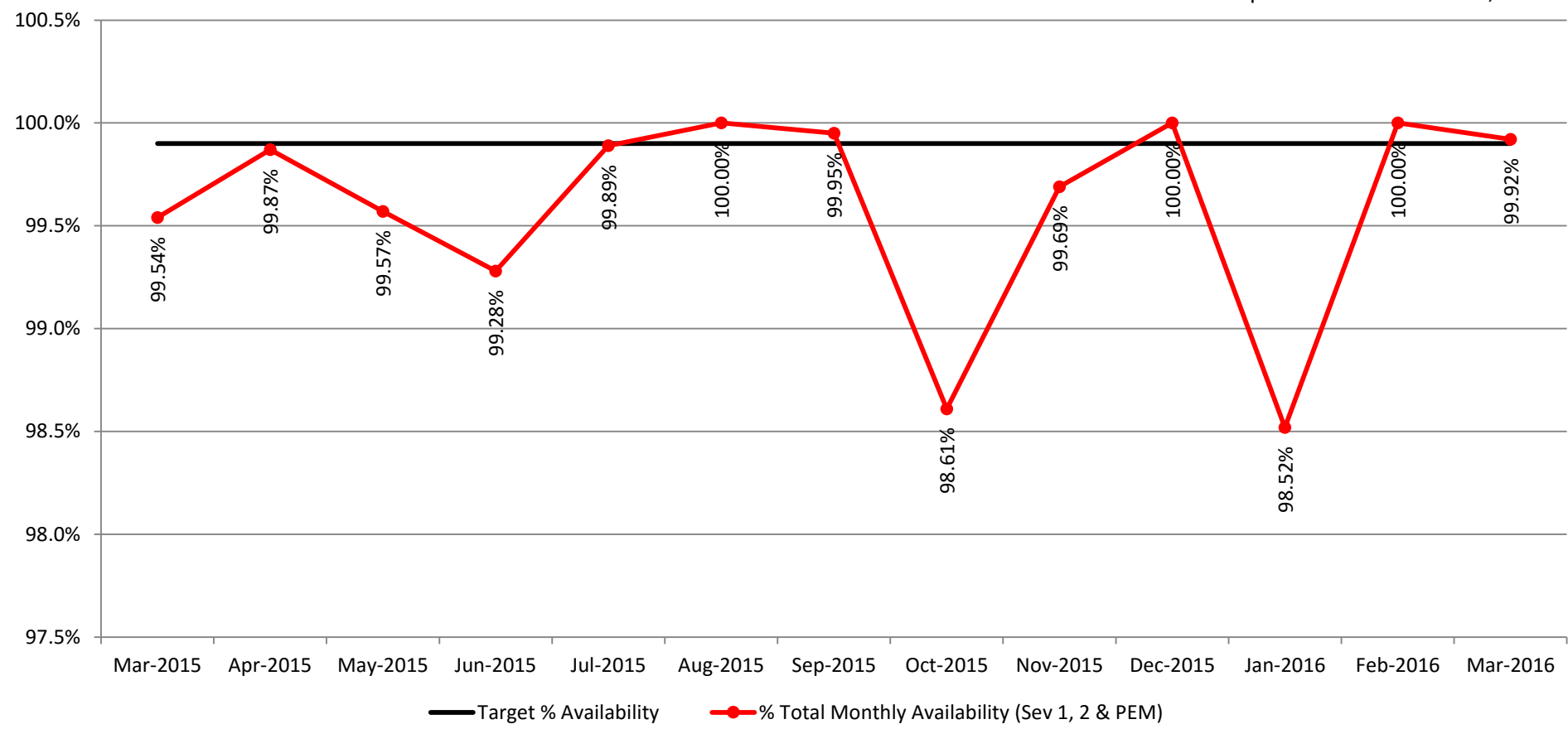| HISP Vendor	Kickoff	Onboarding	Testing	HIway Prod Readiness	Live/Target Date
ASP.md	🟩	🟩	🟩		2016-May
eClinicalWorks Plus	🟩	🟩			2016-Jun
Care 360	🟩	🟩			2016-Jun
IICA-Direct					Initiated

Participating EHR/Integration Vendors

- ADS
- Allscripts
- Amazing Charts
- Aprima
- Athenahealth
- BayCIS/ehana/AMS
- Care at Hand
- Carelogic
- Cerner
- CPSI
- Credible
- Dentrix
- Eaglesoft Clinician
- eClinicalWorks
- EMA Modernizing Medicine
- eMDs
- encite

- EPIC
- Flatiron (oncologyEHR)
- GE Centricity
- gEHRiMed
- Greenway
- HealthWyse
- HermesIQ
- Homecare Homebase
- InterSystems
- LMR
- Lytec
- MatrixCare
- McKesson
- Medflow
- MEDITECH
- MediTouch
- MedNet Medical Solutions

- Netsmart
- Nextech
- NextGen
- OCHIN (Epic)
- Office Practum
- Point N Click
- PointClickCare
- Practice Fusion
- Practice Partners
- Quest
- Siemens
- SMART
- Soarian
- Spring Charts
- STC
- Unitcare
- WebOMR
- Zoll ePCR

Note: EHRs used by Mass HIway participating organizations either connected/implementing
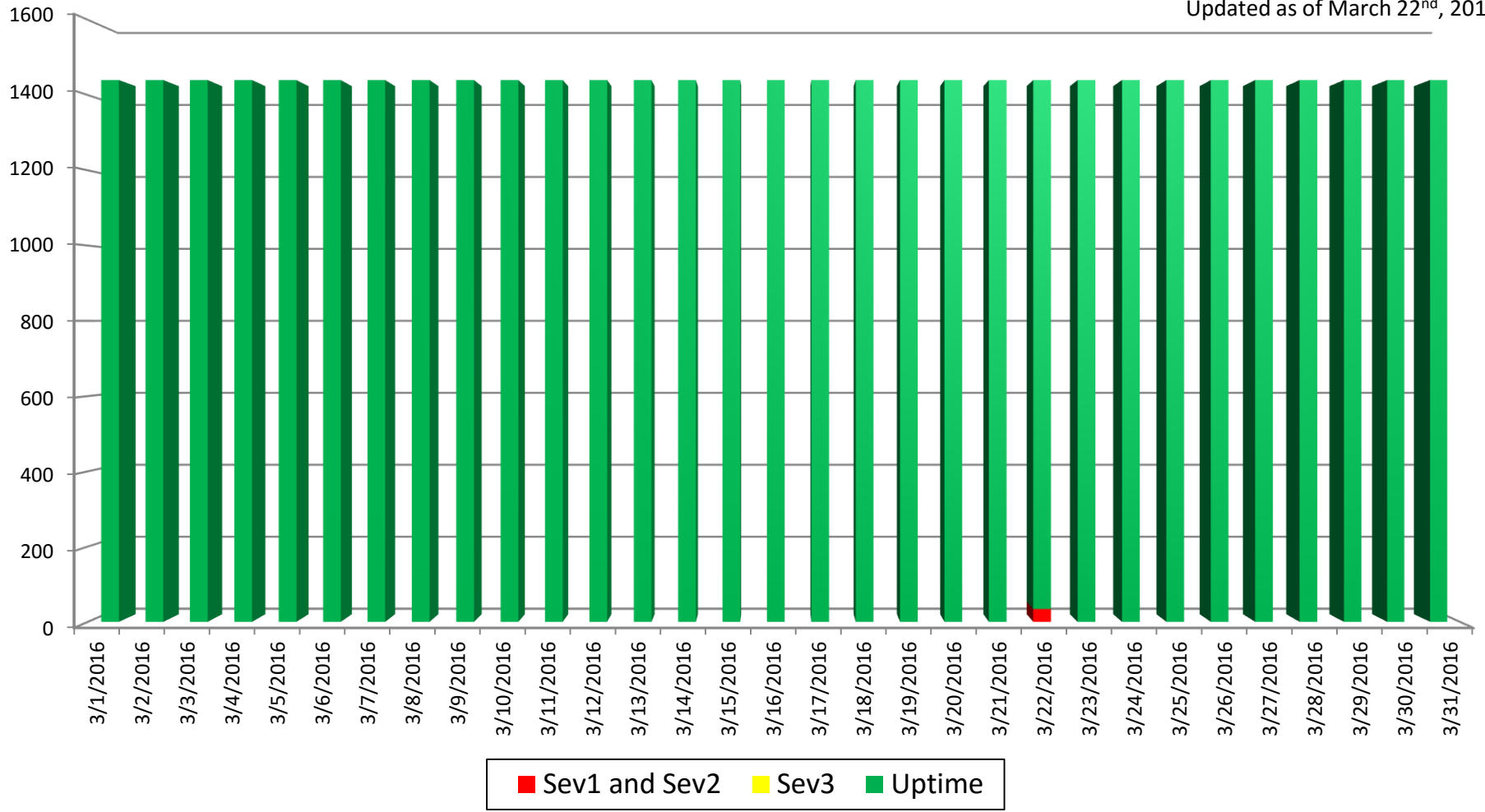
13 Month HIway Availability Trends

Metric Targets:

- "Total Monthly Availability" – no lower than 99.9% (downtime no more than ~44 minutes/month)

March 2016 Mass HIway Daily Incident Summary

Sev 1 - All / Most Mass HIway components impacted as a result of outage. For example: LAND, Webmail, Direct XDR, and DPH nodes are all down

Sev 2 - Multiple Mass HIway components impacted as a result of outage in one of the shared service. For example: LAND and Webmail are down but Direct XDR and DPH nodes are up.

Sev3 – One Mass HIway component impacted as a result of outage. For example: Webmail is down but all other services are up and running.

Updated as of March 22nd, 2016

Date	Time frame	Downtime in Minutes	Severity	Incident Overview	Areas addressed or impacted
3/21/2016	8:48 pm to 9:22 pm	34	Sev 2	Validate Trust Gate Stopped in Error	Tomcat/Trust GW

Sev 1 - All / Most Mass HIway components impacted as a result of outage. For example: LAND, Webmail, Direct XDR, and DPH nodes are all down

Sev 2 - Multiple Mass HIway components impacted as a result of outage in one of the shared service. For example: LAND and Webmail are down but Direct XDR and DPH nodes are up.

Sev3 – One Mass HIway component impacted as a result of outage. For example: Webmail is down but all other services are up and running.

Conclusion

Alice Moore

HIT Council - Meeting Schedule:*

- The 1st Monday of every other month
- Next meeting: June 6, 2016 (Monday)

Advisory Group Schedule:

- Next meetings: Week of April 11, 2016

All HIT Council meetings to be held from 3:30-5:00 pm at One Ashburton Place, 21st floor, Boston

Appendix

Chap 118I. <u>Section 7</u>.   Fully interoperable electronic health records systems connecting to statewide health information exchange

[Text of section added by 2012, 224, Sec. 134 **effective January 1, 2017**. See 2012, 224, Sec. 286.]

All providers in the commonwealth shall implement fully interoperable electronic health records systems that connect to the statewide health information exchange. The executive office, in consultation with the institute, shall ensure that the statewide health information exchange and associated electronic health records systems comply with all state and federal privacy requirements, including those imposed by the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, the American Recovery and Reinvestment Act of 2009, P.L. 111-5, 42 C.F.R. §§ 2.11 et seq. and 45 C.F.R. §§ 160, 162 and 164.

M.G.L. Chapter 118I - <u>Section 13</u> : Patient election to participate in health information exchange

[Text of section added by 2012, 224, Sec. 134 effective November 4, 2012.]

Section 13. The ability of any provider to transfer or access all or any part of a patient's electronic health record under this chapter shall be subject to the patient's election to participate in the electronic health information exchange as provided in section 11.